Subject Access Request

Patient	Mr Stephen Hart
Date of birth	11-Feb-1981 (age 45)
Gender	M
NHS number	621/81/157
Patient's address	15 Garturk Street Flat 0-2 GLASGOW G42 8JQ
Date range selected	Full record
Organisation	MMA Legal
Reference	

Problems

Active

31-Jan-2025 Dr Naomi Mitchell (NM)
Pernicious anaemia

28-Jan-2025 Nurse Islay Robertson (IR)
Pre-diabetes

28-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946)
Polycythaemia vera

13-May-2016 Dr Louise Sheil (SHEIL_18946)
Alcohol problem drinking

24-Jan-2016 Ms Dorothy Jones (DJ)
Overdose of drug
Trazadone alcohol & cannabis

26-Jun-2015 Dr Naomi Mitchell (NM)
[X]Depression NOS

25-July-2014 Dr Louise Sheil (SHEIL_18946)
[D]Hyperventilation
and tetany!

27-Sept-2011 Ms Dorothy Jones (DJ)
[X]Needle phobia

12-Aug-2011 Dr Lara McTaggart (RETAINER_18946)
Lower resp tract infection

24-Feb-2009 Ms Dorothy Jones (DJ)
[D]Chest pain, unspecified
" Nil acute"

14-May-1993 Ms Dorothy Jones (DJ)
Asthma

Significant Past

28-Jan-2025 Nurse Islay Robertson (IR)
Pre-diabetes

21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946)
Looked after child - in other community placement

22-July-2008 Ms Dorothy Jones (DJ)
Back pain, unspecified

27-Mar-2003 Ms Dorothy Jones (DJ)
Panic attack
Hyperventilating

20-Dec-1991 Ms Dorothy Jones (DJ)
Flexural eczema

13-Sept-1989 Ms Dorothy Jones (DJ)
[V]Behavioural problems

01-July-1989 Ms Dorothy Jones (DJ)
Child abuse in family

Minor Past

26-Mar-2026 Dr Katherine Smith (KS)
Suicidal ideation

07-Jan-2025 Dr Naomi Mitchell (NM)
Chest infection NOS

28-Apr-2022 Dr Lorcan McGrogan (LMCG)
Anxiety with depression

20-Aug-2020 Dr Louise Sheil (SHEIL_18946)
Ear pain

21-Nov-2019 Dr Louise Sheil (SHEIL_18946)
Chest pain

06-Sept-2019 Dr Janet Chapman (JC2)
Neck sprain, unspecified

16-Aug-2019 Dr Janet Chapman (JC2)
Whiplash injury

06-Nov-2017 Dr Louise Sheil (SHEIL_18946)
Breathlessness

20-July-2016 Dr Naomi Mitchell (NM)
Chest infection

30-Sept-2015 Dr Angele Carruthers (ACARRUTHER18946)
Did not attend - no reason

27-July-2015 Dr Louise Sheil (SHEIL_18946)
Overdose of drug

15-May-2015 Dr Angele Carruthers (ACARRUTHER18946)
[D]Seizure NOS
probable

07-Nov-2014 Dr Louise Sheil (SHEIL_18946)
Stress related problem

24-July-2014 Dr L Egan (LE)
Emergency hospital admission

17-Jun-2014 Dr Angele Carruthers (ACARRUTHER18946)
Other finger injuries, unspecified (Right)

04-Mar-2014 Dr Amy Jobling (AJ)
Ear drum perforation (Right)

29-Nov-2012 Mr Pcti Docman (DOC1)
Excision of skin tag of anus

15-Mar-2010 Ms Dorothy Jones (DJ)
Tonsillectomy
" Reactionary haemorrhage "

22-Feb-2010 Ms Dorothy Jones (DJ)
Acute tonsillitis
Admitted but took irregular discharge

03-Mar-2008 Ms Dorothy Jones (DJ)
Peritonsillar abscess - quinsy
Admitted

22-Mar-1995 Ms Dorothy Jones (DJ)
Closed fracture of metacarpal bone(s) (Right)

Consultations

22-Apr-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear patients: If you were ever loaned a blood pressure monitor from the practice we would be grateful if this could be returned to us. If this does not apply to you or you have already returned a BP monitor then there is no action required. Thanks, Mount Florida Medical Centre

16-Apr-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / INFORMATION ONLY: Physio at Mount Florida Medical Centre This is a reminder you can request an appointment with our physio online: https://engage.gp/sp/82215/services (please note you may need to set up an account if you have not used this service before) The role of our physio is to assess patients (over 14) with soft tissue, spinal, muscle and joint pain and, if required, provide diagnosis, management plans, onward referral, pain management and fit-notes. For inclusion and exclusion criteria, click to view: https://m.mjog.net/dOJPNua

26-Mar-2026 Dr Katherine Smith (KS) Data Entry

Problem	Suicidal ideation
History	History see psych letter - has ongoing f/u Florecence st

18-Mar-2026 Mr Chris McConnell (CMC) Mount Florida Medical CentreMain Surgery

Comment	Comment Prescription request from ***** Street Clinic for Setraline to be increased to 100mg daily and Zopiclone 7.5mg PRN for 7 days
Comment	Comment - Telephone encounter with Stephen to discuss request - will collect script. Added to column at 10:08 for Rx to be printed
Medication	Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT WHEN REQUIRED FOR INSOMNIA
Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 tablet ONE TO BE TAKEN EACH DAY
Read Code	Outpatient clinic letter received
Read Code	Medication changed
Read Code	New medication commenced
Read Code	Telephone encounter
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

09-Mar-2026 Dr Alastair Stout (AS) Telephone Consultation

History	Telephone encounter 1745. Mr Hart says he received word from the CMHT that appointment with them was not until 17/3/26. Felt he could not cope so got in touch with the CRISIS team . Says he has spoken with the CRISIS team 3x over the last week or so. Due to see CRISIS team agin tomorrow. Says the CPN at the CRISISD Team advised him to speak to his GP about getting furthr medications to help calm him down. has now finished his diazepam tablets and only has a few sertraline 50mg tabs left. Ne script issued for the sertrailine 50mg tabs and further 14 x 2mg daixepam tabs today.

27-Feb-2026 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Ongoing stress symptoms. Says he feels he has out stayed his welcome at his ***** house. Says he has been told hhe will get keys to his old flat thursday next week - but says the council have thrown out all his possessions due to water leaking into the flat from flat above. Says he doesn't leke being in the flat any more as there is noone around now he can speak with . Says all his ***** are from abroad so he cant speak to them. Says sometimes he has been sleeping under bridges in cnetre of the town. Still having thoughts of slef harm/siicide. Feels the sertraline and diazepam help him get through. Awaiting follow up with CMHT - still not heard from them yet. I discussed referral to Crisis intervention service (phone councelling service but he doesn't feel that would be any use as he doesn't have anywhere private he could speak with them - as ***** always listening in to him. Continue sertraline abd PRN diazepam. Await review with CMHT. Tel RV later next wek.
Medication	Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

19-Feb-2026 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Ongoing stress symptoms and low mood. Says his ***** had his ***** over to visit yesterday at her house which he says was good for him. Has been trying to get more access to his *****. Says he has been feeling more calm with the combination of the sertraline and low dose diazepam tabs. Says his flat has been ruined by bust pipe from upstairs. Says water has been flooding into his flat. The whole flat has been destroyed by the water. All surfaces covers in dampness and muld, Says fungus growning in the flat. Says he was aaway staying with ***** in Aberdeen for few months hoping the flat was getting fixed but sauys the housing association have only just started work on his flat on 12th february. Says he doesn't know when it will be sorted. Says he has lost all his posecssions due to the dampness. Continues to stay with his *****. Awaiting wotd from CMHT regarding foillow up appointment regarding ongoing deptression. Says he was in care when he was younger. Says he has always wondered what his uunderlying mebtal health issues hae been - wonders if he may have ADHD. I advised continue sertraline 50mg daily and low dose diazepam up to max 2 daily. RV Friday next week 2pm.
Medication	Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN ONCE OR TWICE DAILY AS REQUIRED FOR ANXIETY
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 14 tablet ONE TO BE TAKEN EACH DAY

17-Feb-2026 Dr Alastair Stout (AS) Data Entry

History	History Urgent referral to CMHT Floernece Street.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

16-Feb-2026 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Came in today appearing very upset/tearful. Says he has been having worsening difficulties with his mental health. Feels low mood. Suicidal ideas- says he has been thinking about cutting his wrists and throwing himself out of a window. Says he has been feeling low and depressed for over 12 months but worse last couple of weeks. Currently staying with his *****. Says he has been having difficulties with *****. They have a young ***** together and he had stopped drinking to try to get more access to his ***** who stays with her ***** (*****). Says he needs something to calm him down. Says that if he is not prescribbed something to calm him down he will kill himself today. I discussed referral to the CRISIS team/CMHT today to discuss his suicidal ideas but he said he would not go - as he doesn't have transport. I discussed antidepressant medications but he told me that he does think they will help as they can take 6 weeks to help. Says he needs something today to help him feel less stressed. Note Mr Hart was prescribed a short course zopiclone and further course diazepam in July/August 2022. Given ongoing stress/low mood symptoms given 10 sertraline 50mg tablets and 10x 2mg diazepam tabs. For F2F RV 19/2/26 2pm for RV. refer CMHT in the meantime.
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 10 tablet ONE TO BE TAKEN EACH DAY
Medication	Medication Diazepam Tablets 2 mg 10 tablet ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

16-Feb-2026 Dr Katherine Smith (KS) Telephone Consulation

History	History MH problem triage same day appt 2pm - currently in cardiology awaiting test - asked if I could arrange appt tomrrow says needs to be seen in person re mental health - worried he'll do something will keep PM appt

15-Jan-2026 Dr Huma Akram (HA) Telephone Call

History	History 5 min tel apt for f/up of chest pains. He had attended A&E in nov with lt sided chest pains . Stratd on Aspirin and GTN spray. Presumed doagnosis of Angina. Says his symtopms ate on going for at least 4 yrs. can be sitting dowing noth and will start getting lt sided chest pains, gets palps with it and cam be sob. usues GTN spray 4 pyffs at a time upt ***** twice a day, helps. Still awaiitng cardiogy apt.
Comment	Comment I will re referr to cardiplogy , advised to attedn a&e in the meanwhile of concenrs. sytill homel;es, in a temp adress . 8 Finsbay steet [Not Finsbury] G51 4DP.
New Referral	New Referral EMISSPR320: Cardiology referral (SCI Gateway Referral)

15-Dec-2025 Dr Alastair Stout (AS) Telephone Consultation

History	Telephone encounter 1750. To review chest pain symptoms. Says he had episode of discomfort in chest last night - when he was lying in bed. Felt the discomfort radiating over from R side chest to middle of chest and then into his neck. Was not doing anything to exert himdself prior to the discomfort coming on. Continues on reg aspirtin with omeprazole for GI protection. Awaiting word from cardiology re follow up appt. Says he is atFinsbay Street in Drumoyne not Finsbury Street (temporry address). For tel RV 1 months to review symptoms. Tel RV booked 15/1/26 for RV.

09-Dec-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Mount Florida Medical Centre: Flu Notice If you have mild or moderate flu symptoms, stay home to avoid spreading the virus, especially in GP practices, hospitals, and other healthcare settings. If you need medical advice, contact your local pharmacy or call NHS 24 on 111 for urgent concerns. To reduce the spread: Wash hands often Cover coughs/sneezes with a tissue or your elbow Consider wearing a face mask Find a self-help guide at: https://www.nhsinform.scot/self-help-guides/self-help-guide-flu-like-illness/ / via mjog

02-Dec-2025 Ms Gail McGoldrick (GMCG) Data Entry

Comment	Did not attend - no reason ASTHMA REVIEW

30-Nov-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:30 on Tuesday 02 of December. To cancel please reply with the word CANCEL.

21-Nov-2025 Dr Alastair Stout (AS) Data Entry

History	History Letter to Cardiology re tempory address change.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

19-Nov-2025 Dr Alastair Stout (AS) Data Entry

History	History Urgent referral to cardiolgy clinic NVH regarding recurrent chest pains.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)
Pod Technology	Pod Technology i
Comment	Comment Tel RV booked 15/12/25 ?add statin also.

19-Nov-2025 Mrs Alice McGowan (AMCG) Data Entry

Comment	Comment 8 Finsby Street Drumoyne G51 4DP temp address for stephen

18-Nov-2025 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Keen for review of skin lesion L lower leg laterally. Was reviewed in surgeryb October 2024. Says over last 1 week he has developed discomfort L lower leg proximally - sharp shooting discomfort over lateral aspect of L proximal lower leg.	
Examination	Examination 10mm x 5mm diiameter slightly raised, nodular, purplish skin lesion L lower leg - looks lkie dermatofibroma. Smaller similar lesion R lower leg distally - 2-3 mm diameter.	
Comment	Comment Looks like typical dermatofibroma L lower leg. No real change compred to when last measured 8/10/24. Monitor. Advised likely recent L lower leg discomfort not due to the skin lesion ?MSK discomfort ?rekated to low back discomfort.	
History	History Chronuic low back pains. Lower lumbar area. Has been referred to Physio Dept NVH for further assessment.	
Examination	Examination Managed to get on and off the examination couch with no restriction. Mildly teder to palpation lower lumbar spine. SLR R=L=70-80 degrees. Lower limb reflexes NAD.	
Comment	Comment Liekly chronic mechanical low back pains. Await physio appt NVH. Discussed simple analgaesia meantime,.	
History	History Was at A+E due to chest pains 12/11/25. Was given GTN spray and had ECG and troponin tests which were satisfactory. Told to see GP for follow up. Says he has had had intermittent chest discomfort for 12 months. Can feels one part of the chest pain sharp and going into L arm. Also feels a different chest pain going up into his neck. Chest pains can come on at rest. Says he can feel bit short of breath if exerting hinself.	
Examination	O/E - BP reading P 64 SaO2 96% on air	
Examination	Examination HS 1+2+0 Chest clear.	
Comment	Comment Advised continue aspirin with omeprazole for GI protection. Hold off with beta blocker given histopry of asthma. Best refer Cardiology for opinion. Note ongoing smoker.	
History	History Asking for salbutamol inhaler. Was given Duoresp Spiramax 160 mcg inhaler - but says he feels its no use. Says the salbutamol is the only one that works for him. I advised important to take steroid inhaler aswell as reliever. Says he used to be on clenil but stopped this as not helping either. I advised reasonable to start Fostair 100 inhaler - and should take this on reg basis 2 puffs bd - as well as salbutamol inhaler. I advised the Fostair inhaler was a gas filled inhaler - which was similar to the salbutamol inhale rhe already uses. Advised follow up for asthma RV with practice nurse in a few weeks time.	
Medication	Medication Aspirin Dispersible tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY WHILE ON ASPIRIN	
Medication	Medication Salbutamol Dry Powder Inhaler 100 micrograms/actuation 200 DOSE ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	
Medication	Medication Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose 120 dose TWO PUFFS TO BE INHALED TWICE A DAY	
Examination	Systolic blood pressure	110 mm Hg
Examination	Diastolic blood pressure	75 mm Hg

16-Nov-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:45 on Tuesday 18 of November. To cancel please reply with the word CANCEL.

13-Nov-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Physio at Mount Florida Medical Centre: The role of our Advanced Practice Physiotherapist is to assess patients (over 14) with muscle, joint, soft tissue and spinal pain and, if required, provide diagnosis, management plans, onward referral, pain management and fit-notes. You can request an appointment online (please note you may need to set up an account if you have not used this service before): https://engage.gp/82215/services Click to view inclusion and exclusion criteria: https://m.mjog.net/tzRBFsu or phone for more information.

12-Nov-2025 Dr Hannah Appleton (HA1) Mount Florida Medical CentreMain Surgery

Problem	Problem Chest pain
History	History Chest pain for over a year. Intermittant, no particular triggers - happens at rest and on activity. L sided, central chest, radiates under arm and to back. Dull ache, sometimes sharp. Can be very severe. Sometimes sharp stabbing pain on inspiration. ***** says looks pale when chest pain happens. Occurs every other day. Associated lightheadedness, facial sweating, hot/cold gfeeling, palpitations, shortness of breath
Examination	Examination Sats 99, HR 78, BP 148/91 Pulse regular and strong HS I+II+0, chest clear Calves SNT
Social	Social Smokes 20 cigarrettes daily (around half cannabis).
Comment	Comment Plan: IAU referral - ?unstable angina
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)
Problem	Problem Back pain
History	History Lower back painwith radicular symptoms. Radiates to right thigh. Severe epsiodes of pain triggered by twisting movement. When pain is severe, both legs lose sensation and falls - happens multiple times daily. Legs feel shaky and weak. Some numbness over lower back. Seen MSK physio in March - given graded exercises to do - very unhappy about this. Wants MRI. Currently not using any analesia. Using cannabis for pain relief. No bladder/bowel symptoms. No perianal numbness. Previously prescribed amitriptyline but does not want to take anything that is an antidepressant - previously OD on antidepressants.
Examination	Examination LL neurological exam NAD
Comment	Comment Plan: discussed with Dr ***** - refer back to physio as symptoms worsened for possible MRI
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

12-Nov-2025 Mrs Alice McGowan (AMCG) Data Entry

Comment	Comment patient informed today of temp address due to repairs in his house taking place - might be after xmas before they are done - 8 Finsby Street Drumoyne F1-1 G51 4DP

10-Nov-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:00 on Wednesday 12 of November. To cancel please reply with the word CANCEL.

06-Nov-2025 Ms Gail McGoldrick (GMCG) Data Entry

Comment	Failed encounter - no answer when rang back CVD pilot: Lifestyle advice - - no facility to leave message

04-Nov-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:30 on Thursday 06 of November. To cancel please reply with the word CANCEL.

23-Oct-2025 Mr Pcti Docman (DOC1) Docman

22-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen please call the surgery on 0141 632 4004 between 11am and 1pm to arrange the next routine appointment with our Practice Nurse to discuss recent results. Mount Florida Medical Centre

22-Oct-2025 Mr Mark Lagan (ML) Mount Florida Medical CentreMain Surgery

Examination	Asthma control test	11 /25
Social	Cigarette smoker	10 Cigarettes/day
Comment	Comment ACT 11 , 0 exacerbations T12M. Managed with low dose ICS pmdi 2pbd and SABA Technique good compliance sub optimal . PLAN: Patient poorly controlled, never uses ICS, uses SABA 4-5 times daily. Discussed combiing to MART, keen to try this, Transition to ICS/LABA dpi 1pbd MART duoresp 160as per GINA guidance 2024. Safety netted regarding deterioration. Patient consents to plan. 	
Read Code	Smoking cessation advice	
Read Code	Asthma annual review COPD review completed by Interface pharmacist XXXX, as authorised by Dr XXXXX.	
Read Code	Poor compliance with inhaler	
Read Code	Inhaler technique - good	
Read Code	Asthma medication review	

22-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen, you have a prescription ready to collect at reception. We encourage all patients to collect prescriptions directly from a local pharmacy. Please text back and let us know if you would like this prescription and future prescriptions sent to Houlihan, Rightdose, Battlefield or Langside Pharmacy. Mount Florida Medical Centre	

21-Oct-2025 Ms Gail McGoldrick (GMCG) Data Entry

Examination	ASSIGN score	5.1 %

21-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen Hart, TYPE YOUR MESSAGE HERE Mount Florida Medical CentreClick to view: [[SMART_LINK:215]]	

20-Oct-2025 Ms Rachael Brown (RB) Mount Florida Medical CentreMain Surgery

Comment	Blood sample -> Lab NOS CVD pilot 3 x BP taken 138/94, 143/94, 134/84 has a lot of stress at the moment with housing currently going from sofa to sofa due to being flooded from ***** and mould in the house waiting on the housing sorting it was placed in inappropriate temporary housing. Drinks coffee all day also. About 3 bottles of wine a week says this is cut down from 2 bottles a day. Smokes about 10 cigarettes on there own but then has 10 - 15 joints which he puts cigarettes in also. Says hhas had pain in chest area and radiating for months he is going to make a GP appointment today regarding this since its been an on going issue. ***** has diabetes and both sides history of heart attack.	
Comment	Diabetes UK diabetes risk score	6
History	Cigarette smoker	20 Cigarettes/day
Examination	O/E - Systolic BP reading	134 mm Hg
Examination	O/E - Diastolic BP reading	84 mm Hg
Examination	O/E - height	178.5 cm
Examination	O/E - weight	70 Kg
Examination	Body Mass Index	21.97
Examination	Ideal Weight	73.28 Kg
Family History	FH: Diabetes mellitus	
Family History	FH: Ischaemic heart dis. >60	
Social	Alcohol consumption	30 units/week

20-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 10:30 on Wednesday 22 of October. To cancel please reply with the word CANCEL.	

20-Oct-2025 Ms Gail McGoldrick (GMCG) General Practice Surgery

Result	**(Non Coded Event - HbA1C (IFCC))**: HbA1c (IFCC)	**42 mmol/mol**	**(Range: 20 - 41)**

20-Oct-2025 Ms Gail McGoldrick (GMCG) General Practice Surgery

Result **(Non Coded Event - Lipid profile)**:

Chol/HDL ratio	2.6	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.8 mmol/L	(No range available)
LDL-Cholest (calc'd)	1.7 mmol/L	(No range available)
HDL Cholesterol	1.6 mmol/L	(No range available)
Triglycerides	1.8 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.1 mmol/L	(No range available)

18-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:40 on Monday 20 of October. To cancel please reply with the word CANCEL.

14-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Stephen Hart, we have 2 final clinics on 15th and 22nd October for our pharmacist-led Asthma Medicines Optimisation Review. Please be aware that this is a one-off invite which is separate to your yearly review with the nursing team. To book your appointment please phone us on 0141 632 4004 or text back to arrange. (If you have already attended or have an appointment booked you can ignore this message) Mount Florida Medical Centre

14-Oct-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Stephen Hart, you have been allocated and appointment for Wed 22nd Oct at 10.30am. Mount Florida Medical Centre

23-Sept-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Stephen Hart, you should have received a letter inviting you for our pharmacist-led Asthma Medicines Optimisation Review. Please be aware that this is a one-off invite which is separate to your yearly review with the nursing team. We have limited appointments available for clinics running on Wednesdays until 22nd October. To book your appointment please phone us on 0141 632 4004. Mount Florida Medical Centre

01-July-2025 Mr Anonymous User (ANON) MJog

Read Code Chr dis monitor phone invite Summary of text message sent to patient / Dear Stephen, you are due for your annual review with the nursing team. To make an appointment please contact the surgery on 0141 632 4004 between 11am and 1pm or request an appointment online: https://engage.gp/sp/82215/questionnaire/start. (Please note you may need to sign up first if you have not used this service before). Reply DECLINE if you do not wish to attend for this review. Mount Florida Medical Centre / via mjog

16-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Advanced Practice Physiotherapist (APP) service at Mount Florida Medical Centre: The role of our APP is to assess patients (over 14) with soft tissue, spinal, muscle and joint pain and, if required, provide diagnosis, management plans, onward referral, pain management and fit-notes. You can request an appointment online (please note you may need to set up an account if you have not used this service before): https://engage.gp/sp/82215/services For inclusion and exclusion criteria, please click to view: https://m.mjog.net/LRqUrk1 or contact us for more information.

13-Jun-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / NHS Invitation: CVD Risk Check Cardiovascular disease (CVD) is Scotland's 2nd leading cause of deaths, many of which are preventable. Mortality is 5x higher in the most deprived areas. Many people are unaware they are ***** risk factors. We are inviting you to book a 20 min appointment with our Nursing Team to optimise early intervention to reduce your risk. Early action saves lives. To book a CVD appointment please contact the surgery on 0141 632 4004. If you do not wish to attend for this check please text back - NO Mount Florida Medical Centre / CVD prevention apt invite via mjog

30-Apr-2025 Nurse Islay Robertson (IR) Mount Florida Medical CentreMain Surgery

Comment Did not attend - no reason b12

30-Apr-2025 Mr Anonymous User (ANON) MJog

Read Code Did not attend - no reason Summary of text message sent to patient / Dear Stephen, sorry you were unable to attend your appointment today. Next time please let us know so we can offer the appointment to someone else. We normally send two notifications for missed appointments before further action is considered. This may result in you being removed from our surgery list. If you need another appointment, please contact the practice on 0141 632 4004 to rebook. Kind regards, Mount Florida Medical Centre / Via Mjog

28-Apr-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 10:45 on Wednesday 30 of April. To cancel please reply with the word CANCEL.

21-Mar-2025 Dr Naomi Mitchell (NM) Data Entry

History History has appt april for b12, please take bloods and weigh when in - if weight down let me know

11-Feb-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear patients, there is a community drop-in event at Hampden this evening 4 - 7pm hosted by KMA and the Mount Florida LPP Steering Group. This is a chance for local people to see the draft Local Place Plan and give feedback. For more information, click to view: https://m.mjog.net/6eUSYDN Mount Florida Medical Centre

05-Feb-2025 Ms Gail McGoldrick (GMCG) Mount Florida Medical CentreMain Surgery

Comment Intramuscular injection of vitamin B12 (Left arm) 6th (final loading dose) - Hydroxocobalamin 1mg/1ml B/N: 40278 Exp: 01/2026, verbal consent - discussed subsequent maintenance injection - f/u in 3/12.

03-Feb-2025 Ms Rachael Brown (RB) Mount Florida Medical CentreMain Surgery

Comment Intramuscular injection of vitamin B12 (Left arm) BN F05628 EXP 02/25 verbal conent given 5th loading dose.

03-Feb-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:45 on Wednesday 05 of February. To cancel please reply with the word CANCEL.

01-Feb-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:40 on Monday 03 of February. To cancel please reply with the word CANCEL.

31-Jan-2025 Dr Naomi Mitchell (NM) Data Entry

Problem	Pernicious anaemia
History	History parietal cell antibodies +ve now on parenteral b12 note is regaining weight - 69 kg on last review for review appt with me early March

31-Jan-2025 Ms Rachael Brown (RB) Mount Florida Medical CentreMain Surgery

Comment	Intramuscular injection of vitamin B12 (Left arm) BN G09060 EXP 09/26 verbal consent given 4th laoding dose.

31-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen Hart, Dr ***** has advised an appointment in early March is perfect. Mount Florida Medical Centre

29-Jan-2025 Nurse Islay Robertson (IR) Mount Florida Medical CentreMain Surgery

Problem	Pre-diabetes	
Social	Cigarette smoker 10-12 joints and then 5 cigarettes.	18 Cigarettes/day
Social	Alcohol intake bottle of buckfast over the course of 2 weeks	6.5 units/week
Social	Enjoys light exercise cycling and walking	
Social	Health ed. - diet Breakfast- toastie hamd and cheese/ noodles/ sausage and bacon roll Lunch- *****/ rolls Dinner- Home made meals including veg tries to get 5 a day Snacks - coffee with x1 sugar approx 15 a day, crisps, biscuits, chocolate	
Comment	Intramuscular injection of vitamin B12 (Left arm) hydroxocobalmin 1mg/1ml BN 40278 exp 1/26 administered L deltoid. 3rd loading dose. 	
Comment	Diabetic monitoring Discussed new diagnosis pre-diabetes. Heavy smoker (started smoking at 8 years old), has cut back on alcohol over past year. Fairly active walks a lot and tries to get out on bike. Diet poor very high sugar intake. Identified areas for improvement/ changes he could make and given written information to look over. Signposted community pharmacy for smoking cessation. BP and weight checked recently.	

29-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:20 on Friday 31 of January. To cancel please reply with the word CANCEL.

28-Jan-2025 Nurse Islay Robertson (IR) Data Entry

Problem	Pre-diabetes
Comment	Comment Hba1c 43 for tel call with PN

28-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen please call the surgery on 0141 632 4004 between 11am and 1pm to arrange the next routine appointment with our Practice Nurse for Lifestyle review. Mount Florida Medical Centre

27-Jan-2025 Nurse Islay Robertson (IR) Mount Florida Medical CentreMain Surgery

Examination	O/E - weight	69 Kg
Comment	Intramuscular injection of vitamin B12 (Left arm) hydroxocobalamin 1mg/1ml BN 40278 exp 1/26 administered L deltoid 2nd loading dose 	

27-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:45 on Wednesday 29 of January. To cancel please reply with the word CANCEL.

26-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:30 on Tuesday 28 of January. To cancel please reply with the word CANCEL.

25-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:15 on Monday 27 of January. To cancel please reply with the word CANCEL.

23-Jan-2025 Ms Rachael Brown (RB) Mount Florida Medical CentreMain Surgery

Comment Blood sample -> Lab NOS
Comment Intramuscular injection of vitamin B12 (Left arm) BN RP403NE EXP 07/27 verbal consent given 1st loading dose

23-Jan-2025 Nurse Islay Robertson (IR) General Practice Surgery

Result **(Non Coded Event - HbA1C (IFCC))**:
HbA1c (IFCC) **43 mmol/mol** **(Range: 20 - 41)**

22-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:40 on Thursday 23 of January. To cancel please reply with the word CANCEL.

17-Jan-2025 Dr Naomi Mitchell (NM) Telephone Consultation

History Failed encounter see bloods
elevated platelets/wcc/nuetrophils/ferritin - likely in context of recent chest infection
low-ish b12 (55)
cxr satisfactory

no answerphone message

letter sent to explain plan
review appt 28th Jan
Comment Comment to repeat bloods next week
screen for pernicious anaemia/coeliac
load with b12
Comment EMIS attachment reference code
re bloods.doc re bloods
Medication Medication Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule 10 ampoule ONE INJECTION 3 TIMES WEEKLY FOR 2 WEEKS THEN ONCE EVERY 3 MONTHS.

17-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Dear Stephen, please call the surgery on 0141 632 4004 between 11am and 1pm to arrange an appointment with the Healthcare Assistant for a blood test next week. Mount Florida Medical Centre

14-Jan-2025 Ms Rachael Brown (RB) Mount Florida Medical CentreMain Surgery

Comment Blood sample -> Lab NOS

14-Jan-2025 Dr Naomi Mitchell (NM) Mount Florida Medical CentreMain Surgery

Problem	Chest infection NOS		
History	History much improved, still soboe no cxr result yet E+D, gaining weight longstanding back pain - sees physio - mentioned kidneys - some inc urinary frequency, no blood longstanding tingling in hands and feet - tells me he has been hospitalised a few times with hyperventinaltion - he thinks related		
Examination	O/E - weight looks much better, smell of cannabis chest clear, lower back pain, no loin pain 	67 Kg	
Examination	Urinalysis = no abnormality		
Comment	Comment extend abx 3/7 neuropathy screen review 2/52		
Medication	Medication Doxycycline Hyclate Capsules 100 mg 3 capsule 1 Cap Daily		

14-Jan-2025 Dr Naomi Mitchell (NM) General Practice Surgery

Result	**(Non Coded Event - Glucose)**:		
	Glucose	**7.1 mmol/L**	**(Range: 3.5 - 6)**

14-Jan-2025 Dr Naomi Mitchell (NM) General Practice Surgery

Result	**(Non Coded Event - Serum Folate)**:		
	Serum Folate	3.4 ug/l	(Range: 3.1 - 20)
Result	**(Non Coded Event - Serum Ferritin)**:		
	Serum Ferritin	**469 ug/l**	**(Range: 15 - 300)**
Result	**(Non Coded Event - Active B12)**:		
	Active B12 (Non Coded Event - Active B12)	55 pmol/L	(No range available)

14-Jan-2025 Dr Naomi Mitchell (NM) General Practice Surgery

Result	**(Non Coded Event - Full Blood Count)**:		
	Nucleated RBC, 0	0 x10^9/l	(No range available)
	Basophils	0.1 x10^9/l	(No range available)
	Eosinophils	**0.7 x10^9/l**	**(Range: 0.02 - 0.5)**
	Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
	Lymphocytes	4.1 x10^9/l	(Range: 1.1 - 5)
	Neutrophils	**8.5 x10^9/l**	**(Range: 2 - 7)**
	Platelet Count	**535 x10^9/l**	**(Range: 150 - 410)**
	MCH	30.9 pg	(Range: 27 - 32)
	Mean Cell Volume	93.2 fl	(Range: 83 - 101)
	Haematocrit	0.452 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	150 g/l	(Range: 130 - 180)
	Red Cell Count	4.85 x10^12/l	(Range: 4.5 - 6.5)
	White Blood Count	**14.6 x10^9/l**	**(Range: 4 - 10)**

12-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:30 on Tuesday 14 of January. To cancel please reply with the word CANCEL.	

07-Jan-2025 Dr Naomi Mitchell (NM) Mount Florida Medical CentreMain Surgery

Problem	Chest infection NOS		
History	History cold sx before xmas, since then cough and inc soboe pleuritic pain left side fever no appetite - has lost 1 1/2 st drinking ok		
Examination	O/E - blood pressure reading t36.8 spo2 97 p 74 		
Examination	Peak exp. flow rate: PEFR/PFR	300 L/min	
Examination	O/E - weight looks cahectic, no cervical/supraclavicular LN trachea central goos AE but scattered creps and wheeze bilaterally fruity cough	65 Kg	
Social	Health ed. - smoking		
Comment	Comment tx as exac asthm, lx and tx as below review next week WEIGH WSG says some tingling in hands and feet, for months - discuss next time ?bloods		
Examination	Systolic blood pressure	121 mm Hg	
Examination	Diastolic blood pressure	72 mm Hg	
Medication	Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING		
Medication	Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 7 DAYS		
Medication	Medication Easychamber Spacer device 1 DEVICE AS REQUIRED		

06-Jan-2025 Dr Alastair Stout (AS) Telephone Consultation

History: Telephone encounter 1740. To discuss letter from Haematology Dept regarding his chronic mild leucocytosis. They have advised his leucocytosis is chronic and non progressive so is reactive. They advised that this could well be related to his history of smoking. They advised no further action or monitoring required.

Comment: Comment Mr Hart says that he has developed a nasty chest infection. Says he is in angony when he coughs. Says he has lost one and a half stone in the last week. Feels right shouklder sore when he coughs. Says he has appoitment for review in the surgery tomorrow morning at 1115am to review his chest.

05-Jan-2025 Mr Anonymous User (ANON) MJog

Read Code: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 11:15 on Tuesday 07 of January. To cancel please reply with the word CANCEL.

23-Dec-2024 Dr Alastair Stout (AS) Data Entry

New Referral: New Referral 8H...: Referral for further care (SCI Gateway Referral)

20-Dec-2024 Dr Alastair Stout (AS) Telephone Consultation

History: Telephone encounter 1405. To discuss ongoing midly raised white count. Says he feels well in self. Ongoing smallcyst on R elbow for which he had course of clarithromycin. Seeing physios now re ongoing chronic low back pains. Note persistent mildly raised white cell count fopr 2 monhs now. Advised I will write to Haematology for their opinion.

09-Dec-2024 Dr Alastair Stout (AS) General Practice Surgery

Result: **(Non Coded Event - Full Blood Count)**:

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	**0.74 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.9 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	389 x10^9/l	(Range: 150 - 410)
MCH	30.4 pg	(Range: 27 - 32)
Mean Cell Volume	94.9 fl	(Range: 83 - 101)
Haematocrit	0.462 l/l	(Range: 0.4 - 0.54)
Haemoglobin	148 g/l	(Range: 130 - 180)
Red Cell Count	4.87 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**14 x10^9/l**	**(Range: 4 - 10)**

27-Nov-2024 Mr Anonymous User (ANON) MJog

Read Code: SMS text sent to patient Summary of text message sent to patient / Dear Stephen, please find information on our local pharmacies who offer the Pharmacy First Plus service. They have a prescribing pharmacist who can offer treatment which you would previously access via your GP (including antibiotics, steroids and antihistamines). Conditions include respiratory, ear, nose & throat issues (coughs & chest infections, tonsillitis, colds & flu symptoms), skin complaints (including rashes), and allergies. If you need help with these ailments, please visit one of these pharmacies for help in the first instance. Mount Florida Medical Centre Click to view: https://m.mjog.net/XVvjg52

19-Nov-2024 Mrs Alice McGowan (AMCG) Data Entry

Comment: Comment called to cancel appt didn't know he had it. will rearrange

17-Nov-2024 Mr Anonymous User (ANON) MJog

Read Code: SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 14:00 on Tuesday 19 of November. To cancel please reply with the word CANCEL.

15-Nov-2024 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Came in for recview re persistent mildly raised WCC 14.4. Says he feels he has no symptoms of cough/chest infection/sore throat. Sauys he has small persistent infected cyst over R arm antecubital fossa which has been present for few weeks now. he has been squeezing it to release the pus.
Examination	Examination Small eythematous ***** over R antecubital fossa laterally. Slight pus discharge. Temp 35.8 P 75 SaO2 98% Chest sounds clear.
Comment	Comment ?persistent mildly raised white count due to infected cyst R forearm. Advised clarithroimycin for 1 week. Repeat FBC with phlebotomy in 3 weeks time.
History	History Due to be seen at Physio/Back Clinic 27/11/24 regarding ongoing back pains. Says he had ***** up on scioatica and doesn't feel his symptoms are due to sciatica. says he gets shooting discomfort in mid and lower back. Feels pains in R hip. Feels pains can make him tearful at times.
Examination	Examination Tender to palpation R lumbo sacral area. Tender to palpation lumbar spine. Mobilising with no limitation. SLR R =40 degrees L =70 degrees.
Comment	Comment Likely mechanical low back pains. Given hip discomfort refer for Xray R hip to exclude degenerative changes there. I advised we were not abnle to arrange plain Xrays of lumbar spine through order coms. Await follow up with physio/back pain clinic 27/11/24 meantime.
Medication	Medication Clarithromycin Tablets 500 mg 14 tablet ONE TO BE TAKEN TWICE A DAY

12-Nov-2024 Dr Alastair Stout (AS) Telephone Consultation

History	Telephone encounter 1100 to discuss mildly raised WCC. Says no chest or sinus symptoms. Tiny spot on his elbow - looks like he has squeezed a spot but not healing up. Feels it doesn't look infected. Given persistently raised WCC booked for F2F RV Friday 1230pm for review. Ongoing back pains - has been booked in to see physios 27/11/24.

07-Nov-2024 Dr Alastair Stout (AS) General Practice Surgery

Result **(Non Coded Event - Full Blood Count):**

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	3.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.9 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	378 x10^9/l	(Range: 150 - 410)
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	90.1 fl	(Range: 83 - 101)
Haematocrit	**0.384 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	131 g/l	(Range: 130 - 180)
Red Cell Count	**4.26 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	**14.4 x10^9/l**	**(Range: 4 - 10)**

25-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code	Second patient "recall" Summary of text message sent to patient / Dear Stephen, it appears from our records that you are overdue for your annual review. To make an appointment please call the surgery on 0141 632 4004 between 11am and 1pm or request an appointment online: https://engage.gp/sp/82215/questionnaire/start. (Please note you may need to sign up first if you have not used this service before). Reply DECLINE if you do not wish to attend for this review. Mount Florida Medical Centre / via mjog

21-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Stephen, the GP has requested you get a repeat blood test in 2-3 weeks time. Please call the phlebotomy service directly on 0141 355 1525 to book in for an appointment. Mount Florida Medical Centre

18-Oct-2024 Dr Alastair Stout (AS) Data Entry

History	History Note WCC 13.2 Neutrophils 8.1. Repeat FBC with phlebotomists in 2-3 weeks.

17-Oct-2024 Dr Alastair Stout (AS) General Practice Surgery

Result	**(Non Coded Event - ESR)**:		
	ESR	2 mm/hr	(No range available)
Result	**(Non Coded Event - Full Blood Count)**:		
	Nucleated RBC, 0	0 x10^9/l	(No range available)
	Basophils	0.1 x10^9/l	(No range available)
	Eosinophils	**0.56 x10^9/l**	**(Range: 0.02 - 0.5)**
	Monocytes	**1.1 x10^9/l**	**(Range: 0.2 - 1)**
	Lymphocytes	3.3 x10^9/l	(Range: 1.1 - 5)
	Neutrophils	**8.1 x10^9/l**	**(Range: 2 - 7)**
	Platelet Count	354 x10^9/l	(Range: 150 - 410)
	MCH	30.6 pg	(Range: 27 - 32)
	Mean Cell Volume	93.6 fl	(Range: 83 - 101)
	Haematocrit	0.422 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	138 g/l	(Range: 130 - 180)
	Red Cell Count	4.51 x10^12/l	(Range: 4.5 - 6.5)
	White Blood Count	**13.2 x10^9/l**	**(Range: 4 - 10)**

17-Oct-2024 Dr Alastair Stout (AS) General Practice Surgery

Result	**(Non Coded Event - Protein EP & Igs)**:		
	IgM	0.88 g/L	(Range: 0.4 - 2.4)
	IgA	2 g/L	(Range: 0.8 - 4)
	IgG	8.9 g/L	(Range: 6 - 16)
	Paraprotein 3 (Non Coded Event - Paraprotein 3) NA		(No range available)
	Paraprotein 2 (Non Coded Event - Paraprotein 2) NA		(No range available)
	Paraprotein 1 (Non Coded Event - Paraprotein 1) NA		(No range available)
	Electrophoresis		(No range available)
	Total Protein	72 g/L	(Range: 60 - 80)
Result	**(Non Coded Event - Thyroid funct test)**:		
	Total T3		(No range available)
	Free T4	12.4 pmol/L	(Range: 9 - 21)
	TSH	2.04 mU/L	(Range: 0.35 - 5)
Result	**(Non Coded Event - Prostate Specific Ag)**:		
	Prostate Spec Ag	1.8 ug/L	(No range available)
Result	**(Non Coded Event - Liver Function Tests)**:		
	Albumin	46 g/L	(Range: 35 - 50)
	Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
	AST	20 U/L	(No range available)
	ALT	14 U/L	(No range available)
	Total Bilirubin	5 umol/L	(No range available)
Result	**(Non Coded Event - Urea & Electrolytes)**:		
	Estimated GFR > 60		(No range available)
	Creatinine	84 umol/L	(Range: 40 - 130)
	Urea	5.9 mmol/L	(Range: 2.5 - 7.8)
	Chloride	105 mmol/L	(Range: 95 - 108)
	Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
	Sodium	136 mmol/L	(Range: 133 - 146)
Result	**(Non Coded Event - C-reactive Protein)**:		
	C Reactive Protein	2 mg/L	(No range available)
Result	**(Non Coded Event - Bone Profile)**:		
	Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
	Albumin	46 g/L	(Range: 35 - 50)
	Phosphate	1.35 mmol/L	(Range: 0.8 - 1.5)
	Calcium (adjusted)	**2.18 mmol/L**	**(Range: 2.2 - 2.6)**
	Calcium	2.22 mmol/L	(Range: 2.2 - 2.6)

10-Oct-2024 Mr Anonymous User (ANON) MJog

Read Code	Did not attend - no reason Summary of text message sent to patient / Dear Stephen, sorry you were unable to attend your appointment today. Next time please let us know so we can offer the appointment to someone else. We normally send two notifications for missed appointments before further action is considered. This may result in you being removed from our surgery list. If you need another appointment, please contact the practice on 0141 632 4004 to rebook. Kind regards, Mount Florida Medical Centre / Via Mjog

09-Oct-2024 Dr Alastair Stout (AS) Data Entry

New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

08-Oct-2024 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Came in for review of back pains. Says he has developed low back pains over the last 4-5 weeks. feels they have been owrse over last couple of weeks. Worried incase he has hurt his back. Feels sharp shoooting pains radiating dopwn into R leeg and buttock. Feels discomfort in both loins - when he sits back against back of a chair - as if 2 bottles pressing into his back on either side. No difficulties passing urine and bowel motions. Says he does a lot of cyclinic. Keeps fit and does regular walking/climbing.
Examination	Urinalysis = no abnormality Managed to get on and off examination couch with no difficulties. SLR R= 30 degrees L=45 degrees. Lower limb reflexes NAD. Normal gait.
Comment	Comment Likely mechanical low back pains. Asking if he should self refer to Minor Injuries to get an Xray of his back. I advised as likely mechanical back pains better that we refer him to Back Pain physio clinic NVH for their opinion. IN the meantime try amitriptyline 10-20mg nocte - as syas he only sleeps 4-5 hours some noights. Also try naproxen as he had tried ibuprofen bvut didn't feel that helped. Avised omeprazole for GI protection while taking naproxen. Refer phlebotomy to check bloods for U+Es inflammatory markers, bone biochemistry and FBC
History	History Asked me to review skin lesion L lower leg. Feels it has increased in size over lat 6 months.
Examination	Examination 5mm x 9mm diameter noderately darkly pigmented skin lesion. Uniform pigmentation. Feels little firm to palpation. Nodular.
Comment	Comment Likely dermatofibroma. Booked for F2F RV skin lesion and re measure in 6 weeks time. Also smaller (1mm diameter) mobile subcutaneous fibrous nodule over medial aspect R lower leg - but no overlyig skin changes. ?small subcutaneous fibtoma.
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 56 TABLET ONE OR TWO TO BE TAKEN IN THE EVENING FOR BACK AND LEG PAINS
Medication	Medication Naproxen Tablets 500 mg 56 tablet ONE TO BE TAKEN TWICE A DAY AS REQUIRED FOR BACK AND LEG PAINS
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY FOR STOMACH PROTECTION WHILE TAKING NAPROXEN TABLETS

08-Oct-2024 Mrs Frances Love (FL) eConsultation

History	History - Engage Consult: Medical Request Problems Reported: Request an appointment with our Nursing Team Enquirer: HART, Stephen - *Request an appointment with our Nursing Team* Appointment Required (Tick all that apply): CHECKED - Annual Review (I confirm I have received a text message informing me to book this appointment) Unchecked - Blood Test (I confirm the GP or Practice Nurse has Requested this) Unchecked - Blood Pressure Check (I confirm the GP or Practice Nurse has Requested this) Unchecked - B12 Unchecked - Cervical Screening (I confirm I have received my invite letter) Unchecked - Injection (e.g. denosumab, zoladex, flupentixol, prostap, other) Unchecked - Pill Check Unchecked - HRT Review Unchecked - Wound Management/Dressing Unchecked - Removal of Stitches Unchecked - Ear Check Have you been told when to have the appointment, for example, "in the next two weeks" or "in one months time"?: No just I'm overdew Are you happy to take the next available appointment?: Yes Are there any days that you are NOT available for an appointment in the next four weeks? (optional): No I need an appointment very soon I have sever lower back pain and mi kidneys are asking to the point I'm holding back tears - Patient entered freetext: I'm in a lot pain in mi lower back right hip and kidneys can't stand with no pain can't sit with no pain it's getting worse delay I may have injured mi spine it's Mekong grinding noises shiting pains down mi leg and tingling and numbness please help me soon - Message from HART, Stephen: Questionnaire submitted for Stephen Hart: Request an appointment with our Nursing Team Note added by ***** Love: Pt phoned to gain more info - https://lt.engage.gp/full/messages/request/2518887/full
History	Encounter by computer link https://lt.engage.gp/full/messages/request/2518887/full

19-Sept-2024 Ms Suzanne MacDougall (SMAC) Mount Florida Medical CentreMain Surgery

Comment	Comment DNA 15 minute GP appt

19-Sept-2024 Mr Anonymous User (ANON) MJog

Read Code Did not attend - no reason Summary of text message sent to patient / Dear Stephen, sorry you were unable to attend your appointment today. Next time please let us know so we can offer the appointment to someone else. We normally send two notifications for missed appointments before further action is considered. This may result in you being removed from our surgery list. If you need another appointment, please contact the practice on 0141 632 4004 to rebook. Kind regards, Mount Florida Medical Centre / Via Mjog

16-Sept-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mount Florida Medical Centre Don't forget your booked appointment at 09:00 on Thursday 19 of September. To cancel please reply with the word CANCEL.

30-July-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Stephen Hart, we have updated our online services. You can now request your sick-line and appointments with the nursing team or our practice physio directly via our website during our opening hours: https://mountfloridamedicalcentre.gp.scot/our-practice/practice-services/engage-consult. Click to view instructions: https://m.mjog.net/zHL6Eim. Mount Florida Medical Centre / new online services

27-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code Chr dis monitor phone invite Summary of text message sent to patient / Dear Stephen, it appears from our records that you are overdue for your annual review. Please contact the surgery between 11am and 1pm to make an appointment. Please reply DECLINE if you do not wish to attend for this review. / via mjog

18-Jun-2024 Mr Anonymous User (ANON) MJog

Read Code Patient "recall" admin. Summary of text message sent to patient / Dear Stephen, you are due for your annual review. Please contact the surgery on 0141 632 4004 between 11am and 1pm to make an appointment or reply DECLINE if you do not wish to attend for this review. / via mjog

29-Sept-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Summary of text message sent to patient / Mount Florida Medical Centre Please be advised that the Practices website has now changed to www.mountfloridamedicalcentre.gp.scot. Our old website (www.mountfloridamedicalcentre.co.uk) will close tomorrow. The new website is provided by NHS Scotland. / New website message via Mjog

23-May-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Via Mjog, re: Server Migration

22-May-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Via Mjog, re: Server Migration

19-May-2023 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Via Mjog, re: Server Migration

25-Oct-2022 Dr Elizabeth Murphy (MURPHY_18946) Telephone Consultation

History History Didn't feel well last night. due fit note. feels mood is improving. ***** and ***** are supportive. Had contacted wellbeing/lifelink but didn't find talking to counsellor helpful. Since increasing mirtazepine to 30mg, finding this helpful.

Attachment eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 25/10/2022 - 22/11/2022)

12-Oct-2022 Dr Alastair Stout (AS) Telephone Consultation

History Telephone encounter 1040am. To discuss small swelling under jaw. Says its no longer tender. Bit smaller than it was. No abourt size of a pea. As smaller and tenderness settled reasonable to monitor. ?small reactive node. Monitor for further 7-10 days. Call back if not settling 10 days ?consider F2F RV. Says he does have problems with his teeth and needs to see dentist but doesn't feel inany dental infections currently.

07-Oct-2022 Dr Alastair Stout (AS) Telephone Consultation

History Telephone encounter 1545. Says he feels hes still not sleeping esp well with mirtazapine 15mg tabs. Goes to bed 1230 but not getting to sleep until 4am then wakens up 230pm. Advised to try increase mirtazapine to 30mg daily. Added to repeats.

History History Noticed small lump under his chin last few days. Hard and little tender. Can move skin over the swelling. No problems with his teeth. ?submandibular gland or small lymph node. Advised monitor over weekend. Booked for tel call back wednesday morning next week.

History History Discussed last letter from Haematology clinic. Haematocrit level normalised. No cause for this found. They discharged him from follow up

Medication Medication Mirtazapine Tablets 30 mg 56 TABLET ONE TO BE TAKEN AT NIGHT

27-Sept-2022 Dr Elizabeth Murphy (MURPHY_18946) Telephone Consultation

History History taking mirtazepine. "getting there ". Says due review with Dr Stout beg oct. requires fit note.

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 26/09/2022 - 25/10/2022)*

09-Sept-2022 Dr Alastair Stout (AS) Telephone Consultation

History Telephone encounter 1420. Says he was told by Haematologists at start of the week that he definitely doesn't have cancer. Relived that the polycythaemia is not due to cancer but says hes fruistrated it took few months to get the correct anwer. Feels hair is still thinning. Says he feels sleeping better with mirtazapine tabs. Difficulty getting off to sleep buttending to sleep though later so feeling better from that point of view. Continue mirtazapine 15mg tabs for now. Advised tel RV 3-4 weeks.

26-Aug-2022 Dr Alastair Stout (AS) Telephone Consultation

History Telephone encounter 1310. To discuss ongoing medical certificate which runs out on 25/8/22. Says hes due back at Haematology Clinic to review blood results due to polycythaemia. Remains worried that polycythaemia may be due to underlying blood cancer. Says he has ongoing anxiety and low mood and on fluoxetine. Says his hair has been falling out due to the stress. Hardly going out now due to the hair loss. Says hes not sleeping at the moment.

Comment Comment Discussed option with antidepressant. Could try switch to mirtazapine which would have sedative effect - try with 15mg daily initially and increase to 30mg nocte if necessary. Hopefully mirtazapine will help with sleeping difficulties as well as his depression/anxiety symptoms.

Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Polycythaemia - Under Investigation. Anxiety And Depression.; Duration: 25/08/2022 - 26/09/2022)*

Medication Medication Mirtazapine Tablets 15 mg 56 TABLET ONE OR TWO TO BE TAKEN AT NIGHT

08-Aug-2022 Dr David MacDonald (DMAC) Mount Florida Medical CentreMain Surgery

Comment EMIS attachment reference code *TWIMC mental health.doc TWIMC mental health*

08-Aug-2022 Dr David MacDonald (DMAC) Telephone encounter

Problem [X]Depression NOS

History History Telephone consultation due to COVID-19. Feeling much better. Happy with FLuoxetine. Discussed remaining on for 4-6 weeks then assessing eeffect.

Examination Examination Alert, speech tone rate rhythm and volume normal on phone&gt no evidence of suicidal ideation or delusional ideas. Able to gain rapport

Comment Comment Stop Valium, Cont., fluoxetine. RV 4-6/52 or sooner if mood dips.

08-Aug-2022 Dr David MacDonald (DMAC) Data Entry

History	History Called, routine f/u, no reply.

01-Aug-2022 Dr David MacDonald (DMAC) Telephone encounter

Problem	[X]Depression NOS
History	History Telephone consultation due to COVID-19 . states ***** was present last week so couldn;t be honest. Still feeling low. Wishes he wasn't here but no suicidal plans, intent or final acts. Sleep slightly better with Zopiclone though mood not miproved.
Examination	Examination Alert, speech tone rate rhythm and volume normal on phone&gt no evidence of suicidal ideation or delusional ideas. Able to gain rapport
Comment	Comment Agreed to trial short course of Valium and Fluoxetine. Discussed nauea, wosrsening of thoughts and taking 6-8 weeks to work. If any issues/mood dips to cal us 111/OOH/GP A+E
Medication	Medication Diazepam Tablets 2 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

25-July-2022 Dr David MacDonald (DMAC) Telephone encounter

Problem	[X]Depression NOS
History	History Telephone consultation due to COVID-19. Note previus Sertraline and previous OD. Has been feeling lower for several months and made worse by break up with ***** who is being "done for a domestic". His sleep is poor, his concentration poor and appetite poor though improving. he states he wishes he was not here and no discrete plans or suicidal intents and has not been self harming. No drugs or alcohol disclosed. ***** home, does have support from ***** and ***** though they ***** other side of city. Has not taken Sertaline for several weeks as felt they did not help.
Examination	Examination Alert, speech tone rate rhythm and volume normal on phone&gt no evidence of suicidal ideation or delusional ideas. Able to gain rapport
Comment	Comment Agreed to try Zopiclone as had before. Signposted to GP/OOH/111 if feelign worse or suicidal. Given quite low arranged f/u 1/52 with me via phone.

14-July-2022 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History In light of the consultation earlier I replied to the patient's most recent FF as follows: Hi Stephen I am very sorry you got upset at your appointment today. You left before I hoped we could summarise things. I know how worried you are that you have cancer - but until we have the result of the blood test I am afraid we just need to wait. We just simply do not know if you have cancer at this point in time - not even the haematologist can know this until we have the blood result. From the information I was able to find out the consultant did seem to think you had secondary or apparent polycythaemia and was doing the blood test to rule out the more sinister version of polycythaemia - rubra vera. I wish there was more we could say to alleviate your fear and anxiety but we must wait for results for the time being. Kind Regards Dr *****

14-July-2022 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History Consultation witness by Dr *****. Informed patient I wished a colleague to be present in light of his aggressive and hostile manner earlier on today. Patient immediately apologised. proceeded to summarise that he has been told on the phone that he has cancer. Has ***** about polycythaemia on the internet and it causes cancer. I tried to explain to patient at this current point in time we could not tell him he has cancer - just that his bloods could be suggestive of this. We need to wait to find out his blood result to exclude or include this as a diagnosis. Sympathised about the anxiety this wait would causes. He proceeded to describe frustration about not being able to speak to someone face to face and that this was the first time someone had explained it to him. Advise that this was not the case - we had a conversation 2 weeks ago where I thought we had managed to clarify things further. Advised that we are facing incredible demmand at the moment and we are trying to deal with what we can via telephone if it can be. Of course if a patient has a cancer diagnosis we would endevour to see them face to face. Advised we have lots of patient's waiting to hear about cancer diagnoses who are anxious and frieghtened but this does not excuse his aggressive and hostile manner this morning. The patient did again apologise but then went on to talk about his cancer diagnosis and the delay of "6 weeks when I could be getting treatment". Advised that we don't know that there is a cancer that needs treated. Sadly our consultation deteriorated and the patient stormed out of the room.
Comment	Comment Sadly I think patient has convinced himself he has cancer and not really wanting to listen to an alternative diagnosis. will just have to wait for results of blood test.

14-July-2022 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed. Hi requested a FACE TO FACE APPOINTMENT GOT PHONED I NEED ANCERS DOCTOR TOLD ME ITS MI FAULT I HAVE CANCER NOT IMPRESSED FACE TO FACE MEANS IN THE ROOM NOT TERAFIDE ALONE UPSET SCARED SAUASIDEL I JUST WANT TO KNOW WHY IM NOT GETTING TRETMENT WHAT THE TREATMENT INVOLVES ILL BE DEAD B4 you guys decide Im worth anay thing ps dont call Im requesting a FACE TO FACE How long has this been a problem? Since I got called Do you have any ideas about what is causing the problem? (Optional) Yes CANCER IV ***** TOLD ON THE PHONE What are the concerns? (Optional) DETH How would you like us to help? (Optional) FACE TO FACE How would you like us to deal with the problem? (Select all options that are relevant to you) Face to face appointment Are there any times today when you would not be free for an appointment? Na dot call Im requesting a face to face In order for you to receive the best treatment, we will decide the most appropriate way to help you. Please tell us if any of the other options would be a problem for you: A call would be a big problem Is there a member of staff who would be best to deal with this problem? The one that knows How quickly do you think the problem needs to be dealt with? Today
Comment	Comment Spoke with PM. Frankly behaviour remains hostile and agitated. However cannot ignore that his concerns leading to him feeling suicidal. I am quite worried about his aggression and the fact that it could carry into a f2f appt. Have arranged he will have a f2f with myself and another GP as I think there could be genuine safety concerns. The PM will kindly contact the patient but explain that this behaviour is not tolerated and he will be sign by x2 GP's in light of safety concerns.

14-July-2022 Dr Elaine Campbell (EC1) Data Entry

History History My response to patient on FF: Morning Stephen,
?I am sorry you are upset and that our call ended so abruptly. However - that sort of language and behaviour is not tolerated under our zero tolerance policy regarding physical and verbal abuse. We will be writing to you regarding this.
?I am aware you are frightened you have cancer - this of course must be a worry. But from the information I was given via Consultant's secretary of her letter would suggest that the consultant thinks that it is unlikely you have cancer. She thinks the pattern of your bloods is more likely to be secondary or apparent polycythaemia relating to smoking and alcohol. However, she is doing this blood test to rule out the possibility that this might be polycythaemia rubra vera.

I understand that until we have the results of this blood test we are in a state of limbo which of course will cause anxiety. I understand you are keen for a face to face appointment but I think it is doubtful we can add anything that a phone conversation could cover about the current situation. We could offer a routine face to face appointment for a physical review but it would be next week or after. But I think perhaps a conversation about today's telephone call first would be prudent.

Dr *****

14-July-2022 Dr Elaine Campbell (EC1) Telephone Consultation

History History Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed.
I need Ancers FACE TO FACE WITH A DOCTOR THAT KNOWS WHY IV BEAN TOLD ON THE PHONE TWICE I HAVE CANCER IV KNONE FOR THREE WEEKS NOW WHY AM I NOT GETTING Any treatment AND DONT TELL ME WE ARE WATING 6-8 weeks for a test Result FACE TO FACE WITH A DOCTOR
How long has this been a problem?
LONG ENOUGH
Do you have any ideas about what is causing the problem? (Optional)
Yes GOT TOLD ON THE PHONE TWICE IV GOT CANCER AND NOT EVEN SPOKEN TO A DOCTOR FACE TO FACE
What are the concerns? (Optional)
Im DIEING AND YOU WONT AVE SEEN ME
How would you like us to help? (Optional)
FACE TO FACE APPOINTMENT WITH A DOCTOR NOT A TECHNICIAN
How would you like us to deal with the problem? (Select all options that are relevant to you)
Face to face appointment

Comment Comment Phoned patient - patient demmanding face to face appt to be told he has cancer, just speaking on the phone. Advised that we do not know that he has cancer yet and that the impression of the consultant is that this was less likely and his bloods more reflective of smoking and alcohol but she was checking his bloods to rule out cancer. "so it's my f******* fault?" Tried to explain that not suggesting it is his fault but more the pattern of bloods were secondary to these factors. Patient quickly became very irate, raised tone and using multiple expletives. Advised that I did not need to be spoken to in that way and suggested we end the call. patient shouted some more expletives and hung up shouting. I will respond to patient on FF.

14-July-2022 Dr Paul Gallagher (PG1) Mount Florida Medical CentreMain Surgery

History History Seen face-to-face with Dr ***** who explained to patient that his behaviour was unacceptable - he apologised. Dr ***** also explained haemtologist suspects secondary polycythemia due to smoking and alcohol and that he has not been diagnosed with cancer and that we await the result of JAK2 testing. Patient stated a phlebotomist had told him he had polycythemia, which he googled and concluded he definitely had cancer. He then became defensive/ anxious/ confrontational and stated that he might wait 6 weeks for (JAK2) result and that cancer treatment would have been delayed by 6 weeks. Patient stood up and walked out. Hopefully he has both messages (1) He has not been diagnosed with cancer (2) His verbal aggression is not tolerable. At next contact worth discussing alcohol habit, which we did not have a chance to address today.

30-Jun-2022 Dr Elaine Campbell (EC1) Telephone Consultation

History	History Managed to speak to Haem secretary who was able to send me the body of text from Dr McCaig assessment of Stephen - the crux is she thinks this is most likely secondary polycythaemia due to his weight, smoking and alcohol. But she is doing the ***** 2 blood test to rule out primary polycythaemia.
Comment	Comment Phoned stephen and explained the above. he seems a bit more reassured by this.

30-Jun-2022 Dr Elaine Campbell (EC1) Telephone Consultation

Problem	Polycythaemia vera
History	History on Monday spoke to haem - told polycythaemia vera and abnromal funcitoning of ***** gene and has a blood cancer? Has appt week on Saturday with haematology phleb - apparently told result could take 6-8 weeks?. head all over the place. keen for line due to this - maybe as long as result could take. but just feels totally in the dark about what is going on.
Comment	Comment Happy to do line. can try track down haematology for him today to try shed some light on matters.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Blood disorder - under investigation.; Duration: 30/06/2022 - 25/08/2022)*

28-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946) Phone Encounter

History	History I have been unable to get through to any haematology phone umbers and no rep;y from email as yet; Stephen advised Polycythaemia and abnormal functioning of ***** gene
Comment	Comment advised we will need to await more formal communications from haematology regarding monitoring and treatment plan
Problem	Polycythaemia vera

28-Jun-2022 Mrs Suzanne Miller (SM1) Phone Encounter

Comment	Comment Telephone call re previous HFE bloods not processed (no form) states he was told by haematology that needs more bloods (yellow top) but unsure which advised once he has spoken to GP I will fit him in.Has been told by haematology has Primary ?? blood cancer. Very stressed does not wish sleeping tablets offered from AC. Aware Dr Carruthers is trying to get more information and will get back to him. Not happy unable to get through in phones and online when it goes down when we are full, advised he could come to the surgery in this instance.

27-Jun-2022 Dr David Craig (DC1) Telephone encounter

History	History note recent entry last week. user busy/line engaged x2. I suspect that medication discussion already dealt with last friday.

24-Jun-2022 Dr Lorcan McGrogan (LMCG) Mount Florida Medical CentreMain Surgery

History	History d/w stephen, has hamatology call next week to discuss bloods. remains on sertraline, still getting nausea after taking, hasn't felt much difference to mental health, but keen to continue on this., was contacted by beating the blues programme, but doesn't feel like he can do this as needs wifi, and he currently gets his wifi in *****.
Social	Social plan: continue sertraline, await haematoloy

14-Jun-2022 Dr Naomi Mitchell (NM) Data Entry

Problem	[X]Depression NOS
History	History note left on script to rv sertraline , just started in april

13-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946) Phone Encounter

History	History advised re bloods; no Fhx haemocrhromatosis to his knowlede; ferriting is also in normal range
Comment	Comment will request film as wcc also up

09-Jun-2022 Dr Lorcan McGrogan (LMCG) Mount Florida Medical CentreMain Surgery

History	History note patient DNA appointment- see my entry below, I had not apreciated this appointment had been booked when I called earlier this week. as DNA today for bloods and will then attempt to bring in for futher F2F r/v/
New Referral	New Referral 8HLT.: Phlebotomy D.V. done (SCI Gateway Referral)

07-Jun-2022 Dr Lorcan McGrogan (LMCG) Mount Florida Medical CentreMain Surgery

History	History d/w Mr hart re plan: for bloods which have been requested, once we have them back I will bring in for futher f2f to go over issues; primarily mental health but I appreciate he also wants hair loss reviewed.

07-Jun-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:00 on Thursday 09 of June at Mount Florida Medical Centre. To cancel please reply with the word CANCEL.

31-May-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel plz can I rearrange.

25-May-2022 Mrs Frances Love (FL) Mount Florida Medical CentreMain Surgery

Comment	Comment FROM FOOTFALL Get help for any health problem: sent 25/05/2022 09:08:23 by Stephen Hart DOB 11/02/1981 shart3512 icloude.com tel:07807927678 Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed.: I was in and ***** doc brogan and he got caught up chatting to me about depression and I didnt get blood tests as mi hair is falling out and I have no reason why I need help with this as I dont even want to leve the house and cant sleep its bean nerly a 3 weeks and Iv herd nothing How long has this been a problem? Months Do you have any ideas about what is causing the problem? (Optional): No What are the concerns? (Optional): Im depressed mi hair is falling out How would you like us to help? (Optional): An appointment and blood tests How would you like us to deal with the problem? (Select all options that are relevant to you): [ ] Online message sent through your email [X] Telephone [X] Face to face appointment [ ] Video Consultation Are there any times today when you would not be free to receive a phone call? 3pm Are there any times today when you would not be free for an appointment? No Is there a member of staff who would be best to deal with this problem? Dr brogan saw me last How quickly do you think the problem needs to be dealt with? Tomorrow at the latest The practice can send a text message to your phone with your appointment time.: I agree to the practice sending me text messages including appointment times Terms & Conditions: [X] I confirm that this problem is not an emergency. I understand that the practice will not deal with this problem while the practice is closed. [X] If the problem worsens and may require immediate help, I will call 111. In an emergency I will call 999.

25-May-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:00 on Tuesday 31 of May at Mount Florida Medical Centre. To cancel please reply with the word CANCEL.

28-Apr-2022 Dr Lorcan McGrogan (LMCG) Mount Florida Medical CentreMain Surgery

Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 tablet 1 TABLET DAILY
History	History low mood worse over last 6 months, tearful, not enjoying things he might usually enjoy, poor apetitie, not sleeping well. Also noticed increased anxiety, generalised and not specific, but describes severeal 'panick attack' episodes while out in public, legs weak, tearful, feeling of severe anxiety. Occasional fleeting thoughts of ending life, not specific ' I could just get in my canoe and go away, I could jup infront of a bus', has not made plans to do this, does not want to die, feels if he started getting more intrusie thoughts he would talk to his ***** about it. HAs a ***** and an 18 year old *****. pt states 4 bottles of wine a week, which is cut down from 1 a day, denies intentionally drinking less, just 'cant be bothered' with it. Smokes weed, every day, has smoked daily since he was 12. does not want any CAT involvment. Keen to get help with his mood/anxiety. Unemployed and does not want job.
Problem	Anxiety with depression
Examination	Examination dressed apropriatley, making eye contact, smiling and laughing occasionally. Speech and tone appriopate. No evidence of disrupted thought form. No though possession. Some fleeting thoughts of ending life for 5 years, has not acted on these in that time, does not plan to act on these, has good insight into mood and anxiety,denies delusions/hallucinations, cognition unimpaired. Mood reported low, congruent affect. BP 109/80. HR 69. Ongoing 3x circles of hair loss on head, larger, white/grey hair growing in place.
Comment	Comment thanked pateint for reaching out for help, sounds like ongoing depression with anxiety, worse now but describes these feelings for years. Keen for medications/ CBT. I have councilled re: sertraline. f/u ? next week. Adviced sertraline can ssometimes cause mood to dip when first starts, if thoughts of ending life adviced to reach out, patient agress to reach out to either ***** or healthcare services if this happens. Bloods as below re; hair loss, seems like alopecia

27-Apr-2022 Dr David MacDonald (DMAC) Telephone encounter

History	History Telephone consultation due to COVID-19.Note previous consult. Is aware of hair loss, expanded 6-7 times in last couple of months. No previous skin or hair issues. Only on hea. No new hair growth or infalmmation or rash noted by Dr. Gormley. Had bloods in hospital in Feb but no Ferritin or TFTs etc. Also feeling more anxious over last couple of days, ringing hands, crying, not sure why. Ocassioanlly has thoughts of better off not being here "but I don't want to be a statistic". Has supportive *****. Ocassional alcohol, smoker, has joint every day. Not working..Ok sleep, poor concentation, appetite variable.
Examination	Examination Alert, speech tone rate rhythm and volume normal on phone&gt no evidence of suicidal ideation or delusional ideas. Able to gain rapport
Comment	Comment Agreed to appt. to discuss meds options (asthma so propranalol not ideal and note previous OD). Also to examine head and for bloods.

27-Apr-2022 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:40 on Thursday 28 of April at Mount Florida Medical Centre. To cancel please reply with the word CANCEL.

08-Feb-2022 Dr Aoibhin Gormley (AG1) GP Surgery

History	History hx noted. ystdy had L sided chest tightness, pain down L arm and sob lasting several mins. sweating profusely. also has RUQ pain which has been present for several days and getting worse. no vomit/change in bowel habit. no fever. longstanding cough, makes pain worse. no cardaic hx, note recent referral. smokes 10 cigs and 10 joints a day. drinks bottle wine/day. hx of asthma. also has several 2p size bald patches which have occurred over same timeframe. denies recent stress/anxiety. says sweats buckets/realises he is clenching fists/jaw.
Examination	Examination s98 p76 hs pure reg chest clear no chst wall tenderness. abdo soft non tender no hepatomegaly. several bald patches on head, no evidence new hair growth no inflammation of skin. no rash.
Comment	Comment likely anxiety but given cardiac sounding chest pain best to go up to hosp for ACS screen. suspect RUQ pain could be alcohol hepatitis. lets see what hospital investigations show and review things thereafter. advised to cut down on alcohol, not to stop abruptly. can consider CAT referral once acute cardiac issue excluded. hair loss ?alopecia. see what bloods hospital do and can ferritin etc thereafter. if alopecia no specific treatment, he is aware of this. referred to IAU QEUH and sci referral sent.

08-Feb-2022 Dr Paul Gallagher (PG) Telephone Consultation

History	History Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed. I cough regularly to clear my throat or I cant breathe properly I started getting a pain in mi URQ when I cough now the pain is severe and I can feel it wile not moving I cannot lay on mi right side or breath when I do it feels like a grapefruit behind mi ribs its agony I also have developed alopecia with bald spots appear ***** on mi head How long has this been a problem? Two weeks its getting worse Do you have any ideas about what is causing the problem? (Optional) No Iv not banged it What are the concerns? (Optional) That its something very serious
Comment	Comment Phoned patient. I suspect that Mr Hart is suffering with health anxiety but I note Dr *****'s recent referral to cardiology to investigate chest pains. Dr ***** discussed that referral with me on 25th January. Patient now reports that the fleeting pain he reported to Dr ***** is there constantly, and therefore I have asked him to come in this afternoon for updated examination. He may merit referral to hospital for ECG/CXR/bloods today.

27-Jan-2022 Dr Paul Gallagher (PG) Telephone Consultation

History	History Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed. I ceep getting pain as I breath in and out feels like mi lungs but I also have bean getting chest pains tightness soar arm twice a day for over a year now I have two bald patches have appeared on mi head witch is strange I also have verry soar lower back pain if Im standing more than 15 mins the pain comes round mi hips and is in bareable mi mood is verry low and Im fighting tears most days think I ma be depressed How long has this been a problem? Over 6 months all except the bald patches thats the last two weeks Do you have any ideas about what is causing the problem? (Optional) Everything I think is serious What are the concerns? (Optional) That it might be something very bad
Comment	Comment Phoned patient. Sounds like he has health anxiety. Triple vaccinated against Covid and has not to his knowledge had Covid. Will take further LFD test this morning. Worried about chest pains when breathing, and pain in arm for over a year now. Also low mood. I think the best thing might be a CV physical exam (maybe for reassurance) +/- any further tests if indicated, and signposting to Welllbeing Services for mood and anxiety. Agreed appt this morning.

25-Jan-2022 Dr Daniel Carson (DC) Mount Florida Medical CentreMain Surgery

Comment	Comment d/w Dr Gallacher ; will refer cardiology OP
New Referral	New Referral EMISSPR1: Speciality referrals (SCI Gateway Referral)

25-Jan-2022 Dr Daniel Carson (DC) Mount Florida Medical CentreMain Surgery

History	History c/o chest pain. Ongoing for several months. Left sided chest pain radiating to left arm. Can be brought on by exertion. No particular RF, can last up to 10 + minutes before subsiding. Also exertional dysponea with this. A few years ago had a syncopal episode first thing in the morning, but no regular syncope. Tells me occassionaly has episodes of his heart 'not feeling right' and measures his pulse to feel irregular - episodes subside, unsure how frequently this occurs. No orthopnea / PND. No family Hx SCD, no cardiac hx (but has previously had a diastolic murmur noted, did not attend ECHO), regular smoker 10 + cpd since age 8. Note BG anxiety
Examination	Examination Looks well, speaking in sentences, no pain today. HR 80 (regular), BP 133/85, Sats 98% RA, apyrexial. HS I + II + ? diastolic rumble, good a/e vbs. JVP N no oedema.
Comment	Comment Think needs cardiac cause inv. ? Urgent cardio ref vs OP ECG + ECHO ; will d/w GP.

06-Jan-2022 Mr Anonymous User (ANON)

05-Jan-2022	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Lagoon Leisure Centre - Public Vaccination Clinic) *FN1664/ PF/IM/Right Arm//C-19 Booster Pfizer (Lagoon Leisure Centre - Public Vaccination Clinic)*

06-Jan-2022 Mr Anonymous User (ANON)

05-Jan-2022	Vaccination	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (A Cherry) *FN1664/ PF/IM/Right Arm//C-19 Booster Pfizer (A Cherry)*

26-Nov-2021 Dr Janet Chapman (JC2) Telephone Consultation

History	History =FOOTFALL ONLINE REQUEST FOR PATIENT Stephen, Hart, DOB: 11/02/1981 episode: 27547 as of Friday, 26 November 2021 11:22 =='Get help for any health problem' sent by ***** MacLeod, Practice Staff on Friday, 26 November 2021 10:41 ===Section: About the Patient's Problem &gt&gt Please tell us about the problem. If the practice is already aware of this problem, please tell us what has changed. requesting to be seen coughing 4-5 days, 3 neg covid tests, chest pain over 8 months, says has avoided coming to GP because of covid, coughing, sore throat, feels needs to seen by someone &gt&gt How long has this been a problem? &gt&gt Do you have any ideas about what is causing the problem? (Optional) &gt&gt What are the concerns? (Optional) &gt&gt How would you like us to help? (Optional) &gt&gt How would you like us to deal with the problem? (Select all options that are relevant to you) &gt&gt CHECKBOX NOT TICKED: Online message sent through your email &gt&gt CHECKBOX NOT TICKED: Telephone &gt&gt CHECKBOX TICKED: Face to face appointment &gt&gt CHECKBOX NOT TICKED: Video Consultation &gt&gt Are there any times today when you would not be free for an appointment? &gt&gt Is there a member of staff who would be best to deal with this problem? &gt&gt How quickly do you think the problem needs to be dealt with? Today &gt&gt Terms & Conditions &gt&gt CHECKBOX NOT TICKED: I confirm that this problem is not an emergency. I understand that the practice will not deal with this problem while the practice is closed. &gt&gt CHECKBOX NOT TICKED: If the problem worsens and may require immediate help, I will call 111. In an emergency I will call 999. =END OF EPISODE
Comment	Comment escaltjg cough and temp for 6/7 some sinus congetsion. green phlegm. no claised cp. no haemoptyis. fatiguing more easily eg out for shops. able to hold a prolonged conversationa nd mobilsie around the hosue without diffiuckty. also reports pain back of left hip aggravating by walking . no red flags. tight feeling in chets for 8/12 non compliant wiyth inhalers.. x3 lat flows. dies require covid PCR test. offered CAC. accepts remote px abx. happy tod eal with hip cocnern and chets issue once recovered from this acute illness
Medication	Medication Co-Codamol 30/500 Tablets 32 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

19-Oct-2021 Mr Anonymous User (ANON)

09-Oct-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By Q *****) *PW40167/ AZ/IM/LUA//C-19 (By Q *****)*

14-Sept-2021 Mr Anonymous User (ANON) MJog

Read Code	Message given to patient Emergency Message sent - Covid - Reduced Staff

01-Jun-2021 Mr Anonymous User (ANON)

29-May-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By U Afzal) *PV46691/ AZ/IM/RUA//C-19 (By U Afzal)*

04-May-2021 Ms Emma McGurn (EM2) Mount Florida Medical Centre (18946)General Practice Surgery

Problem	Problem Neck and low back pain.
History	History Face to face appointment as agreed, well today. See previous APP consultation notes, consents to examination today. Left arm pain improving, c/o neck and low back pan at rest today, VAS4-5/10, no new problems, no new bladder/bowel changes, no saddle anaesthesia or paraesthesia, or any othe CES signs.
Examination	Examination Obs- no spinal deformity, no bruising or erythema, no lumps/bumps. Muscle guarding, breath holding and some antalgic movement patterns such as guarding evident- able to change this with encouragement. Neurological assessment Upper limbs- myotames, dermatome, reflexes R=L= normal, Hoffman's -ve. Lower limbs- myatomes, dermatomes, reflexes R=L= normal, toe walk/heel walk normal. Function- able to turn head fully right to left, sit to stand- no c/o pain, no upper limb use, tending to sit braced upright- able to relax and change this, with no increase in pain.
Comment	Comment MSK pain- acute Whiplash type injury, no neurological deficit, no red flags, mechanical neck and low bac pain. Advised on relative rest from aggravating activities/heavy, keeping active and discussed natural healing and recovery times. Given reasurance today and encouraed to stay active and avoid bracing and breath holding patterns. If symptoms change, worsen or any further concerns, contact the APP for review.

30-Apr-2021 Ms Emma McGurn (EM2) Telephone Consultation

History	History Telephone consultation- consent gained. 2 weeks ago RTA on motorway, hit from the rear on outside lane, hazard lights on due to fire up ahead, was leaning over at time of impact. No air bags deployed, ***** could not attend due insident ahead on motorway, car was driveable so had to drive off; drove over to hard shoulder to exchange details with other driver, then drove off, went to A&E the next day and dx with a whiplash injury Stephen is clearly very upset that he felt he did not get a detailed examination at A&E. No dizyness, no headache, no dysarthria, no diplopia, no gait disturbance, no loss of upper limb fine motorcontrol. No thoracic pain,no weight loss, no night sweats or malaise, no band like pain, no lower limb weakness or falls, no hx cancer, no acute spinal tenderness. No bladder/bowel changes, no saddle anaesthesia or paraesthesia, or any other CES signs. Pain is left sided neck and upper Tapezius, upper Txsp, sternum, Lxsp. Left upper arm and some numbness in left had, also c/o intermitent paraesthesia in right posterior thigh. Aggs- siting, standing, laying, walking. Eases- Naproxen, Co-Codamol. Sleep disturbed. One episode of severe of LBP 15 yrs ago- lasted a few months but c/o LBP as a child when doing lots of gymnastics training. No reported family history of inflammatory joint disease, no other joint pains, no unexplained fatigue, no persistent morning stiffness, no skin, bowel or eye conditions. VAS 6/10 at rest, feels Co-Codamol not helping but only just started taking Naproxen today.
Problem	Problem Neck left arm, low back and rigth leg pain
Examination	Examination Nil, distressed today.
Comment	Comment Likely Whiplash injury, in view of distress and neuro sx, I have arranged a face to face assessment Tues 05/05/21 at 3.30 pm. He is aware of the relative risks of attending surgery and restrictions regarding masks, physical distancing and hand sanitiser, he is aware not to come in if he/she or any member of the houshold is isolating or unwell. Emailed Whiplash information.

28-Apr-2021 Dr Janet Chapman (JC2) Telephone Consultation

History	History continues tocomplain of pain form neck bown back to buttocks and hips. restriction of movement of neck when turning to left and stiff to the right. tinglign in arms. was assessed in A and E after accident. sturggled going to supermarket yesterdya and had to return tocar. doe snot find co-codmaol sufficent. able to take nsaid with no issues
Comment	Comment suggets naproxen, hoit showers, ebncourage gentle mobilkisation. has physio consult on firday. also think worthwhile explring physio options through his car insurance
Medication	Medication Naproxen Tablets 500 mg 42 tablet ONE TO BE TAKEN TWICE A DAY

27-Apr-2021 Dr Paul Gallagher (PG) Data Entry

History	History Acute request for more analgesia. Reduced supply of co-codamol with instruction to use sparingly and book appt with physio if not resolving.	

19-Apr-2021 Dr Angele Carruthers (ACARRUTHER18946) Phone Encounter

History	History states involves in an RTA on motorway 16/4/2021; attended A&E	
Medication	Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 2 INHALER TWO PUFFS TO BE INHALED TWICE A DAY	
Medication	Medication Peak Flow Meter (Standard Range) Meter 1*1 device AS DIRECTED	
Medication	Medication Easychamber Spacer device 1*1 device USE WITH INHALER	
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	
Problem	Asthma	
History	History no script from here but seems that been getting inhaler from a friend!! uses salbutamol twice daily on regular basis; suggest restrts cleni and after 1/12 make telphone review appt with practice nurse	
Comment	Comment has take4n ibuprofen otc in past with no aggraction to asthma; suggest otc brufen for 5 days tis; can have some addition co0-codamol prn	

20-Aug-2020 Dr Louise Sheil (SHEIL_18946) Telephone Consultation

Problem	Ear pain	
History	History sore to swallow, 3 day, L side, throat looks red, swelling- on left, t 36, has been well, took ibu	
Social	Lifestyle counselling	
Social	Current smoker	
Comment	Comment sugesst vape or nrt/ drink fluids/ pcm/ibu/ pen	
Comment	Worsening Statement Given - Coronavirus	
Medication	Medication Phenoxymethylpenicillin Tablets 250 mg 40 tablet TWO TO BE TAKEN FOUR TIMES A DAY	
Read Code	Smoking cessation advice	

21-Nov-2019 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	Chest pain	
History	History bad episode- like being kicked a week ago, cough,black phlegm, pain constant , sharp + dull , worse with deep breath, naisea, out of inhalers, L shoulder - worse 1 week, drinks bott wine daily- lesss than before, salb helps, stop clenil	
Examination	Lifestyle counselling	
Examination	Examination T 36, chest+ HS nad	
Examination	O/E - BP reading	
Examination	Fast alcohol screening test	3 /16
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	65 mm Hg
Social	Social ***** parner + and her ***** austic- was sent by family to see dr, recently got payout after accicent- has paid for christmas	
Social	Current smoker	
Comment	Comment for cxr if persists, refer spirometry, likely bronchitis, see if no better	
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	
Medication	Medication Thiamine Tablets 50 mg 56 tablet ONE TO BE TAKEN DAILY	
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)	
Read Code	Alcohol screen - fast alcohol screening test completed	
Read Code	Alcohol consumption counselling	
Read Code	Alcohol consumption counselling	
Read Code	Smoking cessation advice	

10-Sept-2019 Ms Emma McGurn (EM2) Centre

Problem	Problem Failed to attend Physiotherapy appointment, review on request.	

06-Sept-2019 Dr Janet Chapman (JC2) Mount Florida Medical CentreMain Surgery

Problem	Neck sprain, unspecified
History	History having issues with apin r side of neck and upper shoulder occ tingling down r arm. triggered by RTA. normal aletration of fucntion or grip in arm
Examination	Examination slouching. teder r trapezius. full rom of neck and shoulder
Comment	Comment MSK neck/ shoudler pain. nsaid, attention to psoture. physio followup
Medication	Medication Naproxen Tablets 500 mg 28 tablet ONE TO BE TAKEN TWICE A DAY

16-Aug-2019 Dr Janet Chapman (JC2) Mount Florida Medical CentreMain Surgery

Problem	Whiplash injury
History	History walked in with ***** having a panic attack. in RTA yesterday 24 hours ago she was drivign and hit into back by another car travelling approx 25mph. both flung forward and back. stephen in front wearign seat belt. no loc. did not hit windscreenhis ***** cocnern is tingling of tongue and hands and cramps in fingers. frontal headache. feel tired. vomited this am been retching on arrival to surgery. no evdiecne of injury to scalp.
Examination	Examination bp 124/80 ***** opthalmoscopy normal intact cranial nerves. normal tone and pwer in upper limbs. cramps and tinglign settled as consultation went on. tender paravertebral muscles both sides no cervicla bony tenderness
Comment	Comment whiplash and panic attack. advcie reg analgesia, short course diazepam 2mg tds x15. no clincial evdience of sign head injury. if hwiever starts vomiting again for A and E assessment
Medication	Medication Diazepam Tablets 2 mg 15 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

19-Feb-2018 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

Problem	Asthma
History	History finding when lying down at night - wakes up gasping for air/breathless. reaching for inhaler which takes a while to work. currently only takes salbutamol inhaler. had inhaler since young but always been a bit resistant to steroid inhaler. now finding getting breathless during day also.
Comment	Comment Needs to take steroid inhaler! advised to restart clenil and book in with nurse in 2 weeks as overdue asthma check. I would be surprised has anything in salbutamol inhaler as last issued in nov.

06-Nov-2017 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	Breathlessness
History	History , coughs black stuff, bad 3 mths, has inhalers, smoke cannabis, off adms, generally doing well, some pain in chest and back
Social	Cigarette smoker 8 Cigarettes/day
Social	Social training as painter- decorator
Comment	Flu vaccination administration
Comment	Lifestyle counselling
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY
Vaccination	Seasonal influenza vaccination (Right arm) *Mylan Influvac sub-unit N13R exp 05/18*
Vaccination	Consent given for seasonal influenza vaccination
Read Code	Smoking cessation advice
Read Code	Medication review done

12-Oct-2017 Mrs Sylvia McNamee (SM) Data Entry

Comment	Did not attend - no reason

12-Oct-2017 Mrs Lynn Allan (LA1) Externally Entered

Attachment	EMIS attachment reference code *dna letter*

28-Mar-2017 Dr Elizabeth Murphy (MURPHY_18946) General Practice Surgery

Read Code	WML document Scabies Printed
History	History ESA has been stopped. Binging at weekends and smoking cannabis to calm self down. Has addiction worker. Very stressed. I don't feel he is fit for ***** present. Not sleeping. Zopiclone did not help. on citaloipram 2 weeks- not much improvement yet.
History	History small very itchy spots on hands, between fingers , arms. present for few months. ? scabies. advise rx and to ***** also. Has not had any contact with ***** although did see him when he was with his friends and did not want to embarrass him. Fit note 4/52 acute anxiety. See 4/52.

16-Mar-2017 Dr Elizabeth Murphy (MURPHY_18946) Data Entry

History	History no apptm for echo on portal system. rerefer.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

14-Mar-2017 Dr Elizabeth Murphy (MURPHY_18946) Mount Florida Medical CentreMain Surgery

History	History Has not had echo but has left house because very anxious, upset as 13 yr old ***** now staying with *****. murmur difficult to hear- will chase up echo. Stopped citalopram dec. Staying temporarily with *****. Has *****. Seeing addiction worker next week and ***** week after. Using cannabis heavily to help him calm down but not much alcohol. discussed hazards of cannabis. Restart citalopram. short course zopiclone as not sleeping at all. Review 2/52.
Comment	Comment also intermittent numbness limbs.

14-Mar-2017 Sister Julie Methven (JAM) Mount Florida Medical CentreMain Surgery

Problem	Asthma
Examination	Peak flow rate before bronchodilation 440 litres/min
Comment	Comment Not well controlled just now. main thing is night time awakening. Discussed options and not on a preventer at the moment. re-start and will return if symptoms persist. FH - ***** asthmatic
Medication	Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 2*1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 2*1 inhaler 2 Puffs Take as required
Read Code	Not using inhaled steroids
Read Code	Inhaler technique - good
Read Code	Asthma disturbs sleep weekly
Read Code	Asthma not limiting activities
Read Code	Asthma never causes daytime symptoms
Read Code	Bronchodilators used more than once daily
Read Code	Asthma medication review
Read Code	Asthma annual review
Read Code	Asthma accident and emergency attendance since last visit, 0
Read Code	Asthma monitoring by nurse

13-Mar-2017 Dr Sheila McKechnie (MCKECHNIE_18946) Data Entry

History	History SEE AE NOTE -MURMUR -PLEASE CHECK HAS HAD ECHO

23-Feb-2017 Mrs Frances Love (FL) Mount Florida Medical CentreGeneral Practice Surgery

Read Code	Asthma monitor 1st letter ASTHMA.doc
Attachment	Attachment *Asthma monitor 1st letter*

15-Dec-2016 Dr Sheila McKechnie (MCKECHNIE_18946) Data Entry

History	History see ae note ??murmur

14-Dec-2016 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

History	History Ongoing discomfort in chest when coughing. Feels chest toight esp at night. Recent CXR clear at A+E.
Examination	Peak exp. flow rate: PEFR/PFR Chest scattered rhonchi. 450 L/min SaO2 98% on air P 66 reg
Comment	Comment Says not sleeping now due to chest problems at night. Likely exacerbation asthma. Advised prednisolone 40mg daily 5 days. Continue clenil 100 inhaler. RV if not settling.
Medication	Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING
Medication	Medication Cetirizine Hydrochloride Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY

14-Dec-2016 Dr Alastair Stout (AS) Mount Florida Medical CentreGeneral Practice Surgery

Read Code	Smoking cessation advice
Read Code	Current smoker

28-Nov-2016 Dr Sheila McKechnie (MCKECHNIE_18946) Mount Florida Medical CentreMain Surgery

History	History chest pain /wheeze .pleuritiuc type pain and wheeze cough some spuytum
History	History says got lots of meds "hundreds"and has not taken thenm -advised to take back to chemist - says has a thing about taking too many tabs !says not sleeping at all and nothing helps says was on 10mg proipranolol and gor 40mg
Examination	Examination no pain occ wheeze nil else
Comment	EMIS attachment reference code *rec phy.doc rec phy*
Comment	Comment well just now - was bad overnight
History	History checked boots cathacrt rd -423 2494 --confirmed was on daily and then on 9-11 got 84 propranolol 40mhg /84 thaimine 100mg /citalopram 20mg 28 nil else since

28-Nov-2016 Dr Sheila McKechnie (MCKECHNIE_18946) Data Entry

History	History see below -got 4 weeks of citalopram /thiamine/propranolol 40mg on 9-11 .says will take back to chemist -boots cathcart road ;says no medication has helped to make him sleep .i am not happy to prescribe more medication at present -esp propranolol-best to have dailyscripts in future ??

07-Nov-2016 Dr Louise Sheil (SHEIL_18946) Data Entry

Problem	Alcohol problem drinking
History	History rept x3 mths
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE TO BE TAKEN EACH DAY

12-Oct-2016 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

Problem	[X]Depression NOS
History	History restless legs with mitrazipine; angry about late running of appointments , daytime anxity; not recent assessment from psychiatric liason service
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE TO BE TAKEN EACH DAY
Medication	Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet ONE TO BE TAKEN AT NIGHT IF REQ
Medication	Medication Propranolol Hydrochloride Tablets 10 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

05-Oct-2016 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

Problem	Alcohol problem drinking
History	History has been off cannabis for more than 2 weeks; last had half bottle buckfast approx 18;00 04/10/16; insomnia ongoing; zopiclone didn't ***** all. struggling with ***** Govanhill; suggest requests transfer from GHA.
Examination	Examination agitated and weepy; may be element of attention seeking but ***** a protectiv factor and sees him at weekends. ***** has all his meds.
Comment	Comment meds for daily dispense except clariithromycin; has appt with ***** ***** tomorrow ant Govanhill health centre
Medication	Medication Mirtazapine Tablets 30 mg 28 tablet ONE TO BE TAKEN AT NIGHT
Medication	Medication Promethazine Hydrochloride Tablets 25 mg 28 tablet 1 Tab At night
Medication	Medication Clarithromycin Tablets 500 mg 10 TABLET ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

03-Oct-2016 Sister Susan Nelis (SN) Mount Florida Medical CentreMain Surgery

History	History A/E 23/9/16
Comment	Comment x 3 sutures removed from scalp wound, wound site appears clean, dry & intact

29-Sept-2016 Sister Julie Methven (JAM) Data Entry

History	Did not attend - no reason -scalp wound and suture removal

29-Sept-2016 Mrs Lynn Allan (LA1) Externally Entered

Attachment	EMIS attachment reference code *dna letter*

28-Sept-2016 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

History	History insomnia ongoing, feeling very jumpy; anxious
Comment	Comment long discussion re options for progressing with social intraction and anxiety reduction but nothing acceptable to him. review next week
Medication	Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

23-Sept-2016 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History attacked by 6 people last night - attacked with bottles, ashtray etc. is feeling dizzy, constantly nauseous. vomited 4-5x overnight, ***** noticed repeating self. just feeling totally knocked off. been feeling pretty drowsy. Nil visual problems, feeling quite jumpy. head pounding. had drank a bottle of buckfast and taken some cannabis last night. denies anything since attack.
Examination	Examination PEARLA. nil nystagmus. Power/tone/sensation and reflexes normal in upper and lower limbs.
Comment	Comment Spoke to surgery oncall - ortho take head injuries. Spoke to ortho reg - stated should go to a&e then may come to ortho if req for obs. will send a&e.

13-Sept-2016 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History still coughing. now feels like something stuck in throat and having to cough over top of it. chest sore with coughing - lots of ***** phelgm at times.. keeping him up. cycled here and got breathless on way in. using salbutamol a lot. occasional pleuritic pains.
Examination	Examination t 36.3 O2 98% pulse 73 chest - odd crep right base.
Comment	Comment Treat for LRTI. foss in throat ?mild reflux due to coughing. try PPI. if doesn't settle or breathing worse etc for r/v.
Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY

02-Sept-2016 Dr Alastair Stout (AS) Mount Florida Medical CentreMain Surgery

Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY
Medication	Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY
Medication	Medication Aerochamber Plus Spacer device standard (blue) 1 device USE WITH INHALER
History	History Says he has been prone to persistent irritating cough last 4-5 days. Says he was told he had asthma when he was younger but didn't want to take inhalers. ***** has asthma.
Examination	Peak exp. flow rate: PEFR/PFR Chest scattered rhonchi,No signs resp distress. SaO2 98% on air. P88 reg. 550 L/min
Comment	Comment Advised likely mild exacerbation asthma. Advised restart salbutamol and clenil inhalers and RV in 2-3 weeks to assess response.
History	History Reviewed R elbow. Had nasty laceration to R olecranon when he fell of bike few weeks ago.
Examination	Examination Wound looks clean and dry with pink healing rim.
Comment	Comment Monitor and keep clean. Expect gradual healing over next 2-3 weeks.

22-Aug-2016 Sister Susan Nelis (SN) Mount Florida Medical CentreMain Surgery

Comment	Dressing of wound - right elbow - appears to be healing well, saline irrigation, Povitulle, premierpore applied. Keen to self-dress, has dressings at home, advised to return to nurse if any signs of infection.

19-Aug-2016 Sister Susan Nelis (SN) Mount Florida Medical CentreMain Surgery

History	History attended Minor Injuries 17/8/16 fell off his bike
Comment	Dressing of wound superficial abrasions right lower leg - saline irrigation, expose to air. right elbow - abrasions irrigated with saline, povitulle, Mepilex border applied, swelling noted. Review MOnday, covered for tetanus.

18-Aug-2016 Dr Alan Robertson (ROBERTSON_18946) Mount Florida Medical CentreMain Surgery

Problem	Problem fell off bike multiple wounds arm/ leg rx co - codamol
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet 1 or 2 Tabs 3 times daily

20-July-2016 Dr Naomi Mitchell (NM) Mount Florida Medical CentreMain Surgery

Problem	Chest infection
History	History coughing ++ last 5/7, green sputum, spot of blood today, feverish, eating ok,occ SOB - gets tingling round mouth/fingers and feels panicky, has been happening last month or so.
Examination	Examination t 36.8 p 80 clammy chest- few scattered creps
Comment	Comment 1. chest infection, treat as below, if further haemoptysis to let us know but sounds like trauma from coughing. 2. ?panic attack, has cut alc right down, treat chest infection and if still happening for rv..
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

13-May-2016 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	Alcohol problem drinking
History	History 2 botts buckfast daily- trying to reduce
Comment	Comment micael s/w , ***** *****- missed yesterday- to contact her re MH assessment
Medication	Medication Thiamine Hydrochloride Tablets 100 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY

05-May-2016 Ms Kirsty McIntyre (KM) Data Entry

Comment	Comment ***** St Resource Centre phoned to say rec Urgent referral for patient but has been passed to CAT - already open to them & they have mental health staff also.

29-Apr-2016 Dr Louise Sheil (SHEIL_18946) Data Entry

Comment	Comment message left for ***** ***** at CAT

22-Apr-2016 Dr Lisa Robins (LR3) Mount Florida Medical CentreMain Surgery

History	History essentially the same consulation as below. "fed up" that he is not getting any help. doesn't thnk CAT any use as he just goes along and fills out a abit of paper, not helping to reduce his intake. has been drinking 2-3 bottles buckfast per day since discharge kershaw unit as says he was just "dropped" after that with no follow up/help. smaoke cannabis daily and takes cocaine intermittently. says if doesn't get help will end his life. has felt like this for months. has already written letters to family but previously ***** protective factor, now says not, he doesn't care anymore. doesn't plan overdose, says will take a rope up to the *****. lives alone, no contact with anyone. poor sleep, nil at night, the odd nap during day. wants to be seen re ?bipolar as feels there is more going on than his drinking
Examination	Examination worked up during consultation but polite
Comment	Comment tried to discuss around taking responsibilty and alcohol is current main issue - says only drinking as "nothing else to do". given increased suicidal ideation will try to dw CAT/refer psych. short supply low dose zopiclone
Medication	Medication Zopiclone Tablets 3.75 mg 7 TABLET ONE TO BE TAKEN AT NIGHT

24-Mar-2016 Dr Paul Gallagher (PG) Mount Florida Medical CentreMain Surgery

Problem	Problem Alcohol, cannabis, cocaine abuse
Comment	Comment I have explained that reducing and stopping alcohol and drugs is key to reducing his risk of DSH/suicide, and to enabling a better assessment of any underlying mental health problems. I suspect a lot of this is personality driven. Well known to CAT. Wants to speak to addictions psychiatrist. I will phone CAT. Agrees to contact us in meantime if risk escalates.
History	History Well known to CAT. Recent admission to Kershaw Unit for inpatient detox, then relapsed days after leaving. Says he was supposed to go along to supportive group meetings but decided that they would make him feels suicidal - describes an argument with the group leader after the man told Stephen that he used to have a drug problem and Stephen then became dismissive of him "not sitting with junkies and taking advice from a junkie". Says he is now drinking "whatever I can get my hands on" and using cannabis and cocaine. Says he is sleeping poorly and has fleeting suicidal thoughts which he can dismiss. Appears to take little responsibility for his actions and is very dismissive of various addiction/healthcare services which he says have failed him. Wants to know if there is a "test for bipolar" and to speak to a trained psychiatrist (saw an FY2 in January).
Examination	Examination Smells of alchohol. Has ***** with him in waiting room. Manner is over-familiar, quite angry and dismissive about services but actually pleasant and polite to me, mood appears euthymic and reactive.

24-Mar-2016 Dr Paul Gallagher (PG) Mount Florida Medical CentreMain Surgery

History	History Tried phoning CAT but ringing out (after 5pm). I see patient was discussed at recent allocations meeting and it was decided he would not be offered further appt at clinic. I will try to speak to them next week but reading the letters it appears he has basically not engaged with them after leaving the Kershaw Unit and they do not think there is an underlying treatable mental illness that psych need to see him for.

08-Mar-2016 Dr Louise Sheil (SHEIL_18946) Telephone Consultation

Problem	[X]Depression NOS
History	History drinking again, smoking as much cannabis as he can get, managed a couple of days after kershaw.
Social	Social didn't get second part of program after detox- angry
Comment	Comment ***** *****, missed addiction support appt tuesday - because he was steaming the night before-. angry she hasn't contacted him since., (and making insulting comments about her) want s help -nobody helping. offered appt- doesn't see the point, hung up on me.
Comment	Doctor Telephone Triage

08-Mar-2016 Dr Louise Sheil (SHEIL_18946) Telephone Consultation

Comment	Comment phoned him back. and he sort-of apologised, doesn't know what to do/ say, thinks bipolar- told not possible to find out while drinking daily. suggest think about what he wants to do next- doesn't want another detox ??
Medication	Medication Thiamine Hydrochloride Tablets 100 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

27-Jan-2016 Dr Louise Sheil (SHEIL_18946) Data Entry

Comment	Comment see note- stop trazadone

20-Jan-2016 Dr Louise Sheil (SHEIL_18946) Data Entry

History	History alexix burt, s/w- criminal justice
Comment	Comment awaiting detox. I think MAY be fit for unpaid work - if detox goes well

14-Jan-2016 Dr Elaine Campbell (EC1) Third party Consultation

History	History Spoke to ***** ***** - on WL for kershaw unit. hoping to get him an inpatient stay in next week or so and will get psych input over there. this will continue on discharge. ***** also been discussing him with their own cons psychiatrist who suggested ***** see weekly. felt suicidal thought mostly due to external circumstances. did have safety plan in place but stephen strayed from this.

13-Jan-2016 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History not had trazadone for a while - took some pills over festive period. seen at OOH. family have put in more support. describes it as "silly". doesn't have any more "silly" plans at the moment. does still get suicidal thoughts but not acting on them. feels tense and agitated through the day. doesn't think just taking trazadone at night helps that. states still doesn't sleep well with it.
Examination	Examination quite reactive.
Comment	Comment venlafaxine could be a risk with prev OD. could try trazadone in the am also and warned re:sedation. will speak to ***** about where psych input is in the pipline.
Medication	Medication Trazodone Hydrochloride Capsules 50 mg 28 capsule ONE TO BE TAKEN EACH MORNING DISPENSE WEEKLY

29-Dec-2015 Dr Louise Sheil (SHEIL_18946) Data Entry

Social	Social 239 6239- friends phone- no answer

29-Dec-2015 Ms Kirsty McIntyre (KM) Data Entry

Comment	Comment Patient phoned to say has been awaiting gp call back , advised that dr sheil had tried to contact pt and there was no answer - Pt asked me to tell Dr Sheil "Its too late ". Spoke with Dr Sheil who asked me to tell patient to attend surgery tonight but patient declined appt.

21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946) Mount Florida Medical CentreMain Surgery

History	History Seen with *****. Angry mood.Drinking every day and taking cannabis daily. Took overdose of 15 Trazadone ,8 paracetamol and alcohol on Thursday. was sick afterwards. Wanted to end it all. At the end of his tether. On w/l for detox at Stobhill hospital. Does not wish cpns to come to house. Has not found that helpful in past. tel to duty psychiatrist, ***** centre. Agrees to see Stephen. On discussing this with Stephen and ***** he became very agitated saying he ***** Govanhill so why should he have to go to Castlemilk where he may be stabbed. Also lost wallet at weekend and only £5. Stephen then walked out. ***** apologetic and said she would try to persuade him to go and would accompany him to ***** Centre. crisis team tel number given to *****. tel to ***** centre- fax letter. will let practice know if he does not show up. crisis phone numbers given to *****.
Comment	EMIS attachment reference code *psychiatric referral.doc psychiatric referral*

21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946) Data Entry

History	History tel to twomax- apparently alcohol ***** is ***** *****- tel (Govan)- message left with receptionist to ask her to contact me regarding STephen.

21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946) Telephone Consultation

History	History d/w ***** *****- spoke with Stephen this afternoon . When asking him how he was he said "alright I suppose.She will see him tomorrow and arrange a colleague to make contact when she is on annual leave.

21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946) Telephone Consultation

History	History tel from cpn, ***** centre- not their catchment area but cpn has spoken also to ***** ***** which seems most appropriate.

18-Dec-2015 Dr Alastair Stout (AS) Telephone Consultation

History	History 7pm. SPoke to ***** on the phone. Says that ***** mood has been lower. Says he has said he doesn't want to be hear any more. Says she phoned to try ang get appointment today but was told someme would phone back. Advised best to try and keep stephen staying with her this weekend as he stays on the other side of the city from her. Booked in for reviw appointment with Dr ***** on Monday at 1120am.

01-Dec-2015 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	[X]Depression NOS
History	History getting on!
Social	Social will walk to see wain at christmas- age 12- an give him £50
Comment	Comment seen add worker, will arrange in pt detox (drinking daily)
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depression , awaiting in patient detox; Duration: 01/12/2015 - 01/03/2016)*
Examination	Examination small dermatofibroma L lower leg- reasured

13-Nov-2015 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

History	History encourraged, days says thinking pd suicide- anoyed than no-one is helping,
Comment	Comment been to cat- awaiting appt, encouraged to drink less, see 2 weeks, try bigger dose trazadone
Medication	Medication Trazodone Hydrochloride Tablets 150 mg 1*28 tablet ONE TO BE TAKEN AT NIGHT
Medication	Medication Thiamine Hydrochloride Tablets 100 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

11-Nov-2015 Dr Louise Sheil (SHEIL_18946) Data Entry

Comment	Failed encounter engaged

10-Nov-2015 Dr Louise Sheil (SHEIL_18946) Data Entry

Comment	Comment esa113 form

03-Nov-2015 Dr Louise Sheil (SHEIL_18946) Data Entry

Problem	[X]Depression NOS
Medication	Medication Trazodone Hydrochloride Capsules 50 mg 28 capsule ONE TO BE TAKEN AT NIGHT

19-Oct-2015 Dr Louise Sheil (SHEIL_18946) Telephone Consultation

Comment	Comment req sick line, missed CAT appt this morning as was waiting in (at friends house) for my call, signpost to wellbeing
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression; Duration: 19/10/2015 - 16/11/2015)*

07-Oct-2015 Dr Elaine Campbell (EC1) Mount Florida Medical CentreMain Surgery

History	History lots going on - issues with a breakup, being made homeless and feeling isolated. now back in south but flat not very furnished. no friends, family ***** other parts of the city. no structure to day. spends giro on alcohol and hash when he gets it. no phone at present. had ipad which logs onto free wifi from time to time. meant to be signing on. been cutting arms and legs. suicidal thoughts, would be better off dead. thought about using knives but not acted on it. last week collected tabs but was with ***** and she made him get rid of them. ex GF *****. last night contemplating stabbing himself but she happened to come by and make him stay with her? what seet off yesterday was interview being changed and no money to get there has letters wrote month ago - adding to them. has e-mails that not sent yet. not sleeping. worried about seeing ooh cpn and going to hospital. SH. tells me he keeps everything deep inside. worried will injure himself or someone else - thinks could snap at someone easily.found cpn sitting with someone in with them very disconcerting - didn't ask if other person could leave which I said was within right to do.
Social	Social ***** number - 0141 4222069
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: depression; Duration: 07/10/2015 - 21/10/2015)*
Examination	Examination objectively quite bright. nil abdnormal perceptions or hallucinaitons. dressed neatly. good eye contact.
Comment	Comment Has been seen on multiple occasions. he does not know what he wants. offered crisis but not keen. just wants support but not sure what. talks about lots of suicidal thougths but plans tomorrow to help ***** out and also look after ***** at weekend. suggest if bad suicidal thoughts use NHS24/OOH. given lifelink information. told by homeless person to sign on. not sure if a solution but will give 2 weeks. encoureged to approach cat. keen for me to refer as doesn't like askign for help. very difficult to ascertain risk.

30-Sept-2015 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

Problem Did not attend - no reason

23-Sept-2015 Ms Kirsty McIntyre (KM) Data Entry

Comment Comment Phoned H/Board to confirm that patient has moved back into practice area (G42) . Advised them to ignore deduction request sent earlier in the month.

30-July-2015 Ms Gail McGoldrick (GMCG) Mount Florida Medical CentreMain Surgery

Comment Comment appt booked for dressing change - 7/8 lacerations on lower right leg - healing well - dressing not required (PN present)

29-July-2015 Mrs Alice McGowan (AMCG) Data Entry

Comment Comment patient contacted east side mental health service and expressed suicidal tendencies. secretary took the all and reported back to us about his phone call . patient said he didn't have our telephone number to call here.

29-July-2015 Dr Angele Carruthers (ACARRUTHER18946) Telephone Consultation

History History spoke with stephen who is currently sitting in his flat in possilpark; expressing suidaidal ideation but v angry as being passed from one tle no to another. looking for help having taken od on 26/7 and reviewed by cpn apparently for followup in the community; doesn't have the money to even get a bus across to south side; doesn't know anyone in possilpark and entirely infamiliar with the area,

Comment Comment note from yesterday seemed to suggest referral to homeless team; contacted duty cpn there who will investigate and call me back

29-July-2015 Dr Angele Carruthers (ACARRUTHER18946) Data Entry

Comment Comment duty cpn in contact to say will make phone contact with Stephen today

28-July-2015 Dr Louise Sheil (SHEIL_18946) Data Entry

Comment Comment spoke to cpn, has spoken to him today, suggest refer homeless team

27-July-2015 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem Overdose of drug

History History took fluox, some vomiting since, see report, legs uncomfortable with mirtazepine- try trazadone

Medication Medication Trazodone Hydrochloride Capsules 50 mg 28 capsule ONE TO BE TAKEN AT NIGHT

Medication Medication Buccastem M Buccal tablets 3 mg 1*8 tablet ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO THREE DAILY

Read Code Depression interim review

13-July-2015 Dr Naomi Mitchell (NM) Telephone Consultation

Comment Comment with ***** ***** from ***** street, feels may be more suited to wellbeing services rather than core services, they will discuss at allocation meeting tomorrow

06-July-2015 Ms Kirsty McIntyre (KM) Data Entry

Comment Comment South CAT phoned , pt has moved to north of the city so referral been passed over to their so no futher action from South CAT . Will check pts address at next appt.

26-Jun-2015 Dr Naomi Mitchell (NM) Mount Florida Medical CentreMain Surgery

Problem [X]Depression NOS

History History as below, chemist dispensing weekly but then said had lost prescription? feeling very low, suicidal thoughts but no plans to act on them. Has ***** 11 yrs who he sees at weekends, doesn't want to let him down. feels unsupported. disagrees with CAT referral- feels alcohol not a problem.

Comment Comment mirtazepine, wellbeing services. rv 2/52

Examination Examination good rapport, chatty and reactive.

15-Jun-2015 Dr John Crorie (CRORIE_18946) Mount Florida Medical CentreMain Surgery

Problem	Problem split with *****; they have ***** ***** aged 11 currently in homeless accommodatio from social work who are currently on strike
Medication	Medication Mirtazapine Tablets 30 mg 28 tablet ONE TO BE TAKEN AT NIGHT

15-May-2015 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

Problem	[D]Seizure NOS probable
History	History alcohol per week : 8-12 tennants, 750ml-1litre buckfast, cannabis in past, had further episode whils in Dubai on holiday gets warning tingling on right side of face and after about 5 mins develops spasm hands and whole body whilst ?remaining aware; very painful. calcium during episode in july was normal/high but haemolysed sample
Comment	Comment will refer seizure clinic and community alcohol team
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)

07-Nov-2014 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	Stress related problem
History	History anger problems, sent by *****, insomnia, drinks buckfast/ occ cannabis, feels has tried everything, dyslexic, not keen on leaflets, or steps
Examination	Fast alcohol screening test 3 /16
Social	Lifestyle counselling
Social	Current smoker
Social	Social ***** *****, (no *****) has access to child by ex
Comment	Comment review 2 weeks with *****
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 1*30 capsule ONE TO BE TAKEN EACH DAY
Read Code	Alcohol screen - fast alcohol screening test completed
Read Code	Alcohol consumption counselling
Read Code	Alcohol consumption counselling
Read Code	Smoking cessation advice

24-July-2014 Dr L Egan (LE) Mount Florida Medical CentreMain Surgery

Problem	Emergency hospital admission
History	History reports v unwell this am, collapse LOC x2 ? few secs (***** witnessed but not here); discomfort/pain across neck; no headache; sweats+++;
Examination	Examination unwell, pale, sweating+++, became less oriented during consult; 999 called; O2 via mask; IM Benzylpenicillin 1200mg IM given RUOQ; HR 103, sats 97% OA, 99 on O2; HS N, chest ? crackles L base, RR 30; contusion L flank & R buttock from earlier collapse at home x2; PERRLA, dilated pupils at times, CNs intact, neuro intact; cool peripheries; no rash seen; denies rec drugs; had x2-3 drinks EtOH last night with family; no-one unwell at home, no recent travel or exposures reported;
Comment	Comment taken by ambulance to VIC; letter given to paramedic re Rx ? LRTI/meningitis LE

24-July-2014 Dr L Egan (LE) Mount Florida Medical CentreMain Surgery

History	History t/c from A&E medic VIC (12:05) - no letter passed on from paramedic; summarised earlier events as A&E report pt unable to provide coherent Hx/unable to pinpoint cause of sympt at present explained info, exam & Rx & Hx including pt denial rec drugs etc; thanked; LE

17-Jun-2014 Dr Angele Carruthers (ACARRUTHER18946) Mount Florida Medical CentreMain Surgery

Problem	Other finger injuries, unspecified (Right)
History	History middle finger tendon injury
Examination	Examination devloping flexion deformity at dip already; Right handed but works out doors with hands and getting in the way
Comment	Comment ***** strapping not helping; will refer hand clinic
Medication	Medication Zeroderm Ointment 125 GRAMS APPLY AS DIRECTED

05-Jun-2014 Dr Alan Robertson (ROBERTSON_18946) Mount Florida Medical CentreMain Surgery

Problem	Problem t/m healed but still dull hearing rx beclo
History	History mid finger ?? tendon disrupted over distal ip joint rx exercise review
Medication	Medication Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 DOSE TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Mar-2014 Dr Amy Jobling (AJ) Mount Florida Medical CentreMain Surgery

Problem	Ear drum perforation (Right)
History	History 5d ago severe pain after putting a cotton bud in his ear. Pain has continued. No discharge/bleeding. Well in himself. Reduced hearing also L ear.
Examination	Examination R ear drum: Red TM and 3 scabbed areas. No discharge.
Comment	Comment Likely TM perforation due to trauma. Cover with abx. Adv keep dry. See again 4w for r/v - check TM healing.
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY

06-Dec-2013 Dr Sarah Boddington (SBOD) Mount Florida Medical CentreMain Surgery

History	History 1. Cough and SOB for past few days. Feeling awful but still v cheerful and managing his outdoor job with children. Asthma diagnosed in past but no sig probs with this - doesn't use inhaler. Smokes 10 a day and has done for 20 years.
Examination	Examination CHest ok except mild wheeze right upper zone. Afebrile.
Comment	Comment Viral urti. Possible underlying lung damage from smoking. Paracetamol and fluids, but explained antibiotics won't work for this.
Medication	Medication Piroxicam Gel 0.5 % 60 GRAM Rub into the affected site three to four times daily
History	History 2. 'Twisted knee' while playign with ***** recenlty. NOt swollen, locking or giving way but still a bit sore at times. Try topical nsaid.

29-Nov-2012 Mr Pcti Docman (DOC1) Docman

Problem	Excision of skin tag of anus

27-July-2012 Dr Louise Sheil (SHEIL_18946) Mount Florida Medical CentreMain Surgery

Problem	Problem phytodermatitis
History	History fishing in ***** cart, burns/ blisters on hand
Comment	Comment GIANT HOGWEED PHYODERMATITIS, advice, thankyou for dressings
Social	Lifestyle counselling
Social	Current smoker
Read Code	Smoking cessation advice

27-July-2012 Sister Susan MacKay (SUSA) Mount Florida Medical CentreMain Surgery

Comment	Comment dressing as per request, betadine to burst blisters and premierpore. Pt advised to make further appointment if worsen or concerned

02-May-2012 Dr John Crorie (CRORIE_18946) Mount Florida Medical CentreMain Surgery

Problem	Problem perianal polypoid warts and cyst r buttock

12-Aug-2011 Dr Lara McTaggart (RETAINER_18946) Mount Florida Medical CentreMain Surgery

Problem	Lower resp tract infection
History	History No prev notes. Seen A+E 8/8/11 very wheezy. CXR nad. Nebulised, given 1 dose oral steroid, amoxicillin, salbutamol. Seen by dr crorie yesterday-changed to alternative abx, given course oral steroid. Feeling SOBOE-but managed to cycle here today. Some r sided chest pain-not present today. No sputum. No recent coryza. Felt cold yesterday but no fever. Eating well. childhood dx asthma age 11 but never took inhalers and was training in gymnastics/running. Also smoking at time
Examination	Examination Comfortable at rest, RR 16, speaking full sentences. PEFR 500. Diffuse wheeze throughout chest. Reduced AE R MZ anteriorly. No creps.
Social	Moderate smoker - 10-19 cigs/d Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.
Comment	Comment To continue current meds over weekend. Any worsening to attend a+e. For r/v here monday. ?asthma ? COPD underlying. May need spirometry once recovered

11-Aug-2011 Sister Elizabeth Balkeen (ELIZABETH_18946) Mount Florida Medical CentreMain Surgery

Comment	Comment pt nebulised, still hyperventilating. PXX steroids & inhaler review Fri

11-Aug-2011 Sister Elizabeth Balkeen (ELIZABETH_18946) Mount Florida Medical CentreMain Surgery

Comment	Comment instructed on use salbutamol

27-July-2011 X X UnknownUser (UNKNOWNUSE18946) Mount Florida Medical CentreData Entry

History	History Automatically generated by transaction priority=2
Problem	Pat. GP7B/GP8B card from HB priority=1

26-July-2011 reception5 (reception518946) Mount Florida Medical CentreData Entry

History	History Automatically generated by transaction priority=2
Problem	Patient reg. form sent to HB priority=1

26-July-2011 Clinical Support (Clinical S18946) Mount Florida Medical Centre

History	O/E - height Characteristic 178.5:cm priority=2	
History	O/E - weight Characteristic 74:kg priority=2	
History	Body Mass Index normal K/M2 23.22:kg/m2 priority=2	
History	White : priority=2	
History	Systolic blood pressure	112
History	Diastolic blood pressure	70
History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval	
History	O/E - height Height$$.clm - Repeat after an Interval	179
History	O/E - weight Weight$$.clm - Repeat after an Interval	74
History	Moderate smoker - 10-19 cigs/d Smoker$$.clm - Repeat after an Interval	
History	Smoking cessation advice smoking cessation advice.clm - Repeat after an Interval	
History	Light drinker - 1-2u/day Alcohol Intake$$.clm - Repeat after an Interval	
History	Urinalysis = no abnormality Urinalysis$$.clm - Repeat after an Interval	
History	O/E - height	178.5 cm
History	O/E - weight	74 kg
History	Body Mass Index	23.22 kg/m2

Medications (inc. issues)

Acute

Repeat

18-Mar-2026 Sertraline Hydrochloride Tablets 100 mg
28 tablet - ONE TO BE TAKEN EACH DAY

18-Mar-2026 Sertraline Hydrochloride Tablets 100 mg
28 tablet - ONE TO BE TAKEN EACH DAY

18-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY WHILE ON ASPIRIN

18-Nov-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Nov-2025 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY

18-Nov-2025 Aspirin Dispersible tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

18-Nov-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
200 dose - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

18-Nov-2025 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY

18-Nov-2025 Aspirin Dispersible tablets 75 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

18-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
56 CAPSULE - ONE TO BE TAKEN EACH DAY WHILE ON ASPIRIN

Past

18-Mar-2026 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT WHEN REQUIRED FOR INSOMNIA

18-Mar-2026 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT WHEN REQUIRED FOR INSOMNIA

09-Mar-2026 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

09-Mar-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

27-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

27-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

27-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

19-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN ONCE OR TWICE DAILY AS REQUIRED FOR ANXIETY

19-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN ONCE OR TWICE DAILY AS REQUIRED FOR ANXIETY

19-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

19-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

16-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN EACH DAY

16-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

16-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

16-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

16-Feb-2026 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS

16-Feb-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN EACH DAY

18-Nov-2025 Salbutamol Dry Powder Inhaler 100 micrograms/actuation Acute Medication (Past)
200 DOSE - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

18-Nov-2025 Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY

18-Nov-2025 Salbutamol Dry Powder Inhaler 100 micrograms/actuation Acute Medication (Past)
200 DOSE - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

22-Oct-2025 Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose Repeat Medication (Past)
240 dose - ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY

22-Oct-2025 Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose Repeat Medication (Past)
240 dose - ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY

17-Jan-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
10 ampoule - ONE INJECTION 3 TIMES WEEKLY FOR 2 WEEKS THEN ONCE EVERY 3 MONTHS.

17-Jan-2025 Hydroxocobalamin Solution for injection 1 mg/ml, 1 ml ampoule Acute Medication (Past)
10 ampoule - ONE INJECTION 3 TIMES WEEKLY FOR 2 WEEKS THEN ONCE EVERY 3 MONTHS.

14-Jan-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
3 capsule - 1 Cap Daily

14-Jan-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
3 capsule - 1 Cap Daily

07-Jan-2025 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
2 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

07-Jan-2025 Easychamber Spacer device Acute Medication (Past)
1 DEVICE - AS REQUIRED

07-Jan-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 7 DAYS

07-Jan-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 7 DAYS

07-Jan-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

07-Jan-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

07-Jan-2025 Easychamber Spacer device Acute Medication (Past)
1 DEVICE - AS REQUIRED

07-Jan-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

15-Nov-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

15-Nov-2024 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

08-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY FOR STOMACH PROTECTION WHILE TAKING NAPROXEN TABLETS

08-Oct-2024 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE OR TWO TO BE TAKEN IN THE EVENING FOR BACK AND LEG PAINS

08-Oct-2024 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED FOR BACK AND LEG PAINS

08-Oct-2024 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY AS REQUIRED FOR BACK AND LEG PAINS

08-Oct-2024 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE OR TWO TO BE TAKEN IN THE EVENING FOR BACK AND LEG PAINS

08-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 CAPSULE - ONE TO BE TAKEN EACH DAY FOR STOMACH PROTECTION WHILE TAKING NAPROXEN TABLETS

07-Oct-2022 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

07-Oct-2022 Mirtazapine Tablets 30 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN AT NIGHT

26-Aug-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - ONE OR TWO TO BE TAKEN AT NIGHT

26-Aug-2022 Mirtazapine Tablets 15 mg Acute Medication (Past)
56 TABLET - ONE OR TWO TO BE TAKEN AT NIGHT

01-Aug-2022 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

01-Aug-2022 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

01-Aug-2022 Diazepam Tablets 2 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

01-Aug-2022 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

25-July-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

25-July-2022 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

14-Jun-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Jun-2022 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-Apr-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - 1 TABLET DAILY

28-Apr-2022 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 tablet - 1 TABLET DAILY

26-Nov-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

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

26-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

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

26-Nov-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
32 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

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

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

27-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - 1 OR 2 TABS IF PAIN SEVERE OR AT NIGHT BEFORE BED
Use sparingly and book appt with physio if pain not resolved

27-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - 1 OR 2 TABS IF PAIN SEVERE OR AT NIGHT BEFORE BED
Use sparingly and book appt with physio if pain not resolved

19-Apr-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

19-Apr-2021 Easychamber Spacer device Acute Medication (Past)
1*1 device - USE WITH INHALER

19-Apr-2021 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1*1 device - AS DIRECTED

19-Apr-2021 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
2 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

19-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

19-Apr-2021 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1*1 device - AS DIRECTED

19-Apr-2021 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
2 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

19-Apr-2021 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

19-Apr-2021 Easychamber Spacer device Acute Medication (Past)
1*1 device - USE WITH INHALER

20-Aug-2020 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

20-Aug-2020 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
40 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

21-Nov-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

21-Nov-2019 Thiamine Tablets 50 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN DAILY

21-Nov-2019 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

21-Nov-2019 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

21-Nov-2019 Thiamine Tablets 50 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN DAILY

06-Sept-2019 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

06-Sept-2019 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

16-Aug-2019 Diazepam Tablets 2 mg Acute Medication (Past)
15 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

16-Aug-2019 Diazepam Tablets 2 mg Acute Medication (Past)
15 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

19-Feb-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

19-Feb-2018 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1*1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

06-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

06-Nov-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

06-Nov-2017 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1*1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

06-Nov-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

28-Mar-2017 Malathion Aqueous Lotion 0.5 % Acute Medication (Past)
100 ML - APPLY OVER WHOLE BODY AND WASH OFF AFTER 24 HOURS. REPEAT APPLICATION AFTER 7 DAYS.

28-Mar-2017 Citalopram Hydrobromide Tablets 20 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

28-Mar-2017 Malathion Aqueous Lotion 0.5 % Acute Medication (Past)
100 ML - APPLY OVER WHOLE BODY AND WASH OFF AFTER 24 HOURS. REPEAT APPLICATION AFTER 7 DAYS.

14-Mar-2017 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
2*1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

14-Mar-2017 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1*1 INHALER - TWO PUFFS TO BE INHALED TWICE A DAY

14-Mar-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
1*1 INHALER - 2 Puffs Take as required

14-Mar-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Repeat Medication (Past)
2*1 inhaler - 2 Puffs Take as required

14-Mar-2017 Citalopram Hydrobromide Tablets 20 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

14-Mar-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

14-Mar-2017 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

14-Dec-2016 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Dec-2016 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

14-Dec-2016 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

14-Dec-2016 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

28-Nov-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

28-Nov-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

28-Nov-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

28-Nov-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

07-Nov-2016 Citalopram Hydrobromide Tablets 20 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

07-Nov-2016 Citalopram Hydrobromide Tablets 20 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

04-Nov-2016 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

04-Nov-2016 Thiamine Hydrochloride Tablets 100 mg Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

12-Oct-2016 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT IF REQ

12-Oct-2016 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

12-Oct-2016 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

12-Oct-2016 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH DAY

12-Oct-2016 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT IF REQ

12-Oct-2016 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

05-Oct-2016 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - 1 Tab At night

05-Oct-2016 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - 1 Tab At night

05-Oct-2016 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

05-Oct-2016 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

05-Oct-2016 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

05-Oct-2016 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

28-Sept-2016 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

28-Sept-2016 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

13-Sept-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

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

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

13-Sept-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY

02-Sept-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-Sept-2016 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - USE WITH INHALER

02-Sept-2016 Aerochamber Plus Spacer device standard (blue) Acute Medication (Past)
1 device - USE WITH INHALER

02-Sept-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

02-Sept-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

02-Sept-2016 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE INHALED TWICE A DAY

18-Aug-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1 or 2 Tabs 3 times daily

18-Aug-2016 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 1 or 2 Tabs 3 times daily

20-July-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

20-July-2016 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2016 Thiamine Hydrochloride Tablets 100 mg Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2016 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2016 Propranolol Hydrochloride Tablets 40 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2016 Thiamine Hydrochloride Tablets 100 mg Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Apr-2016 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

22-Apr-2016 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

08-Mar-2016 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

08-Mar-2016 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Jan-2016 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING DISPENSE WEEKLY

13-Jan-2016 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Jan-2016 Trazodone Hydrochloride Tablets 150 mg Repeat Medication (Past)
1*28 tablet - ONE TO BE TAKEN AT NIGHT

13-Jan-2016 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Jan-2016 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH MORNING DISPENSE WEEKLY

01-Dec-2015 Trazodone Hydrochloride Tablets 150 mg Repeat Medication (Past)
1*28 tablet - ONE TO BE TAKEN AT NIGHT

13-Nov-2015 Trazodone Hydrochloride Tablets 150 mg Repeat Medication (Past)
1*28 tablet - ONE TO BE TAKEN AT NIGHT

13-Nov-2015 Trazodone Hydrochloride Tablets 150 mg Repeat Medication (Past)
1*28 tablet - ONE TO BE TAKEN AT NIGHT

13-Nov-2015 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-Nov-2015 Thiamine Hydrochloride Tablets 100 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Nov-2015 Trazodone Hydrochloride Capsules 50 mg Repeat Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

03-Nov-2015 Trazodone Hydrochloride Capsules 50 mg Repeat Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

07-Oct-2015 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

07-Oct-2015 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

27-July-2015 Buccastem M Buccal tablets 3 mg Acute Medication (Past)
1*8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO THREE DAILY

27-July-2015 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

27-July-2015 Trazodone Hydrochloride Capsules 50 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN AT NIGHT

27-July-2015 Buccastem M Buccal tablets 3 mg Acute Medication (Past)
1*8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO THREE DAILY

26-Jun-2015 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

15-Jun-2015 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

15-Jun-2015 Mirtazapine Tablets 30 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

07-Nov-2014 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
1*30 capsule - ONE TO BE TAKEN EACH DAY

07-Nov-2014 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
1*30 capsule - ONE TO BE TAKEN EACH DAY

17-Jun-2014 Zeroderm Ointment Acute Medication (Past)
125 GRAMS - APPLY AS DIRECTED

17-Jun-2014 Zeroderm Ointment Acute Medication (Past)
125 GRAMS - APPLY AS DIRECTED

05-Jun-2014 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 DOSE - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

05-Jun-2014 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 DOSE - TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY

04-Mar-2014 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

04-Mar-2014 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

06-Dec-2013 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

06-Dec-2013 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

Allergies

This section is empty.

Vaccinations

05-Jan-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Lagoon Leisure Centre - Public Vaccination Clinic)
FN1664/ PF/IM/Right Arm//C-19 Booster Pfizer (Lagoon Leisure Centre - Public Vaccination Clinic)

05-Jan-2022 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (A Cherry)
FN1664/ PF/IM/Right Arm//C-19 Booster Pfizer (A Cherry)

09-Oct-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 Q *****)
*PW40167/ AZ/IM/LUA//C-19 (By Q *****)*

29-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By U Afzal)
PV46691/ AZ/IM/RUA//C-19 (By U Afzal)

06-Nov-2017 Dr Louise Sheil (SHEIL_18946)
Flu vaccination administration
Comment

06-Nov-2017 Dr Louise Sheil (SHEIL_18946)
Seasonal influenza vaccination (Right arm)
Mylan Influvac sub-unit N13R exp 05/18

06-Nov-2017 Dr Louise Sheil (SHEIL_18946)
Consent given for seasonal influenza vaccination

25-Oct-2017 Mr Anonymous User (ANON)
Influenza vaccn invit SMS sent
Via Mjog

14-Nov-2016 Mr Anonymous User (ANON)
Influenza vaccn invit SMS sent
Via Mjog

13-Oct-2016 Mr Anonymous User (ANON)
Flu vac inv 1st SMS txt msg st
Via Mjog

21-Sept-2016 Mr Anonymous User (ANON)
Influenza vaccn invit SMS sent
Via Mjog

05-Sept-2006 Ms Dorothy Jones (DJ)
Low dose diphtheria, tetanus and inactivated polio vaccinati
(GMS)

11-Mar-1982 Ms Dorothy Jones (DJ)
Booster tetanus vaccination
(GMS)

10-Dec-1981 Ms Dorothy Jones (DJ)
Low dose diphtheria, tetanus and inactivated polio vaccinati
(GMS)

10-Dec-1981 Ms Dorothy Jones (DJ)
Third pertussis vaccination

16-July-1981 Ms Dorothy Jones (DJ)
Low dose diphtheria, tetanus and inactivated polio vaccinati
(GMS)

16-July-1981 Ms Dorothy Jones (DJ)
[V]Pertussis vaccination
2nd

14-May-1981 Ms Dorothy Jones (DJ)
Low dose diphtheria, tetanus and inactivated polio vaccinati
(GMS)

14-May-1981 Ms Dorothy Jones (DJ)
First pertussis vaccination

Referrals

17-Feb-2026 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

15-Jan-2026 Dr Huma Akram (HA)
EMISSPR320: Cardiology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

21-Nov-2025 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

19-Nov-2025 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Nov-2025 Dr Hannah Appleton (HA1)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Nov-2025 Dr Hannah Appleton (HA1)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

23-Dec-2024 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-Oct-2024 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-Oct-2024 Dr Alastair Stout (AS)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

15-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946)
8H68.: Referral to haematologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

13-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946)
8HIl.: Referral to community phlebotomist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-Jun-2022 Dr Lorcan McGrogan (LMCG)
8HLT.: Phlebotomy D.V. done (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Jun-2022 Dr Angele Carruthers (ACARRUTHER18946)
8HIl.: Referral to community phlebotomist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

28-Apr-2022 Dr Lorcan McGrogan (LMCG)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

08-Feb-2022 Dr Aoibhin Gormley (AG1)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

27-Jan-2022 Dr Daniel Carson (DC)
EMISSPR1: Speciality referrals (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

21-Nov-2019 Dr Louise Sheil (SHEIL_18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

16-Mar-2017 Dr Elizabeth Murphy (MURPHY_18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

04-May-2016 Dr Lisa Robins (LR3)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

12-Oct-2015 Dr Elaine Campbell (EC1)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

01-July-2015 Dr John Crorie (CRORIE_18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

15-May-2015 Dr Angele Carruthers (ACARRUTHER18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

15-May-2015 Dr Angele Carruthers (ACARRUTHER18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

17-Jun-2014 Dr Angele Carruthers (ACARRUTHER18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-May-2012 Dr John Crorie (CRORIE_18946)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

20-Oct-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - HbA1C (IFCC))		
	HbA1c (IFCC)	**42 mmol/mol**	**(Range: 20 - 41)**
20-Oct-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Lipid profile)		
	Chol/HDL ratio	2.6	(No range available)
	VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.8 mmol/L	(No range available)
	LDL-Cholest (calc'd)	1.7 mmol/L	(No range available)
	HDL Cholesterol	1.6 mmol/L	(No range available)
	Triglycerides	1.8 mmol/L	(Range: 0.2 - 2.3)
	Cholesterol	4.1 mmol/L	(No range available)
23-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - HbA1C (IFCC))		
	HbA1c (IFCC)	**43 mmol/mol**	**(Range: 20 - 41)**
14-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Glucose)		
	Glucose	**7.1 mmol/L**	**(Range: 3.5 - 6)**
14-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Serum Folate)		
	Serum Folate	3.4 ug/l	(Range: 3.1 - 20)
14-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Serum Ferritin)		
	Serum Ferritin	**469 ug/l**	**(Range: 15 - 300)**
14-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Active B12)		
	Active B12 (Non Coded Event - Active B12)	55 pmol/L	(No range available)
14-Jan-2025 Mr Anonymous User (ANON)			
Result:	(Non Coded Event - Full Blood Count)		
	Nucleated RBC, 0	0 x10^9/l	(No range available)
	Basophils	0.1 x10^9/l	(No range available)
	Eosinophils	**0.7 x10^9/l**	**(Range: 0.02 - 0.5)**
	Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
	Lymphocytes	4.1 x10^9/l	(Range: 1.1 - 5)
	Neutrophils	**8.5 x10^9/l**	**(Range: 2 - 7)**
	Platelet Count	**535 x10^9/l**	**(Range: 150 - 410)**
	MCH	30.9 pg	(Range: 27 - 32)
	Mean Cell Volume	93.2 fl	(Range: 83 - 101)
	Haematocrit	0.452 l/l	(Range: 0.4 - 0.54)
	Haemoglobin	150 g/l	(Range: 130 - 180)
	Red Cell Count	4.85 x10^12/l	(Range: 4.5 - 6.5)
	White Blood Count	**14.6 x10^9/l**	**(Range: 4 - 10)**

09-Dec-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	**0.74 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.9 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	389 x10^9/l	(Range: 150 - 410)
MCH	30.4 pg	(Range: 27 - 32)
Mean Cell Volume	94.9 fl	(Range: 83 - 101)
Haematocrit	0.462 l/l	(Range: 0.4 - 0.54)
Haemoglobin	148 g/l	(Range: 130 - 180)
Red Cell Count	4.87 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**14 x10^9/l**	**(Range: 4 - 10)**

07-Nov-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.2 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	3.9 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.9 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	378 x10^9/l	(Range: 150 - 410)
MCH	30.8 pg	(Range: 27 - 32)
Mean Cell Volume	90.1 fl	(Range: 83 - 101)
Haematocrit	**0.384 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	131 g/l	(Range: 130 - 180)
Red Cell Count	**4.26 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	**14.4 x10^9/l**	**(Range: 4 - 10)**

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - ESR)

ESR	2 mm/hr	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	**0.56 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	**1.1 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	3.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.1 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	354 x10^9/l	(Range: 150 - 410)
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	93.6 fl	(Range: 83 - 101)
Haematocrit	0.422 l/l	(Range: 0.4 - 0.54)
Haemoglobin	138 g/l	(Range: 130 - 180)
Red Cell Count	4.51 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**13.2 x10^9/l**	**(Range: 4 - 10)**

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Protein EP & Igs)

IgM	0.88 g/L	(Range: 0.4 - 2.4)
IgA	2 g/L	(Range: 0.8 - 4)
IgG	8.9 g/L	(Range: 6 - 16)
Paraprotein 3 (Non Coded Event - Paraprotein 3) NA		(No range available)
Paraprotein 2 (Non Coded Event - Paraprotein 2) NA		(No range available)
Paraprotein 1 (Non Coded Event - Paraprotein 1) NA		(No range available)
Electrophoresis		(No range available)
Total Protein	72 g/L	(Range: 60 - 80)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.4 pmol/L	(Range: 9 - 21)
TSH	2.04 mU/L	(Range: 0.35 - 5)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Prostate Specific Ag)

Prostate Spec Ag	1.8 ug/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	46 g/L	(Range: 35 - 50)
Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
AST	20 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	84 umol/L	(Range: 40 - 130)
Urea	5.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein	2 mg/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
Albumin	46 g/L	(Range: 35 - 50)
Phosphate	1.35 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	**2.18 mmol/L**	**(Range: 2.2 - 2.6)**
Calcium	2.22 mmol/L	(Range: 2.2 - 2.6)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	**0.2 x10^9/l**	**(No range available)**
Eosinophils	**0.63 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	**1.1 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	4.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	6.1 x10^9/l	(Range: 2 - 7)
Platelet Count	398 x10^9/l	(Range: 150 - 410)
MCH	30.2 pg	(Range: 27 - 32)
Mean Cell Volume	91.4 fl	(Range: 83 - 101)
Haematocrit	0.445 l/l	(Range: 0.4 - 0.54)
Haemoglobin	147 g/l	(Range: 130 - 180)
Red Cell Count	4.87 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**12.3 x10^9/l**	**(Range: 4 - 10)**

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein < 1		(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - I Autoantibodies)

***** (rodent) Abs Negative		(No range available)
Liver Cytosol Abs Negative		(No range available)
LKM Abs Negative		(No range available)
Gastric Parietal Abs Positive		(No range available)
Smooth Muscle Abs Negative		(No range available)
Mitochondrial Abs Negative		(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - I Intrinsic factor Q)

Intrinsic Factor Ab	1.9 Units	(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - I Coeliac Serol (Dx))

TTG Ab (IgA)	0.6 U/mL	(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin NA		(No range available)

14-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	13.2 pmol/L	(Range: 9 - 21)
TSH	1.66 mU/L	(Range: 0.35 - 5)

14-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	41 g/L	(Range: 35 - 50)
Alkaline Phosphatase	59 U/L	(Range: 30 - 130)
AST	14 U/L	(No range available)
ALT	12 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

14-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	75 umol/L	(Range: 40 - 130)
Urea	4.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

14-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	59 U/L	(Range: 30 - 130)
Albumin	41 g/L	(Range: 35 - 50)
Phosphate	1.19 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.22 mmol/L	(Range: 2.2 - 2.6)
Calcium	**2.19 mmol/L**	**(Range: 2.2 - 2.6)**

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.4 pmol/L	(Range: 9 - 21)
TSH	2.04 mU/L	(Range: 0.35 - 5)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Prostate Specific Ag)

Prostate Spec Ag	1.8 ug/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	46 g/L	(Range: 35 - 50)
Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
AST	20 U/L	(No range available)
ALT	14 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	84 umol/L	(Range: 40 - 130)
Urea	5.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein	2 mg/L	(No range available)

17-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	68 U/L	(Range: 30 - 130)
Albumin	46 g/L	(Range: 35 - 50)
Phosphate	1.35 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	**2.18 mmol/L**	**(Range: 2.2 - 2.6)**
Calcium	2.22 mmol/L	(Range: 2.2 - 2.6)

14-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	95 U/L	(Range: 30 - 130)
AST	21 U/L	(No range available)
ALT	13 U/L	(No range available)
Total Bilirubin	19 umol/L	(No range available)

14-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Transferrin / Iron)

T'ferrin Saturation	**83 %**	**(Range: 25 - 55)**
Iron	**48 umol/L**	**(Range: 10 - 30)**
Transferrin	2.3 g/L	(Range: 2 - 4)

14-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Blood Film)

Blood Film Yes		(No range available)

14-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.42 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	**1.3 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	2.1 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.9 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	345 x10^9/l	(Range: 150 - 410)
MCH	**33 pg**	**(Range: 27 - 32)**
Mean Cell Volume	98 fl	(Range: 83 - 101)
Haematocrit	**0.642 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**216 g/l**	**(Range: 130 - 180)**
Red Cell Count	**6.55 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	**12.8 x10^9/l**	**(Range: 4 - 10)**

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.5 pmol/L	(Range: 9 - 21)
TSH	1.44 mU/L	(Range: 0.35 - 5)

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	42 g/L	(Range: 35 - 50)
Alkaline Phosphatase	88 U/L	(Range: 30 - 130)
AST	17 U/L	(No range available)
ALT	12 U/L	(No range available)
Total Bilirubin	11 umol/L	(No range available)

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	72 umol/L	(Range: 40 - 130)
Urea	3.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	**0.51 x10^9/l**	**(Range: 0.02 - 0.5)**
Monocytes	**1.4 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	2.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**14.2 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	312 x10^9/l	(Range: 150 - 410)
MCH	**33.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	97.4 fl	(Range: 83 - 101)
Haematocrit	**0.609 l/l**	**(Range: 0.4 - 0.54)**
Haemoglobin	**210 g/l**	**(Range: 130 - 180)**
Red Cell Count	6.25 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**18.8 x10^9/l**	**(Range: 4 - 10)**

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Folate)

Serum Folate	**2.3 ug/l**	**(Range: 3.1 - 20)**

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	156 ug/l	(Range: 15 - 300)

10-Jun-2022 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Vitamin B12)

Serum Vitamin B12	318 ng/l	(Range: 200 - 883)

03-Dec-2021 Mr Anonymous User (ANON)
Result: 2019-nCoV (novel coronavirus) not detected

2019-nCoV (novel coronavirus) not detected		(No range available)

Other Items

30-Jun-2026	Recall	Patient "recall" admin. NOS
11-Jun-2026	Read Code	Equivalent quantities for all medication checked MM LES
11-Jun-2026	Read Code	Rep.presc. monitoring NOS MM LES

22-Apr-2026	Recall	Medication review
21-Oct-2025	Read Code	Lifestyle counselling
21-Oct-2025	Read Code	Cardiovascular disease risk assessment done
30-Jun-2025	Read Code	Initial patient "recall"
28-Jan-2025	Read Code	Pre-diabetes
18-Jun-2024	Read Code	Initial patient "recall"
19-Jun-2023	Read Code	Initial patient "recall"
19-Jun-2023	Read Code	Chronic long term disease management required
13-Jun-2022	Read Code	Initial patient "recall"
13-Jun-2022	Read Code	Chronic long term disease management required
29-July-2021	Read Code	SMS text sent to patient Re: Footfall
02-Jun-2021	Read Code	Initial patient "recall" Unable to call due to covid
22-Apr-2021	Read Code	Equivalent quantities for all medication checked MM LES
22-Apr-2021	Read Code	Rep.presc. monitoring NOS MM LES
14-Dec-2020	Read Code	SMS text sent to patient Info text sent to patient via mjog
11-Dec-2020	Read Code	SMS text sent to patient Info text sent to patient via mjog
10-July-2020	Read Code	Message given to patient Mjog message - Covid 19 - social distancing
30-Apr-2020	Read Code	Initial patient "recall" Unable to call due to Covid 19
09-Sept-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:20 on Tuesday 10 of September at Mount Florida Medical Centre. If unable to attend please sen...
04-Sept-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:30 on Friday 06 of September at Mount Florida Medical Centre. If unable to attend please send...
10-Apr-2019	Read Code	Initial patient "recall"
13-Dec-2018	Read Code	Equivalent quantities for all medication checked MM LES
13-Dec-2018	Read Code	Rep.presc. monitoring NOS MM LES
08-Oct-2018	Read Code	Influenza vacc invite SMS text message sent
11-July-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:40 on Thursday 12 of July at Mount Florida Medical Centre. If unable to attend please send CA...
05-Apr-2018	Read Code	Initial patient "recall"
13-Mar-2018	Recall	Asthma follow-up
02-Mar-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 12:00 on Monday 05 of March at Mount Florida Medical Centre. If unable to attend please send CAN...
16-Feb-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:10 on Monday 19 of February at Mount Florida Medical Centre. If unable to attend please send ...
19-Dec-2017	Read Code	Patient "recall" admin. NOS

03-Nov-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:40 on Monday 06 of November at Mount Florida Medical Centre. If unable to attend please send ...
11-Oct-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:10 on Thursday 12 of October at Mount Florida Medical Centre. If unable to attend please send...
27-Mar-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:10 on Tuesday 28 of March at Mount Florida Medical Centre. If unable to attend please send CA...
13-Mar-2017	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:10 on Tuesday 14 of March at Mount Florida Medical Centre. If unable to attend please send CA...
13-Dec-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:50 on Wednesday 14 of December at Mount Florida Medical Centre. If unable to attend please se...
06-Dec-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:20 on Wednesday 07 of December at Mount Florida Medical Centre. If unable to attend please se...
30-Nov-2016	Read Code	Influenza vacc invite SMS text message sent Via Mjog
08-Nov-2016	Read Code	Equivalent quantities for all medication checked MM LES
08-Nov-2016	Read Code	Rep.presc. monitoring NOS MM LES
10-Oct-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:20 on Wednesday 12 of October at Mount Florida Medical Centre. If unable to attend please sen...
04-Oct-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 10:30 on Wednesday 05 of October at Mount Florida Medical Centre. If unable to attend please sen...
30-Sept-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 12:20 on Monday 03 of October at Mount Florida Medical Centre. If unable to attend please send C...
28-Sept-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 07:50 on Thursday 29 of September at Mount Florida Medical Centre. If unable to attend please se...
01-Sept-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 16:10 on Friday 02 of September at Mount Florida Medical Centre. If unable to attend please send...
19-Aug-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 12:30 on Monday 22 of August at Mount Florida Medical Centre. If unable to attend please send CA...
13-May-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 11:30 on Tuesday 17 of May at Mount Florida Medical Centre. If unable to attend please send CANC...
20-Apr-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:50 on Friday 22 of April at Mount Florida Medical Centre. If unable to attend please send CAN...
23-Mar-2016	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:40 on Thursday 24 of March at Mount Florida Medical Centre. If unable to attend please send C...
24-Jan-2016	Read Code	Overdose of drug Trazadone alcohol & cannabis
21-Dec-2015	Read Code	Looked after child - in other community placement
25-July-2014	Read Code	[D]Hyperventilation and tetany!

24-July-2014	Read Code	White British
27-Sept-2011	Read Code	Notes summary on computer
27-Sept-2011	Read Code	[X]Needle phobia
15-Mar-2010	Read Code	Tonsillectomy " Reactionary haemorrhage "
22-Feb-2010	Read Code	Acute tonsillitis Admitted but took irregular discharge
24-Feb-2009	Read Code	[D]Chest pain, unspecified " Nil acute"
22-July-2008	Read Code	Back pain, unspecified
03-Mar-2008	Read Code	Peritonsillar abscess - quinsy Admitted
27-Mar-2003	Read Code	Panic attack Hyperventilating
22-Mar-1995	Read Code	Closed fracture of metacarpal bone(s) (Right)
14-May-1993	Read Code	Asthma
20-Dec-1991	Read Code	Flexural eczema
13-Sept-1989	Read Code	[V]Behavioural problems
01-July-1989	Read Code	Child abuse in family
12-Mar-1981	Read Code	Date records held from
01-Jan-1899	Read Code	Marital Status: Single

Attachments

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_4.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Please insert in A4/MRE already held

NEW PATIENT MEDICAL

SURNAME- HART TEL NO-

FORENAMES- STEPHEN

HEIGHT- (cm) 5'8 ALCOHOL INTAKE — (unit/week)

WEIGHT- (kg) 92.3. SMOKING 6 (per day)

FAMILY HISTORY ? (list)

B.P.- 114/90 (mmhg) URINALYSIS PROTEIN-

SUGAR -

DATE- 14.3.97

Registration Details - Patient No: 17572

Personal details...		Address details...	
Date of birth	11/02/1981	Post Code	G42 7LJ
Sex	M	House Name Flat No	
Surname	Hart	No and Street	Fl 1-2 16 Seath St
Previous Surname		Village	
Forenames	Stephen	Town	Glasgow
Calling Name	Stephen	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
Interpreter Required			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	422 2069
Registered GP	Dr A M McNally	Work Tel No	
Usual GP	Dr A M McNally	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Contact	560 9535
CHI Number	1102810711	Contact Relationship	Mother Sadie Hart
NHS Number	621/81/1157		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Govanhill Health Centre	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	16/02/2006		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
22/07/2008	[V]Behavioural problems Start Date: 13/09/1989	maureen	ZV40
09/03/2006	Asthma Start Date: 14/05/1993	libby	H33

Past Problems	Authorised By	Code

Health Admin Problems	Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range

21/02/2011	**O/E - weight 72** Weight$$.clm - Repeat after an interval		
21/02/2011	**O/E - height 181** Height$$.clm - Repeat after an interval	...../...	10-250

Attachments		Authorised By	Code
	None		

Due Diary Entries		Authorised By	Code
21/02/2012	**O/E - weight** Weight$$.clm Encounter	Dr Berry	22A..
21/02/2012	**O/E - height** Height$$.clm Encounter	Dr Berry	229..
21/02/2012	**Current smoker** Smoker$$ Status.clm Encounter	Dr Berry	137R.

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
24/02/2011	**Referral for further care** Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. . Referral Reason: Skin tag at anus	Dr Berry	8H
18/01/2008	**Referral for further care** Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Ophthalmology. Referral Nature: Not Specified. , Referral Reason: Cyst - right lower eyelid	Dr Dysart	8H
18/01/2008	**Referral for further care** Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Small sebaceous cyst - right buttock	Dr Dysart	8H

Immunisations		Authorised By	Code
05/09/2006	**DT (double)+polio vaccination** priority=2	anna	65K

Health Status			
21/02/2011		**Height 181 cm**	
21/02/2011		**Weight 72 Kg**	
21/02/2011		**Smoking Status Current smoker**	

Other Observations		Authorised By	Code
04/07/2011	**Organ donor** Lung, Liver, Kidney	UnknownUser	9d45
21/02/2011	**Current smoker** Smoker$$ Status.clm - Repeat after an interval	Dr Berry	137R
25/05/2010	**Tonsillectomy** priority=1 Start Date: 15/03/2010	Mrs McQuilken	7530
08/05/2009	**Interpreter not needed** priority=2	Mrs McQuilken	9NU1
06/05/2009	**White Scottish** priority=2	Mrs McQuilken	9S13
23/02/2009	**Health ed. - smoking** Smoker$$ Status.clm - Repeat after an interval	Mr Sweeney	6791
23/02/2009	**Smoking cessation advice** Smoker$$ Status.clm - Repeat after an interval	Mr Sweeney	8CAL
23/02/2009	**Current smoker** Smoker$$ Status.clm - Repeat after an interval	Mr Sweeney	137R
14/12/2008	**Night Visit** priority=2	Lindsey	PCSDT20033_16
22/07/2008	**Asthma resolved** priority=1 Start Date: 01/01/2000	maureen	21262
22/07/2008	**Sebaceous cyst of eyelid** FTA hosp appt priority=1 Start Date: 15/01/2008	maureen	F4Ey3
22/07/2008	**[X]Assault** Bruising to R hand priority=1 Start Date: 07/08/2007	maureen	U3
	Back pain, unspecified priority=1		

22/07/2008	Start Date: 30/04/1997	maureen	N145
22/07/2008	**G.P Checked Summary** priority=2	maureen	PCS20033GP1
03/03/2008	**Quinsy** priority=1 Start Date: 25/02/2008	maureen	H15
18/02/2008	**Night Visit** priority=2	Lindsey	PCSDT20033_16
18/02/2008	**Acute tonsillitis** priority=1	maureen	H03
18/02/2008	**Lower resp tract infection** priority=1	maureen	H062
03/12/2007	**Smoking cessation advice** Smoker$$ Status.clm - Repeat after an Interval	Dr MacDonald	8CAL
03/12/2007	**Current smoker** Smoker$$ Status.clm - Repeat after an Interval	Dr MacDonald	137R
05/09/2006	**Heavy drinker - 7-9u/day** Alcohol Intake$$.clm - Repeat after an Interval	anna	1365
05/09/2006	**Smoking cessation advice** Smoker$$ Status.clm - Repeat after an Interval	anna	8CAL
05/09/2006	**Smoking cessation advice** Smoker$$ Status.clm - Repeat after an Interval	anna	8CAL
05/09/2006	**Current smoker** Smoker$$ Status.clm - Repeat after an Interval	anna	137R
09/03/2006	**Notes summary on computer** priority=2	libby	9344
16/02/2006	**Patient MRE received from HB** priority=2	maureen	9125
23/01/2006	**Pat. GP7B/GP8B card from HB** priority=2	maureen	9124
18/01/2006	**Patient reg. form sent to HB** priority=2	maureen	9123
15/02/1988	**Chickenpox** priority=1	maureen	A52
Not Known	**Marital Status: Single**	UnknownUser	1331

Consultations

13/05/2011	Dr M M Berry at Govanhill Health Centre
History	See DNA SOPD re skin tag at anal margin priority=2
02/03/2011	Dr M M Berry at Govanhill Health Centre
History	Asking re medical reference and pointed out that he was charged with breach of the peace in 2005 and this is detailed in paper record -- assuming he gave this info when registering.Says he has already put that detail in his disclosure paperwork.Says he was assaulted by ex girlfriend and her partner and he was defending himself.Got fined. priority=2
24/02/2011	Dr M M Berry at Govanhill Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Specialty Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: Skin tag at anus
21/02/2011	Dr M M Berry at Govanhill Health Centre
	Asking referral re skin tag at anus > SOPD
History	Requesting medical reference for after school care job.Children 5 to 15 years.Previously worked with same for 10 years but made redundant.Check paper notes. priority=2 Current smoker Smoker$$ Status.clm - Repeat after an Interval Current smoker (21/02/2012) Smoker$$ Status.clm O/E - height Height$$.clm - Repeat after an Interval O/E - height (21/02/2012) Height$$.clm O/E - weight Weight$$.clm - Repeat after an Interval O/E - weight (21/02/2012) Weight$$.clm
07/06/2010	Dr J G Dysart at Govanhill Health Centre
History	L costal strain. lungs nad priority=2
25/05/2010	Mrs Sandra McQuilken at Govanhill Health Centre
Problem	**Tonsillectomy** priority=1 Start Date: 15/03/2010
31/03/2010	Mr Michael Sweeney at Govanhill Health Centre
History	Current smoker Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known) Smoking cessation advice Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known) Health ed. - smoking Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
22/03/2010	Dr F J M O'Donoghue at Govanhill Health Centre
History	had tonsillectomy,throat sore + o/e exudate = poss infection . rx pen v ,though feels ok aside from sore throat rv if not settling priority=2

04/02/2010	Dr M M Berry at Govanhill Health Centre
History	Already on co-amox from locum 3 days ago Reminder faxed to ENT at SGH re tonsillectomy WL F CERT 15.02.10 priority=2
01/02/2010	Temp G P at Govanhill Health Centre
History	Was in hospital for 2 days with quinsy throat, self discharge as he wasn't feeling well!!, and doesn't like needles. Not keen to go back. c/e still some swelling left side of face, submandibular nodes. Palate swollen. Taking mums amoxicillin and co-codamol. T = 36.6C Advised this is completely innapropriate. If this is a quinsy, it is important to be treated at hospital. Discharged against medical opinion,not happy accepting my advice either. Requesting antibiotics, Advise continue Abx and deter state priority=2
08/05/2009	Mrs Sandra McQuilken at Govanhill Health Centre
History	White Scottish priority=2 Interpreter not needed priority=2
15/12/2008	Lindsey at Govanhill Health Centre
History	Night Visit priority=2
20/10/2008	Dr M M Berry at Govanhill Health Centre
History	DNA write to priority=2
03/03/2008	Dr M M Berry at Govanhill Health Centre
History	In patient with quinsy last week and throat started up again but not requiring readmission at present.F CERT 5.03.08 from 25.02.08 priority=2
Problem	**Quinsy** priority=1 Start Date: 25/02/2008
18/02/2008	Lindsey at Govanhill Health Centre
History	Night Visit priority=2
18/02/2008	Lindsey at Govanhill Health Centre
Problem	**Acute tonsillitis** priority=1
18/02/2008	Lindsey at Govanhill Health Centre
Problem	**Lower resp tract infection** priority=1
18/01/2008	Dr J G Dysart at Govanhill Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Speciality Type: Ophthalmology. Referral Nature: Not Specified. , Referral Reason: Cyst - right lower eyelid
18/01/2008	Dr J G Dysart at Govanhill Health Centre
History	SCI Electronic Referral priority=2 Referral for further care Referred To: Victoria Infirmary, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Not Specified. , Referral Reason: Small sebaceous cyst - right buttock
15/01/2008	Dr J G Dysart at Govanhill Health Centre
History	seb cyst r buttock small cyst r lower lid priority=2
03/12/2007	Dr R M MacDonald at Govanhill Health Centre
History	Ongoing swelling and redness 3rd R MCP.Had cellulitis ->ab'ics Further rx for 10/7, priority=2 Current smoker Smoker$$ Status.clm - Repeat after an interval {diary entry deleted} (Not Known) Smoking cessation advice Smoker$$ Status.clm - Repeat after an interval {diary entry deleted} (Not Known)

15/10/2007	Dr M M Berry at Govanhill Health Centre
History	DNA priority=2
22/08/2007	Dr I Sharp at Govanhill Health Centre
	Dental abscess
History	Looks nasty
	Advised to attend dentist priority=2
27/07/2007	Temp G P at Govanhill Health Centre
History	dental abscess- fear of dentist- teeth/ gums in terrible state- advised i can give antibiotics but this is only short term solution- needs to see dentist or problem will recur priority=2
05/09/2006	Sister Anna Carroll at Govanhill Health Centre
History	travel advice- India. 2/52 package holiday. requires hep a and revaxis. new patient medical. revaxis bn z0419-1 exp 03/08 given l deltoid im. priority=2 DT (double)+polio vaccination priority=2 O/E - height Height$$.clm - Repeat after an interval (diary entry deleted) (Not Known) Current smoker Smoker$$ Status.clm - Repeat after an interval (diary entry deleted) (Not Known) Smoking cessation advice Smoker$$ Status.clm - Repeat after an interval (diary entry deleted) (Not Known) Smoking cessation advice Smoker$$ Status.clm - Repeat after an interval (diary entry deleted) (Not Known) Heavy drinker - 7-9u/day Alcohol Intake$$.clm - Repeat after an interval (diary entry deleted) (Not Known) O/E - weight Weight$$.clm - Repeat after an interval (diary entry deleted) (Not Known)
16/02/2006	maureen at Govanhill Health Centre
History	Automatically generated by transaction priority=2 Patient MRE received from HB priority=2
16/02/2006	libby at Govanhill Health Centre
History	Automatically generated by transaction priority=2
Problem	**Asthma** Start Date: 14/05/1993
History	Notes summary on computer priority=2
Problem	**Asthma resolved** priority=1 Start Date: 01/01/2000
23/01/2006	maureen at Govanhill Health Centre
History	Automatically generated by transaction priority=2 Pat. GP7B/GP8B card from HB priority=2
18/01/2006	maureen at Govanhill Health Centre
History	Automatically generated by transaction priority=2 Patient reg. form sent to HB priority=2
Problem	**[V]Behavioural problems** Start Date: 13/09/1989
History	G.P Checked Summary priority=2
Problem	**Chickenpox** priority=1
Problem	**Back pain, unspecified** priority=1 Start Date: 30/04/1997
Problem	**[X]Assault** Bruising to R hand priority=1 Start Date: 07/08/2007
Problem	**Sebaceous cyst of eyelid** FTA hosp appt priority=1 Start Date: 15/01/2008

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
None				

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
07/06/2010	**Paracetamol And Dihydrocodeine Tablets 500 mg + 20 mg** 1 or 2 Tabs tid prn 56 TABS	07/06/2010P	Dr J G Dysart	ACUTE
22/03/2010	**Co-Codamol 8/500 Capsules** 2 Caps Take as required 100 CAPS	22/03/2010P	Dr F J M O'Donoghue	ACUTE
22/03/2010	**Phenoxymethylpenicillin Tablets 250 mg** 2 Tabs 4 times daily 56 TABS	22/03/2010P	Dr F J M O'Donoghue	ACUTE
01/02/2010	**Co-Amoxiclav 500/125 Tablets** 1 Tab 3 times daily 21 TABS	01/02/2010P	Mr Temp G.P 1	ACUTE
03/03/2008	**Erythromycin Ethyl Succinate Suspension 500 mg/5 ml** 5 ml 4 times daily 140 SUSP	03/03/2008P	Dr M M Berry	ACUTE
03/12/2007	**Flucloxacillin Capsules 250 mg** 1 Cap 4 times daily 40 CAPS	03/12/2007P	Dr R M MacDonald	ACUTE
27/07/2007	**Amoxicillin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	27/07/2007P	Dr Any Locum	ACUTE
27/07/2007	**Ibuprofen Tablets 600 mg** 1 Tab 3 times daily prn pc 84 TABS	27/07/2007P	Dr Any Locum	ACUTE
05/09/2006	**Hepatitis A Virus Hm 175 Strain Vaccine 1440 units/1 ml pre-filled syringe** to be injected As directed 1 VACC	05/09/2006P	anna	ACUTE

24-6-81

TR 30-9-05 Bail BC

CASE NO. 2005142293
POLICE NO. PSPGA05260805
PF REF NO. GL05048574
SCRO NO. S43674/97D

UNDER THE CRIMINAL PROCEDURE (SCOTLAND) ACT 1995

GLASGOW SHERIFF COURT

DATE OF ORDER 31-AUG-05
ACCUSED STEPHEN HART
DATE OF BIRTH 11-FEB-81
ADDRESS FLAT 1/LEFT
16 SEATH STREET
GOVANHILL
GLASGOW

Citation to appear at any diet relating to the offence(s) charged and any other document or intimation shall be sent to this address

OFFENCE(S)
BREACH OF THE PEACE (DOMESTIC ABUSE)
ASSAULT (DOMESTIC ABUSE)

The Court granted bail and imposed the following conditions namely, that the accused('s):-

(a) appears at the appointed time at every diet relating to the offence with which he is charged of which he is given notice or at which he is required by this Act to appear.

(b) does not commit an offence while on bail.

(c) does not interfere with witnesses or otherwise obstruct the course of justice whether in relation to himself or any other person.

(d) makes himself available for the purpose of enabling enquiries or a report to be made to assist the court in dealing with him for the offence with which he is charged.

(e) That the accused does not approach or contact in anyway Claire Murphy and That the accused does not approach or enter 437 Paisley Road West, Glasgow.

The above conditions having been accepted, the Court authorised the Accused's release.

Evelyn Mullen
CLERK OF COURT

Failure to observe any of the above conditions other than a pre-release condition is an offence.

If you wish any citation, document or intimation to be sent to any other address you must apply in writing to this Court. The Court will consider your application and will notify you of its decision. Please note that the original address will continue to be used until you hear from the Court to the contrary.

NHS Confidential: Personal data about a patient

South Glasgow
University Hospitals
Division

Southern General Hospital

1345 Govan Road
Glasgow G51 4TF
Telephone 0141-201-1100
Fax 0141-201-2999
www.nhsgg.org.uk

NHS
Greater
Glasgow

DEPARTMENT OF GENERAL SURGERY

Consultant: Mr Ferguson
Secretary: 0141 201 1737 (Direct Line)

CW/KH/428128

15 July 2004

Dr Collins
Midlock Medical Centre
7 Midlock Street
Glasgow

Dear Dr Collins

Stephen Hart DOB 11 02 81
339 Broomloan Road Glasgow G51 2XW

This patient failed to attend for an appointment at the Day Surgery Unit for removal of a cyst on his right buttock on the 12 July 2004 and due to pressure on our waiting list at the moment we simply cannot arrange to see him again routinely.

If you would like him to be seen regarding this I would be grateful if you could re-refer him.

Kind regards.

Yours sincerely

Craig Wales
SHO, Surgical

81184

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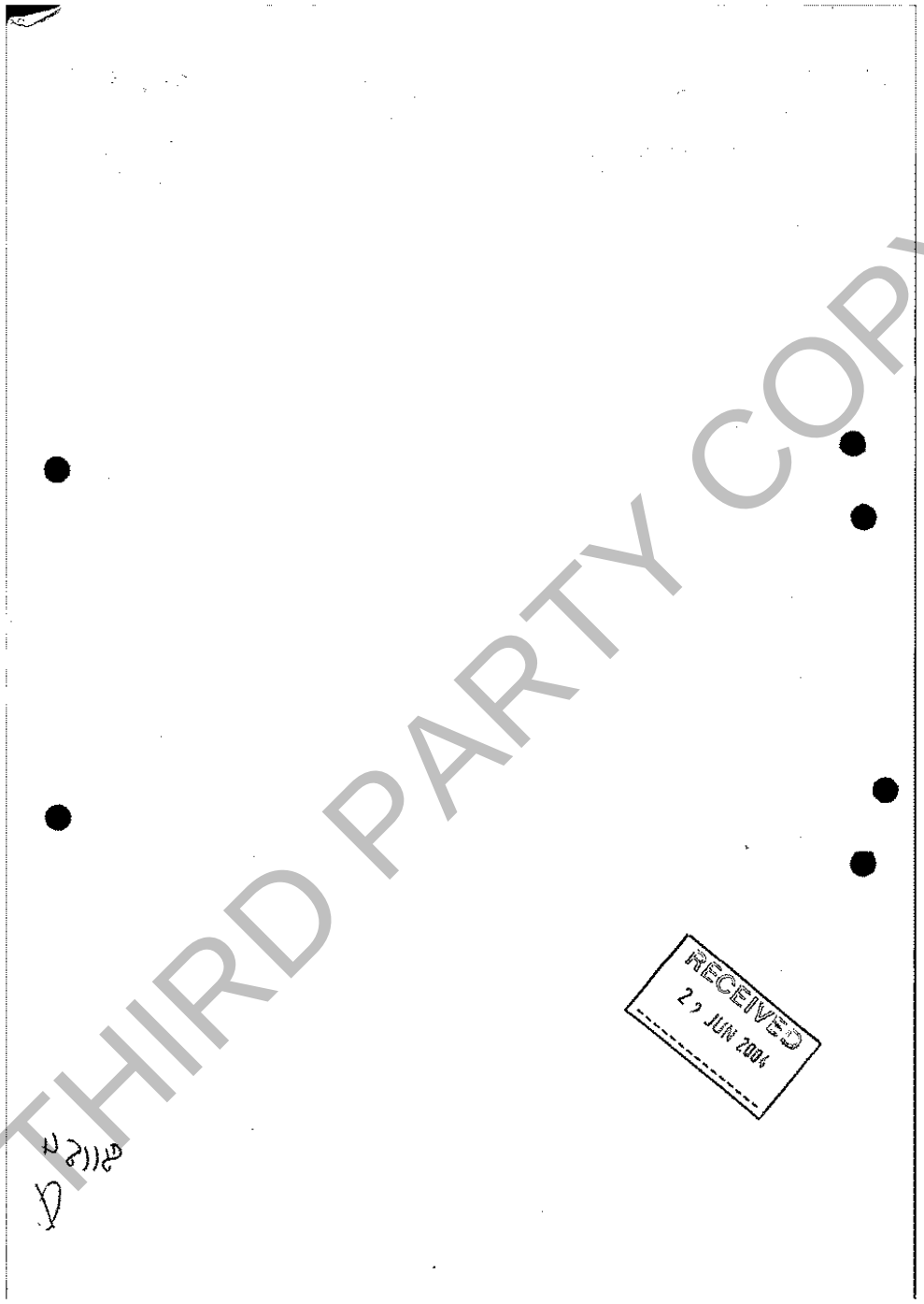

NHS Confidential: Personal data about a patient

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Accident & Emergency Dept
Phone No:0141 201 1456

DR LESLEY LA HAY
MIDLOCK MEDICAL CENTRE
GLASGOW
G51 1SL
Tel : 0141-427-4271

Dear Dr LESLEY LA HAY

Your Patient
Name : STEPHEN HART
DOB : 11/02/81
Address : 16 SEATH STREET
GOVANHILL
GLASGOW
G42 7LJ

Consultant : DR PETER DAVIS

Account # : AE0017599/04 Unit # : SG00428128 CHI # :

Attended at : 1847 on 19/05/04
Left A&E at : 2012 on 19/05/04

Reason for Visit : CHEST WALL PAIN

Diagnosis :

Investigations : Chest X-Ray

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:
2 DAY HISTORY OF SHARP PLEURITIC CHEST PAIN LEFT SIDE. NO SOB OR INFECTIVE SYMPTOMS. NORMAL CXR. DISCHARGED WITH ADVICE TO SEE GP IF ANY COUGH OR SPUTUM.
Follow Up : DISCHARGED HOME

Yours Sincerely,
COLIN RICHARDS
If you require any futher information please quote this attendance number: AE0017599/04

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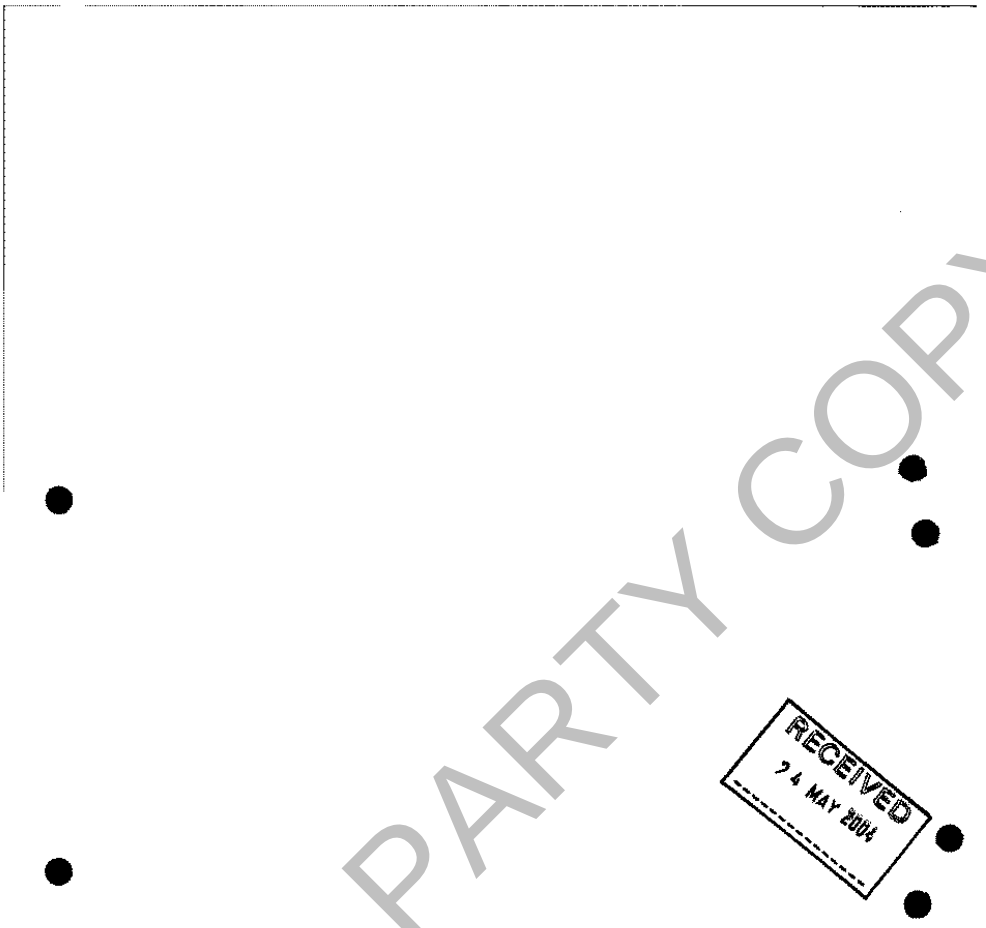

NHS Confidential: Personal data about a patient

E-mail Subject Line: surgical, - -, 1102810711, Hart, Stephen

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 18/12/03 GP Urgency: Routine
Reason (if urgent):

CHI **1102810711**

Please arrange for this patient to attend **Southern General Hospital, surgical, surgical, - -**

Surname **Hart**
Forename **Stephen**
Address **339 Broomloan Rd□Glasgow□G51**

Title **Mr**
Date of birth **11/02/1981**

Tel **401 5875**

Post code **G51 2XW**
Previous name
" address

Referring clinician: Dr Lesley Hay
Midlock Medical Centre
Midlock Medical Centre
7 Midlock Street
Glasgow
G51 1SL

041-427-4271, fax: 0141-427-1401
Practice Number 52005

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number
Referral checked by

This man has a cyst on his right buttock. It is approx 1cm in diameter but is causing irritation on sitting. Could you excise?

PLEASE QUOTE PATIENTS PRACTICE NUMBER 81184
01/03/1989 Disturbance of conduct NEC (E2C..)
20/05/2003 Plain X-ray foot NOS (52BZ.)
"right foot"
Ponstan Forte tabs 500mg 1 tab three times daily

Light smoker - 1-9 cigs/day (13/03/97)
Teetotaller (13/03/97)

Changed address

Hart, Stephen, 1102810711, 11/02/1981 - - surgical Southern General Hospital Routine
JK \\Gpass52005w2k1\Documents\Dr Lesley Hay\Hart, Stephen 2003 12 11 #1.doc

81184

NHS Confidential: Personal data about a patient

E-mail Subject Line: Dental surgery, - -, 1102810711, Hart, Stephen

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 18/12/03 GP Urgency: Routine
Reason (if urgent):

CHI **1102810711**

Please arrange for this patient to attend **Southern General Hospital, Dental surgery, Dental surgery, - -**

Surname **Hart**
Forename **Stephen**
Address **339 Broomloan Rd Glasgow**

Title **Mr**
Date of birth **11/02/1981**

Tel **401 5875**

Post code **G51 2XW**
Previous name
" address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number
Referral checked by

Referring clinician: Dr K E Collins
Midlock Medical Centre
Midlock Medical Centre
7 Midlock Street
Glasgow
G51 1SL

041-427-4271, fax: 0141-427-1401
Practice Number 52005

This man has a couple of teeth that may need to be removed. He has a dental phobia and has hyperventilated to the point of collapse in the past. He has been helped to come to terms with this and I hope he will be able to co-operate fully.

PLEASE QUOTE PATIENTS PRACTICE NUMBER 81184
01/03/1989 Disturbance of conduct NEC (E2C.)
20/05/2003 Plain X-ray foot NOS (52BZ.)
"right foot"
Ponstan Forte tabs 500mg 1 tab three times daily

Light smoker - 1-9 cigs/day (13/03/97)
Teetotaller (13/03/97)

Changed address

Hart, Stephen, 1102810711, 11/02/1981 - - Dental surgery Southern General Hospital
Routine
JK \\Gpass52005w2k1\Documents\Dr K E Collins\Hart, Stephen 2003 12 11 #1.doc

81184

NHS Confidential: Personal data about a patient

DR LESLEY LA HAY
MIDLOCK MEDICAL CENTRE
GLASGOW
G51 1SL
Tel : 0141-427-4271

Dear Dr LESLEY LA HAY

Your Patient
Name : STEPHEN HART
DOB : 11/02/81
Address : 339 BROOMLOAN ROAD
IBROX
GLASGOW
G51 2XW

Consultant : MR PHIL MUNRO

Account # : AE0011028/02 Unit # : SG00428128 CHI # :

Attended at : 1834 on 04/04/02
Discharged at : 2105 on 04/04/02

Reason for Visit : NECK SWELLING TODAY

Diagnosis : Dental Abscess : LEFT : Mouth

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS	
Metronidazole	400mg	(8Hrly) 7 Days

Tetanus Given:

Additional Notes:
HAS A DENTAL ABSCESS CAME IN TODAY WITH PAINFUL LYMPHADENOPATHY PROB OF THE DIGASTRIC CHAIN.GIVEN ANTIBIOTICS AND TOLD TO KEEP DENTAL HOSPITAL APPOINTMENT ON SATURDAY
Follow Up : NONE

Yours Sincerely,
JOANNA GRAY

If you require any futher information please quote this attendance number: AE0011028/02

811184

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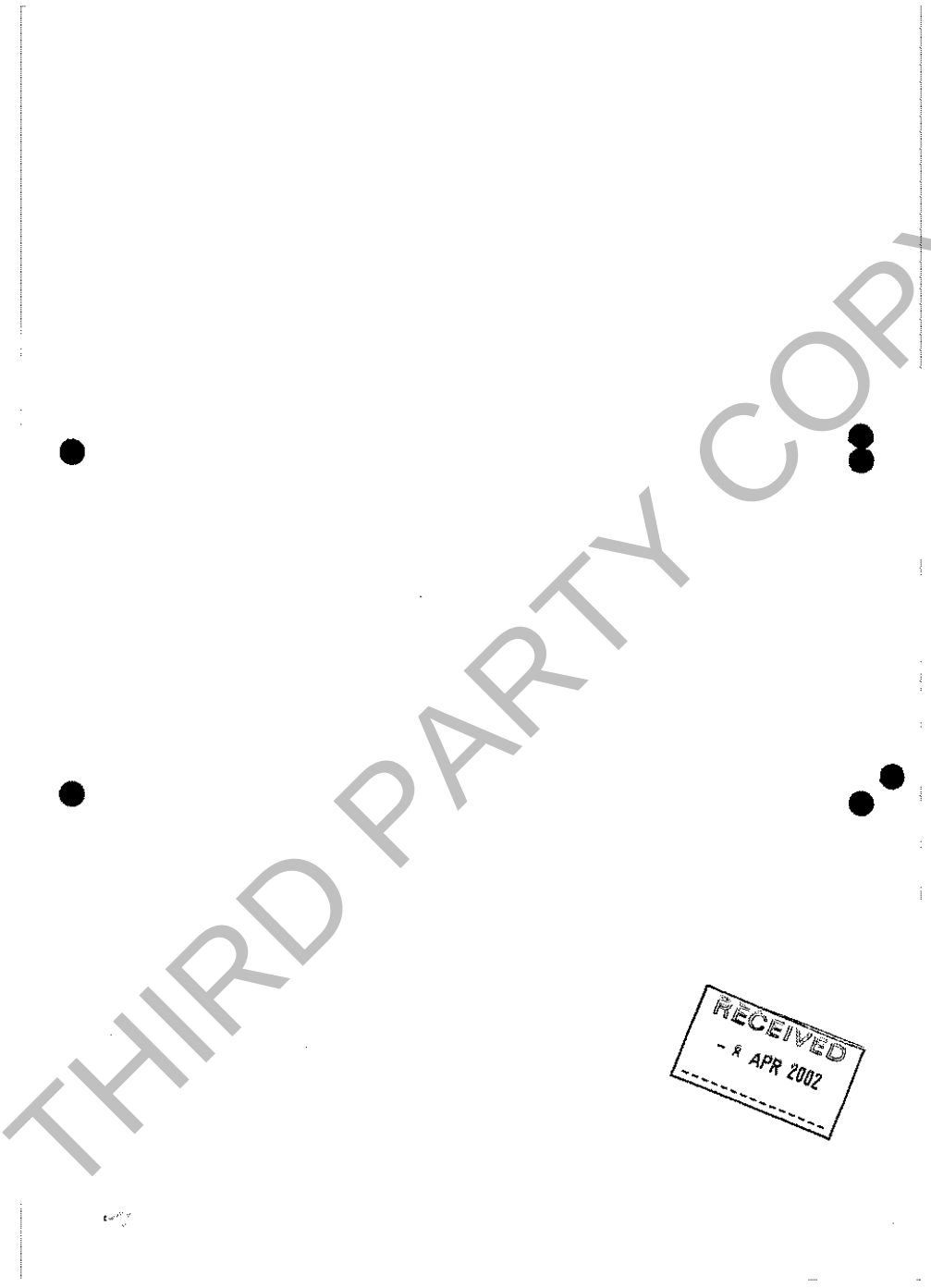

07-MAY-2001 MON 18:11 FAX NO. P. 01

Glasgow Emergency Medical Services (Centre Name)

Call No: 448422	Date: 07/05/2001 16:48:56	Time of Call:
Patient's Name: HART STEVEN	D.O.B.Age: 11/02/1981	20 Y
Address Today: 339 Broomloan Road 1/1 Ibrox Glasgow G51 2XW	Home Address if different:	
Post Code:	Post Code:	
Phone Number Today: 44 07751271 978	Home Phone if different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	

Name of GP: LA Hay	Practice No: 401
Surgery: 401Midlock Medical Centre	Cipher No: G0092 4
Address:	Fax No: 0141 427 1401
	Speed Dial: 001V
Call Type: OT	Time Passed:
Receptionist's Name: JUNMA Time Arrived: 17.40	Time complete:

Patient's Complaint:

swollen glands sore throat vomiting bile

Started 3/7 ago.

Dy nil No allergies Taking Nurofen fr pn

BP: PR: Temp: 37.5

Clinical Notes

Nurofen @ 1500

History of septic throat Not able to swallow

① Acute follicular tonsillitis
tender cervical glands
② GASTRO 2° to Ibuprofen

Treatment:

℞ Penicillin V 250mg/5ml 5ml qds
Paracetamol +200ml

Diagnosis Code:

Referral:

Seen by Dr: FRASER Rota No: 175 Nurse:

8/11/84

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ACCIDENT / EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL/ DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

AE No. 98/3347

SURNAME	FORENAMES
Hart	Stephen

ADDRESS: 17 Meiklewood Rd

POST CODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51 4BU	4015875	11/2/81 (17)	m	S	P

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
	Mum	Mary	

ADDRESS	ADDRESS
S/A	Midlock

POST CODE	TELEPHONE No.	POST CODE	TELEPHONE No.

ACCIDENT/EMERGENCY DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
11/2/98			

TIME OF ATTENDANCE: 3.21 pm

MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ____ NONE ✓

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP A&E ____ GP SPEC. ____ 999 ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS: FSP ____ DRIVER ____ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____

REASON FOR ATTENDANCE: unwell

	TIME
TRIAGE	1521
DOCTOR	
NURSE	
LEFT DEPT.	

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: Did not wait

X-Ray film / ECG shows ____

Treatment given ____

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (in Block Letters)

Signature of Medical Officer

9/18/98

Cons SR Reg SHO JHO Clin Assist Staff Grade (please circle)

SGH 458 04315511

NHS Confidential: Personal data about a patient

ACCIDENT / EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

11.

AE No. 97/29000

SURNAME: HART	FORENAMES: STEPHEN				
ADDRESS: 76 MEIKLEWOOD RD					
POST CODE: G51	TELEPHONE No. —	DATE OF BIRTH: 11/2/81	SEX: M	MARITAL STATUS	RELIGION
NEXT OF KIN NAME: SADIE	RELATIONSHIP: MOTHER (16)	FAMILY DOCTOR SURNAME: [illegible]			INITIALS
ADDRESS: SA		ADDRESS: MIDLOCK ST			
POST CODE	TELEPHONE No. UA	POST CODE		TELEPHONE No.	
ACCIDENT/EMERGENCY DATE OF ATTENDANCE: 12/9/97	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	OUT PATIENT		YEAR	
TIME OF ATTENDANCE: 10.05pm	MODE OF TRANSPORT: AMBULANCE ___ PUBLIC ___ OWN ___ NONE ✓				
DATE OF INJURY OR ILLNESS: 12/9/97	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL: GP A&E ✓ GP SPEC. ___ 999 ___ SELF ___ POLICE ___ OTHER (CODE) ___		
ROAD TRAFFIC ACCIDENT PLACE	DETAILS: FSP ___ DRIVER ___ M/C DRIVER ___ OTHER ___ BSP ___ PED. ___ M/C PASSENGER ___				

REASON FOR ATTENDANCE: head + (L) arm inj

	TIME
TRIAGE	2206
DOCTOR	2210
NURSE	
LEFT DEPT.	2245

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: Minor HI. Bruise (L) forearm

X-Ray film / ECG shows

Treatment given: No #

HI. [signature]

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ___ Arranged ___ To be arranged ___

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (in Block Letters): CAUGHEY

Signature of Medical Officer: [signature] 81184

Cons SR Reg SHO JHO Clin Assist (Staff Grade (please circle)

SGH 458 0431561

NHS Confidential: Personal data about a patient

ACCIDENT / EMERGENCY FORM

5

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141 201 1456/8
SWITCHBOARD: 0141 201 1100
FAX: 0141 201 2997

AE No. 97/22184

SURNAME	FORENAMES
Hart	Stephen.

ADDRESS: 76 Meikleward Rd

POST CODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51 4EU		11/9/81 (16)	M	S	P

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
	mum	Hary	

ADDRESS	ADDRESS
Sle	Midlock

POST CODE	TELEPHONE No.	POST CODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
18/7/97			

TIME OF ATTENDANCE: 6.12 pm

MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ____ NONE ____

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP A&E ____ GP SPEC. ____ 999 ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS: FSP ____ DRIVER ____ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____

REASON FOR ATTENDANCE

	TIME
TRIAGE	18.20
DOCTOR	
NURSE	18.35
LEFT DEPT.	19.00

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: cellulitis of R) dorsum of hand.

X-Ray film / ECG shows ____

Treatment given: Augmentin
Dcf

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged ____	Arranged ____	To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (In Block Letters): DENT

Signature of Medical Officer: Dent 8/11/84-9

Cons SR Reg SHO JHO Clin Assist Staff Grade (please circle)

SGH 456 0431551

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

Fax:

Direct Dial:

DEPARTMENT OF OPHTHALMOLOGY
Consultant: Dr R Sanders

Our ref: RS/SBCM D515122
Enquiries to: Denise Wallace
Ext: 2716

Dictated: 27 November 1996
Typed: 4 December 1996

J	Notes		R
T	Appt		C
P	10 DEC 1996		A
D	Comp		L
			N

RECEIVED 10 DEC 1996

Dr K B Ritchie
5 Friary Court
INVERKEITHING

Dear Dr Ritchie

STEPHEN HART HILLSIDE SCHOOL ABERDOUR dob 11.2.81

Thank you for your letter regarding this teenager who was seen at the eye clinic. I note that he is in residential schooling and there are no clear details of family history - although there is no obvious history of glaucoma.

The optician noticed bilateral disc cupping. Stephen, himself, had no eye symptoms. Visual acuities were 6/5 unaided. Anterior segments and intra-ocular pressures were normal. Both discs showed physiological cupping. A Humphrey 24-2 field analyser test showed no abnormality.

I have reassured him and have not arranged for further review.

Yours sincerely

R SANDERS
CONSULTANT OPHTHALMOLOGIST

Copy letter to Dr Reid CMO Leslie

Awarded for excellence

MS1200

NHS Confidential: Personal data about a patient

09 DEC 1996

NHS Confidential: Personal data about a patient

FUNDHOLDER REFERRAL FROM
INVERKEITHING MEDICAL GROUP
5 FRIARY COURT, INVERKEITHING
PRACTICE NO. 20752

REFERRAL TO OPHTHALMOLOGY CLINIC

3 October 1996

Mr Kearns
Consultant Ophthalmologist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE

Dear Mr Kearns

STEPHEN HART, HILLSIDE SCHOOL, ABERDOUR KY3 ORH
CHI NO. 11.02.81 0711 TELEPHONE: 860731

This young lad's ophthalmic practitioner has requested referral and I enclose a copy of the letter from the optician.

Yours sincerely

DR K B RITCHIE (9356)

NHS Confidential: Personal data about a patient

[redacted] GENERAL OPHTHALMIC SERVICES

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

GOS(S)(M)

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP — To: Dr. RITCHIE.

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) HART — OTHER NAME(S) STEPHEN

ADDRESS HILL SIDE SCHOOL

ABERDOUR

POSTCODE — TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 4·9·96

Previous corrected V.A. Date 22·11·95

Date of Birth 11·2·81

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/5 PH	+0·25	−0·25	5			6/5	—	N5
L	6/5 PH	PLANO	−0·25	180			6/5	—	N5

Specify Cycloplegic/Mydriatic if used.

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

STEPHEN ATTENDED FOR A ROUTINE EXAMINATION WITH NO COMPLAINTS. ALL TEST GAVE NORMAL RESULTS. THE ONLY UNUSUAL RESULT WAS THE OPTIC DISC CUPPING WHICH IS VERY DEEP AND APPEARS TO BE WIDENING. THREE YEARS AGO STEPHENS C/D RATIO WAS RECORDED AS 0·5 LAST YEAR AT 0·6 AND THIS YEAR AT 0·7. THERE APPEARS TO BE AN INCREASE IN THE CUP SIZE AND I FEEL THIS MAY REQUIRE FURTHER INVESTIGATION.

Optic discs: VERY DEEP CUPPING

IOP R 20 mmHg L 20 mmHg — Tonometer used: Applanation/Tonometer PULSAIR 2000

Visual Fields CONFRONTATION R FULL L FULL

Plot attached . . . Y/N

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

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

Name and Address of Optometrist/OMP

FERRIER & MACKINNON
Optometrists
129 HIGH STREET, BURNTISLAND, KY3 9AA
TEL 01592 872525

Signed (Optometrist/OMP) Date 10·[illegible]

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

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

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

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

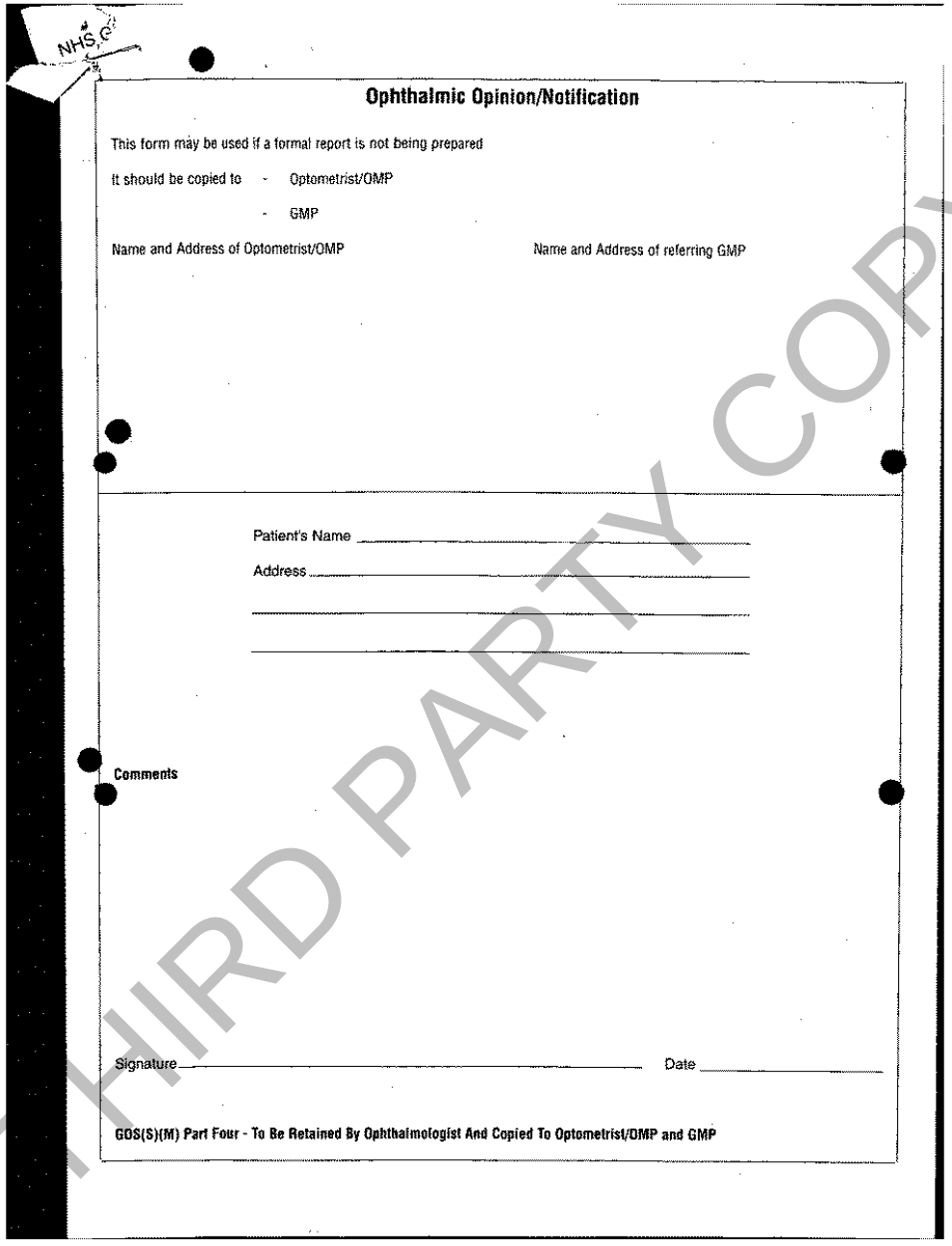
Name and Address of GMP

Part Two - This part must accompany any referral and be retained by the General Medical Practitioner

Signed (GMP) Date

355-2023

NHS Confidential: Personal data about a patient



Ophthalmic Opinion/Notification

This form may be used if a formal report is not being prepared

It should be copied to - Optometrist/OMP

- GMP

Name and Address of Optometrist/OMP

Name and Address of referring GMP

Patient's Name _____

Address _____

_____

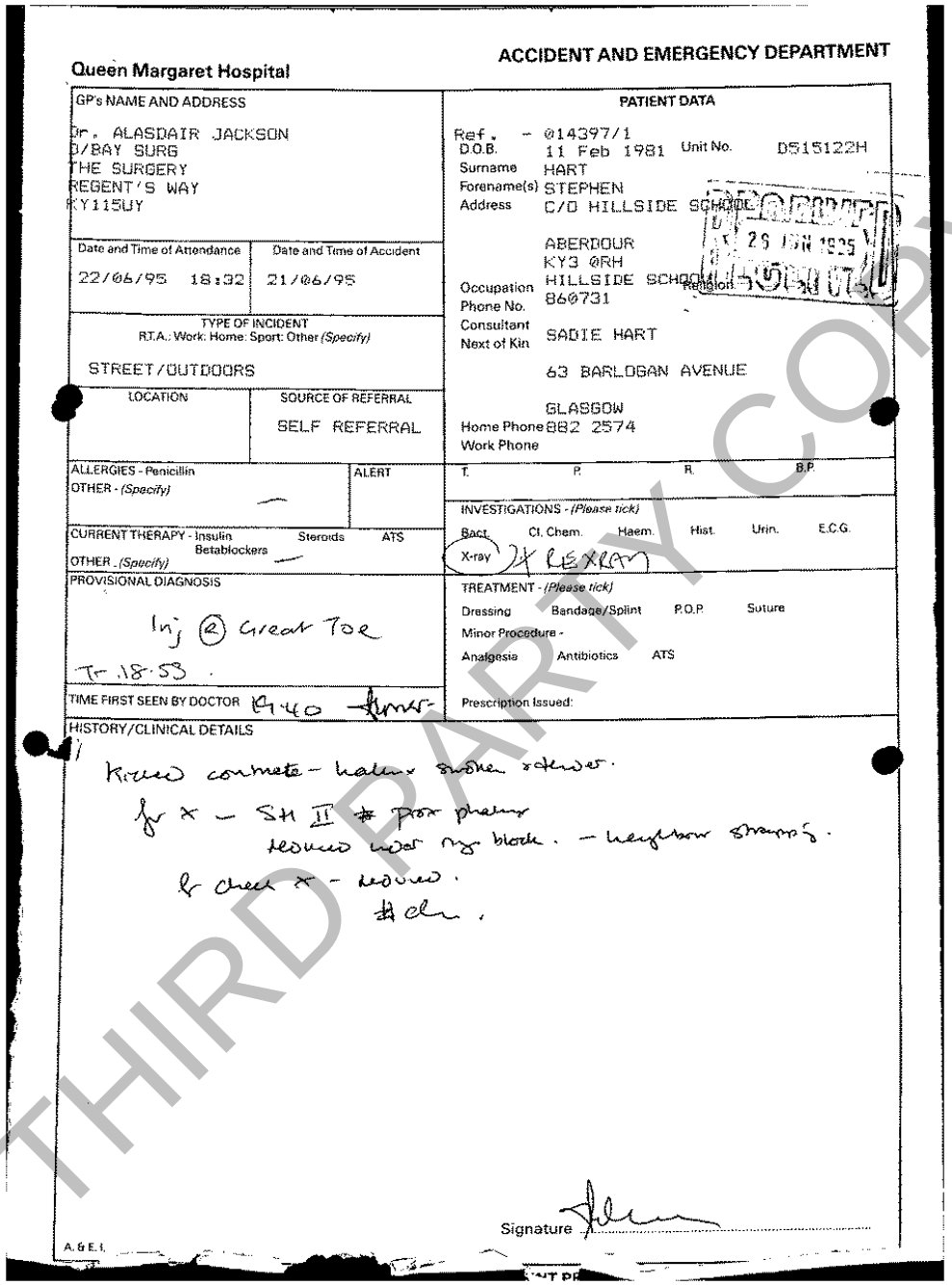
_____

Comments

Signature _____ Date _____

GOS(S)(M) Part Four - To Be Retained By Ophthalmologist And Copied To Optometrist/OMP and GMP

NHS Confidential: Personal data about a patient



Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. ALASDAIR JACKSON
D/BAY SURG
THE SURGERY
REGENT'S WAY
KY11 5UY

PATIENT DATA

Ref. - @14397/1
D.O.B. 11 Feb 1981 Unit No. DS15122H
Surname HART
Forename(s) STEPHEN
Address C/O HILLSIDE SCHOOL
ABERDOUR
KY3 0RH
Occupation HILLSIDE SCHOOL Religion
Phone No. 860731
Consultant
Next of Kin SADIE HART
63 BARLOGAN AVENUE
GLASGOW
Home Phone 882 2574
Work Phone

RECEIVED 29 JUN 1995

Date and Time of Attendance: 22/06/95 18:32
Date and Time of Accident: 21/06/95

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other (Specify)
STREET/OUTDOORS

LOCATION

SOURCE OF REFERRAL
SELF REFERRAL

ALLERGIES - Penicillin
OTHER - (Specify)

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER (Specify)

INVESTIGATIONS - (Please tick)
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray X RERAM

PROVISIONAL DIAGNOSIS
Inj ② Great Toe
T-.18.53

TREATMENT - (Please tick)
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1940

Prescription Issued:

HISTORY/CLINICAL DETAILS

Kicked concrete - haluv. broken extended.
fr x - STH II # prox phalanx
reduced under nerve block. - neighbour strapping.
fr check x - reduced.
clear.

Signature

A. & E. I.

NHS Confidential: Personal data about a patient

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS
Dr. ALASDAIR JACKSON
D/BAY SURG
THE SURGERY
REGENT'S WAY
KY1 1SUY

PATIENT
Ref. - 006166/1
D.O.B. 11 Feb 1981
Surname HART
Forename(s) STEPHEN
Address C/O HILLSIDE SCHOOL

ABERDOUR
KY3 0RH
HILLSIDE SCHOOL
Occupation 860731 Religion
Phone No.
Consultant SADIE HART
Next of Kin
63 BARLOGAN AVENUE

GLASGOW
Home Phone 882 2574
Work Phone

RECEIVED 24 MAR 1995

Date and Time of Attendance	Date and Time of Accident
22/03/95 14:59	22/03/95 11:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
SCHOOL ACCIDENT

LOCATION

SOURCE OF REFERRAL
SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER *(Specify)* Inhalers

PROVISIONAL DIAGNOSIS
Ins R Pinkie.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1515.

Prescription Issued:

HISTORY/CLINICAL DETAILS
PC Painful (R) hand
HPC. Thumped somebody this morning -> pain and deformity over metacarpal V
Inf Boxers ##

X-ray - confirmed ## marked

plan - cock-up splint
- rest hand, elevate
- 5/52 ## clinic

Signature

A. & E. I.

PLEASE USE BALLPOINT PEN

NHS Confidential: Personal data about a patient

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

RECEIVED - 9 FEB 1995 Ref.

GP's NAME AND ADDRESS
Dr. ALASDAIR JACKSON
D/BAY SURG
THE SURGERY
REGENT'S WAY
KY11 5UY

PATIENT DATA
Chi No. 002751/1
DOB 11 Feb 1981 Unit No. DC515122H
Surname HART
Forename(s) STEPHEN
Address C/O HILLSIDE SCHOOL
ABERDOUR
Occupation HILLSIDE SCHOOL Religion
Phone No. 860731
Consultant
Next of Kin SADIE HART
63 BARLOGAN AVENUE
GLASGOW
Home Phone 882 2574
Work Phone

Date and Time of Attendance	Date and Time of Accident
07/02/95 11:58	06/02/95 21:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
SCHOOL ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SCHOOL

ALLERGIES - Penicillin
OTHER - *(Specify)*
ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)* Inhaler

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS
INJ R ELBOW
TR 12/10

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR AC 1240

Prescription Issued:

HISTORY/CLINICAL DETAILS
Fell whilst playing, landed on
(R) elbow, Very tender over
olecranon, unable to fully extend
Non tender over Epicondyles,
Xray → small chip off olecranon
C + C.
Review Small # clinic 1/52

F/H

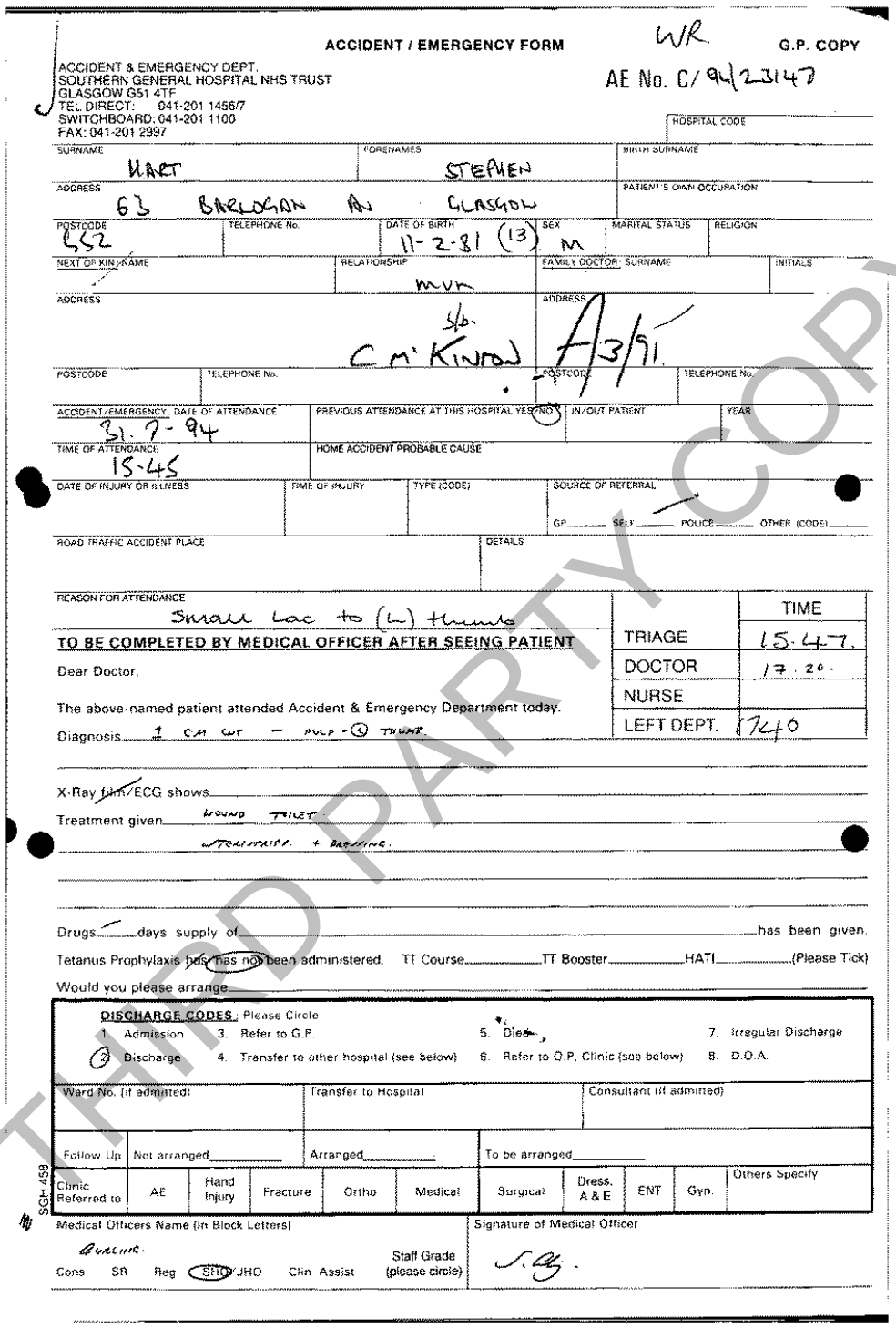
Signature

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

NHS Confidential: Personal data about a patient



ACCIDENT / EMERGENCY FORM WR **G.P. COPY**

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL DIRECT: 041-201 1456/7
SWITCHBOARD: 041-201 1100
FAX: 041-201 2997

AE No. C/94/23147

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
HART	STEPHEN	

ADDRESS: 63 BARLOCAN AV GLASGOW — PATIENT'S OWN OCCUPATION:

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G52		11-2-81 (13)	M		

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
	MUM		

ADDRESS: C/M KINPAU Sb. — ADDRESS: A3/91

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
31-7-94			

TIME OF ATTENDANCE: 15-45 — HOME ACCIDENT PROBABLE CAUSE:

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP ____ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE: — DETAILS:

REASON FOR ATTENDANCE: Small Lac to (L) thumb

	TIME
TRIAGE	15.47.
DOCTOR	17.20.
NURSE	
LEFT DEPT.	17.40

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: 1 cm cut – pulp – (L) thumb

X-Ray film/ECG shows:

Treatment given: wound toilet. w/ tramtarp. + bandaging.

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has / has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A & E	ENT	Gyn.	Others Specify

SGH 459

Medical Officers Name (in Block Letters): QUILING.

Cons SR Reg (SHO) JHO Clin Assist — Staff Grade (please circle)

Signature of Medical Officer: S.G.

NHS Confidential: Personal data about a patient

29 November 1993

Dr Lesley Murray
Stevenston Health Centre
STEVENSTON
Ayrshire

Dear Dr Murray

Re: STEPHEN HART SOUTHANNAN SCHOOL FAIRLIE D.O.B. 11.7.81.

Thank you for seeing Stephen Hart. He has multiple warts on his hands and I would be grateful for your assistance with their removal.

Many thanks.

Yours sincerely

Andrew Jc

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888 Ext.4220

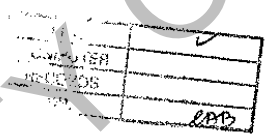
DEPARTMENT OF CHILD & FAMILY PSYCHIATRY

Yorkhill,
Glasgow, G3 8SJ

DSJ/VM

13th September 1989

Dr C Bell
Castlemilk Health Centre
Dougrie Terrace
GLASGOW
G45



Dear Dr Bell

RE: STEPHEN HART DOB: 11.02.81
24 BIRGIDALE AVE CASTLEMILK GLASGOW G45

Stephen was referred from the South-East 2 Social Work Department because of his behaviour difficulties within the home. Stephen along with his 3 siblings was placed on the Child Abuse Register in July of last year following Mr Hart unduly chastising Lorna age 4. Stephen is outwith Mother's control, he is prone to disappearing from the house and has developed a fascination for fire. The Social Work Department inolved Stephen in a group of 5-8 year old children but he was unable to cope with this and became obstructive and aggressive so that he had to be opted out.

We held an initial case conference with Sheena Rowlinson and Kevin Brown, Social Workers, in this Department on the 18th August 1989. We learnt more of the background details and decided to initially see all the children along with Mother and then to move towards a more detailed assessment of Stephen.

The family interview was held on the 25th August, Mrs Hart presenting as a calm and quiet but caring person. Sarah aged 10 was mature for her age and helped to give details about her father. Joseph age 6 was most positive about the absent father and Lorna age 4 played appropriately with pencils and crayons. Stephen however from the first moment in the waiting room appeared restless, distractable and disinhibited. Drawing and play material were rapidly strewn around the room and he also appeared to oppose direction in a tense anxiety ridden way. He was uneasy about the session being observed through the one-way screen and had no inhibition about running in and out of the observation room.

Mrs Hilary Gibbs, our Team Social Worker, and I interviewed Mrs Hart in more detail on 5th September 1989. There were many examples of his disruptive behaviour, eg kicking a girl in the genital area, not going to settle at night but insisting on cooking midnight supper and requiring to sit near the teacher's desk during the last session at school. He bed wets most nights but eats well. There are occasional complaints of stomach ache probably

13th September 1989

Dr C Bell

Re; STEPHEN HART DOB: 11.02.81

before school. Relationships with the other children are strained but although he shouts at Mother she does not retaliate and he sometimes apologises later on.

Stephen attends Castletown School where his behaviour is contained and from time to time he has shown more appropriate involvement than would be expected.

Mrs Hart was well during the pregnancy and Stephen was born at 40 weeks with the cord round his neck and was cyanosed at first. Other than head injuries he has had little contact with the hospital with no serious illnesses.

Stephen has apparently witnessed violent behaviour from his father during his toddler years and the parents separated for a while when Stephen was 3 years of age. A reunion followed but the family broke up last summer after Mr Hart turned Lorna upside down and beat her several times for breaking a mirror. A period in the homeless unit followed for the Mother and the children prior to their being re-housed at Castlemilk.

Mrs Hart not surprisingly feels depressed with difficulty in getting to sleep. She is in good physical health and prior to marriage was a telephonist who held down a job for 6 years. Maternal grandmother is supportive and maternal grandfather died when Mrs Hart was 14.

Mr Hart lives at the family's former home in Possilpark. He would like to return to the family and has tried to curtail his drinking and visits from time to time.

The modelling from Mr Hart and the fact that the difficulties date back to the first separation when Stephen was 3 years of age suggest that the inappropriate behaviour of the father and the family disruptions are an important factor in Stephen's difficulties. Against this we must also consider the possibility of more constitutional hyperkinetic disorder.

The next appointment will be spent checking over physical aspects and perhaps some evaluation of Stephen's immediate mental state and from then on there will be 2 or 3 sessions aimed at tapping into his feelings and emotional life. Mrs Gibbs will continue to see Mrs Hart and we should be able to offer a diagnostic formulation after the next series of visits.

Yours sincerely

Dr David S James
Consultant Child Psychiatrist

[illegible]	✓
COMPUTER	
RECORDS	
DR	CAD

DEPARTMENT OF OPHTHALMOLOGY

Consultants :
J. WILLIAMSON
W. M. DOIG
H. B. KENNEDY
P. KYLE

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF
Telephone 041-445 2466
Ext.

HBK/BMcG/428128
Patient's Practice No. 81140

dict. 6th April,1987
typd. 13th April,1987

Dr. Kenneth Collins,
Midlock Health Centre,
7 Midlock Street,
Glasgow G51 1SL.

81140 DCH

Dear Dr. Collins,

re: Steven Hart (11.2.81)
223 Linthaugh Road,
Glasgow G.53.

This little boy has been attending our Department for investigation of his suspected squint. However a squint has not been found, there is no significant refractive error, there is no family history of squint and visual acuities are equally good in either eye. Accordingly Steven has been discharged from routine attendance at our Department.

Yours sincerely,

H.B.Kennedy,
Consultant Ophthalmologist.

PAEDIATRIC DEPARTMENT

Consultants:
Dr. Isobel C. Ferguson
Dr. Krishna M. Goel

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF
Telephone 041-445 2466
Ext:-

BFK/SK/428128

26 May 1981

Dr Collins
2 Cessnock Street
GLASGOW
G51 1AR

Dear Dr Collins

Re: Steven Hart (dob 11 2 81) 17 McGregor Street Glasgow G51 3RZ

Was reviewed again at the age of 14 weeks. He is on SMA, 5 - 6 ounces 5 feeds a day plus a rusk and small dinners. He has been fine and has had no diarrhoea or vomiting.

On examination he was a happy baby with a good head control and was well hydrated. Clinical examination was unremarkable so I have now discharged him from the clinic but would be happy to see him again if you so wish.

Yours sincerely

B F Khan
Paediatric Registrar

SOUTHERN GENERAL 3.6.86.

EYE

HART
STEPHEN
223 LINTHAUGH ROAD 11.2.81.
GLASGOW
G53.

SOUTHERN GENERAL
1981 428128

KENNETH E. COLLINS
2 CESSNOCK STREET
GLASGOW G51 1AB.

041-427-4271.

This 5 year old appears to be squinting in his right eye and I would be grateful for your assessment.

PATIENT'S PRACTICE NO. 81140 - PLEASE QUOTE.

KENNETH E. COLLINS.

NHS Confidential: Personal data about a patient

PAEDIATRIC DEPARTMENT

Consultants:
Dr. Isobel C. Ferguson
Dr Krishna M. Goel

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF
Telephone 041-445 2466
Ext:-

BFK/EK/428128

28 April 1981

Dr K Collins
2 Cessnock Street
GLASGOW
G51 1AR

Dear Dr Collins

Re: Baby Steven Hart (dob 11 2 81) 17 McGregor Street Glasgow G51 3RZ

Was reviewed in the clinic. This 10 week old baby who was breast fed to begin with, is now on SMA for the past 2 weeks. He takes 6 - 7 ounces, 5 feeds a day. Mum said he has been smiling and reaches out for objects. Apparently he has had diarrhoea for 2 weeks and vomits after every feed.

However clinical examination showed a well hydrated child and he has been gaining weight and is running along the line. Clinical examination was unremarkable. I have arranged to review him again in a month's time.

Yours sincerely

B F Khan
Paediatric Registrar

NHS Confidential: Personal data about a patient

Maura Berry
J.G Dysart
Anne McNally
J. Sharp
D.A. Cumming
Fiona O'Donoghue
Ruth Macdonald

PRACTICE ACCREDITATION
RCGP Scotland
2003-2006

Govanhill Health Centre
233 Calder Street
Glasgow G42 7DR
Enquires 0141 531 8370
Appointments 0141 531 8365
Fax 0141 531 4431

IMPORTANT NOTICE TO REGISTERING PRACTICE.

This medical record has come form a paperless practice.

We have been using Docman scanning software since 11/11/2005

All patients' encounters have been computer recorded since 08/05/2006

If the record appears incomplete please contact our reception on – 0141 531 8365

Patient Transfer Notification form

Please enter the patient details below or alternatively attach a printed label if you prefer below

Forename STEPHEN.

Surname HART.

Chi No 11.02.81. 0711
(please note the full CHI No)

Please enter the practice stamp in the box

DR. M. M. BERRY & PARTNERS
GOVANHILL HEALTH CENTRE
233 CALDER STREET
GLASGOW G42 7DR
TELEPHONE: 0141-531-8370

Does the patient have a paper medical record:
Yes Attached ☑ No, there is no paper record ☐

The Patient Summary is:
Scanned into Docman ☑ Within the Paper Record ☐ Attached (only document) ☐

Does the patient have Docman images:
Yes, already transferred ☑ To be transferred ☐ No images ☐

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

NHS Confidential: Personal data about a patient

MALE

331401

HART

DATE OF BIRTH 11/02/81 SERIAL No. 0711

STEPHEN
621/3T/157

072 76 MEIKLEWOOD RD
GLASGOW
G51 4EU

DR. K E COLLINS

DATE 13/03/97 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

NHS Confidential: Personal data about a patient

MALE

	DATE OF BIRTH	SERIAL No.
HART	11/02/81	6558

STEPHEN
621/81/157

24 Birgidale Ave
~~370 ARDENCRAIG RD~~
GLASGOW
G45 0QL

DR. C A BELL

DATE 14/11/88 G

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
8.9.89		URTICACIAL RASH	
		LEGS	
		TRILUDAN 30mg/5ml BD.	

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORDS CARD

FORM G.P.7A (A & C)

NHS Confidential: Personal data about a patient

ECU 2219/88 CB

MALE SURNAME: Hart | CHRISTIAN NAMES: Stephen

ADDRESS 24 Bracadale Avenue. | Date of Birth: 11 | 2 | 81

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

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

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

Dd8128459 135M 4/88 R.P.(53791)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

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

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

NHS Confidential: Personal data about a patient

MALE

DATE OF BIRTH 11/02/81 SERIAL No. 0711

HART

STEPHEN
621 31 157

HILLSIDE RES SCH
ABERDOUR
BURNTISLAND KY3 ORH

DR. J PHILLIPS

DATE 23/01/95 F

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORD CARD

04 MILES

FORM G.P. 7A(COMP)

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

NHS Confidential: Personal data about a patient

MALE

HART	DATE OF BIRTH	SERIAL No.
	11/02/81	3737

STEPHEN

SOUTHANNAN SCHOOL
FAIRLIE
KA29 0ES

DR.S J HEANEY DATE 08/03/91 A

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

MEDICAL RECORD CARD

FORM G.P. 7A(COMP)

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
HART	STEPHEN

ADDRESS: 17 McGREGOR ST — Date of Birth: 12.2.81

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
12.3.81		B/Coh. 6 lbs 11.	Bib 3/52
		Caucasian Female	
30.4.81		Mum Hadrian Road	11/6/11 J.
14/5/81		1st Triple + Polio	
16/7/81		2nd Triple B Polio	
10.12.81		3rd ~ ~	

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

MEDICAL RECORD CARD

53-2126 9/78 612915 F. & S. Ltd.

FORM G.P. 7 (Scotland)

NHS Confidential: Personal data about a patient

National Health Service Number: 621-81-157

Surname (Block Letters): HART

Forenames (Block Letters): STEPHEN

Address: ~~17 MACGREGOR ST~~ [illegible]

Date of Birth: 11-2 81

CLINICAL NOTES

Date	*	
3.9.81.		allergy Mixture ½ Gel. Rhea Actifed Susp 2½
19.7.82.		Actifed Susp: 5ml Erythro upper Susp
26.10 82		sterculea + codeine ✓.
1.12 82.		Actifed Syp. 30 ml
1.3 83		V.R.I. Septrin Paed. Susp.
12.8.83		Sprays in Seattle.
19.8.83.		Eyes clear.
14.7.83		knee. to Search. 1 section. review 20/7/83 ✓
20.7.83.		Actifed Susp.
28.8.83	BD	very pale.
17.11.83		Pneumococcal Susp.
4.4.84	BD	Dr V. 7/7
7.6.84		Seattle Sprays in.
6.11.85	BD	cough - V+
2/6/86		Piriton Syr enuresis no success with buzzer
15.7.86	BD	head pain.
11/8/86		Stitches out 5/7. enuresis relapse since trifluoperazine stopped. Re-start for a further course, at review.
18/8/86		
2/2/87		Small scar forehead - sebaceous.
24/2/87		fucidin gel
14/2/88	V	Chicken pox
	I	Rodinis media R Calamine. Erythromycin stopped
7.5.88	BD	sore throat

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

FORM GP111F

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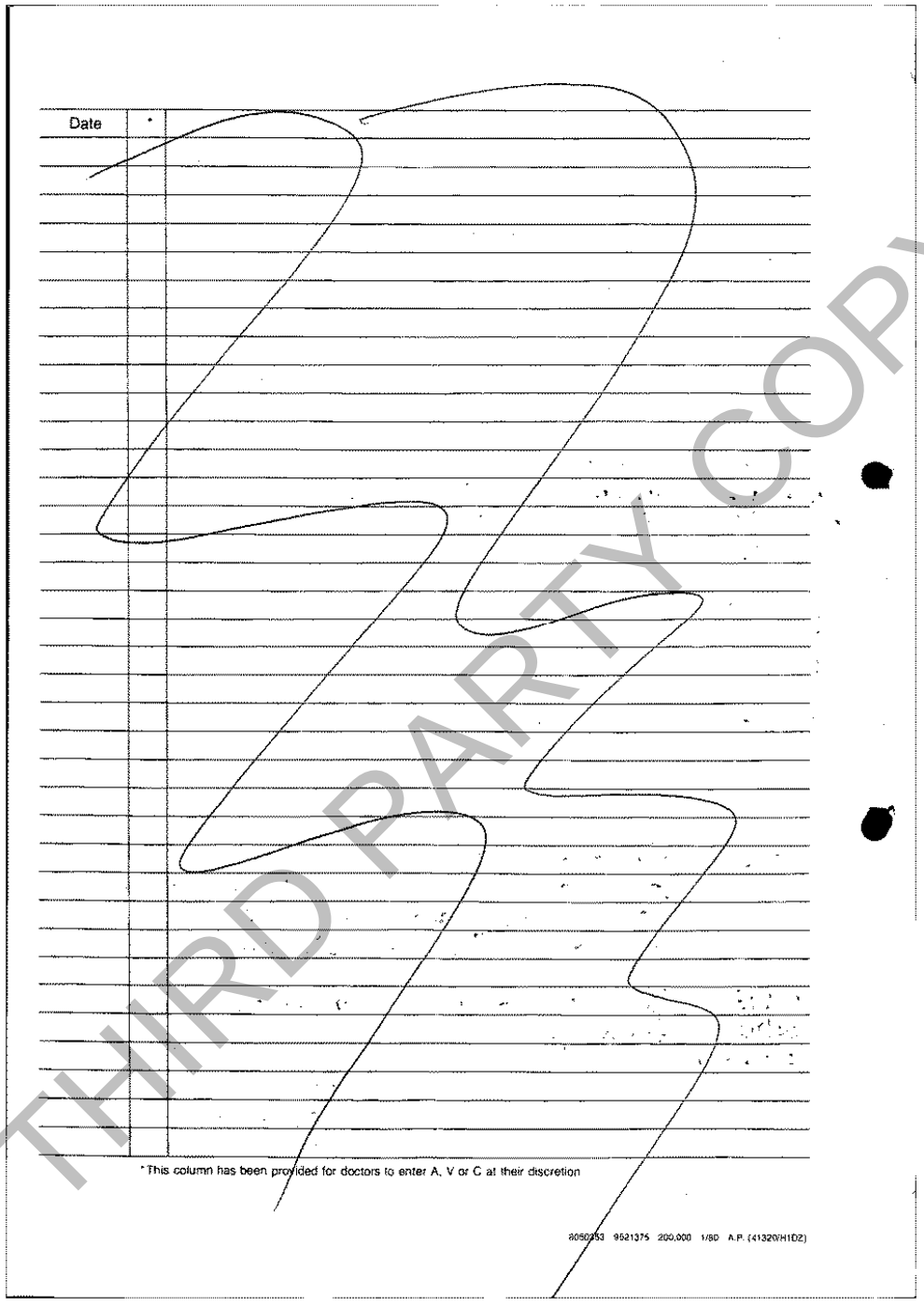

* This column has been provided for doctors to enter A, V or C at their discretion

8050353 9521375 200,000 1/80 A.P. (41320/H1DZ)

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): HART

Forenames (Block Letters): STEPHEN

Address: Southannan School FAIRLIE

Date of Birth: 11.2.81

Date	*	
5.12.91		Coughing since 2nd Dec. Painful. Wheezy and aware of dyspnoea on exertion. Age 10. Young brother has "asthma" (he says). O/E lungs clear with good air entry to bases. Fauces ✓.
		& Ventolin Syrup 5ml up to qid (200ml).
20.12.91		Kemmox 100 ✓ (2)
31.12.91		Excoriated flexural eczema (R) antecubital fossa
		& Betnovate C oint spreading bd When better use 1/52?
19.3.92	l	Betnovate C Oint (30)
5.11.92		Stood on nail earlier today.
		Booster TETANUS Vacc. 0.5ml given (PASTEUR MERIEUX H0048)
15/3/93		URTI ± one bout of haemoptysis. Throat inflamed
		→ Amoxycillin (20)
6/5/93		Referred examination of genitalia.
		149.5cm 38Kg.
		ENT/Chest/HS → NAD Abd: NAD
14/5/93		Asthma. Mild wheeze just now. Chronic symptoms
		→ Ventodisk (1xop) 200µg Becodisk 100µg b.d. (1xop) Leaflet ✓ (3/52)
20.9.93	Lx	Ventodisks (2x60) 200mg Becodisks 100mg (2x60)
4/6/93		Ingested ± ? Paracetamol → A+E
8/10/93	P	Ventodisk 200 Inhaler (1) Becodisk 100 Inhaler (1) -
10.11.93	A.	Hands on hand Salmeterol + Ref Dermatologist.
29.11.93		letter to Stevenston H.C. Dr. Murray
1.2.94	A	Appt. Fr: 300. Chest clear.
7.2.94	P	~~Becodisks~~ 100mcg Inhaler (1)
23/3/94		152cm 49Kg. No problems.
		Asthma well-controlled ! Beclotide
22/4/94		Dry cough. Lungs — clear — ?Inhalation (Rbeclo)

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

6/5/94 DNA

FORM GP111F

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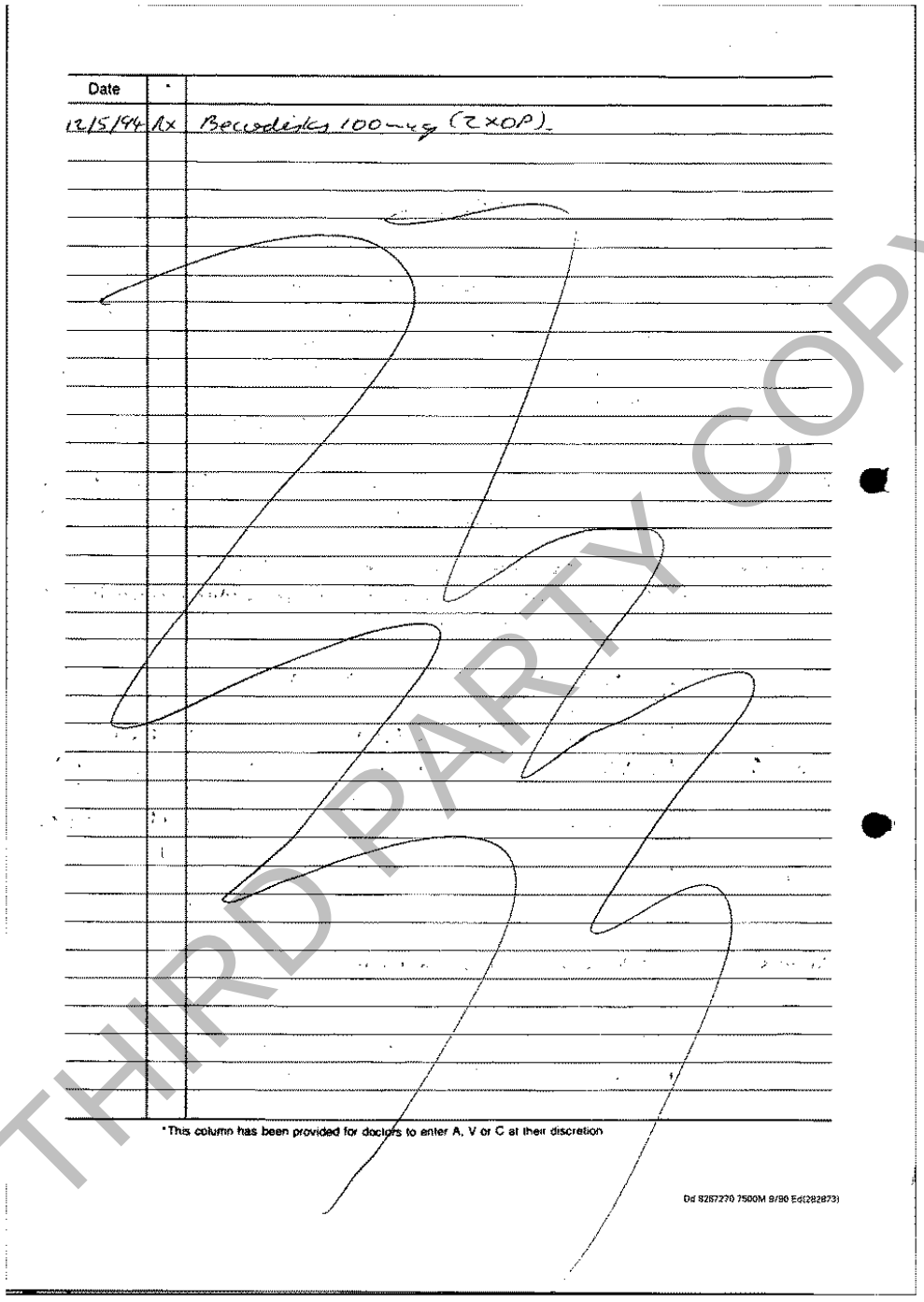


Date	*	
12/5/94	Rx	Becodisks 100 mg (2 x OP)

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

Dd 8287270 7500M 9/98 Ed(282873)

NHS Confidential: Personal data about a patient

National Health Service Number: 621 181 157

CLINICAL NOTES

Surname (Block Letters): HART

Forenames (Block Letters): STEPHEN

Address: Hillside School Aberdeen

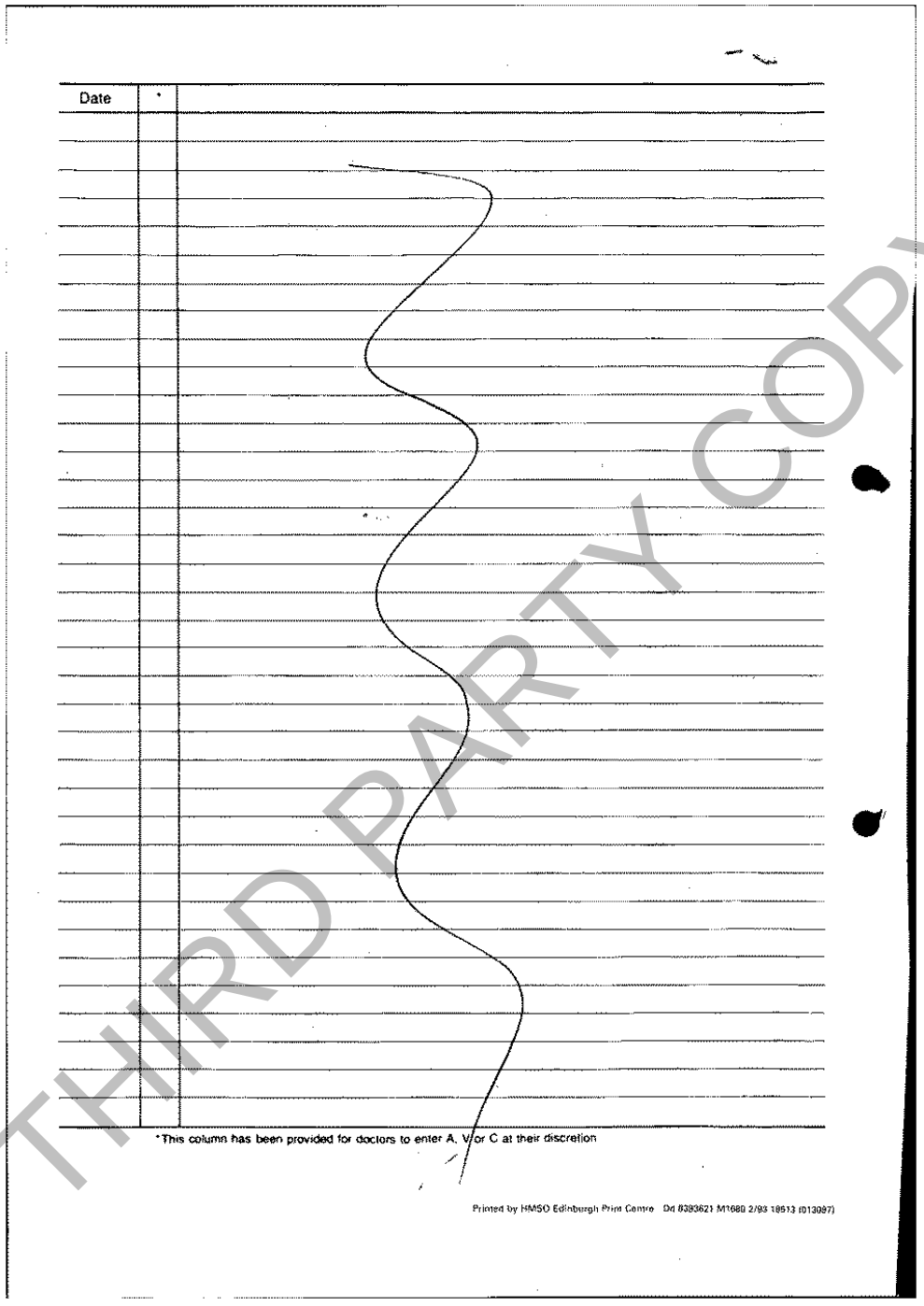
Date of Birth: 11.2.81

Date	*	
3/3/95		GPH sent to IK. 10/1/95 FE sent unit awaiting urn
		HT WT BP URTH
24/8/1		Ch Recording wrong TBd Verbal wrong Tpm
		? Tran pat
22/11/95		Send to true mild eczem Emmett Gp.

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient



Date	*	

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

Printed by HMSO Edinburgh Print Centre Dd 8383621 M1080 2/93 18513 (013097)

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters) | Forenames (Block Letters)

CLINICAL NOTES

Address | Date of Birth

Date	*	
14·3·97		S Sore throat - stiff in swallowing O Throat infl I Erythromycin
14/4/97		Back pain 4 yrs - advice - Pain. Ears — mod. Mild acne - Phenoxy! Wash.
30/4/97		Back pain for a few years - symptoms worse recently - working as van boy lifting box naproxen 250g bd ✓ x 6/52 → XRay
25/9/97		Fell off bike (pedal) Abrasions to (L) Elbow (R) Knee Both wrists No Bony tenderness Struck head ↑LOC GCS 15/15 ↑Haematoma ↑ Advice ↑Head dressing to abrasions declined
8/12/03		R. arm - PSE Amoxycillin

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

FORM GP111F
355 2095

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Date	*	
6.1.98		on Beclazone. 200 qid } Has not ceased Ventolin 200 qid } 1 puff for many months.
		Chest inf today Rx Cephalexin 500 × (21) Penn '52 Also to see M. for review.
2.2.98		fin-like symptoms cough + coryza chest few scattered wheeze. Rx - cephalexin 5day course
~~Feb~~		
12/5/98		Rx [illegible] Diclofen - [illegible] 1 puff tid. [illegible] [illegible]
23/12/98		½ hour. Rx ECG - [illegible] clinical Rx [illegible] epinephrine 0.5% . IM
10/5/99		headache & backpain back pain for many years headache (R sided only) for a few days O/E: [illegible] Rx [illegible] forte tabs
28/9/00		letter to GP re up to date in after hours care
		[illegible] 2.5% . gel
15/11/01		[illegible]
8/5/01	V	[illegible] - on [illegible] V to continue medic-
7.5.02	AMS	CLINIC

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

Printed by HMSO Scotland Dd 8456819 8/96 (138130)

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters) | Forenames (Block Letters)

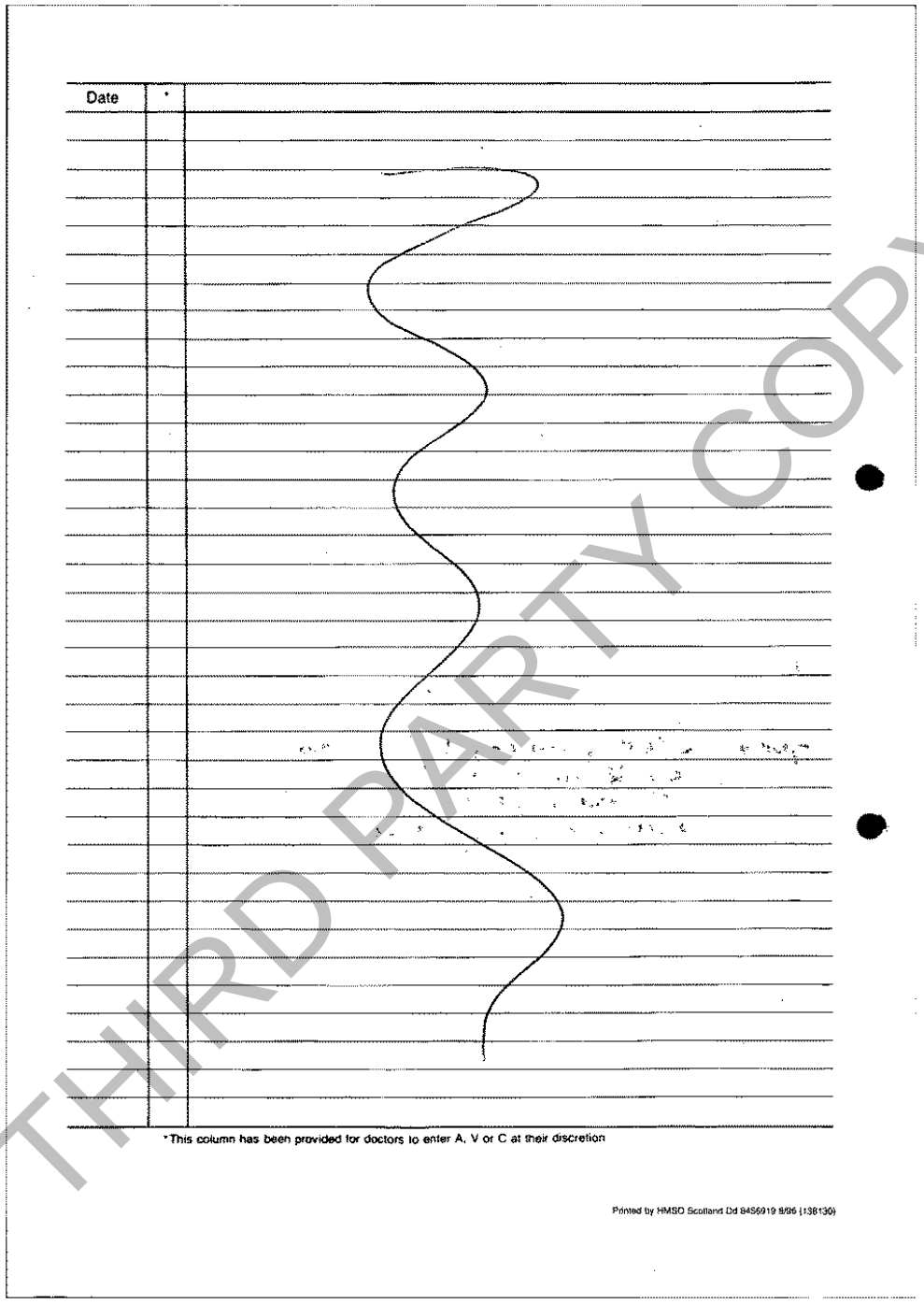
Address | Date of Birth

Date	*	
2/4/02		S Dental Afreen. O Jane smith P Coronoidectomy/Adv
27/3/03		Arrived in surgery hyperventilating plus generalised muscle spasm. Panicked when arrived at work. Happened x 2 before at dentists managed to walk to surgery. O/E hyperventilating p 110 reg BP 150/99. → given paper bag rebreathing + reassurance. Calmed down significantly + muscle spasm eased explained nature of panic attacks. Ix social probs recently - appt to discuss more fully.
8/12/03		dental phobia - hyperventilate some teeth need attention skin sweaty, panicky small buttock cyst → Mon-Surgery
30/6/04		sweaty, nausea, diggy, headache o/e tongue sl. dry abdo soft buccastem tabs 3y x 20

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

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient



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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Hart.

Forenames (Block Letters): STEPHEN.

Address: 16 SEATH ST. G42 7LJ

Date of Birth: 11.2.81

Date	*	Clinical Notes	Diagnosis
19.1.06		DNA nurse appointment	

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

FORM GP111F

PRINTED FOR ASTRON, B41219 4/05 (017302)

355 2095

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Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

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Date	NAME Hart.				Date of Birth 11.2.81.
	Practice No.				Hospital No.
	MEDICAL PROBLEMS (use block capitals)			Date	Social Factors lives c mother + brother + baby - fourth party nearly
1.	BEHAVIOURAL PROBLEMS			1989	has been in care most of life due to parental separation.
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					Family History Mother A+W
10.					no contact c father.
11.					
12.					
	R.P.C. THERAPY				
	Drug	Start	Stop	Signed	
1.					
2.					
3.					
4.					Allergy/Sensitivity —
5.					
6.					
7.					Occupation Training scheme.
8.					
9.					
10.					Smoker started smoking age 9.
11.					
12.					Alcohol —
					Height 5'8"

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters) | Forenames (Block Letters)

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address | Date of Birth

Date	

Form GP111G 355—2096

Designed and Produced on behalf of The Scottish Office by HMSO Scotland
Dd 8391989 2/96 (117254)

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): Hart

Forenames (Block Letters): Stephen

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth: 11.2.81

Date	
14/5/93	Asthma
9.3.06	NKI Prior to note - 93&4
	Measles Begin 12/3/81 CHL0711
	Needle Phobia
1/7/84	Child Abuse register
13/9/89	Behavioural Problems
22/3/95	Boxers # R Hand
20/12/91	Eczema
14/6/93	Asthma
27/3/03	Panic Attack c Hyperventilation
25/2/08	Admitted c Quinsy Throat
3/3/08	Admitted c Quinsy
22/7/08	Back Pain
24/2/09	Chest Pain - Viral acute
22/2/10	Admitted c Tonsillitis - Took Unspecified Overdose
16/3/10	Tonsillectomy - "Reactionary Haemorrhage"

Form GP111G 355—2096

Printed for Aspron BA2633 7/05 (71412)

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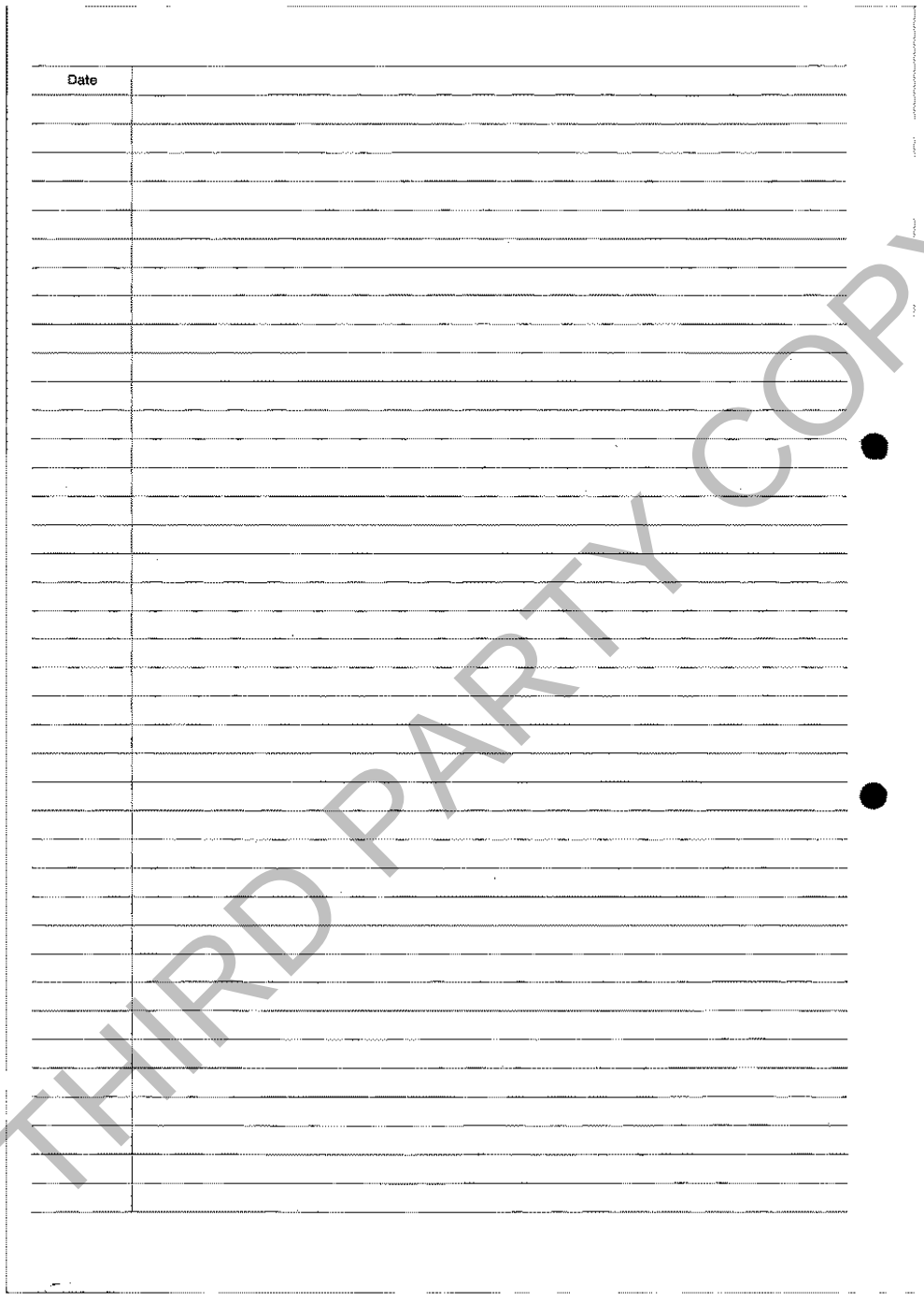


NHS Confidential: Personal data about a patient

National Health Service Number	621/81/157
Surname (Block letters) HART	Forename (Block letters) STEPHEN
Address Hillcrest Road Aberdeen	Date of Birth 11.2.81

IMMUNISATIONS AND SCREENING INVESTIGATIONS

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date	14-5-81	✓	✓	✓				
Manufacturer & Batch No.								
Date	16-7-81	✓	✓	✓	11-3-82			
Manufacturer & Batch No.								
Date	10-12-81	✓	✓	✓				
Manufacturer & Batch No.								
Date		5-11-92						
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.	5/9/06	5/9/06	✓	5/9/06				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

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

IMMUNOLOGICAL STATUS

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

Form GP 111H 355—2097

NHS Confidential: Personal data about a patient

SCREENING INVESTIGATIONS

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

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

Dd 8373610 C3000 12/93 Ed(010894)

NHS Confidential: Personal data about a patient

National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): Mills

Forenames (Block Letters): Stephen

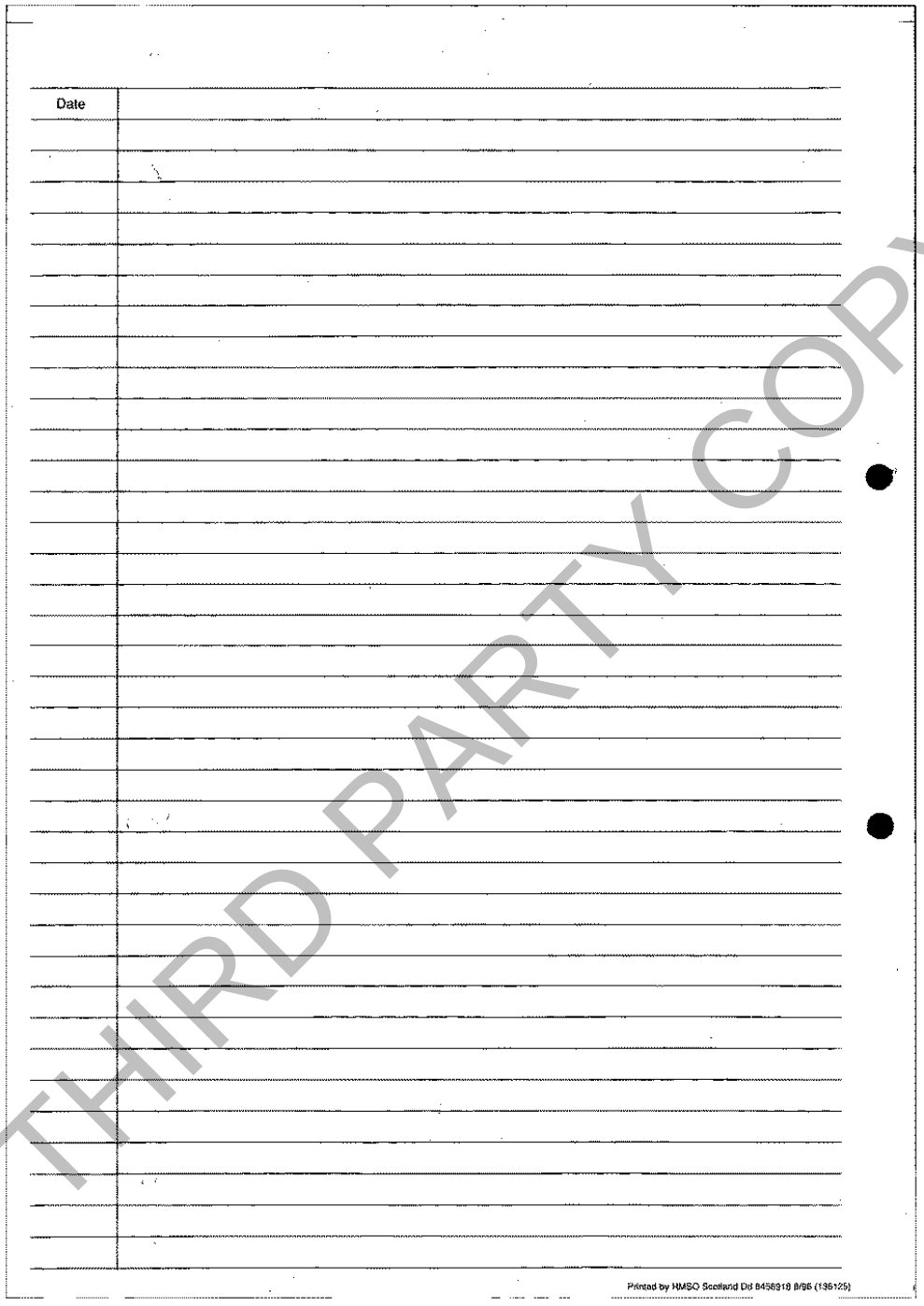
Address

Date of Birth: 11.2.81

Date	
20/5/03	Injury to 2nd Toe on (R) foot last night. Kicked with playing football. No swelling but very tender to walk - to go training tonight.

FORM GP111M 355—2101

NHS Confidential: Personal data about a patient



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ACCIDENT & EMERGENCY DEPARTMENT

NHS Glasgow Clyde

SURNAME: HART	DOB: 11/02/81	AGE: 26	SEX: M
FORENAME: STEPHEN	OCCUPATION:		
ADDRESS: 16 SEATH STREET FLAT 2/2 GLASGOW			
POSTCODE: G42 7LJ	TEL: 0141 560 9535		

A/E Number: AE0069424/07
CHI Number:1102810711
UNIT Number : SG00428128
ARRIVAL DATE: 07/08/07
ARRIVAL TIME: 0201
MODE:OWN
REFERRAL BY:SELF

(BLOCK
SURN
FOREI
ADDRI
POST
G.P. N
ADDR

GP Name: MAURA MM BERRY
ADDRESS: GOVANHILL HEALTH CENTRE
GLASGOW
G42 7DR
CODE: 49041|1 TEL:0141 531 8370

PRESENTING COMPLAINT: READMIT/HAND
INCIDENT TYPE: INJ
INCIDENT LOCATION: INS

3

CODE TEL.

GP DISCHARGE LETTER

DIAGNOSIS alleged assault, bruising @ hand

INVESTIGATIONS

• X-RAYS @ hand - no #

TREATMENT remove

home

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) KBJORNSSON CODE STR-BJOKA

(SIGNATURE) DISCHARGE TIME 0350

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC	ORTHOPAEDIC		
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

ADMISSION
TO WARD

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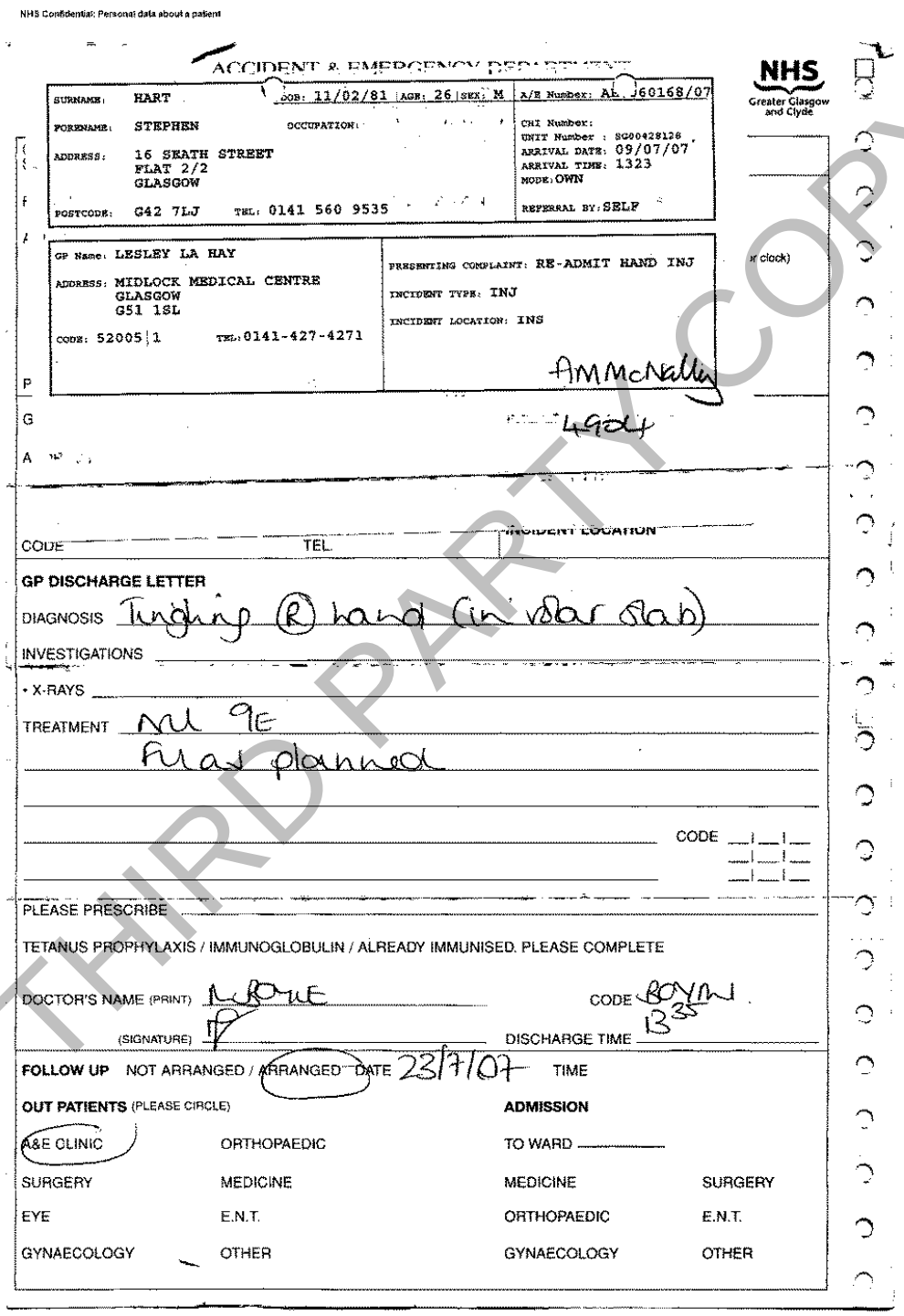

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT

NHS Greater Glasgow and Clyde

SURNAME: HART
DOB: 11/02/81 AGE: 26 SEX: M
A/E Number: AE 60168/07
FORENAME: STEPHEN
OCCUPATION:
ADDRESS: 16 SKATH STREET
FLAT 2/2
GLASGOW
POSTCODE: G42 7LJ TEL: 0141 560 9535
CHI Number:
UNIT Number : SG00428126
ARRIVAL DATE: 09/07/07
ARRIVAL TIME: 1323
MODE: OWN
REFERRAL BY: SELF

GP Name: LESLEY LA HAY
ADDRESS: MIDLOCK MEDICAL CENTRE
GLASGOW
G51 1SL
CODE: 52005 1 TEL: 0141-427-4271

PRESENTING COMPLAINT: RE-ADMIT HAND INJ
INCIDENT TYPE: INJ
INCIDENT LOCATION: INS

AMMcNally

4924

CODE TEL INCIDENT LOCATION

GP DISCHARGE LETTER

DIAGNOSIS Tingling (R) hand (in Bar Slab)

INVESTIGATIONS

• X-RAYS

TREATMENT Nil 9E

Fu as planned

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) L ROWE CODE BOYM1

(SIGNATURE) DISCHARGE TIME 1335

FOLLOW UP NOT ARRANGED / ARRANGED DATE 23/7/07 TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC ORTHOPAEDIC
SURGERY MEDICINE
EYE E.N.T.
GYNAECOLOGY OTHER

ADMISSION

TO WARD

MEDICINE SURGERY
ORTHOPAEDIC E.N.T.
GYNAECOLOGY OTHER

NHS Confidential: Personal data about a patient

Maura Berry
J.G Dysart
Anne McNally
J. Sharp
D.A. Cumming
Fiona O'Donoghue
Ruth Macdonald

GOVANHILL HEALTH CENTRE
233 CALDER STREET
GLASGOW
G42 7DR
Tel: General Enquires 0141 531 8370
Appointments 0141 531 8365
Fax 0141 531 4431

PRACTICE ACCREDITATION
RCGP Scotland
2003-2006

MB/DNA1/S McQ

23/10/2008

Mr Stephen Hart
Flat 2-2
16 Seath Street
GLASGOW
G42 7LJ

D.o.b. – 11.02.1981

Dear Mr Hart

We see that you have failed to attend your recent appointments. If you have some problem which you are worried or embarrassed about, we are happy to deal with anything you wish to discuss, but please only book an appointment if you can guarantee being able to attend.

We try very hard to provide adequate appointments, but cannot do this if patients don't turn up. If you do have to cancel an appointment please let us know as soon as possible, so that it can be offered to another patient.

Yours sincerely

Dr Berry & Partners

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Cyst - right lower eyelid

Comment: This man has a small cyst in his right lower eyelid which is causing some irritation. I wonder if it might be better remove this.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		03-Dec-2007
Heavy drinker - 7-9u/day:		05-Sep-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted
Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Asthma	09-Mar-2006	-	-	14-May-1993

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Flucloxacillin	05.01.01.2	CAPS 250MG	1 Cap	4 times daily	03-Dec-2007	-

Clinical warnings

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted
Administrative information

Referred By:Seen by GP

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

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2353394** Date: **14 Dec 2008** Time of Call: **03:50**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **27 Y**

Address Today: **1/2 16 Seath Street Govanhill Glasgow** Post Code: **G42 7LJ**

Home Address If different: **1/2 16 Seath Street Govanhill Glasgow** Post Code: **G42 7LJ**

Phone Number Today: **(0141) 560 9535** Home Phone If different: **( ) -**

NHS24 Call ID : 6578096

Callers Name: **Stephen** Relationship to patient:

Name of GP: **McNally AM** Practice No: **305**

Surgery: **305Govanhill Health Centre** Cipher No: **G0733 1**

Address: **Dr Berry & Partners Govanhill Health Centre 233 Calder Street Glasgow G42 7DR** Fax No: **0141 531 4431** Speed Dial: **083**

Call Type: **Transport to PCEC within Priority 3 Within 90** Time Passed: **05:51**

Receptionist's Name:**IF** Time Arrived: **14/12/2008** Time Complete: **14/12/2008 05:51:25**

Patient's Complaint:

CHEST PAIN 20MINS ONGOING PROBLEM FOR MONTHSClinical summary created by: (Nurse Advisor) (Cardonald) [14/12/2008 03:50:07]
CHEST PAIN FOR 20 MINS AND SUDDEN ONSET THIS AM, HAS HAD ONGOING CHEST PROBLEMS FOR LAST 2 MONTHS, HAS SHARP PAIN IN CHEST, FAST PULSE, PAIN IS WIDESPREAD, NOT TAKEN ANYTHING, HAS HAD COLD/FLU LIKE SYMPTOMS FOR LAST 2 WEEKS, COUGHING UP GREY/GREEN/YELLOW SPUTUM. PCEC 1 HR, HUB TO ARRANGE TRANSPORT

Remarks: did not wait

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **879** Follow Up: Other

Consultation(s):

By: Mcmillan Stella **Start:** 14/12/2008 05:49:47 **Finish** 14/12/2008 05:50:49

Clinical Assessment Details
Started-14/12/2008 05:49:47
Finished-14/12/2008 05:50:49
History
did not wait to be seen
Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: R065. ([D]Chest pain)
Prescription Details.

NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

Department of Otolaryngology, Head and Neck Surgery
Direct Line: 0141 232 7512
Fax No: 0141 232 7519
Email: yvonne.armstrong2@ggc.scot.nhs.uk
Our Ref: LZ/LC/YAA/SG428128
CHI: 1102810711
Dictated on: 26 March 2008
Typed on: 07 April 2008

Ear, Nose and Throat Department
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2999
www.nhsgg.org.uk

NHS
Greater Glasgow and Clyde

Dr John Dysart
Govanhill Health Centre
233 Calder Street
Glasgow
G42 7DR

Dear Dr Dysart

Stephen Hart, D.O.B. 11.02.1981
Flat 1/2, 16 Seath Street, Glasgow, G42 7LJ

This 27 year old gentleman presented to our ward on the 25th February and also on the 3rd March 2008 with a long history of tonsillitis and a right sided quinsy. This gentleman has a severe needle phobia and as a result we were unable to aspirate his quinsy on both occasions. During both admissions he was treated with IV antibiotics for a period of 24 hours and then discharged home with oral medication. He was discharged on the 5th March 2008 and has been placed on our waiting list for a tonsillectomy. His monospot test was negative.

Thank you for your kind attention.

Yours sincerely

p.p. **Lilin Zheng**
FY2

Delivering better health

www.nhsggc.org.uk

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Small sebaceous cyst - right buttock

Comment: This man has a small sebaceous cyst on his right buttock which is causing him some discomfort when he sits. He is keen to have this removed.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		03-Dec-2007
Heavy drinker - 7-9u/day:		05-Sep-2006

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted
Pre-existing conditions (High & medium priority - all)

Description	Date recorded	Modifier	Extension	Date of onset
Asthma	09-Mar-2006	-	-	14-May-1993

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Flucloxacillin	05.01.01.2	CAPS 250MG	1 Cap	4 times daily	03-Dec-2007	-

Clinical warnings

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted
Administrative information

Referred By:Seen by GP

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

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NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT

NHS

SURNAME: HART | DOB: 11/02/81 | AGE: 26 | SEX: M | A/E Number: AE0102016/07

FORENAME: STEPHEN | OCCUPATION:

ADDRESS: 16 SEATH STREET
FLAT 2/2
GLASGOW

POSTCODE: G42 7LJ | TEL: 0141 560 9535

CRI Number: 1102810711
UNIT Number : SG00428128
ARRIVAL DATE: 15/11/07
ARRIVAL TIME: 2153
MODE: OWN
REFERRAL BY: SELF

GP Name: MAURA MM BERRY

ADDRESS: GOVANHILL HEALTH CENTRE
GLASGOW
G42 7DR

CODE: 49041|1 | TEL: 0141 531 8370

PRESENTING COMPLAINT: HAND INJ

INCIDENT TYPE: INJ

INCIDENT LOCATION: IND

(BLOCK LET
SURNAME
FORENAM
ADDRESS
POST CO
G.P. NAM
ADDRES
CODE

GP DISCHARGE LETTER

DIAGNOSIS Superficial cellulitis (R) middle MCP joint (dorsum)

INVESTIGATIONS /

• X-RAYS /

TREATMENT Flucloxacillin 500mg Q.I.D
Penicillin V 500mg Q.I.D
Elevation
Will return if any changes or concerns. CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) BROWNE CODE STR. 15051

(SIGNATURE) DISCHARGE TIME 2300

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC	ORTHOPAEDIC		
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

ADMISSION

TO WARD

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NHS Confidential: Personal data about a patient

Call No: 2050857	**Date:** 16/02/2008 15:23	**NHS 24 No:** 5469525
Patients Name: Stephen Hart	**D.O.B.** 11/02/1981 **Age:** 27 years	**Callers Name:** Sadie **Relationship:**

Address Today: 1/2 16 Seath Street, Govanhill, Glasgow
Post Code: G42 7LJ
Phone Number: 0141 560 9535

Home Address if different: 1/2 16 Seath Street, Govanhill, Glasgow
Post Code: G42 7LJ
Call Type: Attend PCEC Priority 4

Name of GP: McNally,AM(305)
Surgery: 305Govanhill Health Centre
Practice Number:
Fax Number: 0141 531 4431
Speed Dial: CONTACT DETAILS

(). FAX NUMBER(0141 531 4431)
(). MORNING FAX(0141 531 4431)
(). BYPASS NUMBER(0141 531 8366)
(). PRACTICE(0141 531 8370)
(). SPEED DIAL(05V)

Time Call Received at NHS 24: 16/02/2008 15:09:53
Time Details Received at GEMS: 16/02/2008 15:23:25
Time Patient Arrived: 16/02/2008 16:04:12
Consultation Start time: 16/02/2008 16:24:36
Consultation End time: 16/02/2008 16:35:43

Dispatched To: Victoria

Clinical Information
SORE TO BREATH, PAIN IN CHEST/BACK, 1/7 SEE A/VClinical summary created by: (Nurse Advisor) (Lanarkshire) [16/02/2008 15:22:38]
SORE THROAT, SOB FOR 3 DAYS AND GLANDS SWOLLEN, DIFFICULTY SWALLOWING, FEVER, RIGHT SIDED CHEST PAIN, WORSE ON INSPIRATION. PCEC 4 HOURS.

Examination Results:
HEART
Systolic BP 120
Diastolic BP 80
Pulse 80

HEAD AND NECK
Temperature 38.20 C

TEST RESULTS
Urine protein test ++
Urine urobilinogen ++++
Urine nitrite negative
Urine leucocytes negative

Clinicians Notes
unable to swallow pusy tonsils
tonsils inflamed with spots rt more affected also jaundiced chest scattered creps & ronchi
Ac.Tonsilitis, Bronchitis, pleuritic chest pain & jaundice
ref to Physicians

Prescription Items:

Clinical Code/s: H06z1 Lower resp tract infection
H03.. Acute Tonsillitis

Informational Outcome:

Referral: RECEIVING PHYSICIAN Consulting Clinician: Chakrabarti,P(CC)

Fax sent by : 16-02-08 16:42 Pg: 1/1

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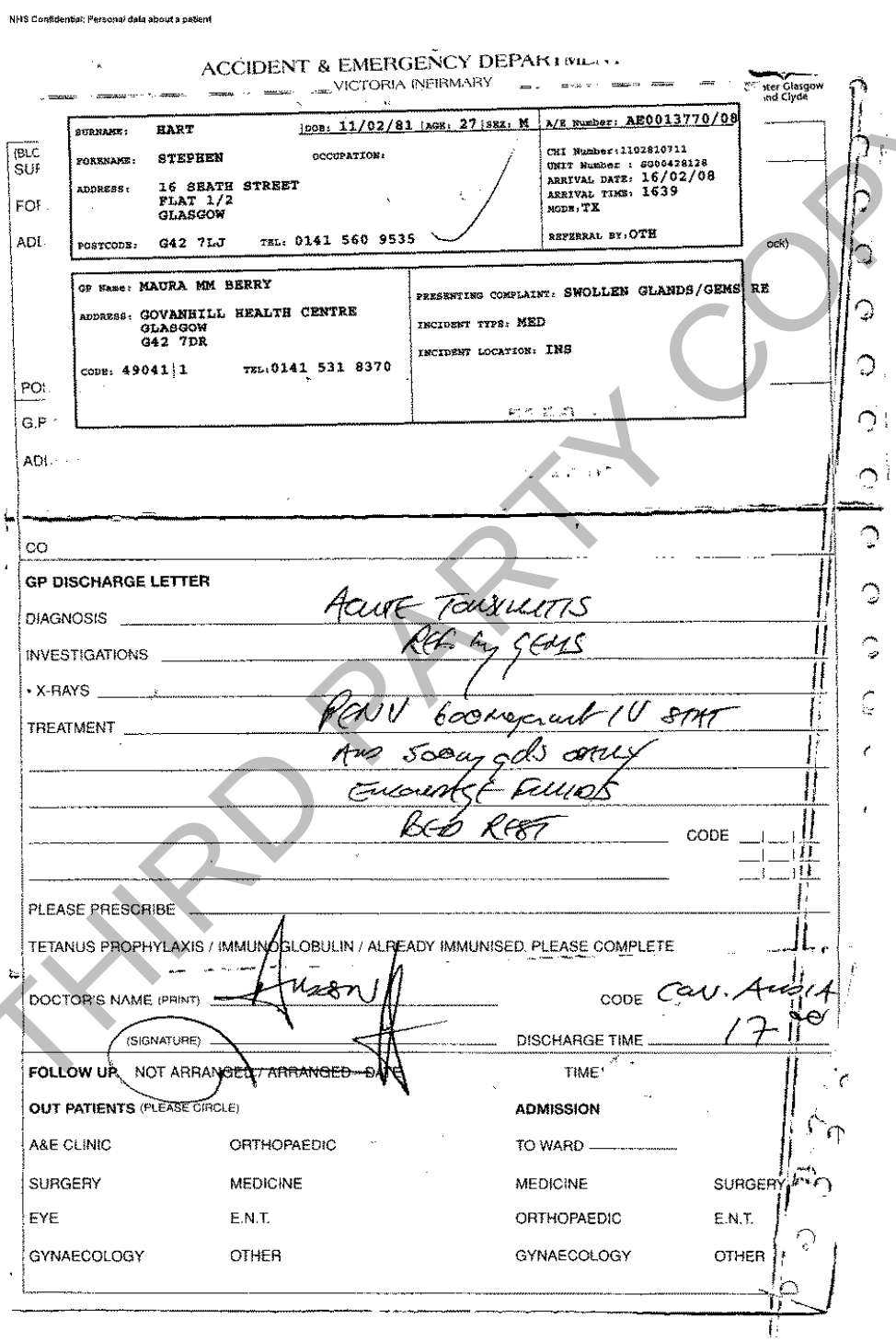

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY

SURNAME: HART | DOB: 11/02/81 | AGE: 27 | SEX: M | A/E Number: AE0013770/08
FORENAME: STEPHEN | OCCUPATION:
ADDRESS: 16 SEATH STREET, FLAT 1/2, GLASGOW
POSTCODE: G42 7LJ | TEL: 0141 560 9535
CHI Number: 1102810711
UNIT Number : SG006428128
ARRIVAL DATE: 16/02/08
ARRIVAL TIME: 1639
MODE: TX
REFERRAL BY: OTH

GP Name: MAURA MM BERRY
ADDRESS: GOVANHILL HEALTH CENTRE, GLASGOW, G42 7DR
CODE: 49041|1 | TEL: 0141 531 8370
PRESENTING COMPLAINT: SWOLLEN GLANDS/GEMS RE
INCIDENT TYPE: MED
INCIDENT LOCATION: INS

GP DISCHARGE LETTER

DIAGNOSIS: ACUTE TONSILITIS
INVESTIGATIONS: REF by GEMS
X-RAYS:
TREATMENT: PCNV 600mg crust IV STAT
And 500mg qds orally
Encourage fluids
BED REST
CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT): [illegible] CODE: Cav. Audit
(SIGNATURE): DISCHARGE TIME: 17[illegible]

FOLLOW UP NOT ARRANGED / ~~ARRANGED~~ DATE: TIME:

OUT PATIENTS (PLEASE CIRCLE)		**ADMISSION**	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456
Fax (0141) 201 2997

DR MAURA MM BERRY
GOVANHILL HEALTH CENTRE
GLASGOW
G42 7DR
Tel : 0141 531 8370

Dear Dr MAURA MM BERRY

Your Patient Name : **STEPHEN HART**
DOB : **11/02/81**
Address : **16 SEATH STREET**
FLAT 1/2
GLASGOW
G42 7LJ

Consultant : DR **JASON LONG**

Account # : **AE0018642/08** Unit # : **SG00428128** CHI # : **1102810711**

Attended at : 1250 on **03/03/08**
Left A&E at : 1337 on **03/03/08**

Reason for Visit : **THROAT SWELLING**

Diagnosis : **Peritonsillar Abscess** : **NOT APPLICABLE** : ---

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:
RECENT ADMISSION TO ENT WITH QUINCY. RECURRENCE OF SYMPTOMS. REFERRED TO ENT
Follow Up : **ADMITTED WD 62**

Yours Sincerely,
SCOTT THOMPSON
If you require any futher information please quote this attendance number: **AE0018642/08**

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NHS Confidential: Personal data about a patient

Call No:	2056773	CHI No:	1102810711	Date : 25 Feb 2008	NHS 24 No: 5504766
Patients Name:	Stephen Hart			D.O.B. Age 11/02/1981 27 Y	Callers Name Sadie
Address Today:	1/2 16 Seath Street Govanhill Glasgow			Home Address if different 1/2 16 Seath Street Govanhill Glasgow	
Post Code:	G42 7LJ			Post Code: G42 7LJ	
Phone Number	(0141) 560 9535	-		Call Type NHS24 A&E referral	
Name of GP:	McNally AM			Time Call Received at NHS 24: 06:58	
Surgery	305Govanhill Health Centre			Time Details Received at GEMS: 07:11	
Practice Number	305			Time Patient Arrived:	
Fax Number	0141 531 4431			Consultation Start time:	
Speed Dial	05V			Consultation End time:	
Dispatched To	No Action By Gems				

Clinical Information

DIFF SWALLOWING- 2DAYS SEE A/VClinical summary created by: (Nurse Advisor) (Edinburgh) [25/02/2008 07:10:31]
SORE THROAT FOR 1 WEEK. AND PAST 2 DAYS DIFFICULTY SWALLOWING STATES NOW TO PAINFUL TO SWALLOW FLUIDS. RIGHT SIDE OF TONGUE SWOLLEN. NO SOB. FEVER. ON PENICILLIN FOR TONSILITIS AT PRESENT. ADVICED TO ATTEND VICTORIA A&E AS SOON AS POSSIBLE

Primary Care Nurse

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

Referral:	Seen by Dr:	Rota No:	Nurse:

25-Feb-2008 08:30 Glasgow Emergency Medical Serv 01416166257 1/1

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NHS Confidential: Personal data about a patient

Maura Berry
J.G Dysart
Anne McNally
J. Sharp
D.A. Cumming
Fiona O'Donoghue
Ruth Macdonald

PRACTICE ACCREDITATION
RCGP Scotland
2003-2006

Govanhill Health Centre
233 Calder Street
Glasgow G42 7DR
Enquires 0141 531 8370
Appointments 0141 531 8365
Fax 0141 531 4431

JGD/lrd

18 January 2008

Ms Lesley Kilcullen
Co-Ordinator
Kinning Park Schools Out Service
Kinning Park Complex
40 Cornwall Street
GLASGOW
G41 1AH

Dear Ms Kilcullen

STEPHEN HART, 16 Seath Street, Glasgow G42 7LJ
DOB 11.02.81

Thank you for your recent request for a reference for the above named relative to him working with children and I note his consent.

He has been registered with this practice since 18 January 2005 and I hold his GP records going back to birth which seem to be complete.

There is the occasional attendance for routine minor physical problems which are of no relevance.
There is no past history of any previous psychiatric problems. There is no history of alcohol or substance abuse.

In his notes there is a copy of a citation to attend court being accused of domestic abuse in September 2005. I do not know the circumstances or outcome of this.

Stephen tells me that he has already made a full disclosure regarding this and provided this has been looked at there is nothing else in his medical records which should prevent him working with children.

Yours sincerely

Dr J G Dysart

NHS Confidential: Personal data about a patient

KINNING PARK SCHOOLS OUT SERVICE

KINNING PARK COMPLEX
40 CORNWALL STREET
GLASGOW G41 1AH
PHONE - 0141-419-0449
FAX - 0141-419-0449

7.12.07

To whom it may concern

I would like to request a medical reference from you in relation to your patient, Mr Stephen Hart . The reference is to declare if you consider him a 'fit person' to work with children in an after school care setting.

Yours Sincerely

Lesley Kilcullen
Co-ordinator

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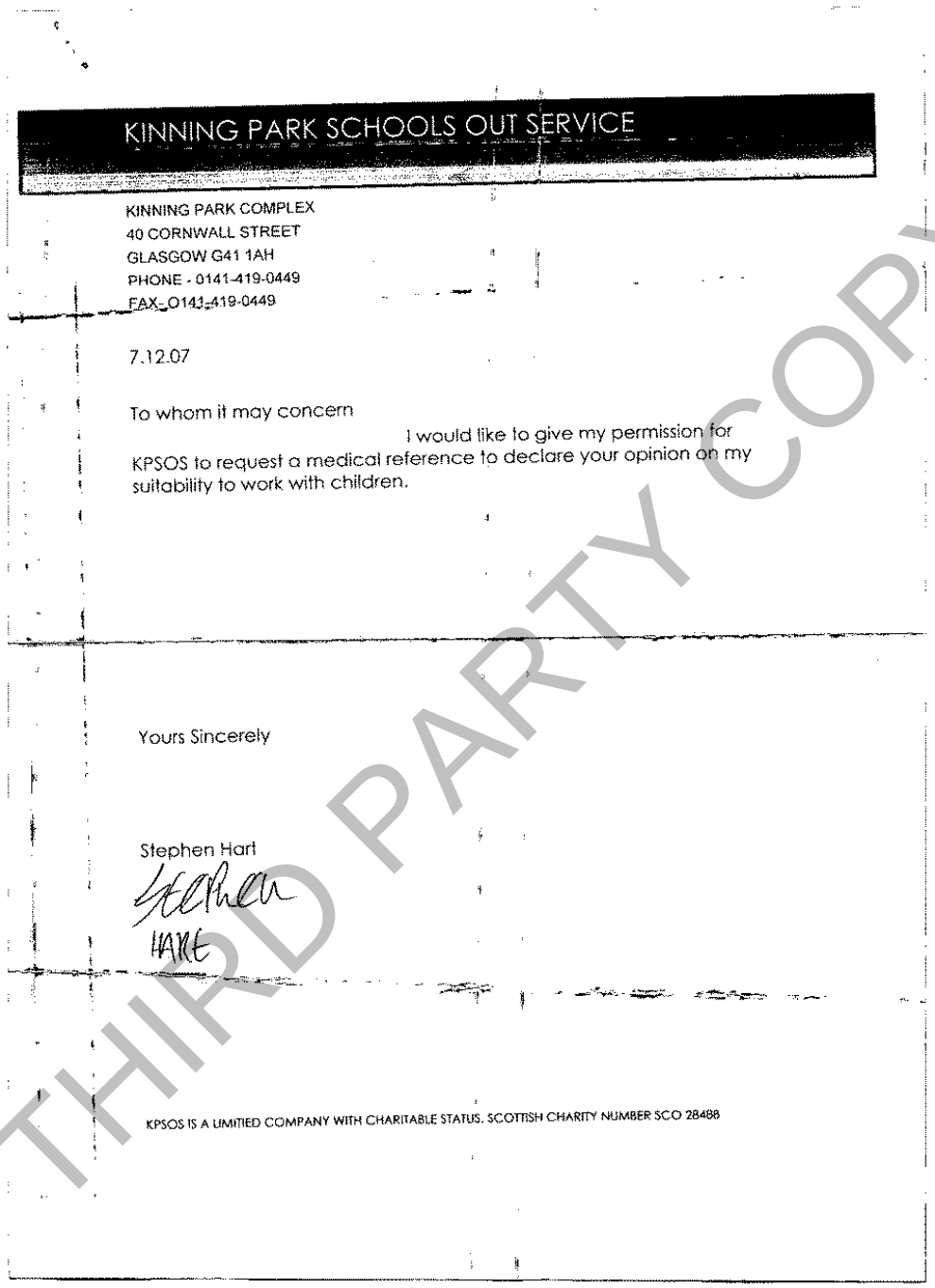

KINNING PARK SCHOOLS OUT SERVICE

KINNING PARK COMPLEX
40 CORNWALL STREET
GLASGOW G41 1AH
PHONE - 0141-419-0449
FAX - 0141-419-0449

7.12.07

To whom it may concern

I would like to give my permission for KPSOS to request a medical reference to declare your opinion on my suitability to work with children.

Yours Sincerely

Stephen Hart

Stephen Hart

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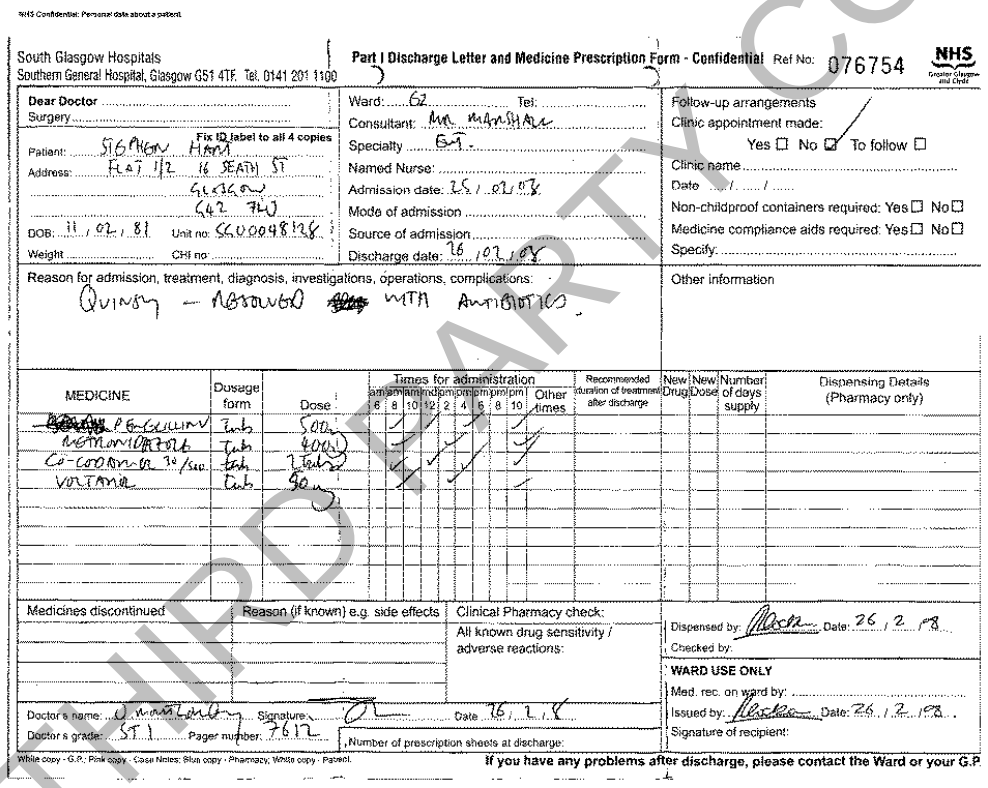

NHS Confidential: Personal data about a patient

South Glasgow Hospitals
Southern General Hospital, Glasgow G51 4TF. Tel. 0141 201 1100

Part I Discharge Letter and Medicine Prescription Form - Confidential Ref No: 076754

NHS Greater Glasgow and Clyde

Dear Doctor .....
Surgery .....

Fix ID label to all 4 copies

Patient: SIGHSON HANA
Address: FLAT 1/2 16 SEATH ST
GLASGOW
G42 7HJ
DOB: 11/02/81 Unit no: SG U0048126
Weight ..... CHI no: .....

Ward: 62 Tel: .....
Consultant: MR MARSHALL
Specialty ENT
Named Nurse: .....
Admission date: 25/02/08
Mode of admission .....
Source of admission .....
Discharge date: 26/02/08

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☑ To follow ☐
Clinic name .....
Date ../../....
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....

Reason for admission, treatment, diagnosis, investigations, operations, complications:
QUINSY - ABSCESS WITH ANTIBIOTICS

Other information

MEDICINE	Dosage form	Dose	Times for administration (am 6, am 8, am 10, md 12, pm 2, pm 4, pm 6, pm 8, pm 10, Other times)	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
~~PENICILLIN~~ PENICILLIN V	Tab	500	✓ ✓ ✓ ✓					
METRONIDAZOLE	Tab	400	✓ ✓ ✓ ✓					
CO-CODAMOL 30/500	Tab	2 tabs	✓ ✓ ✓					
VOLTAROL	Tab	50	✓ ✓					

Medicines discontinued | Reason (if known) e.g. side effects | Clinical Pharmacy check: All known drug sensitivity / adverse reactions:

Dispensed by: ..... Date: 26/2/08
Checked by: .....

Doctor's name: U MACLEOD Signature: ..... Date 26/2/08
Doctor's grade: ST1 Pager number: 7612
Number of prescription sheets at discharge:

WARD USE ONLY
Med. rec. on ward by: .....
Issued by: ..... Date: 26/2/08
Signature of recipient: .....

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; White copy - Patient.

If you have any problems after discharge, please contact the Ward or your G.P.

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Acute Services Division

Surgery and Anaesthetics Directorate

Department of Surgery
Victoria Infirmary
Langside Road
GLASGOW G42 9TY

NHS
Greater Glasgow and Clyde

MR PETER VATTAY
LOCUM CONSULTANT SURGEON

PV/EH/SG00428128

Direct Line: 0141 201 5454
Fax: 0141 201 5729
E-mail: Elizabeth.hodge@sgh.scot.nhs.uk

Date Dictated: 9th April 2008
Date typed: 9th April 2008

Dr J Dysart
Govanhill Health Centre
233 Calder Street
GLASGOW G42 7DR

Dear Dr Dysart

STEPHEN HART FT 2-2 16 SEATH ST G42 7LJ DOB 11 02 81

Your patient failed to attend his appointment at our Day Surgery Unit on 31/3/08 and the theatre space was lost to another patient. Due to the pressure on our appointments I have not sent him a further appointment but we would be glad to do so should he still wish the procedure.

Yours sincerely

MR PETER VATTAY
Locum Consultant Surgeon

Cc Day Surgery Unit

Delivering better health
www.nhsggc.org.uk

40369

NHS Confidential: Personal data about a patient

Acute Services Division

Langside Road
Glasgow G42 9TY
Telephone 0141 201 6000

NHS Greater Glasgow and Clyde

VICTORIA INFIRMARY

OUT PATIENT APPOINTMENTS OFFICE

Direct Line No: 0141 201 5063/5854
Hours 8.30am - 5.00pm

24 April 2008

DR BERRY
GOVANHILL HEALTH CENTRE
233 CALDER STREET
GLASGOW
G42 7DR

Dear DR BERRY

STEPHEN HART 11/02/81
16 SEATH STREET GLASGOW G42 7LJ

The above patient was referred for an outpatient appointment at the Ophthalmology department.

We have written to the patient on two occasions asking them to telephone to arrange a suitable date.

To date your patient has failed to contact us. We have, therefore, removed them from the Out Patient Waiting list.

If the patient still requires an appointment please re-refer.

Yours sincerely

Mrs J Gillen
Health Records Manager

CHI No.1102810711

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www.nhsggc.org.uk

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Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2421651** Date: **23 Feb 2009** Time of Call: **18:48**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **28** **Y**

Address Today: **1/2 16 Seath Street**
Govanhill

Glasgow
1st Floor Right

Post Code: **G42 7LJ**

Home Address If different: **1/2 16 Seath Street**
Govanhill

Glasgow
1st Floor Right

Post Code: **G42 7LJ**

Phone Number Today: **(0141) 422 2069** -

Home Phone If different: **() -**

NHS24 Call ID : 6894563

Callers Name: Relationship to patient:

Name of GP: **McNally AM** Practice No: **305**

Surgery: **305Govanhill Health Centre** Cipher No: **G0733 1**

Address: **Dr Berry & Partners Govanhill Health Centre 233 Calder Street Glasgow G42 7DR** Fax No: **0141 531 4431**

Speed Dial: **083**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** Time Passed: **20:50**

Receptionist's Name:**IF** Time Arrived: **23/02/2009** Time Complete: **23/02/2009 20:50:21**

Patient's Complaint:

ALSO GETTING SHARP PAIN IN THROAT - PAIN WORSE WHEN BREATHING IN - PAIN MOVING DOWN THE BODY ((Non-Clinical User) (Glasgow))

CHEST PAIN 3 MONTHS WORSENING SEE A/V

Clinical summary created by: (Nurse Advisor) (Dumfries And Galloway) [23/02/2009 19:08:26]
WORSENING CHEST PAIN FOR TONIGHT BUT ONGOING 3/12, AND BREATHING OK, PAIN WORSE ON INSPIRATION, PAIN STARTED IN JAW WENT TO THROAT AND SETTLED IN CHEST, HAVING SAME FOR 3 MONTHS, ALSO EPISODE AT LUNCHTIME TODAY -> NOT SEEN OWN GP ABOUT PROB, ALWAYS HAS COUGH WITH DIRTY SPIT, SMOKER, NO FEVER OR RASH, AT WORK TODAY, IN HOSP WITH QUINSY X 2 LAST YEAR, NOT HAD ANY PAIN RELIEF, HAS BAD TEETH, ADVISED TAKE PARACETAMOL, VICTORIA PCEC 4 HRS

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Clinical summary created by: (Nurse Advisor) (Dumfries And Galloway) [23/02/2009 19:08:26]
WORSENING CHEST PAIN FOR TONIGHT BUT ONGOING 3/12, AND BREATHING OK, PAIN WORSE ON INSPIRATION, PAIN STARTED IN JAW WENT TO THROAT AND SETTLED IN CHEST, HAVING SAME FOR 3 MONTHS, ALSO EPISODE AT LUNCHTIME TODAY -> NOT SEEN OWN GP ABOUT PROB, ALWAYS HAS COUGH WITH DIRTY SPIT, SMOKER, NO FEVER OR RASH, AT WORK TODAY, IN HOSP WITH QUINSY X 2 LAST YEAR, NOT HAD ANY PAIN RELIEF, HAS BAD TEETH, ADVISED TAKE PARACETAMOL, VICTORIA PCEC 4 HRS

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **704** Follow Up:

Consultation(s):

By: Dunn Jm **Start:** 23/02/2009 20:44:37 **Finish** 23/02/2009 20:49:59

Clinical Assessment Details
Started-23/02/2009 20:44:37
Finished-23/02/2009 20:49:59
History
chest tightness for months worse today with associated weakness smokes
Examination
pefr 500 sa o2 98 chest clear
Diagnosis
chest pain
Treatment
nil acute see own gp for further investigation
Clinical Coding
Question: Pulse [242..] - 66
Clinical code: R065. ([D]Chest pain)
Prescription Details

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29-JAN-2010 10:49 GREEN PRACTICE GOVAN HC 0141 531 8451 P.02
Fax sent by : ZII

Call #: 41895 Received NHS24: 27-Jan-2010 19:31
Full cover

110 28107 11.

Patient's Name: Stephen Hart
Date of birth: 11-Feb-1981 (Age: 28 years) Sex: Male
11 Broom Crescent Ochiltree
Cumnock KA18 2PS (NS:503 210)
Tel No: 07875 959973 Origin: NHS24
Urgency: ASAP Within 1 Hour Type: PCTC (Doctor)
Consulted by: Wilson, Eileen C Own Doctor: INT (Unregistered) - M

| Received ADOC: 19:42
| Passed : 19:50
| Advised : __:__
| Arrived : 21:10
| Departed : 21:21

Triage - Diagnosis
BEEN VOMITING,HAD QUINCY THROAT,GOT AN ANTIBIOTIC TODAY FROM DOCTOR FOR TONSILITIS.HAS AN OPEN ABSCESS IN MOUTH,SHAKY,FREEZING,WANTS TO SLEEP,WANTS TO DRINK BUT CANNOT DUE TO PAIN,SORE BACK AT BOTTOM,URINE IS DARK ((Non-Clinical User) (Cardonald))

PCEC within 4 Hrs
Clinical summary created: 27-Jan-2010
dvisor) (Tayside) [27/01/2010 19:47:12]
SEVERE SORE THROAT FOR 1 DAY AND SEEN BY OWN GP TODAY COMMENCED ON PENICILLIN.TONIGHT SYMPTOMS WORSE, .VOMITING,PAIN ALL OVER,FEVER,CANNOT SWALLOW.HAS HISTORY OF QUINSY.OUTCOME PCEC 4 HRS HUB TO CONTACT WITH APPT.

Time of Visit/Base 21:10 Consulting Doctor : Wilson, Eileen C

Final Outcome - Diagnosis
early peritonsillar abscess

Final Outcome - Treatment
refer ENT

Final Outcome - History
has had a sore throat for 24 hrs started penicillin today vomited 4 times. cannot get anything over, cannot drink tried paracetamol and is on penicillin 250mg qid , has had a peritonsillar abscess in the past which required draining

Final Outcome - Examination
temp 38.0 bp 133/72 pulse 85 peritonsillar swelling left side

Followups:
Refer To Hospital:

Mr 1/2 16 SEATH ST.
GOVAN
GLASGOW.
G42 7HJ.

Dr. McNally.
Govanhill

Tel 0141 - 531 - 8378

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2421651** Date: **23 Feb 2009** Time of Call: **18:48**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **28** **Y**

Address Today: **1/2 16 Seath Street**
Govanhill
Glasgow
1st Floor Right
Post Code: **G42 7LJ**

Home Address If different: **1/2 16 Seath Street**
Govanhill
Glasgow
1st Floor Right
Post Code: **G42 7LJ**

Phone Number Today: **(0141) 422 2069** -
NHS24 Call ID : 6894563

Home Phone If different: () -

Callers Name: Relationship to patient:

Name of GP: **McNally AM** Practice No: **305**

Surgery: **305Govanhill Health Centre** Cipher No: **G0733 1**

Address: **Dr Berry & Partners Govanhill Health Centre 233 Calder Street Glasgow G42 7DR** Fax No: **0141 531 4431**

Speed Dial: **083**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** Time Passed: **20:50**

Receptionist's Name:**IF** Time Arrived: **23/02/2009** Time Complete: **23/02/2009 20:50:21**

Patient's Complaint:

ALSO GETTING SHARP PAIN IN THROAT - PAIN WORSE WHEN BREATHING IN - PAIN MOVING DOWN THE BODY ((Non-Clinical User) (Glasgow))

CHEST PAIN 3 MONTHS WORSENING SEE A/V

Clinical summary created by: (Nurse Advisor) (Dumfries And Galloway) [23/02/2009 19:08:26]
WORSENING CHEST PAIN FOR TONIGHT BUT ONGOING 3/12, AND BREATHING OK, PAIN WORSE ON INSPIRATION, PAIN STARTED IN JAW WENT TO THROAT AND SETTLED IN CHEST, HAVING SAME FOR 3 MONTHS, ALSO EPISODE AT LUNCHTIME TODAY -> NOT SEEN OWN GP ABOUT PROB, ALWAYS HAS COUGH WITH DIRTY SPIT, SMOKER, NO FEVER OR RASH, AT WORK TODAY, IN HOSP WITH QUINSY X 2 LAST YEAR, NOT HAD ANY PAIN RELIEF, HAS BAD TEETH, ADVISED TAKE PARACETAMOL, VICTORIA PCEC 4 HRS

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Patient's Complaint:

Clinical summary created by: (Nurse Advisor) (Dumfries And Galloway) [23/02/2009 19:08:26]
WORSENING CHEST PAIN FOR TONIGHT BUT ONGOING 3/12, AND BREATHING OK, PAIN WORSE ON INSPIRATION, PAIN STARTED IN JAW WENT TO THROAT AND SETTLED IN CHEST, HAVING SAME FOR 3 MONTHS, ALSO EPISODE AT LUNCHTIME TODAY -> NOT SEEN OWN GP ABOUT PROB, ALWAYS HAS COUGH WITH DIRTY SPIT, SMOKER, NO FEVER OR RASH, AT WORK TODAY, IN HOSP WITH QUINSY X 2 LAST YEAR, NOT HAD ANY PAIN RELIEF, HAS BAD TEETH, ADVISED TAKE PARACETAMOL, VICTORIA PCEC 4 HRS

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **704** Follow Up:

NHS Confidential: Personal data about a patient

Consultation(s):

By: Dunn Jm **Start:** 23/02/2009 20:44:37 **Finish** 23/02/2009 20:49:59

Clinical Assessment Details
Started-23/02/2009 20:44:37
Finished-23/02/2009 20:49:59
History
chest tightness for months worse today with associated weakness smokes
Examination
pefr 500 sa o2 98 chest clear
Diagnosis
chest pain
Treatment
nil acute see own gp for further investigation
Clinical Coding
Question: Pulse [242..] - 66
Clinical code: R065, ([D]Chest pain)
Prescription Details

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Dr Berry & Partners
Group B – Govanhill Health Centre

EMERGENCY APPOINTMENT REQUEST FORM

EMERGENCY APPOINTMENTS

If you require to be seen as an EMERGENCY, you will be asked to attend immediately These consultations are shorter than normal routine appointments, only medical emergency problems may be dealt with. Any other issues such as repeat prescription or sick notes will **NOT** be dealt with during this appointment and you will be required to re-book for a routine appointment.

Thank you for your co-operation.

Date 7/6/10

Time of first contact 9.09

Time arrived .....

Name STEPHEN HART

D.O.B 11/2/81

Brief Details of Emergency Medical Problem
PAIN IN UPPER BACK ON THE LEFT SHOULDER BLAD CAUSING PAIN IN CHEST WHEN BREATHING

How long have you had this problem 3 DAYS

Please give this form to the Doctor who is seeing you as an EMERGENCY

To be completed by clinician

Was this appropriate use of service YES NO

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Acute Services Division

Surgery and Anaesthetics Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF OTOLARYNGOLOGY, HEAD AND NECK SURGERY

Ear, Nose and Throat Department
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2999
www.nhsggc.org.uk

Direct Line: 0141 232 7543
Fax No: 0141 232 7519
Email: elaine.mawhinney@ggc.scot.nhs.uk

Dictated: 17/03/10
Typed: 19/05/10
Our Ref: MY/EM

DR MAURA MM BERRY
GOVANHILL HEALTH CENTRE
GLASGOW
G42 7DR

Dear Dr MAURA MM BERRY

STEPHEN HART DOB: 11/02/81 (SG00428128) (1102810711)
16 HEATH STREET, FLAT 1/2, GLASGOW, G42 7LJ

Admitted: 15/03/10
Discharged: 17/03/10
Procedure: Tonsillectomy

This gentleman had a tonsillectomy by Dr Kamalasanan on 15th March 2010 for recurrent tonsillitis. A cold steel dissection was performed. Unfortunately there was some reactionary haemorrhage but no evidence of bleeding when reviewed. He was kept in for one further day post operatively and then discharged with no further follow up.

Yours sincerely

May Yaneza
ST4 in ENT

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Acute Services Division

Surgery and Anaesthetics Directorate
Department of Otolaryngology, Head and Neck Surgery
Direct Line: 0141 232 7512
Fax No: 0141 232 7519
Email: yvonne.armstrong2@ggc.scot.nhs.uk
Our Ref: LZ/LC/YAA/SG428128
CHI: 1102810711
Dictated on: 26 March 2008
Typed on: 07 April 2008

Ear, Nose and Throat Department
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2999
www.nhsgg.org.uk

NHS
Greater Glasgow and Clyde

Dr John Dysart
Govanhill Health Centre
233 Calder Street
Glasgow
G42 7DR

Dear Dr Dysart

Stephen Hart, D.O.B. 11.02.1981
Flat 1/2, 16 Seath Street, Glasgow, G42 7LJ

This 27 year old gentleman presented to our ward on the 25th February and also on the 3rd March 2008 with a long history of tonsillitis and a right sided quinsy. This gentleman has a severe needle phobia and as a result we were unable to aspirate his quinsy on both occasions. During both admissions he was treated with IV antibiotics for a period of 24 hours and then discharged home with oral medication. He was discharged on the 5th March 2008 and has been placed on our waiting list for a tonsillectomy. His monospot test was negative.

Thank you for your kind attention.

Yours sincerely

(DR. LWH)

p.p. **Lilin Zheng**
FY2

CHI: 1102810711
HART Stephen 11/02/1981 M
F1 1-2 16 Seath G42 7LJ
A22 2069
Dr M M Berry GMC :1342268
233 Calder Stree. G42 7DR
DATE TIME Practice.:49041

This man has had further quinsy episode and no word of his tonsillectomy.

Maura Berry 4/2/10.

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TRANSMISSION VERIFICATION REPORT

TIME : 04/02/2010 11:54
NAME : DR BERRY AND PTN
FAX : 01415314431
TEL : 01415318365
SER.# : 000F6J934025

DATE,TIME	04/02 11:53
FAX NO./NAME	912327519
DURATION	00:00:23
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Acute Services Division

Surgery and Anaesthetics Directorate
Department of Otolaryngology, Head and Neck Surgery

Direct Line: 0141 232 7512
Fax No: 0141 232 7519
Email: yvonne.armstrong2@ggc.scot.nhs.uk
Our Ref: LZ/LC/YAA/SG428128
CHI: 1102810711
Dictated on: 26 March 2008
Typed on: 07 April 2008

Ear, Nose and Throat Department
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 1100
Fax: 0141 201 2999
www.nhsgg.org.uk

NHS Greater Glasgow and Clyde

Dr John Dysart
Govanhill Health Centre
233 Calder Street
Glasgow
G42 7DR

Dear Dr Dysart

Stephen Hart, D.O.B. 11.02.1981
Flat 1/2, 16 Neath Street, Glasgow, G42 7LJ

This 27 year old gentleman presented to our ward on the 25th February and also on the 3rd March 2008 with a long history of tonsillitis and a right sided quinsy. This gentleman has a severe needle phobia and as a result we were unable to aspirate his quinsy on both occasions. During both admissions he was treated with IV antibiotics for a period of 24 hours and then discharged home with oral medication. He was discharged on the 5th March 2008 and has been placed on our waiting list for a tonsillectomy. His monospot test was negative.

Thank you for your kind attention.

Yours sincerely

p.p. **Lilin Zheng**
FY2

CHI: 1102810711
HART Stephen 11/02/1981 M
FY1 1-2 16 Neath G42 7LJ
422 2089

Dr M M Berry GMC :1342288
233 Calder Stree G42 7DR
DATE TIME Practice.:49041

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NHS
Ayrshire
& Arran

SD/CMcI/2019005
CHI No: 1102810711

Christine.mcleish@aaaht.scot.nhs.uk
☎ 01563 827368 (Direct Line)
🖷 01563 827974
DEPARTMENT OF OTOLARYNGOLOGY
Mr A Whymark, Consultant ENT Surgeon

NHS Ayrshire & Arran
Hospital Services
Department of Otolaryngology
CROSSHOUSE HOSPITAL
KILMARNOCK KA2 0BE
Tel: (01563) 521133

13th February 2010

Dr A McNally
Govanhill Health Centre
233 Calder Street
GLASGOW
G42 7DR

Dear Dr McNally

STEPHEN HART, FLAT 2-2, 16 SEATH STREET, GLSGOW G42 7LJ 11/2/81

Date of Admission:	27/1/10
Date of Discharge:	29/1/10
Diagnosis:	Tonsillitis
Procedure:	Conservative
Follow-up:	None

This patient was admitted complaining of left sided otalgia, fever and sore throat. He had suffered recurrent tonsillitis in the past and has had two episodes of quinsy previously which have required aspiration.

On examination, the patient appeared systemically unwell and had bilaterally enlarged tonsils with no evidence of a quinsy. He was treated with IV Benzyl Penicillin and Metronidazole and started to show some clinical improvement with this, although his CRP remained at 234 and his white cell count was 20.1 the day he discharged himself.

On 29/1/10, the patient took irregular discharge against medical advice and we have, therefore, not arranged any further follow-up. Glandular fever screen was negative.

Yours sincerely

DR S DUNNE
FY2 in ENT

Awarded for Excellence

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Minor Surgery
GGC General Referral

Consultant / receiving practitionerand/or**specialty clinic**

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

Hospitaland **hospital address**

Hospital location code.
G306H

Email address
-

Urgency of referral ROUTINE
Date of referral 21-Feb-2011 **Date sent** 24-Feb-2011

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711

Patient's address

Fl 1-2 16 Seath St
Glasgow
G42 7LJ

Contact number(s)
Voice:422 2069

101001628100C Unique Care Pathway Number: 101001628100C

REGISTERED GP DETAILS

Name	Dr AM Mcnally		
GMC code	2330370	GP code	G07331
Practice name	Govanhill Health Centre		
Practice code	49041		

Practice address

233 Calder Street
Glasgow
G42 7DR

Contact number(s)
Voice:0141 531 8370
Facsimile:0141 531 4431

REFERRING GP DETAILS

Name	Dr. Maura Berry		
GMC code	1342268	GP code	02038
Practice name	GOVANHILL HEALTH CENTRE (49041)		
Practice code	49041		

Practice address

233 CALDER STREET
GLASGOW

Contact number(s)
Voice:0141 531 8370

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Skin tag at anus
Comment: Dear Doctor

This young man has a skin tag at the anal margin which is causing problems when cleaning.

He is keen for this to be removed.

Yours faithfully

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[V]Behavioural problems	-	13-Sep-1989	22-Jul-2008
[X]Assault	Bruising to R hand	07-Aug-2007	22-Jul-2008
Sebaceous cyst of eyelid	FTA hosp appt	15-Jan-2008	22-Jul-2008
Asthma resolved	-	01-Jan-2000	22-Jul-2008
Back pain, unspecified	-	30-Apr-1997	22-Jul-2008
Quinsy	-	25-Feb-2008	03-Mar-2008
Acute tonsillitis	-	-	16-Feb-2008
Lower resp tract infection	-	-	16-Feb-2008
Asthma	-	14-May-1993	09-Mar-2006
Chickenpox	-	-	15-Feb-1988

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Tonsillectomy	15-Mar-2010	25-May-2010

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 168 days not shown above)
No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		21-Feb-2011
Current smoker:		23-Feb-2009
Current smoker:		03-Dec-2007
Current smoker:		05-Sep-2006
Heavy drinker - 7-9u/day:		05-Sep-2006

Clinical warnings

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

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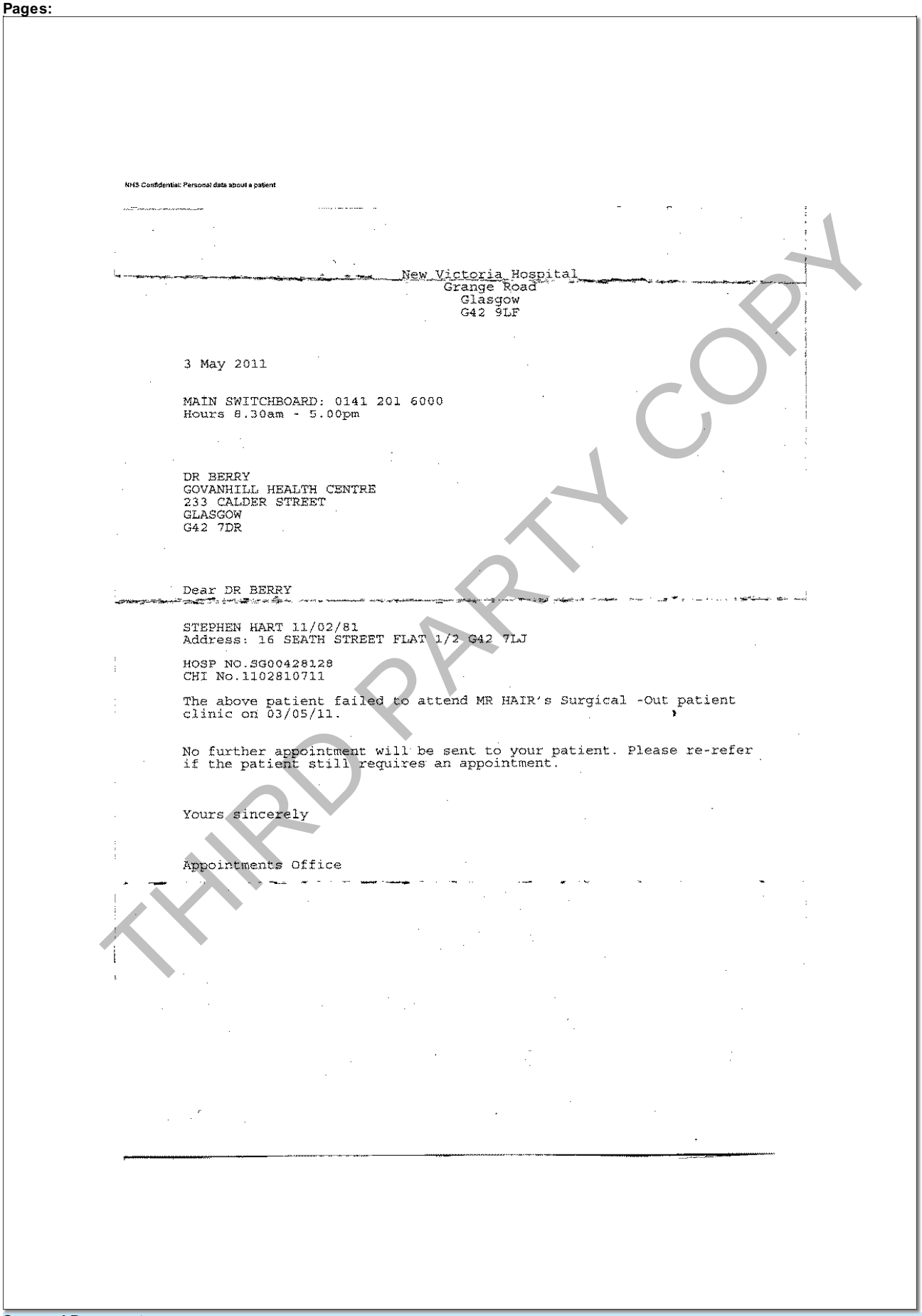

NHS Confidential: Personal data about a patient

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

3 May 2011

MAIN SWITCHBOARD: 0141 201 6000
Hours 8.30am - 5.00pm

DR BERRY
GOVANHILL HEALTH CENTRE
233 CALDER STREET
GLASGOW
G42 7DR

Dear DR BERRY

STEPHEN HART 11/02/81
Address: 16 SEATH STREET FLAT 1/2 G42 7LJ

HOSP NO.SG00428128
CHI No.1102810711

The above patient failed to attend MR HAIR's Surgical -Out patient clinic on 03/05/11.

No further appointment will be sent to your patient. Please re-refer if the patient still requires an appointment.

Yours sincerely

Appointments Office

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

Hospital and hospital address

Hospital location code.
G306H

Email address
-

Urgency of referral ROUTINE
Date of referral 03-May-2012 **Date sent** 03-May-2012

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

16 Seath St
Flat 1.2.
GLASGOW
G42 7LJ

Contact number(s)
Voice:429 2069

101003575664E Unique Care Pathway Number: 101003575664E

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. John Crorie		
GMC code	2342939	GP code	09008
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: polypoid warty lesions in his perianal region

Comment: This man has multiple polypoid warty lesions in his perianal region which have been multiplying in the last year and I would be grateful if you could see him.

He also has a cystic lesion on his right buttock which he has had for 4 years. He says this has not changed much but I would be grateful if you could look at it while he is there.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

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

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

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Acute Services Division

Surgery and Anaesthetics Directorate

Department of Surgery
Victoria Infirmary
Langside Road
Glasgow G42 9TY

NHS
Greater Glasgow and Clyde

Mr Alan Hair
Consultant Surgeon
Department of Surgery
Telephone/Fax 0141 201 5463/5581
E-mail: margaret.robinson@sgh.scot.nhs.uk

Our ref: AH/MR

Date Dictated: 03/05/11
Date Typed: 06/05/11

DR MAURA BERRY
GOVANHILL HEALTH CENTRE
GLASGOW
G42 7DR

Dear Dr Berry

STEPHEN HART DOB: 11/02/81 (SG00428128) CHI: 1102810711
16 SEATH STREET, FLAT 1/2, GLASGOW, G42 7LJ

Your patient failed to attend Mr Hair's clinic today for review of this skin tag.

Due to pressure on appointments no further appointments have been sent.

If you wish him to be seen again then please re-refer him.

Yours sincerely

Ms Kate Fitzgerald
ST6 to Mr Alan Hair

Delivering better health

www.nhsggc.org.uk

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GPR

NHS IN SCOTLAND

NHS SCOTLAND

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?* YES [✓] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?* YES [ ] NO [✓]

SURNAME * HART

TITLE # MR

MALE * [ ] FEMALE * [ ]

FORENAME * STEPHEN

MIDDLE NAME *

PREVIOUS SURNAME *

DATE OF BIRTH * 11 02 1981

ADDRESS * 16 SEATH STREET GOVANHILL

POSTCODE * G42 7LJ

TOWN & COUNTRY OF BIRTH * GLASGOW

MOTHER'S MAIDEN NAME * DONAGHUE

TELEPHONE NUMBER # 0141 429 2069

EMAIL ADDRESS # Stephenhart2008@hotmail.com

PREVIOUS ADDRESS IN UK *

POSTCODE

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK * DR BERRY GOVANHILL MEDICAL CENTRE GLASGOW

POSTCODE * G42

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER JT453169B

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

NHS Confidential: Personal data about a patient

ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? * YES ☐ NO ☑

DATE OF DEPARTURE FROM UK D D M M Y Y

DATE OF ENTRY/RETURN TO UK

IF RETURNING FROM H M FORCES DATE ENLISTED D D M M Y Y

SERVICE/PERSONNEL NO.

COUNTER FRAUD DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE Stephen HAK+ DATE 26 07 11

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE PATIENT

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue ☐ or my

B. kidneys ☐ heart ☐ liver ☐ small bowel ☐

eyes ☐ lungs ☐ pancreas ☐ tissue ☐

for transplantation after my death

PATIENT SIGNATURE DATE

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only

PRACTICE CODE G49681 GP NAME CRORIE

GP REFERENCE NUMBER 09008

IDENTIFICATION SEEN

MEDICAL CARD ☐ BIRTH CERTIFICATE ☐ PASSPORT ☑ OTHER - SPECIFY

I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE DATE 26 07 11

OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

NHS Confidential: Personal data about a patient

MOUNT FLORIDA MEDICAL CENTRE
NEW PATIENT REGISTRATION

DATE OF MEDICAL: _____

Name: Siobhan Hall

Tel No (Home/Mobile): _____

Address: 16 Seath Street

Tel No (Work): 01141 2769

Post Code G42 7LY

DOB: 11/2/1981

Ethnicity: White

1st Language if not English: /

Interpreter needed: YES / (NO)

Marital Status: Single

Children: 1

Occupation/School: Child Care Worker

Next of Kin (Name): Sadie Hall

Relationship: Mum

Tel No: 422 2069

Name & Address of last G.P.: Dr Berry, Govanhill Medical Centre

HAVE YOU EVER HAD ANY OF THE FOLLOWING HEALTH PROBLEMS?

	YES/NO	DATE OF DIAGNOSIS	CODE
Asthma	NO		.H33
Diabetes ON insulin – Type 1	NO		.C10E
Diabetes NOT on insulin – Type 2	NO		.C10F
Chronic renal problems	NO		.1Z1
Epilepsy	NO		.F25
Chronic obstructive pulmonary disease	NO		.H3Z
Angina	NO		.G33
Heart attack	NO		.G30
High blood pressure	NO		.G20
Depression	NO		.EU32
Atrial Fibrillation	NO		.G573
Heart failure	NO		.G583
Stroke/TIA	NO		.G66

ANY OTHER ILLNESSES?	NO		
ANY OPERATIONS?	NO		

ARE YOU TAKING MEDICATION ON A REGULAR BASIS? YES / (NO)

If YES, please list it, including dose.

DRUG ALLERGIES: _____

FAMILY HISTORY (IN A CLOSE BLOOD RELATIVE)

Asthma	YES / (NO)	Heart Attack/Angina	YES / (NO)
Diabetes	YES / (NO)	High blood pressure	YES / (NO)
Cancer	YES / (NO)	Stroke	YES / (NO)

DO YOU SMOKE? (YES) / NO

If YES, how many per day? 15

If you are an ex-smoker, when did you stop?

DO YOU DRINK ALCOHOL? (YES) / NO

If YES, how many units per week? 10

FEMALE PATIENTS ONLY (20-61 YEAR OLD)

If you have had a hysterectomy, please give approximate date. _____

New Residents to the UK

We offer women of child-bearing age a pre-pregnancy screening for 2 infectious diseases, Rubella and Hepatitis B. A simple blood test can reveal if you require vaccination. If you are unsure of your Rubella/Hepatitis immunity and are planning a pregnancy, we strongly suggest that you contact our nursing staff to discuss this further.

If you wish to be contacted, please give your details below and hand this form into reception. You will be contacted by phone to discuss your need for screening.

Name .....

Daytime Telephone No: .....

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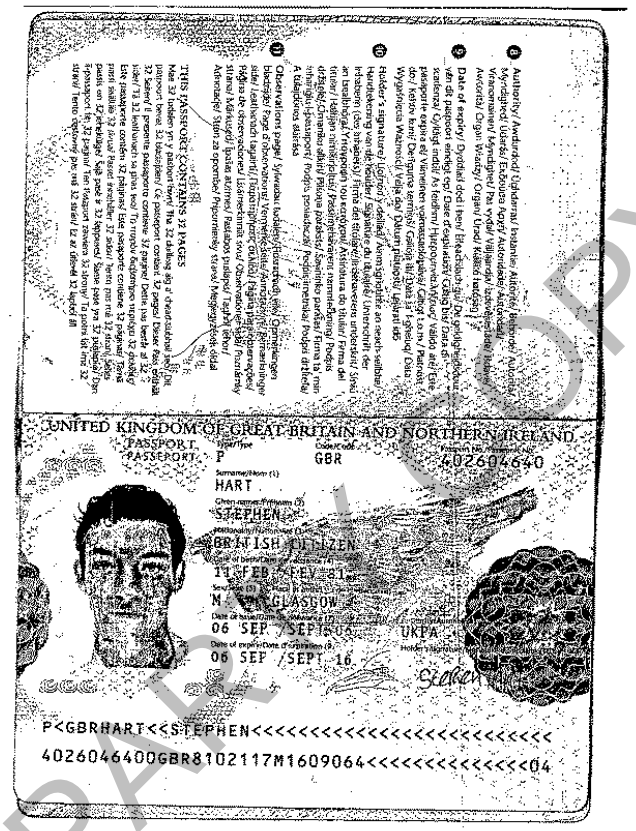

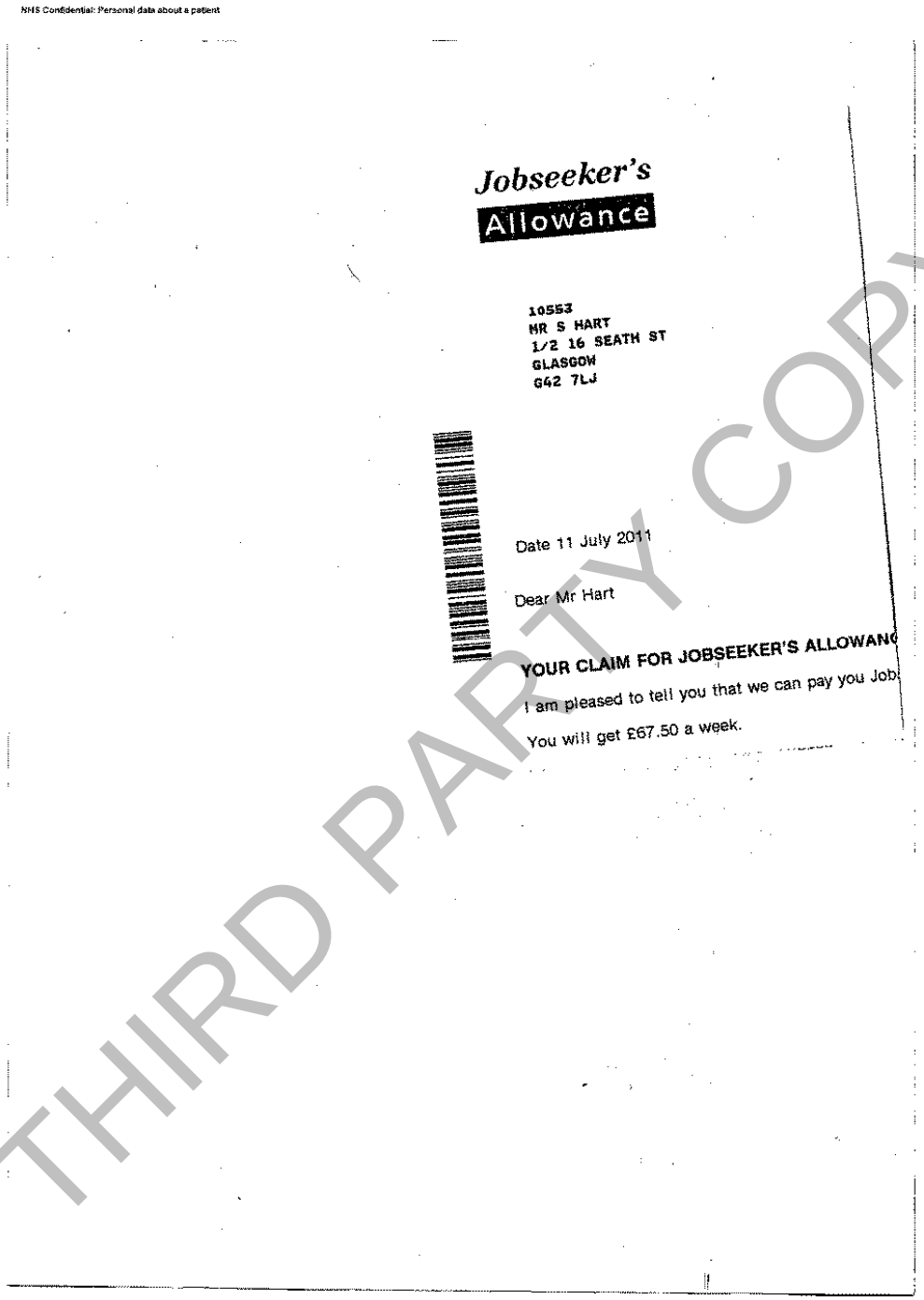

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Jobseeker's
Allowance

10553
MR S HART
1/2 16 SEATH ST
GLASGOW
G42 7LJ

Date 11 July 2011

Dear Mr Hart

YOUR CLAIM FOR JOBSEEKER'S ALLOWANC

I am pleased to tell you that we can pay you Jobs

You will get £67.50 a week.

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3197977** Date: **08 Aug 2011** Time of Call: **21:06**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **30** **Y**

Address Today: **0/2 36 Dixon Road** Home Address If different: **Flat 1-2 16 Seath St**

Glasgow **Glasgow**

Intercom/Buzzer Entry

Post Code: **G42 8AY** Post Code: **G42 7LJ**

Phone Number Today: **(0141) 433 9276** - Home Phone If different: **() -**

NHS24 Call ID : 10528374

Callers Name: **Vicky** Relationship to patient:

Name of GP: **Crorie JW** Practice No: **302**

Surgery: **302Mount Florida Medical Cen** Cipher No: **G0900 8**

Address: **Dr JW Crorie & Partners Mount Florida Medical Cen 183 Prospecthill Road Glasgow G42 9LQ** Fax No: **0141 636 6036**

Speed Dial: **086**

Call Type: **PCEC within 1 Hr** **Priority D Dual** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: **08/08/2011** Time Complete: **08/08/2011 21:39:46**

Patient's Complaint: **Patient's Complaint:**

FEELS LIKE BREATHING ON ONE SIDE. CHOKING COUGH. ((Non-Clinical User) (Glasgow))
FEVER. PAIN ACROSS SHOULDER. HEADACHE. ((Non-Clinical User) (Glasgow))

BREATHLESS, WHEEZY TODAY WORSENING SEE AV

Clinical summary created by: (Nurse Advisor) (Orkney) [08/08/2011 21:05:03]
WHEEZY AND BREATHLESS FOR ALL DAY AND DIFFICULTY BREATHING SINCE WAKING THIS MORNING. COUGHING WITH WHEEZE. FEELS HE IS ONLY INFLATING RIGHT SIDE OF CHEST. PAIN ACROSS BACK AND SHOULDER. FEVERISH WITH HEADACHE. HISTORY OF CHEST PAINS OVER LAST FEW MONTHS. OUTCOME: PCEC WITHIN 1 HOUR. DIRECT NEW VICTORIA.

This call will be transferred directly to a nurse via serious and urgent telephony route.
Advise the caller that if they get cut off you will call them back immediately.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **9003** Follow Up: Hospital Refferal

Consultation(s):

By: Burke Pauline **Start:** 08/08/2011 21:20:27 **Finish** 08/08/2011 21:39:15

Clinical Assessment Details
Started-08/08/2011 21:20:27

NHS Confidential: Personal data about a patient

Finished-08/08/2011 21:39:15
History
PMH / tonsillectomy quincy throat heavy smoker DH / nil NKDA sudden onset of cough and shortness of breath 1 day ago - feels SOB on minimal exertion expectorating a white spit not known to have any respiratory disease although is a heavy smoker.
Examination
looks unwell cough +++ RR 24 , having some difficulty completing sentences ears - nad throat - nad chest - reduced AE , widespread wheeze throughout all zones PN:PN vocal resonance equal and normal
Diagnosis
LRTI
Treatment
refer rec . physicians in view of low sats and no previous respiratory disease
Clinical Coding
Clinical code: H06z1 (Lower resp tract infection)
Prescription Details

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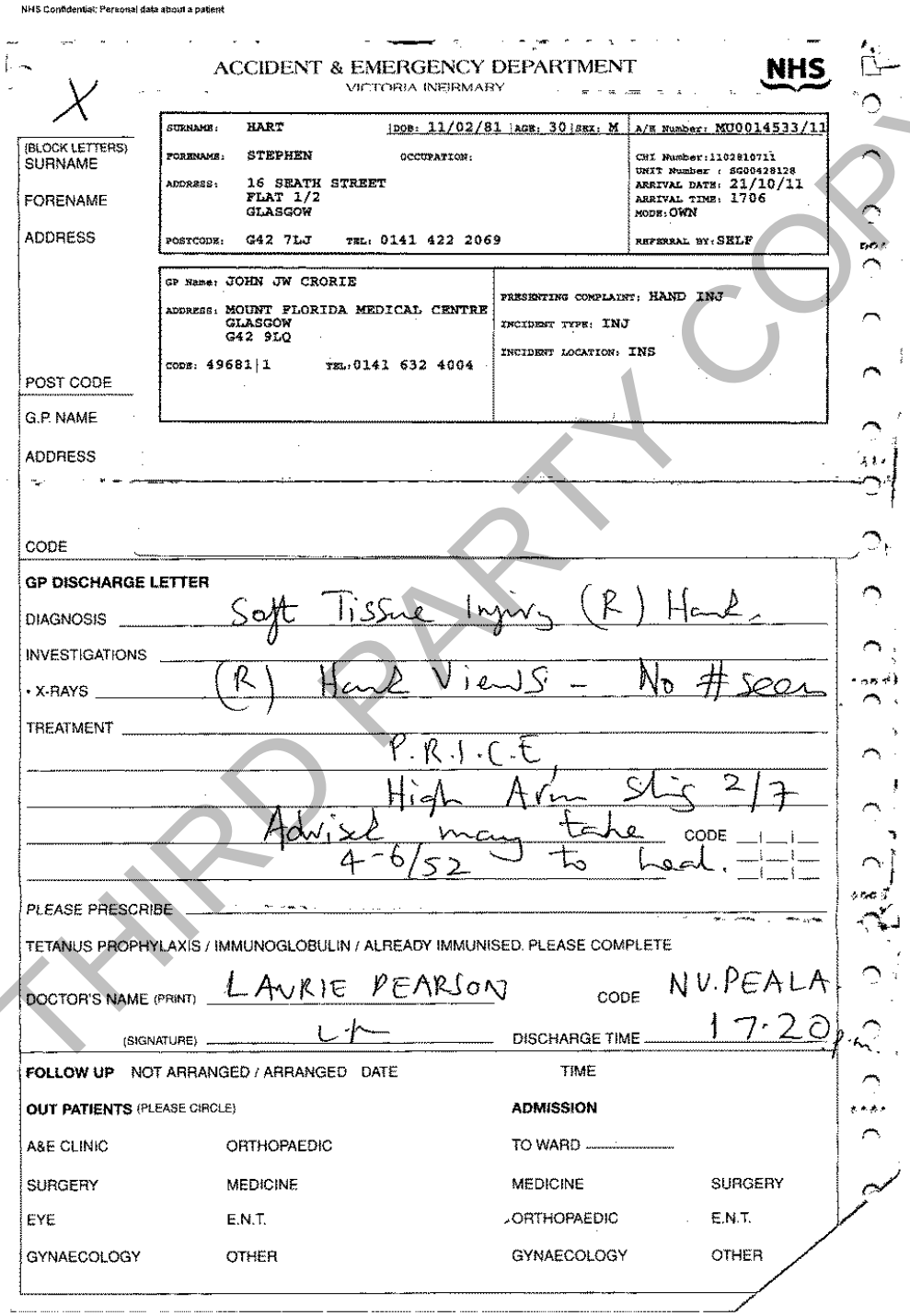

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ACCIDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY

NHS

X

(BLOCK LETTERS)
SURNAME
FORENAME
ADDRESS
POST CODE
G.P. NAME
ADDRESS
CODE

SURNAME: HART | DOB: 11/02/81 | AGE: 30 | SEX: M | A/E Number: MU0014533/11
FORENAME: STEPHEN | OCCUPATION:
ADDRESS: 16 SEATH STREET
FLAT 1/2
GLASGOW
POSTCODE: G42 7LJ TEL: 0141 422 2069

CHI Number: 1102810711
UNIT Number : SG00428128
ARRIVAL DATE: 21/10/11
ARRIVAL TIME: 1706
MODE: OWN
REFERRAL BY: SELF

GP Name: JOHN JW CRORIE
ADDRESS: MOUNT FLORIDA MEDICAL CENTRE
GLASGOW
G42 9LQ
CODE: 49681|1 TEL: 0141 632 4004

PRESENTING COMPLAINT: HAND INJ
INCIDENT TYPE: INJ
INCIDENT LOCATION: INS

GP DISCHARGE LETTER

DIAGNOSIS: Soft Tissue Injury (R) Hand.
INVESTIGATIONS
• X-RAYS: (R) Hand Views - No # seen
TREATMENT: P.R.I.C.E,
High Arm Sling 2/7
Advised may take 4-6/52 to heal.
CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT): LAURIE PEARSON CODE: NV.PEALA
(SIGNATURE): L.P DISCHARGE TIME: 17.20 p.m.

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

A&E CLINIC	ORTHOPAEDIC		
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

ADMISSION
TO WARD

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Acute Services Division

Surgery and Anaesthetics Directorate

Department of Surgery
Victoria Infirmary
Langside Road
Glasgow G42 9TY

NHS Greater Glasgow and Clyde

Mr Alan Hair
Consultant Surgeon
Department of Surgery
Telephone/Fax 0141 201 5463/5581
E-mail: margaret.robinson@sgh.scot.nhs.uk

Our ref: AH/MR

Date Dictated: 10/07/12
Date Typed: 17/07/12

DR JOHN JW CRORIE
MOUNT FLORIDA MEDICAL CENTRE
GLASGOW
G42 9LQ

Dear Dr Crorie

STEPHEN HART DOB: 11/02/81 (SG00428128) CHI: 1102810711
16 SEATH STREET, FLAT 1/2, GLASGOW, G42 7LJ

I saw this gentleman in the clinic today. He has a perianal skin tag which has been present for about a year and he says it is getting bigger. He says he now finds it intermittently painful and it bleeds. He has no problems with his boweis and no other anal symptoms.

On examination he has a large skin tag which would be quite simple to remove under general anaesthetic and I have listed him to have this removed in the day surgery unit.

Yours sincerely

Mr Alisdair MacDonald
ST5 to Mr Alan Hair

Delivering better health

www.nhsggc.org.uk

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NHS Greater Glasgow & Clyde OOH Services

Call No: **3649059** Date: **04 Jan 2013** Time of Call: **19:55**
Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **31 Y**

Address Today: **0 2**
36 Dixon Road
Glasgow
Post Code: **G42 8AY**
Phone Number Today: **(0141) 433 9276** -
NHS24 Call ID : 0

Home Address If different: **1/2 16 Seath Street**
Glasgow
Post Code: **G42 7LJ**
Home Phone If different: **() -**

Callers Name: Relationship to patient:

Name of GP: **Crorie JW** Practice No: **302**
Surgery: **302Mount Florida Medical Cen** Cipher No: **G0900 8**
Address: **Dr JW Crorie & Partners Mount Florida Medical Cen 183 Prospecthill Road Glasgow G42 9LQ** Fax No: **0141 636 6036**
Speed Dial: **086**

Call Type: **Walk In** **NOT GIVEN** NHS24 Time Passed:
Receptionist's Name:**CGRAY** Time Arrived: **04/01/2013** Time Complete: **04/01/2013 20:05:43**

Patient's Complaint:
Productive cough - breathless.

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

REFERRAL TO

Trauma & Orthopaedic - Wrist & Hand
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

Hospital and hospital address

Hospital location code.: G306H

Email address: -

Urgency of referral ROUTINE
Date of referral 17-Jun-2014 **Date sent** 17-Jun-2014

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

16 Seath St
Flat 1.2.
GLASGOW
G42 7LJ

Contact number(s)

Voice:429 2069

101007409083T Unique Care Pathway Number: 101007409083T

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: deformity of finger following injury

Comment: This 33 year old gentleman sustained an injury with a knife to the extensor tendon of his right middle finger. The skin is healing but he is already developing a flexion deformity at the distal interphalangeal joint. This may seem trivial however he works outdoors and this is already causing him some problems with getting in the way. I would be grateful if you could see him at clinic to see if there is anything that you can do to help him with this problem.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Other finger injuries, unspecified (Right)	-	17-Jun-2014	17-Jun-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zeroderm Ointment	125	125 GRAMS	APPLY AS DIRECTED	-	17-Jun-2014	17-Jun-2014
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	05-Jun-2014	05-Jun-2014
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	04-Mar-2014	04-Mar-2014

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		27-Jul-2012

Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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18-Jun-2026 CR
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NHS Confidential: Personal data about a patient

Acute Services Division

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate

DEPARTMENT OF GENERAL SURGERY
MR PAUL WITHERSPOON
Direct Line: 0141 201 1651
Fax: 0141 201 1157
E-Mail: andrina.macdonald@ggc.scot.nhs.uk

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

0141 201 1100

PW/AMF

Typed: 29/11/12

DR JOHN JW CRORIE
MOUNT FLORIDA MEDICAL CENTRE
GLASGOW
G42 9LQ

Dear Dr Crorie

STEPHEN HART DOB: 11/02/81 (SG00428128) CHI:1102810711
16 SEATH STREET, FLAT 1/2, GLASGOW, G42 7LJ

Admitted: 09/10/12
Discharged: 11/10/12
PProcedure: EUA of rectum + excision of perianal skin tags
Plan: No surgical follow-up

This patient attended the Day Surgery Unit for the above procedure.

During the procedure there were two large tags at about 6 o'clock. These were excised by diathermy. He tolerated the procedure well and was subsequently discharged home. Pathology confirmed this to be a condylomata acuminate.

No further surgical follow-up has been arranged.

Yours sincerely

Sharmini Susivarajah
STR6 in General Surgery

Run: 29/11/12-13:39 by MCFADDEN,ANNE

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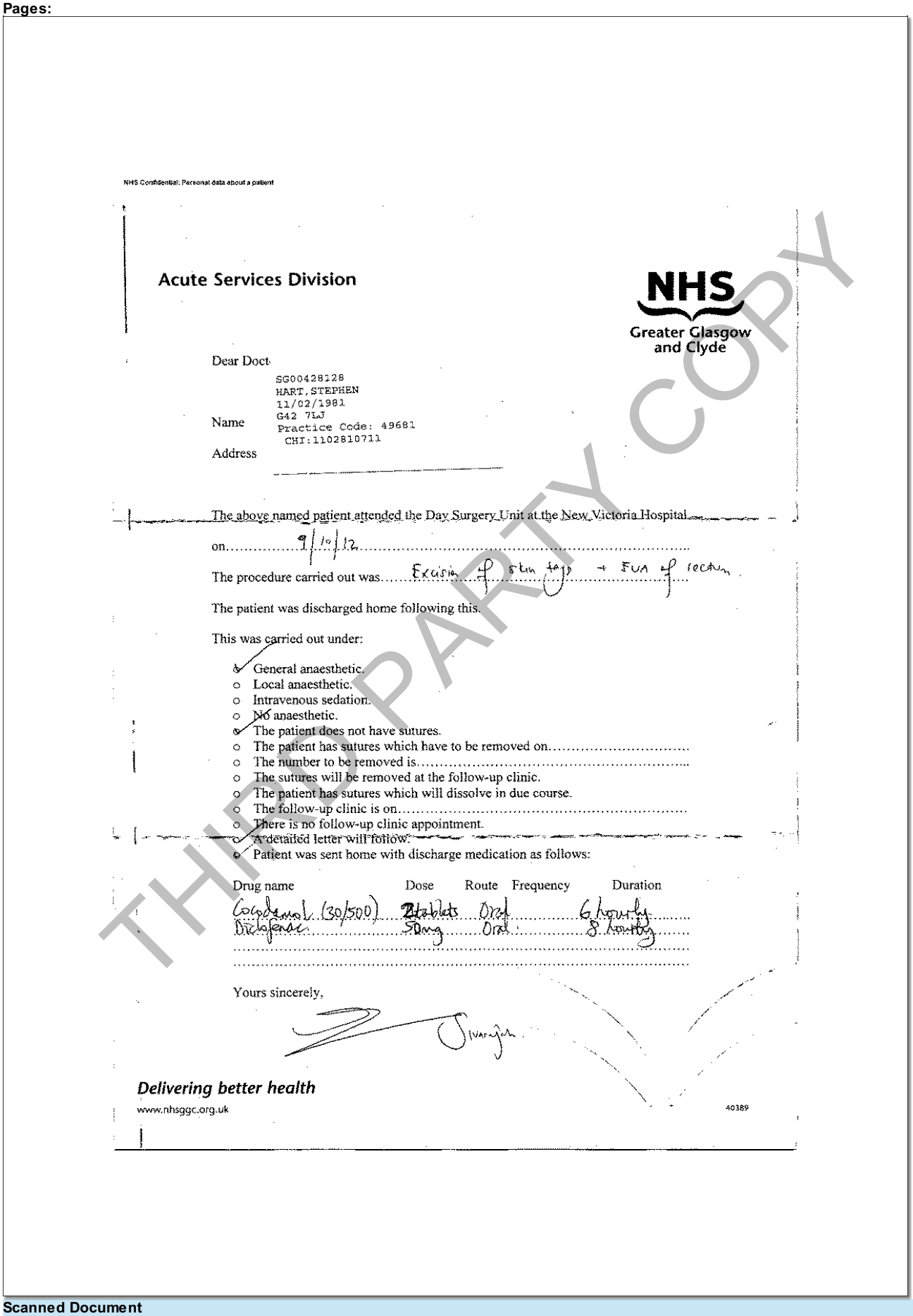
www.nhsggc.org.uk

40369



NHS Confidential: Personal data about a patient

Acute Services Division

NHS
Greater Glasgow and Clyde

Dear Doct

Name SG00428128
HART, STEPHEN
11/02/1981
G42 7LJ
Practice Code: 49681
CHI:1102810711

Address

The above named patient attended the Day Surgery Unit at the New Victoria Hospital

on 9/10/12

The procedure carried out was Excision of skin tags + FUA of rectum

The patient was discharged home following this.

This was carried out under:

- ✓ General anaesthetic.
- ○ Local anaesthetic.
- ○ Intravenous sedation.
- ○ No anaesthetic.
- ✓ The patient does not have sutures.
- ○ The patient has sutures which have to be removed on.....
- ○ The number to be removed is.....
- ○ The sutures will be removed at the follow-up clinic.
- ○ The patient has sutures which will dissolve in due course.
- ○ The follow-up clinic is on.....
- ○ There is no follow-up clinic appointment.
- ○ A detailed letter will follow.
- ✓ Patient was sent home with discharge medication as follows:

Drug name	Dose	Route	Frequency	Duration
Co-codamol (30/500)	2 tablets	Oral	6 hourly	
Diclofenac	50mg	Oral	8 hourly	

Yours sincerely,

Delivering better health

www.nhsggc.org.uk

40389

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Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **4013496** Date: **01 Mar 2014** Time of Call: **14:29**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **33** **Y**

Address Today: **0/2 36 Dixon Road Crosshill Glasgow Intercom/Buzzer Entry**

Post Code: **G42 8AY**

Home Address If different: **1/2 16 Seath Street Glasgow**

Post Code: **G42 7LJ**

Phone Number Today: **(0141) 433 9276** -

Home Phone If different: **(0141) 433 9276** -

NHS24 Call ID : 14249152

Callers Name: **Vicky** Relationship to patient:

Name of GP: **Crorie JW** Practice No: **302**

Surgery: **302Mount Florida Medical Cen** Cipher No: **G0900 8**

Address: **Dr JW Crorie & Partners Mount Florida Medical Cen 183 Prospecthill Road Glasgow G42 9LQ** Fax No: **0141 636 6036**

Speed Dial: **086**

Call Type: **No Action Required by Co- NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**tIF** Time Arrived: Time Complete: **01/03/2014 14:29:50**

Patient's Complaint:

STARTED OFF FEELING LIKE PRESSURE - DULL PAIN - WITH THROBBING - WORSENING ACUTE PAIN NOW. FEELS WAXY INSIDE - PAIN TRAVELLING DOWN JAW BONE AND EYES WHEN EAR PAIN IS SHOOTING - DULLISH HEADACEH JUST NOW - NOSE RUNNY LAST NIGHT - OK AT TIME OF CALL - WAS SICK EARLY HOURS THIS MORNING DUE TO PAIN MAKING HIM FEEL SICK - SLIGHT DIZZINESS - PAINFUL ON RIGHT HAND SIDE WHEN OPENS MOUTH ((Non-Clinical User) (Cardonald))
WINTER 1 - END POINT E25 - OUTCOME SELF CARE ADVICE FROM L BELLSHAW NP - WORSENING STATEMENT GIVEN ((Non-Clinical User) (Cardonald))

R EAR PAIN - SINCE LAST NIGHT - SEE AV

Clinical summary created by: (Non-Clinical User) (Cardonald) [01/03/2014 14:29:16]
R. EAR PAIN FOR SINCE LAST NIGHT AND STARTED WITH PRESSURE AND DULL PAIN / THROBBING - ACUTE PAIN NOW. FEELS WAXY INSIDE - PAIN TRAVELLING DOWN JAW BONE AND EYES - DULLISH HEADACHE JUST NOW - NOSE RUNNY LAST NIGHT - OK AT TIME OF CALL - WAS SICK EARLY HOURS THIS MORNING DUE TO PAIN MAKING HIM FEEL SICK - SLIGHT DIZZINESS - PAINFUL ON RIGHT HAND SIDE WHEN OPENS MOUTH. SELF CARE ADVICE GIVEN - WORSENING STATEMENT GIVEN.

WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.

Patient's Complaint:

Remarks: WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

NHS Confidential: Personal data about a patient

Consultation(s):

By: Start: Finish

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3649074** Date: **04 Jan 2013** Time of Call: **20:02**

Patient's Name: **Stephen Hart** DOB: **11/02/1981** Age: **31 Y**

Address Today: **0/2 36 Dixon Road Crosshill**
Glasgow
Intercom/Buzzer Entry
Post Code: **G42 8AY**

Home Address If different: **1/2 16 Seath Street**
Glasgow
Post Code: **G42 7LJ**

Phone Number Today: **(0141) 433 9276 -**
NHS24 Call ID : 12591594

Home Phone If different: **() -**

Callers Name: Relationship to patient:

Name of GP: **Crorie JW** Practice No: **302**

Surgery: **302Mount Florida Medical Cen** Cipher No: **G0900 8**

Address: **Dr JW Crorie & Partners Mount Florida Medical Cen 183 Prospecthill Road Glasgow G42 9LQ**

Fax No: **0141 636 6036**

Speed Dial: **086**

Call Type: **PCEC Within 2 Hrs** **Priority 1 Within 30** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: **04/01/2013** Time Complete: **04/01/2013 20:12:02**

Patient's Complaint: **Patient's Complaint:**

CALL TAKEN BY CALL OPERATOR GAYE KERR ID 9204 AT 19:14HRS - CALL D/W CLINICIAN CHRISTINE MALCOLM ((Non-Clinical User) (Cardonald))

CHEST TIGHNESS/WHEEZE - PAST FEW DAYS SEE AV B12

Clinical summary created by: (Non-Clinical User) (Cardonald) [04/01/2013 20:03:43]
CHEST TIGHTNESS/WHEEZE FOR PAST FEW DAYS AND FEELS VERY UNWELL - SWEATING - HYPERVENTILATING - GREY PALLOR - VOMITING - HAS PAIN GOIND DOWN (L) ARM TODAY - TAKING PARACETAMOL/IBUPROFEN - CALL DISCUSSED WITH CLINICIAN - PT WHEEZY - HAS CONSTANT CENTRAL CHEST TIGHTNESS - SOB - UNABLE TO TAKE FULL INSPIRATION DUE TO PAIN WHEN COUGHING - ADVISED FOR PCEC 2HRS - SENT DIRECT TO THE VICTORIA INFIRMARY - W/S GIVEN

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D919** Follow Up: GP Follow Up

Consultation(s):

By: Burns Ronnie **Start:** 04/01/2013 20:04:50 **Finish** 04/01/2013 20:11:37

Clinical Assessment Details
Started-04/01/2013 20:04:50
Finished-04/01/2013 20:11:37
History
overly dramatic presentation of flu like sx, unable to tolerate cuff inflation of BP cuff. prev pneumonia, smoker, .8cal
Examination
sats 99%, p 90, t 38, no rash, no neck stiffness, hyperventilating, ae equal, no creps, no heave, ent fine, achy

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muscles
Diagnosis
viral/flu like illness NO indication of LRTI, abx not indicated, treat as viral infection,
Treatment

Clinical Coding
Clinical code: A79z. (Viral infection NOS)
Prescription Details
Drug Name-ibuprofen tablets 400mg
Preparation-tablet(s)
Dosage-1 three times a day
Quantity-24
Drug Name-paracetamol tablets 500mg
Preparation-tablet(s)
Dosage-2 four times a day
Quantity-32

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Pages:

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 17/06/2014

Consultant: Dr David Ritchie

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
0/2 36 Dixon Road
Glasgow G42 8AY

Attended on: **17/06/2014 at 11:17 hrs.** Departed on: **17/06/2014 at 13:10 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
readmit r finger inj

Nursing Assessment:

Investigations in ED:
1. XR Finger middle Rt

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Acquired deformity of finger(s) - including Mallet		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended the minor injury unit with mallet deformity noted to right middle finger. X- rayed and no bony injury noted. Mallet splint applied with advice and referred to ortho who will review at clinic in one week.

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

Yours sincerely,
Karen Tait
Nurse

Copies to:
1. JW Crorie (GP)
School Address:

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18-Jun-2026 CR
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Filename: iGPRDA_32.pdf
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Pages:

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 27/05/2014

Consultant: Dr Jonny Gordon

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
0/2 36 Dixon Road
Glasgow G42 8AY

Attended on: **27/05/2014 at 18:41 hrs.** Departed on: **27/05/2014 at 19:09 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
finger inj - a/e ref

Nursing Assessment:

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Open wound of finger(s) without damage to nail	Right	Finger: Middle

Procedures: **1. Tape closure other**
2. Adaptic finger dressing

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
33 year old man attended MIU today with right middle finger incised wound just below DIPJ. Cut with knife. Non tendon visualised. Full ROM at PIPJ & DIPJ. Good strength on resisted tests. Treatment - wound cleaned, closed with x2 steristrips, covered with adaptic finger dressing.

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

Yours sincerely,
Isla Campbell
Nurse

Copies to:
1. JW Crorie (GP)
School Address:

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Pages:

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde
Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
0141 201 6000

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 24/06/2014
Reference: AA
Dictated Date: 24/06/2014
Transcribed Date: 24/06/2014

Dear Dr. JW Crorie,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
0/2 36 Dixon Road, Glasgow, G42 8AY

Attendance: Specialty - Orthopaedics ; Clinic - VIAAOR3-MR A ARTHUR FRACTURE TUES AM
Date and Time of Appointment - 24/06/2014 09:35

Clinical Comments:

Diagnosis: Delayed presentation of mallet finger.

Outcome: Mallet splint for a review in six weeks.

This gentleman notes cutting his finger with a lock knife when fishing three weeks ago. He says that he presented to his GP and was treated with a dressing and cream. He then presented to the emergency department two weeks later and was provided with a mallet splint. He states today that he has lost his splint. He is right hand dominant and works as an outdoor child support worker. He has a mild mallet deformity. I have instructed him that, with a delayed presentation, he may not have optimal outcome but we can attempt conservative treatment in the first instance. I have advised him on how to maintain his finger position for washing and reapplying the splint and I have encouraged him not to flex the PIP joint over this time. I will see him back for clinical review in six week time.

Yours sincerely,

Angus Arthur

Consultant Orthopaedic Surgeon

Shoulder, Elbow & Upper Limb Surgery

Hart Stephen CHI: 1102810711 OPCL 24/06/2014 v1

Electronically Signed: Mr Angus Arthur, Consultant

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO

Neurology - Epilepsy
GGC General Referral

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

South Glasgow University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral ROUTINE
Date of referral 15-May-2015 **Date sent** 15-May-2015

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

36 Dixon Road
Glasgow
G42 8AY

Contact number(s)
Voice:429 2069

101009251089D Unique Care Pathway Number: 101009251089D

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Possible seizures/pseudo seizures

Comment: I would be grateful for your opinion regarding this man who may be suffering from seizures.
He has a background of alcohol excess and past cannabis use but also anxiety and dyslexia. He admits to currently 12 cans Tennants and about 1litre buckfast a week.
He has several episodes which he describes now as "painful tetany spasms".He attended A&E with the same in July 2014 and was advised that he had full body tetany. This was thought to be due to hyperventilation and anxiety. However, he states that he has had a few incidences since then, the last being in Dubai whilst on holiday. The attacks are always painful during and afterwards.
Whilst entonox and iv fluids were used last year in A&E to assist with aborting the attack, it is not clear if any specific interventions were used during the episode in Dubai. He seems to have "woken up" with his girlfriend telliing him he has had an attack and he refused attendance at a hospital to attending paramedics. He decribes a numb/ tinglling sensation on the right side of his face and knows that within "5 minutes" he will have an attack consisting of really painful contractions starting in his hands but then affecting him all over.
He is hoping for an explanation as he is finding these attacks both painful and worrying. He had not been drinking whilst in Dubai having had his last alcoholic drink 24 earlier whilst on the plane.
I have advised him that he be should looking to reduce his current alcohol intake. He does not drive but would like to learn to drive in the next couple of years.
He has been asked to ensure his girlfriend or anyone else who has witnessed an attack should come with him to the clinic appointment. I have asked that if someone could capture an attack on video should one happen again, that it would also be helpful.
Yours hopefully

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	probable	15-May-2015	15-May-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has Additional Support Needs:No

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:
Tel: 0141 201 5130
Fax: 0141 636 5608
Email:

Date Completed: 25/07/2014

Consultant: Dr Fiona Gunn

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
36 DIXON ROAD
Glasgow G42 8AY

Attended on: **24/07/2014 at 11:02 hrs.** Departed on: **24/07/2014 at 14:52 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
collapse

Nursing Assessment:
Sent by GP to be seen by A&E with falls,dizziness, feeling unwell. Given IM Ben Pen by GP in surgery. ? Meningitis ?? LRTI

Investigations in ED:

1. 12 Lead ECG	**2. Urea and Electrolytes**	**3. CRP**
4. Full Blood Count	**5. LFT**	**6. Glucose**
7. Bone Profile		

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Tetany		
Anxiety State		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes.

Collapsed twice and attended GP feeling generally unwell, became increasingly disorientated and referred to A&E. On presentation had full body tetany with extreme pain. Known needle phobia. Jaw contracture led to broken front tooth. Treated with Entonox and IV fluids. Impression tetany secondary to hyperventilation and anxiety attack due to needle phobia. Tetany resolved in department, felt clinically better. Discharged home

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Charlotte Gibb
Doctor

Copies to:

1. JW Crorie (GP)

School Address:

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000
Department: Orthopaedics
Contact Tel: 0141 347 8741
Enquiries to:

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Letter Date: 12/08/2014
Reference: MA/GC
Dictated Date: 12/08/2014
Transcribed Date: 18/08/2014

Dear Dr. JW Crorie,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
36 DIXON ROAD, Glasgow, Lanarkshire, G42 8AY

Attendance: Specialty - Orthopaedics ; Clinic - VIDMOR3-MR MANSBRIDGE FRACTURE TUE AM
Date and Time of Appointment - 12/08/2014 09:35

Clinical Comments:

Diagnosis: Right traumatic soft tissue mallet deformity due to sharp laceration over the extensor tendon

This 33 year old right hand dominant who works as an outdoor child care worker, and is a smoker of 10 cigarettes a day, was seen in the Clinic this morning. He has been in a mallet splint for six weeks as per Mr Angus' advice. Today I have asked him to change his 24 hour mallet splint into a night splint. I have asked him to start mobilising his fingers and I am going to review him back in four weeks.

I have explained to him the fact that there is no deformity today doesn't mean that this has settled completely. I have explained to him the limitation of injury, if any.

I am going to see him back in four weeks time and we will keep you updated.

Yours sincerely

Motaz Ahmed

Senior Clinical Fellow

Electronically Signed: Dr Motaz Ahmed, Doctor

cc.

Printed on 20/08/2014 16:40 by Gillian Coyle Page 1 of 1

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Victoria Infirmary Glasgow
Langside Road
Glasgow G42 9TY

09/09/2014

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow G42 9LQ

Dear Dr JW Crorie

Re Patient: Mr Stephen Hart
36 DIXON ROAD

Glasgow G42 8AY
CHI Number: 1102810711
Consultant: Mr Drummond Mansbridge
Specialty: Orthopaedics
Hospital: Victoria Infirmary Glasgow
Date and time: 09/09/2014, at 09:55

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

No further appointment will be offered, your patient has been removed from the waiting list and we would require a new referral if you consider this necessary. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.

Please note, your patient has also been notified of this removal.

Yours sincerely

Julia Thomson Referral Management Centre South.

User ID Brenda Steel
SCGC Op DNA Removal to GP V1

Filename: iGPRDA_26.pdf
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

South East CAT Team
GGC Mental Health

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

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral	ROUTINE		
Date of referral	15-May-2015	**Date sent**	15-May-2015

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

36 Dixon Road
Glasgow
G42 8AY

Contact number(s)

Voice:429 2069

101009251386D Unique Care Pathway Number: 101009251386D

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Alcohol excess

Comment: This gentleman has a history of possible seizures and has been referred to Neurology for further assistance regarding formal diagnosis.
He currently admits to 8-12 cans tennant a week and 1 litre buckfast but I suspect that may be an underextimate and he smelt of alcohol today in surgery.
He has been advised that reduction in his alcohol intake would be wise and seem amenable to support with the same

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
[D]Seizure NOS	probable	15-May-2015	15-May-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-

2011

Clinical warnings

Additional relevant information
Administrative information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has Additional Support Needs:No
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hart Stephen CHI: 1102810711

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000
Department: ORTHOPAEDIC DEPARTMENT VICTORIA INFIRMARY
Contact Tel:
Enquiries: MARIA FERRIS: EXTENDED SCOPE PRACTITIONER

Letter Date: 18/09/2014
Reference: MF/MB
Dictated Date: 04/09/2014
Transcribed Date: 16/09/2014

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Crorie,

Stephen Hart; D.O.B: 11/02/1981; CHI: 1102810711
36 DIXON ROAD, Glasgow, Lanarkshire, G42 8AY

Thank you for referring this gentleman to our clinic. He sustained a laceration to the DIPJ of the middle finger of his right hand. He had a dual laceration/crush injury, sustained via a knife, whilst he was fishing. There was a slightly delayed presentation of about three weeks at Accident & Emergency. He was given a mallet splint.

He had been due for review, but I am not sure whether he defaulted attendance. He is now obviously some three months down the line since the initial injury.

On examination there is a slight lag to the DIPJ of his middle finger. FDP is fully functioning. In fact when you resist his DIPJ extension you can feel some activity implying that any rupture to the extensor tendon may indeed be partial. Given this and especially the delay since the initial injury, unfortunately I do not think Stephen has any surgical options for repair at this stage. I explained all the reasons why.

If he continues to get problems in the long term with pain or function, then fusion may be an option, but this would seem rather drastic, given his age and current levels of function. After hearing all of this he is quite happy now just to know what the problem is. He is not going to do anything about it. Should there be any problems and if you think we need to see him again, I would happily do so at your request, but for the meantime he has been discharged.

Kind regards
Yours sincerely

Maria Ferris
Extended Scope Practitioner

Electronically Signed: Physiotherapist Maria Ferris, Physiotherapist

Hart Stephen CHI: 1102810711 GCL 04/09/2014 v1

cc.

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
South Sector

STRICTLY CONFIDENTIAL
Dr John Crorie
Mount Florida Medical Centre
183 Prospecthill Road
GLASGOW
G42 9LQ

NHS
Greater Glasgow and Clyde

Florence Street Resource Centre
26 Florence Street
GLASGOW
G5 0YZ

Tel: 0141 232 7000
Fax: 0141 232 7003

Our ref: 2779112/AA/AM
Date Dictated: 14.7.15
Date Typed: 14.7.15

Dear Dr Crorie

RE: STEPHEN HART, 36 DIXON ROAD, GLASGOW, G42 8AY
CHI: 1102810711 DOB: 11.02.1981

Thank you for referring the above named person to the Resource Centre dated 1.7.15.

Following multi-disciplinary discussion, this referral has been passed to Wellbeing Services - South Glasgow. Their secretary can be contacted on 232 2555.

Please contact the duty person at the above number if you wish to discuss this.

Yours sincerely

Anne Arthur
Nurse Team Leader
Glasgow City CHP

cc Wellbeing Services – Glasgow South, 1st Floor, 60 Florence Street, Glasgow, G5 0YX

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www.nhsggc.org.uk

Filename: iGPRDA_21.pdf
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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 4508365 **Date** 26/07/2015 **External Case**
Patient's Name: Stephen Hart **DOB:** 11/02/1981 **Age:** 34 years

Address Today
2A 187 Westecommon Road
Possilpark
Glasgow
Postcode: G22 5NE
Current Phone 0141 452 2837

Home Address (If Different)
Postcode:
Home Phone (If Different) 0141 433 9276

CHI Number 1102810711

Callers Name: Catronia Gribbin **Relationship to patient:**

Name of GP: Crorie,JW(302) **Time Call Received NHS24**

Surgery: 302 Mount Florida Medical Cen **Time Received OOH** 26/07/2015 23:06:26

Call Type: Advice CPN **Time Patient Arrived**

Priority **Consultation Start** 27/07/2015 00:17:02

Consultation End 27/07/2015 00:32:24

Receptionist: CHHUN **Time Arrived:** **Time Complete:** 26/07/2015 23:32

NHS24 Summary

Symptoms: Dr from sgh, wishing to discuss patient
Comments: These cases were received and finished within the last 72 hours: No Action Required By Co-op #4508143 at 26-Jul-15 19:22:08

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: Kerr,Joseph(CC) **Follow Up:** CPN Referral -

Consultation(s):

By: Kerr,Joseph(CC) **Start** 27/07/2015 00:17 **Finish** 27/07/2015 00:32

Clinical Assessment Details:
Started- 27/07/2015 00:17:02
Finished- 27/07/2015 00:32:24
Initial Assessment

History

Brought to a@e by ambulance following overdose of 24 fluoxetine tablets.Recent relationship breakup,low mood ongoing suicidal thoughts.Had overdosed at mother's house.Now medically fit for discharge.

Examination

Client presented as well groomed young man.Was animated and reactive throughout interview.No evidence of pressure/poverty of speech,no indication of serious mood disorder.No mention of suicidal plan or intent made throughout interview.Expressed his anger at his homelessness which resulted from a recent relationship

Report Statistics: Report produced by Adastra Version 3 - 27/07/2015 01:35:34

NHS Confidential: Personal data about a patient

breakup.Is an the north east of city currently.Was born and bred in the southside and finds his surroundings totally alien.
Was recently referred to both cmht and addictions service.Was abgry at the addictions referral.He smokes cannibis daily and binge drinks but he does not consider this problematic.Gave history of chaotic childhood-spent it mainly in various care enviroments-angry at this also.Has some forensic issues outstanding and is completing community service for driving offences but his attendance very patchy.Has previous convictions for racially aggravated assault.
No indication of distraction-no evidence of auditory or visual hallucinations.No indication of thought insertion/extraction,formal thought disorder or paranoid state.No other first rank psychotic symptoms evident. Cognitively unimpaired fully orientated in all spheres.Thought processes fully intact.

Diagnosis

Presnted as young man with long standing behavoural and personality issues.Problems exacerbated by relationship breakup and resulting homelessness.Generally presenting as an angry young man rather than overtly depressed.No evidence of serious mental illness.

Treatment

Client plans contacting gp and pcmht for further follow up.Plans addressing current social problems and hopefully moving back to city's southside.

Clinical Coding

8.... Other Therapeutic Procedures

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 27/07/2015 01:35:34

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Additional: Scanned Document

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

Florence Street Resource Centre
GGC Mental Health

Consultant / receiving practitioner and/or specialty clinic

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

Hospital and hospital address

Hospital location code.
G002G

Email address
-

Urgency of referral	ROUTINE		
Date of referral	01-Jul-2015	**Date sent**	01-Jul-2015

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

36 Dixon Road
Glasgow
G42 8AY

Contact number(s)

Voice:429 2069
Voice:07807927678

101009525236J Unique Care Pathway Number: 101009525236J

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. John Crorie		
GMC code	2342939	GP code	09008
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: low mood and occasional suicidal thoughts which he said he will not act on.

Comment: This man has requested to be seen by community psychiatric nurse.

He recently had a referral which will probably be on file to the CAT team but he is adamant that the alcohol is not a problem and I suppose given his alcohol intake stated he is at or about the maximum acceptable limit per week for a male. He says he does not want to see the CAT team and wishes to see a CPN regarding his history of low mood and occasional suicidal thoughts which he said he will not act on.

His current crisis has been precipitated by his splitting with his partner. They have a son aged 11 called Liam.

He has to be contacted on his mobile number since he is currently in homeless accommodation.

Many thanks.

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	15-Jun-2015	26-Jun-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		07-Nov-

		2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information
Administrative information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
South Sector

Wellbeing Services
South Glasgow
60 Florence Street
GLASGOW
G5 0YX

Tel: 0141 232 2555

NHS
Greater Glasgow and Clyde

Strictly Confidential
Dr Crorie
183 Prospecthill Road
Glasgow
G42 9LQ

Date Dictated:
Date Typed: 29th July 2015
Our Ref FM/MW/2779112

Dear Dr Crorie,

RE: Stephen Hart 36 Dixon Road, Glasgow G42 8AY
D.O.B: 11/02/81 CHI: 0711

Further to previous correspondence dated 28th July 2015, I am writing to inform you that Mr Hart called to re-refer himself to our service yesterday.

From the conversation with Mr Hart it appears that he is currently living in homeless accommodation in the North East of the city. Given this he was given information regarding homeless mental health services and advised that the Wellbeing service was inappropriate at this time as he no longer resides in the south and his current needs would be better met by homelessness and community mental health teams.

I hope that this is acceptable to you but if you require any further information please do not hesitate to contact us.

Yours sincerely

Dr Fiona Murray
Consultant Clinical Psychologist
Wellbeing Services
South Glasgow

wellbeing
services south glasgow

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 4508143 **Date** 26/07/2015 **External Case**
Patient's Name: Stephen Hart **DOB:** 11/02/1981 **Age:** 34 years

Address Today
1/1 7 Southcroft Street

Glasgow
Postcode: G51 2DH
Current Phone 0141 422 2069

CHI Number 1102810711

Callers Name: Sadie

Name of GP: Crorie,JW(302)

Surgery: 302 Mount Florida Medical Cen

Call Type: No Action Required By Co-op

Priority

Home Address (If Different)
36 Dixon Road

Postcode: G42 8AY
Home Phone (If Different) 0141 433 9276

Relationship to patient:

Time Call Received NHS24 26/07/2015 18:22:08

Time Received OOH

Time Patient Arrived

Consultation Start

Consultation End

Receptionist: **Time Arrived:** **Time Complete:** 26/07/2015 18:40

FLOEXITINE OVERDOSE, 24 IN TOTAL AND VOMITING AT THE MOMENT AND REFUSING TO GO TO HOSPITAL. SAYS HE IS DEPRESSED AND DOESN'T WANT TO BE HERE ANYMORE. ((Other Clinical User) (Cardonald))

OVERDOSE, 2 HRS, SEE A/V

EMGI 999 contacted. For information only

Clinical summary created by: (Other Clinical User) (Aberdeen) [26/07/2015 19:39:46]
DELIBERATE OVERDOSE FOR FLUOXETINE AND MIRTAZEPINE AND VOMITING, DIZZY, TREMOR, DROWSY, NAUSEA, SOME TACHYCARDIA. 20 X 20MG FLUOXETINE TAKEN 2 HRS AGO WITH 120MG MIRTAZEPINE. WEIGHT UNKNOWN. TOXBASE CHECKED, EXPERIENCING SIDE EFFECTS WITHIN POTENTIAL TOXICITY RANGE, WORSENING GIVEN, OUTCOME SAS 999

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:
Started-
Finished-
Initial Assessment

History

Examination

Report Statistics: Report produced by Adastra Version 3 - 26/07/2015 20:41:02

NHS Confidential: Personal data about a patient

Diagnosis
Treatment
Clinical Coding
Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 26/07/2015 20:41:02

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Additional: Scanned Document

Filename: iGPRDA_20.pdf
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

South East CAT Team
GGC Mental Health

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

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

Hospital and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral SOON
Date of referral 12-Oct-2015 **Date sent** 13-Oct-2015

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

1010101162274 Unique Care Pathway Number: 1010101162274

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr Elaine Campbell (Locum)		
GMC code	6167669	GP code	-
Practice name	-		
Practice code	49681		

Practice address

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: addiction issues/depression

Comment: I would be grateful if this gentleman could be given an appointment with yourselves.

He has ongoing issues with alcohol excess and smoking cannabis. He also has issues with depression and suicidal ideation. Due to some moving around after being made homeless he is now back to a more settled accommodation in the southside. He has had input from the CAT and CPN's in the past.

At the moment there are lots of issues. He feels currently very isolated where he lives as he has no friends and his family live in other parts of the city. His ex-partner lives near by and although he finds her supportive he also finds that her presence is perhaps having some negative input in his life. He states that he has daily suicidal thoughts along the lines of cutting himself or taking tablets. He does self harm and does have some cuts on his arms and legs. He continues to drink alcohol and smoke cannabis which he buys as soon as he receives his giro and is left with very little money to last him to pay for any foodstuffs, etc. He is difficult to assess because he tells me that he has written letters and e-mails that he has not sent but is still making plans of what he is going to do tomorrow and at the weekend looking after his son.

I offered him crisis intervention today but he did not want this. He tells me that he has never really truly opened up and whenever I discussed seeking help via NHS 24 and liaison CPN's he is worried about the thought of being sent into hospital which I tried to reassure him was not always the case.

He was planning to approach you himself so I hope he still will do but he says he finds it difficult to ask for help. I have given him help on ways to help keep himself safe and encouraged him to make contact with services should he need them. He will need input obviously to help with his addiction problems as I do not think the underlying mental health issues can really be addressed until they are seen to. However I would be very keen that he be fast tracked for some sort of psychiatric assessment as I think this would be very helpful for this gentleman.

His address is correct which I double checked with him today. Should you wish to make contact via the phone he says the best number to get him on would be his mother's number which is 0141-422 2069.

I would value your input with this young man.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trazodone Hydrochloride Capsules 50 mg	28	28 capsule	ONE TO BE TAKEN AT NIGHT	-	07-Oct-2015	07-Oct-2015
Trazodone Hydrochloride Capsules 50 mg	28	28 capsule	ONE TO BE TAKEN AT NIGHT	-	27-Jul-2015	27-Jul-2015
Buccastem M Buccal tablets 3 mg	8	1*8 tablet	ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO THREE DAILY	-	27-Jul-2015	27-Jul-2015
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	15-Jun-2015	26-Jun-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:Yes
Past history of suicide attempt:No
Risk of deliberate self harm:Yes
If yes to Risk of self harm, please give details:cuts
Is patient responsible for children?:Yes
If yes to patient responsible for children, please give details:son
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Locum
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
South Sector

Wellbeing Services
South Glasgow
60 Florence Street
GLASGOW
G5 0YX

Tel: 0141 232 2555

NHS
Greater Glasgow and Clyde

Date Dictated:
Date Typed: 28th July 2015
Our Ref FM/MW/2779112

Strictly Confidential
Dr Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Crorie,

RE: Stephen Hart 36 Dixon Road, Glasgow G42 8AY
D.O.B: 11/02/81 CHI: 0711

The above named person has been referred to the Wellbeing Services, South Glasgow. Unfortunately they have failed to respond to our request to contact the service for an initial screening assessment and as such we can only assume they no longer require our support/ intervention at this time.

As such we are discharging them from our caseload.

Yours sincerely

Dr. Fiona Murray
Consultant Clinical Psychologist
Wellbeing Services
South Glasgow

wellbeing
services south glasgow

Filename: iGPRDA_18.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 27/07/2015

Consultant: Dr Scott Hepburn

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
Flat 2/A
Glasgow G22 5NE

Attended on: **26/07/2015 at 20:30 hrs.** Departed on: **27/07/2015 at 00:09 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
overdose

Nursing Assessment:
Overdose of 20xfluoxetine 20mgstabs and 4 unidentified antidepressants, has vomited several times.

Investigations in ED:

1. Full Blood Count	**2. Urea and Electrolytes**	**3. CRP**
4. LFT	**5. Glucose**	**6. CK**
7. Paracetamol	**8. Salicylate**	

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by antiepileptic, sedative, hypnotic, antiparkinsonism and psychotropic drugs		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Overdose of 20 fluoxetine. Normal ECG 6 hours after ingestion. Reviewed by CPN, to await follow-up in community.

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

Yours sincerely,
Catriona Gribbin
Doctor

Copies to:
1. JW Crorie (GP)
School Address:

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_15.pdf
Extension:.tif
Pages:

Adult Mental Health - Specialist Shared Assessment

Summary
of Assessment & Initial Intervention Plan

CHI Number:	1102810711
Patient's Name:	Stephen Hart
Address:	Flat 2A 187 Westercommon Road Glasgow G22 5NE
Telephone Number:	07807927678

CMHT Name:	Homeless Mental Health Team
CMHT Address:	Hunter Street Health & Resource Centre 55 Hunter Street Glasgow G4 0UP
Telephone Number:	0141 553 2803

Referrer Name & Designation:	Dr Carruthers, GP
Date Referral Received	29/07/15

Date of Allocation	Date Assessment offered:	Date Assessment Completed:
29/07/15	29/07/15	29/07/15

ICD 10 code -Primary:		ICD 10 code -Secondary:	
HoNOS:		ICD 10 code-Secondary2	

Other Rating Scales Used	
Name:	Outcome:
Name:	Outcome:

Formulation

Stephen is a 34 year old man who was referred by his GP on an urgent basis. He had phoned his GP complaining of low mood, suicidal thoughts and had taken an impulsive overdose the previous weekend. Stephen also informed GP that he had written suicide notes and had been self harming that day.

I visited Stephen, along with my colleague Karen Wilson, for initial assessment on day of referral. Met with Stephen in his flat, Stephen was well presented and flat in good order. He was initially tearful and angry about his current circumstances and separation from partner, which led him to homelessness. He feels isolated in the north of the city as all his family and friends reside in the south. He lacks daily structure, has limited finances and as such unable to visit family and friends on a regular basis. He has been in the current temporary furnished flat for 2 months with no input from the Community Casework Team to assist move on due to industrial action. He reports he spends days in his flat without any contact from others. He also struggles to cope with the separation from his ex partner and the knowledge that she is able to continue with her life whilst he is struggling.

Stephen reports he has felt low in mood and has had difficulty coping since he became homeless with problems becoming progressively worse. He had taken an impulsive overdose at the weekend, attended A&E but unsure if any follow up was indicated. He was recently referred to the Community Mental Health Team, referral passed onto the Primary Care Mental Health Team but discharged as he hadn't contacted them to arrange an appointment. Reports he has experienced suicidal thoughts for a number of years, had contemplated hanging himself at one point but has always managed to put a brave face on things and hasn't informed anyone of his thoughts. No other contact with mental health services.

He attended his community payback appointment with CJSW on day of referral, received a phone call from his ex partner on his way home, became upset and angry about the call, which resulted in increased thoughts that he would be better off dead, phoned his GP who in turn referred to the Homeless Mental Health Team. Stephen informed GP that he had written suicide notes, began cut himself on his leg, superficial cuts evident, but has never done this in the past. Reports he has ongoing thoughts he would be better off dead but despite this is planning for the future and no plans of further self harming. He reports his son was a protective factor but unsure if this is still the case. Subjectively describes his mood as low and angry. Objectively initially appeared tearful and angry but this appeared to settle as interview progressed and presented as spontaneous, appropriate, reactive and initiated conversation throughout. He agreed to return to Hunter Street on the 1st of August to meet with us and appears keen to link in with support to assist move on from homelessness and liaise with the community casework team.

There was no evidence of abnormal thought content or perceptual abnormalities. Describes poor sleep pattern, which has become progressively worse and no improvement since commenced on anti-depressent medication. He agreed to continue with Trazodone at present. Reports poor appetite but managing to eat on a fairly regular basis when finances allow.

Adult Mental Health - Specialist Shared Assessment

We discussed the benefit of structuring his time and he agreed to maintain contact with family on a regular basis and to continue with fishing trips to help reduce isolation. We also agreed to liaise with community casework team and update GP on our contact.

Stephen reports minimal alcohol use at present, mainly due to finances. He maintains regular contact with his son Liam, mainly getting access at the weekends but has struggled with this recently due to lack of finances. Plans to cancel contact this weekend and hoping to rearrange for during next week once he gets paid. He is hoping to secure a tenancy in the south side as soon as possible in order that he can return to work, improve his financial situation and reduce isolation..

Background/Contributory Factors

Background:
- Unsettled childhood, witnessing domestic abuse and spending long periods being looked after and accommodated.
- Describes long history of anger management problems - often fighting and getting into trouble at school and during home leave at weekends.

Alcohol use:
Stephen denies this as being a major problem, past or present, despite periods of daily use and often getting into trouble whilst under the influence.

Contributory Factors:
- Homelessness
- Isolation
- Recent seperation from partner
- Lack of finances
- Possible alcohol use
- Lack of daily structure

Risk Factors and Interventions

Risk Factors:
- Increase in alcohol use.
- Potential for self harming behaviour.
- Impulsive behaviour.
- Potential for aggression towards others.

Interventions:
- Brief contact to liaise with housing casework team and GP.
- Offer advice on benefit of structured activitiy.
- Offer advice on sleep hygiene.
- Discourage Stephen from alcohol use.
- Encourage Stephen to maintain regular contact with family and casework office.

Other Identified Needs/Interventions

Completed by:

Name: (Please Print) Neil Thomson Designation: CPN

Signature: Thomson

Date: 29/07/15

Counter signed by:

Name: (Please Print) _____ Designation: _____

Signature: _____

Date: _____

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Main Switchboard:	0141 201 1100
Department:	Neurology
Contact Tel:	0141 201 2374
Enquiries to:	stephanie.mcnair@ggc.scot.nhs.uk
Letter Date:	02/12/2015
Reference:	JG/SM
Dictated Date:	26/11/2015
Transcribed Date:	30/11/2015

Dear Dr Crorie,

Stephen Hart; D.O.B: 11/02/1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK ST, Glasgow, Lanarkshire, G42 8JQ

MRI brain normal.

Yours sincerely

John Greene
Consultant Neurologist

Electronically Signed: Dr John Greene, Consultant

cc. D J Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Printed on 02/12/2015 11:35 by Stephanie McNair Page 1 of 1

Filename: iGPRDA_14.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

Homeless Mental Health Team
55 Hunter Street
Glasgow
G4 0UP

Date Typed: 19th August 2015
Date Dictated: 17th August 2015
Our Ref: NT/lc
Enquiries To:
Direct Line: 0141 553 2803
Fax: 0141 553 2830
Email: karen.boyle@ggc.scot.nhs.uk

Private & Confidential
Dr Carruthers
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Carruthers

Re: Stephen Hart, 2A, 187 Westercommon Road, Glasgow, G22 5NE
DOB: 11/02/1981
PIMS: 2779112
CHI: 1102810711

Thank you for referral of above. I met with Stephen, along with my colleague Karen Wilson, CPN, on day of referral and have enclosed the summary of my assessment. I have met with him on two further occasions, both at Hunter Street, where he presented as bright in mood despite reporting no improvement in his situation.

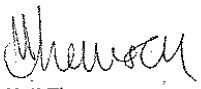
I last met with him on the 13th of August. He has been allocated a caseworker and planned to contact her in the hope of moving as soon as possible. He is keen to secure permanent accommodation in the south of the city to be near friends and family and to return to work as soon as possible. He is restricted from doing this at present due to the high cost of rent in a temporary furnished flat.

He remains concordant with anti-depressant medication although doesn't feel much therapeutic benefit. He was bright in mood, reactive and appropriate throughout with no further self harming behaviour or ideation since day of referral. He is planning for the future although continues to express the belief that he would be better off dead. He reports lack of meaningful daily structure and remains isolated within his tenancy. Despite this he talked about meeting family members, including his son, and friends on a fairly regular basis since initial assessment, plans to go fishing later this week and hoping to go to the local gym.

At last contact Stephen acknowledged some improvement in his overall coping and feels he is managing more effectively in his tenancy despite the isolation. He agreed no need for ongoing psychiatric input and for me to discharge back to GP at this point.

Following consultation within the multidisciplinary team I have discharged him from my caseload. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely,



Neil Thomson
CPN
Glasgow City CHP

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2374
Enquiries to: stephanie.mcnair@ggc.scot.nhs.uk

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Letter Date: 02/12/2015
Reference: JG/SM
Dictated Date: 26/11/2015
Transcribed Date: 30/11/2015

Dear Dr Crorie,

Stephen Hart; D.O.B: 11/02/1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK ST, Glasgow, Lanarkshire, G42 8JQ

MRI brain normal.

Yours sincerely

John Greene
Consultant Neurologist

Electronically Signed: Dr John Greene, Consultant

cc. D J Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2374
Enquiries to: stephanie.mcnair@ggc.scot.nhs.uk

Letter Date: 20/10/2015
Reference: JG/SM
Dictated Date: 20/10/2015
Transcribed Date: 21/10/2015

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr. JW Crorie,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK ST, Glasgow, Lanarkshire, G42 8JQ

Attendance: Specialty - Neurology; Clinic - SGJGNE4-DR GREENE FIRST SEIZURE TUESDAY PM
Date and Time of Appointment - 20/10/2015 13:30

Clinical Comments:
Thank you for referring this man to the clinic. He has had symptoms for many years when he can develop sensory symptoms affecting his face and sometimes his hands. He can find it difficult to breathe. His hands can then go into spasm. I suspect he is hyperventilating and blowing off carbon dioxide and that his spasms are secondary to this. They can sometimes come on if he is upset. He currently has between one and 2 a month. He has depression and you have recently referred him to psychiatry again in view of suicidal thoughts. He is on trazadone. There is no family history of note. He does not work and lives alone. He smokes and drinks alcohol to excess at times. He can smoke cannabis. He is not a driver.

His description would certainly be compatible with hyperventilation induced muscle spasm and this would be in agreement with what the A&E cards have described.

To put his mind at ease I have requested an MRI brain but fully expect this to be normal, and I will let you know the result of it when I have it. I have explained that the management of hyperventilation would be primarily psychological therapy and I would leave this to psychiatry.

Thanks again for referring this man.

Yours sincerely

John Greene
Consultant Neurologist

Electronically Signed: Dr John Greene, Consultant

cc.

Printed on 22/10/2015 08:49 by Stephanie McNair Page 1 of 1

Filename: iGPRDA_10.pdf
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Pages:

NHS Confidential: Personal data about a patient

TRANSMISSION VERIFICATION REPORT

TIME : 21/12/2015 16:39
NAME :
FAX :
TEL :
SER.# : 000L1N179357

DATE,TIME	21/12 16:38
FAX NO./NAME	3478797
DURATION	00:00:31
PAGE(S)	01
RESULT	OK
MODE	STANDARD

NHS Greater Glasgow

GGNHS DIRECT ACCESS ECG – REQUEST FORM

PATIENT DETAILS

Name: CHI: 1102810711
HART Stephen 11/02/1981 M
Address: 15 Garluck Street G42 8JG
07807927670
Dr E Murphy GMC :3126184
Mount Florida M C, Glasgow Practice :49881
Post Code Tel No.
Hospital No (if known)
CHI No.

GP DETAILS (or stamp)

Name
Address: DR. Elizabeth Murphy
MBChB MRCGP DRCOG DFSRH
Mount Florida Medical Centre
153 Prospecthill Road
Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 638 6038
Tel No.
Fax No.
Practice Code

INDICATIONS FOR REFERRAL

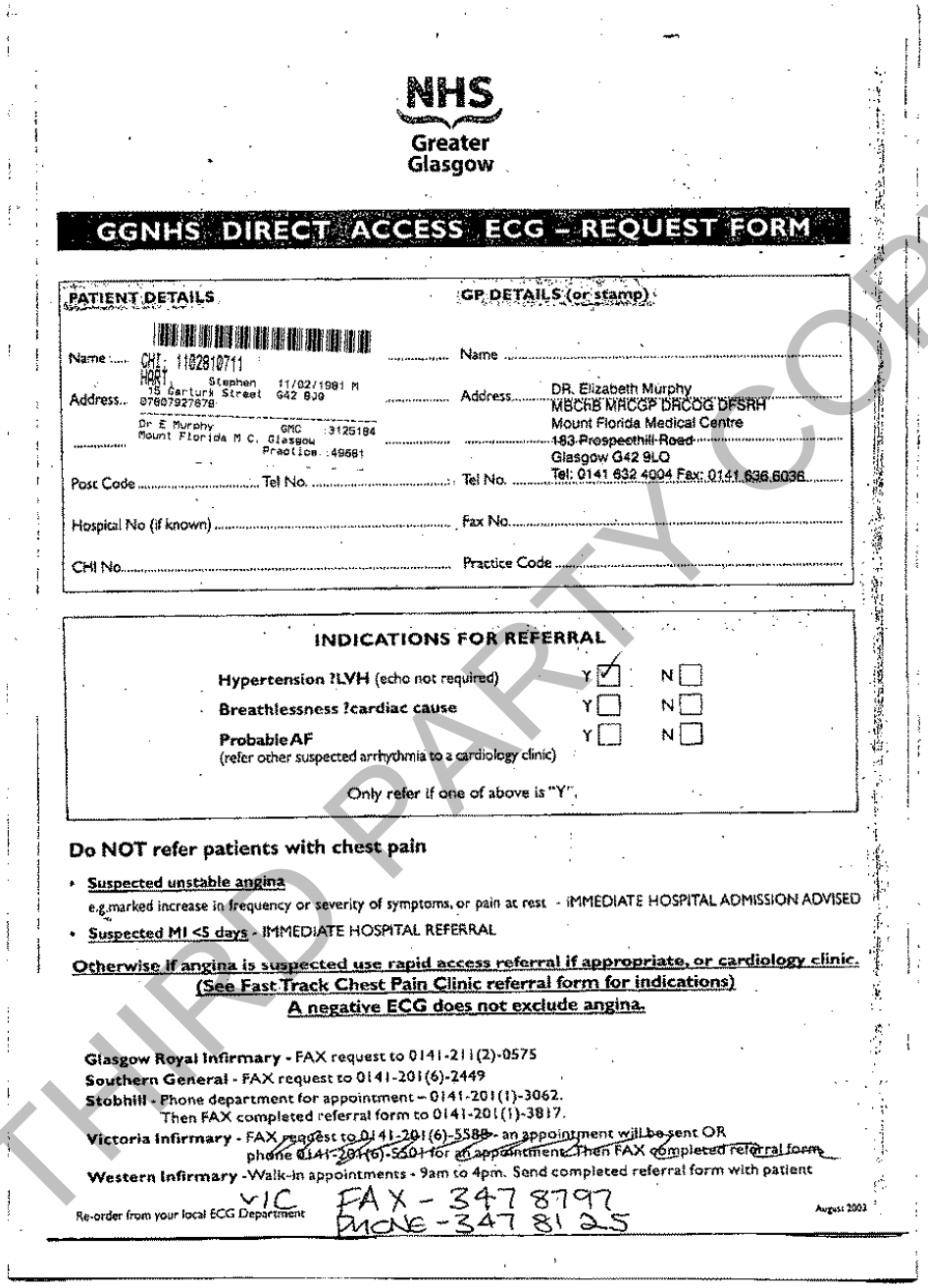
Hypertension ?LVH (echo not required)	Y ☑	N ☐
Breathlessness ?cardiac cause	Y ☐	N ☐
Probable AF (refer other suspected arrhythmia to a cardiology clinic)	Y ☐	N ☐

Only refer if one of above is "Y".

Do NOT refer patients with chest pain

- Suspected unstable angina

NHS Confidential: Personal data about a patient



NHS
Greater Glasgow

GGNHS DIRECT ACCESS ECG – REQUEST FORM

PATIENT DETAILS

Name: CHI: 1102810711 HART Stephen 11/02/1981 M
Address: 15 Garturk Street G42 8JQ 07807927878
Dr E Murphy GMC :3125184
Mount Florida M C, Glasgow Practice :49681
Post Code ..... Tel No. .....
Hospital No (if known) .....
CHI No. .....

GP DETAILS (or stamp)

Name .....
Address DR. Elizabeth Murphy
MBChB MRCGP DRCOG DFSRH
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Tel No. .....
Fax No. .....
Practice Code .....

INDICATIONS FOR REFERRAL

Hypertension ?LVH (echo not required)	Y ☑	N ☐
Breathlessness ?cardiac cause	Y ☐	N ☐
Probable AF (refer other suspected arrhythmia to a cardiology clinic)	Y ☐	N ☐

Only refer if one of above is "Y".

Do NOT refer patients with chest pain

- **Suspected unstable angina**
  e.g. marked increase in frequency or severity of symptoms, or pain at rest - IMMEDIATE HOSPITAL ADMISSION ADVISED
- **Suspected MI <5 days** - IMMEDIATE HOSPITAL REFERRAL

Otherwise if angina is suspected use rapid access referral if appropriate, or cardiology clinic.
(See Fast Track Chest Pain Clinic referral form for indications)
A negative ECG does not exclude angina.

Glasgow Royal Infirmary - FAX request to 0141-211(2)-0575
Southern General - FAX request to 0141-201(6)-2449
Stobhill - Phone department for appointment – 0141-201(1)-3062.
Then FAX completed referral form to 0141-201(1)-3817.
Victoria Infirmary - FAX request to 0141-201(6)-5588 - an appointment will be sent OR phone 0141-201(6)-5501 for an appointment. Then FAX completed referral form
Western Infirmary - Walk-in appointments - 9am to 4pm. Send completed referral form with patient

VIC FAX - 347 8797
PHONE - 347 81 25

Re-order from your local ECG Department

August 2003

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18-Jun-2026 CR
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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 15573 **Date** 30/12/2015 **External Case**
Patient's Name: Stephen Hart **DOB:** 11/02/1981 **Age:** 34 years

Address Today
15 Garturk Street

Govanhill
Postcode:
Current Phone 0141 452 2806
CHI Number

Home Address (If Different)

Postcode:
Home Phone (If Different)

Callers Name: Dr Craig QEUH **Relationship to patient:**
Name of GP: Crorie,JW(302)
Surgery: 302 Mount Florida Medical Cen
Call Type: Advice CPN
Priority

Time Call Received NHS24
Time Received OOH 30/12/2015 02:01:13
Time Patient Arrived
Consultation Start 30/12/2015 04:01:31
Consultation End 30/12/2015 05:01:51

Receptionist: WILSO **Time Arrived:** **Time Complete:** 30/12/2015 05:01

NHS24 Summary
Symptoms: wishing to speak to CPN service

Remarks:
BP: **PR:** **Temp:**
Doctor/Nurse: Brooks,Joanne(CC) **Follow Up:** No Follow Up -

Consultation(s):

By: Brooks,Joanne(CC) **Start** 30/12/2015 04:01 **Finish** 30/12/2015 05:01
Clinical Assessment Details:
Started- 30/12/2015 04:01:31
Finished- 30/12/2015 05:01:51
Initial Assessment

History
Stephen was referred by Dr Craig at The QEUH A&E department. He had been brought in by the Police , having been reported as being at risk of harming himself by concerned friends. They had received messages from him in which he was voicing thoughts of harming himself .Found by Police at home, asleep in bed. He advised staff at the A&E that he had taken an overdose of 7 x150mg Trazadone tablets and 2 paracetamol tablets. Police had found a note which he had left in the house.
Police also advised that he was taken to the Glasgow Royal Infirmary three nights ago, having been found on a bridge making threats to jump off. He was not referred for psychiatric assessment at that time as he became unruly and was arrested in A&E.

Report Statistics: Report produced by Adastra Version 3 - 30/12/2015 06:02:33

NHS Confidential: Personal data about a patient

Examination

Agreed to assessment. Smelled of stale alcohol but not overtly intoxicated. He was reasonably well kempt. No abnormalities in speech, reasonable eye contact maintained. Not distracted , no evidence or complaint of hallucinations, no obvious thought disorder. Fully orientated.
He describes a long history of low mood and alcohol misuse. He also smokes cannabis on a daily basis. He states that he has harmed himself on four previous occasions. He states that he drinks a couple of bottles of buckfast daily plus cans of lager and that this has been the case for the last ten years at least.
He appears to have been struggling to cope since the end of his relationship with his partner 6 months ago. At that time he became homeless although he has now got accommodation in his local area. He states that he has made contact with his local addiction service and is hopeful that an inpatient detox will be arranged, however he feels frustrated as this might take some time.
He has a 12 year old son , he states that he sees him every week and has a reasonable relationship with him. He is unemployed and states that he has debts, however he states that he is not concerned about these debts.

Diagnosis

Stephen does not report ongoing plans or intent to harm himself. He is very keen for help and would like admission to hospital for detox as soon as possible. He does not report any biological symptoms of depression, but appears to have been experiencing a dip in his mood due to difficult social circumstances and perceived lack of support from his family. He also has to appear on court on the 5th of January as he has been charged with domestic assault on his ex partner. He denies any other charges at present , states that he has been arrested for minor offences in the past but has never been imprisoned.

Treatment

Advised to make contact with his Community Addiction Team at his earliest convenience for ongoing support. He does not describe any active plan to harm himself but this risk remains present due to his excessive use of alcohol. He was deemed fit to leave A&E at this time , with the Police who had remained in the department throughout his assessment.

Clinical Coding

8.... Other Therapeutic Procedures

Prescription Details

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 30/12/2015

Consultant: Dr Malcolm Gordon

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **29/12/2015 at 23:36 hrs.** Departed on: **30/12/2015 at 03:31 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
bibp - suicidal

Nursing Assessment:
brought by police pt expressing suicidal thoughts and has taken trasandin ? amount along side parcentamol

Investigations in ED:
1. CRP **2. Full Blood Count** **3. Glucose**
4. LFT **5. Paracetamol** **6. Salicylate**
7. Urea and Electrolytes

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by opiates and hallucinogens		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Overdose of trazodone and wrote suicide note. Phoned friend and police called. Reviewed by CPN and discharged with advice to contact Addiction CPN to discuss detox.

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

Yours sincerely,
David Craig5
Doctor

Copies to:
1. JW Crorie (GP)
School Address:

NHS Confidential: Personal data about a patient

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

NHS Greater Glasgow and Clyde
Glasgow CITY COUNCIL

Direct Line: 0141 276 8740
Our Ref: CB/JC
Your Ref: S4064588
Date: 18 December 2015

Stephen Hart
0/2, 15 Garturk St
Glasgow
G42 8JQ

Dear Stephen

I hope this letter finds you well.

I would like to offer you the following appointment at **Govanhill Health Centre, Community Wing, 233 Calder St, Glasgow**, on:

Day: Thursday

Date: 7 January 2016

Time: 11.30 am

Worker/Nurse: Caroline Bruce

If this appointment is unsuitable for you, please do not hesitate to contact me on the above number and I'll be happy to arrange another time for you.

Yours sincerely

J Conway

pp Caroline Bruce
Addiction Nurse

Cc Dr Crorie, Mount Florida Medical Centre, 183 Prospecthill Rd, Glasgow, G42 9LQ

South West Community Addiction Team, Pavilion One, Rowan Business Park, 5 Ardlaw Street, Glasgow, G51 3RR

Filename: iGPRDA_6.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 15573 **Date** 30/12/2015 **External Case**
Patient's Name: Stephen Hart **DOB:** 11/02/1981 **Age:** 34 years

Address Today
15 Garturk Street

Govanhill
Postcode:
Current Phone 0141 452 2806
CHI Number

Home Address (If Different)

Postcode:
Home Phone (If Different)

Callers Name: Dr Craig QEUH **Relationship to patient:**
Name of GP: Crorie,JW(302) **Time Call Received NHS24**
Surgery: 302 Mount Florida Medical Cen **Time Received OOH** 30/12/2015 02:01:13
Call Type: Advice CPN **Time Patient Arrived**
Priority **Consultation Start** 30/12/2015 04:01:31
Consultation End 30/12/2015 05:01:51

Receptionist: WILSO **Time Arrived:** **Time Complete:** 30/12/2015 05:01

NHS24 Summary
Symptoms: wishing to speak to CPN service

Remarks:
BP: **PR:** **Temp:**
Doctor/Nurse: Brooks,Joanne(CC) **Follow Up:** No Follow Up -

Consultation(s):

By: Brooks,Joanne(CC) **Start** 30/12/2015 04:01 **Finish** 30/12/2015 05:01
Clinical Assessment Details:
Started- 30/12/2015 04:01:31
Finished- 30/12/2015 05:01:51
Initial Assessment

History

Stephen was referred by Dr Craig at The QEUH A&E department. He had been brought in by the Police , having been reported as being at risk of harming himself by concerned friends. They had received messages from him in which he was voicing thoughts of harming himself .Found by Police at home, asleep in bed. He advised staff at the A&E that he had taken an overdose of 7 x150mg Trazadone tablets and 2 paracetamol tablets. Police had found a note which he had left in the house.
Police also advised that he was taken to the Glasgow Royal Infirmary three nights ago, having been found on a bridge making threats to jump off. He was not referred for psychiatric assessment at that time as he became unruly and was arrested in A&E.

Report Statistics: Report produced by Adastra Version 3 - 30/12/2015 06:02:33

NHS Confidential: Personal data about a patient

Examination

Agreed to assessment. Smelled of stale alcohol but not overtly intoxicated. He was reasonably well kempt. No abnormalities in speech, reasonable eye contact maintained. Not distracted , no evidence or complaint of hallucinations, no obvious thought disorder. Fully orientated.
He describes a long history of low mood and alcohol misuse. He also smokes cannabis on a daily basis. He states that he has harmed himself on four previous occasions. He states that he drinks a couple of bottles of buckfast daily plus cans of lager and that this has been the case for the last ten years at least.
He appears to have been struggling to cope since the end of his relationship with his partner 6 months ago. At that time he became homeless although he has now got accommodation in his local area. He states that he has made contact with his local addiction service and is hopeful that an inpatient detox will be arranged, however he feels frustrated as this might take some time.
He has a 12 year old son , he states that he sees him every week and has a reasonable relationship with him. He is unemployed and states that he has debts, however he states that he is not concerned about these debts.

Diagnosis

Stephen does not report ongoing plans or intent to harm himself. He is very keen for help and would like admission to hospital for detox as soon as possible. He does not report any biological symptoms of depression, but appears to have been experiencing a dip in his mood due to difficult social circumstances and perceived lack of support from his family. He also has to appear on court on the 5th of January as he has been charged with domestic assault on his ex partner. He denies any other charges at present , states that he has been arrested for minor offences in the past but has never been imprisoned.

Treatment

Advised to make contact with his Community Addiction Team at his earliest convenience for ongoing support. He does not describe any active plan to harm himself but this risk remains present due to his excessive use of alcohol. He was deemed fit to leave A&E at this time , with the Police who had remained in the department throughout his assessment.

Clinical Coding

8.... Other Therapeutic Procedures

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - 30/12/2015 06:02:33

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7/1/16 @ 3.15

NHS
Greater Glasgow

GGNHS DIRECT ACCESS ECG - REQUEST FORM

PATIENT DETAILS

Name ..... CHI: 1102810711
HART, Stephen 11/02/1981 M
Address.. 15 Garturk Street G42 8JQ
07807927578
Dr E Murphy GMC :3725164
Mount Florida M C, Glasgow Practice: 46681
Post Code ..... Tel No. .....
Hospital No (if known) .....
CHI No. .....

GP DETAILS (or stamp)

Name .....
Address ..... DR Elizabeth Murphy
MBChB MRCGP DRCOG DFSRH
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow G42 8LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Tel No. .....
Fax No .....
Practice Code .....

INDICATIONS FOR REFERRAL

Hypertension ?LVH (echo not required)	Y ☑	N ☐
Breathlessness ?cardiac cause	Y ☐	N ☐
Probable AF (refer other suspected arrhythmia to a cardiology clinic)	Y ☐	N ☐

Only refer if one of above is "Y".

Do NOT refer patients with chest pain

- **Suspected unstable angina** e.g.marked increase in frequency or severity of symptoms, or pain at rest - IMMEDIATE HOSPITAL ADMISSION ADVISED
- **Suspected MI <5 days** - IMMEDIATE HOSPITAL REFERRAL

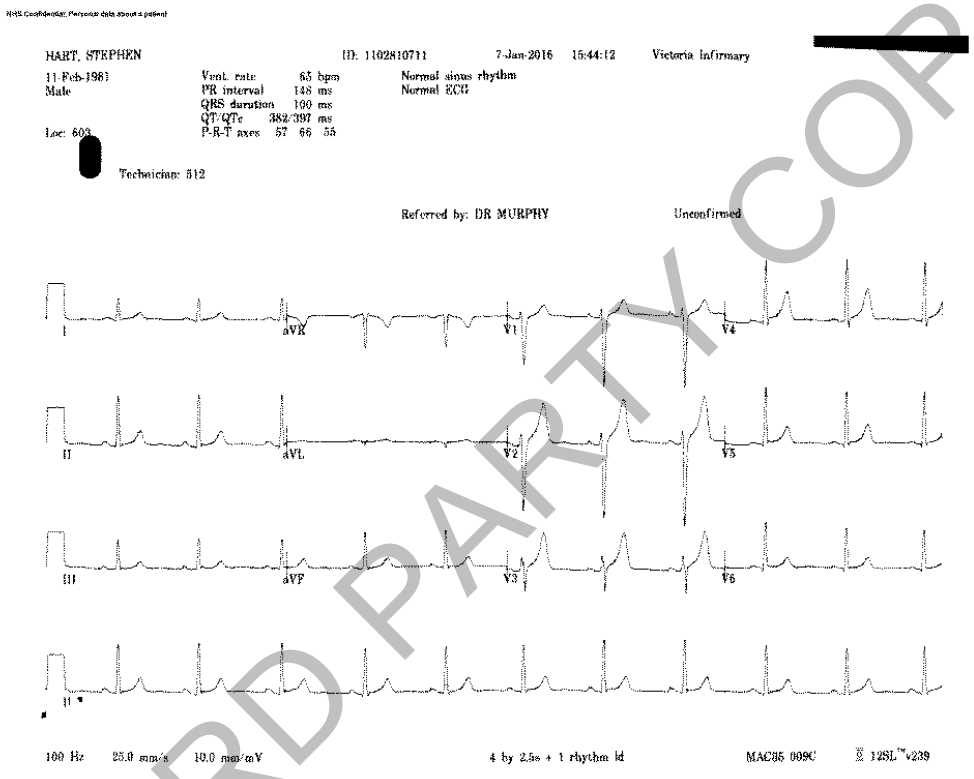
Otherwise if angina is suspected use rapid access referral if appropriate, or cardiology clinic.
(See Fast Track Chest Pain Clinic referral form for indications)
A negative ECG does not exclude angina.

Glasgow Royal Infirmary - FAX request to 0141-211(2)-0575
Southern General - FAX request to 0141-201(6)-2449
Stobhill - Phone department for appointment – 0141-201(1)-3062.
Then FAX completed referral form to 0141-201(1)-3817.
Victoria Infirmary - FAX request to 0141-201(6)-5588 - an appointment will be sent OR phone 0141-201(5)-5501 for an appointment. Then FAX completed referral form
Western Infirmary -Walk-in appointments - 9am to 4pm. Send completed referral form with patient

VIC FAX - 347 8797
PHONE - 347 8125

Re-order from your local ECG Department

August 2005



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NHS Greater Glasgow and Clyde

Call No: 4568433 **Date** 23/01/2016 **External Case**
Patient's Name: Steven Hart **DOB:** 11/02/1991 **Age:** 24 years

Address Today
15 Garturk Street

Glasgow
Postcode: G42 8JQ
Current Phone

Home Address (If Different)

Postcode:
Home Phone (If Different)

CHI Number

Callers Name: **Relationship to patient:**

Name of GP: Crorie,JW(302)
Surgery: 302 Mount Florida Medical Cen
Call Type: Walk In
Priority

Time Call Received NHS24	
Time Received OOH	23/01/2016 21:43:11
Time Patient Arrived	23/01/2016 21:43:59
Consultation Start	23/01/2016 22:15:51
Consultation End	23/01/2016 22:33:23

Receptionist: WRIGHT **Time Arrived:** 23/01/2016 21:43 **Time Complete:** 23/01/2016 22:33

NHS24 Summary

Symptoms: Patient states they have taken an overdose.

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: Alam,MF(428) **Follow Up:** GP Follow Up -

Consultation(s):

By: Alam,MF(428) **Start** 23/01/2016 22:15 **Finish** 23/01/2016 22:33

Clinical Assessment Details:
Started- 23/01/2016 22:15:51
Finished- 23/01/2016 22:33:23
Initial Assessment

History

Triaged: Pt reports left? Kershaw unit at Gartnavel hspt yesterday as does not want to live any more.
Pt says he has taken 30 x 150mg Trazodone. Pt appears under the influence, slurred speech and staggering. Also complaining of sore right hand.Admits to drinking vodka and having a few joints.
obs as charted by c Coll PCN.

Examination

T.35.7

Report Statistics: Report produced by Adastra Version 3 - 23/01/2016 23:34:30

NHS Confidential: Personal data about a patient

p.60
R.20
BP.122/67
o2 sats 95%
H/O mental health problem dose not want to live taken 4500 mgm of trazodone about an hour ago also has been drinking vodka earlier and taken few joints very drowsy with slurred speech unable to give any history pain in right arm no central chest pain dyspnoea nil heart sound pure lung clinically clear abdomen soft non tender

Diagnosis
trazodone over dose

Treatment
referred to the A/E QEUH

Clinical Coding
T8... Accidental poisoning by drugs

Prescription Details

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2810/2811
Fax:
Email:

Date Completed: 24/01/2016

Consultant: Dr Neil Howie

JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear JW Crorie

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **23/01/2016 at 23:11 hrs.** Departed on: **24/01/2016 at 01:50 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
OD

Nursing Assessment:
999 transfer from OOH at Vic after taking Overdose of approx 30x150mgms of Trazadone about 2230. Drank vodka and ? smoke "joint" states he wanted OOH to fix his right hand

Investigations in ED:
1. Coagulation screen **2. CRP** **3. Ethanol**
4. Full Blood Count **5. Glucose** **6. LFT**
7. Urea and Electrolytes

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by unspecified drugs, medication and biological substances		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
attends after taking trazadone overdose. admitted to medics for management.

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

Yours sincerely,
alison cook
Doctor

Copies to:
1. JW Crorie (GP)
School Address:

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NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 20/02/2016

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr JW Crorie,

Name	CHI	DoB	Address
Stephen Hart	1102810711	11/02/1981	FLAT 0-2 Glasgow G42 8JQ

Admitted	Type	Discharged	Destination
24/01/2016 01:50	In Patient	24/01/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Rajan Patel	QEUH ARU5 General Surgery	01414522316 / 01414522317

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
This gentleman was reviewed at the receiving unit having taken overdose of trazodone accompanied by vodka and cannabis. Recently discharged from addictions unit at Gartnavel Hospital. Right hand was also noted to be swollen after patient reportedly punched wall. No fractures on X ray of hand. Was well after period of observation following overdose. Discharged back to Kershaw Unit at Gartnavel Hospital. No follow up planned.
Many thanks
Andrew Nimmo
GPST1.1

Treatments: None recorded.

Follow-up arranged: None

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711 IDL 24/01/2016 v1

Planned Outpatient Investigations: None

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Andrew Nimmo
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Carolanne Livingstone,

Hart Stephen CHI: 1102810711

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 28/01/2016

Dr. JW Crorie
Dr John Crorie & Partners
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr JW Crorie,

Name	CHI	DoB	Address
Stephen Hart	1102810711	11/02/1981	FLAT 0-2 Glasgow G42 8JQ

Admitted	Type	Discharged	Destination
25/01/2016 13:09	In Patient	25/01/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Alisdair MacConnachie	QEUH Clinical Decision Unit	

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
This 34 year old was assessed in IAU in QEUH on 25/1/16 due to a ? abnormal ECG. He had been an in-patient on the Kershaw Unit for Alcohol Detoxification at Gartnavel Royal Hospital at the time, when he self-discharged against medical advice and later re-admitted following a trazodone overdose. The patient was noted to be bradycardic with ? ST elevation, and assessment by the on-call medical team at QEUH recommended.
On examination the patient had no chest pain or features in keeping with ACS/pericarditis. HS I+II+0 with no rub noted. ECG: normal sinus rhythm, high takeoff. ECG noted to be the same as his previous ECG. Trop/bloods NAD.
In view of his examination and investigation findings, it was thought that this was not a STEMI. As such, the patient was reassured and discharged back to the Kershaw Unit.
Kind regards,

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711 IDL 25/01/2016 v1

Dr. Frank Liaw
QEUH IAU FY1

Treatments: None recorded.

Follow-up arranged: no

Planned Outpatient Investigations: no

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Frank Liaw
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Frank Liaw, Doctor

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

Florence Street Resource Centre
GGC Mental Health

Consultant / receiving practitioner and/or specialty clinic

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

Hospital and hospital address

Hospital location code.
G002G

Email address
-

Urgency of referral	Urgent - within 5 working days		
Date of referral	04-May-2016	**Date sent**	04-May-2016

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)

Voice:07807927678

101011323836Q

Unique Care Pathway Number: 101011323836Q

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr Lisa Robins (Locum)		
GMC code	7042259	GP code	-
Practice name	-		
Practice code	49681		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: regarding suicidal ideation

Comment: I would be grateful for your assessment of the above 35 year old gentleman who is known to the CAT. He was in the Kerrshaw Unit for detox in January but since then has been drinking 2-3 bottles of Buckfast per day. This is a long standing issue and he attends the CAT worker. Mr Hart has a long history of suicidal ideation and has taken overdoses in the past however feels that this is progressively worsening as he is getting frustrated that he is not getting any help. He also thinks that there is more going on than just his alcohol problem and that he may have bipolar disorder. Other than alcohol Mr Hart smokes cannabis on a daily basis and intermittently takes cocaine. Today Mr Hart said that if he does not get any help he will end his life. He has already written letters in the past to his family regarding his suicide but his son has been a protective factor in the past. He says that now he is not and that he does not care anymore. He does not have any plans to take a further overdose of which he has taken many in the past but says that he will take a rope up to the woods. Mr Hart lives alone with no contact with anyone else. He has poor sleep also.

On examination today Mr Hart was appropriately dressed. He had no evidence of a thought disorder and appeared to me to be euthymic. I could not find any evidence of bipolar disorder but I am concerned that despite his long history of suicidal ideation this has now escalated. He has a CAT worker but has not attended his last appointment as he feels that there is no point. I discussed the importance of taking responsibility for his alcohol intake and drug abuse today but Mr Hart still feels that he needs help. As mentioned he is involved with the CAT but I do feel that he needs some review regarding his escalating suicidal ideation.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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)

	Date	Date last

Drug name	Quantity	Formulation	Dosage	Frequency	started	issued
Zopiclone Tablets 3.75 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	22-Apr-2016	22-Apr-2016
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Mar-2016	08-Mar-2016
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Jan-2016	13-Jan-2016
Trazodone Hydrochloride Capsules 50 mg	28	28 capsule	ONE TO BE TAKEN EACH MORNING DISPENSE WEEKLY	-	13-Jan-2016	13-Jan-2016
Trazodone Hydrochloride Tablets 150 mg	28	1*28 tablet	ONE TO BE TAKEN AT NIGHT	-	13-Nov-2015	13-Jan-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information
Administrative information

Risk of Suicide:Yes
If yes to Risk of Suicide, please give details:has written letters to family,
Past history of suicide attempt:Yes
If yes to Past history of suicide attempt, please give details:OD medication jan 2016
Risk of deliberate self harm:Yes
If yes to Risk of self harm, please give details:see above
Is patient responsible for children?:Don't Know
If yes to patient responsible for children, please give details:has a son but not known whether resident with him
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:No
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Locum
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's name:	Stephen Hart
Address:	0/2, 15 Garturk Street Glasgow Lanrkshire G42 8JQ
Date of Birth:	11/02/81
Case record number:	
CHI Number	1102810711
Next-of-Kin / Nearest Relative Details	
Name:	Sadie Hart
Relationship:	Mother
Address:	Not given
Tel Number	0141 422 2069

Reason for admission:	ALCOHOL DETOXIFICATION
Ward admitted to:	KERSHAW UNIT
Legal status on admission:	INFORMAL
Summary of treatment received during admission:	Admitted on the 21/01/16 for alcohol detox. Stephen was hostile and aggressive during his short time on the ward. Also punched a wall in the ward. Despite nursing staff and medicals staffs interventions Stephen remained unhappy and hostile. He wanted to leave treatment and initially agreed following medical review he would stay. However quickly changed his mind. Stephen was adamant he wanted to leave and was unwilling to wait for further medical review or sign the DAMA form.
CONSULTANT	DR SMITH

Discharge Information	
Name of hospital:	GARTNAVEL ROYAL
Hospital telephone number:	0141 211 0394
Legal status on discharge:	INFORMAL
Discharged against medical advice: *(If yes, give details)*	Yes see summary of treatment
Ward discharged from:	KERSHAW IN-PATIENTS
Ward telephone number:	0141 211 0395/0394

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

(as known at time of discharge)	
Address discharged to: *(If different from home address give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative etc.)*	
Outpatient appointment:	**To follow**
Venue	
GP CONTACT DETAILS	**Dr Crorie** **Mount Florida Medical Centre** **183 Prospecthill Road** **Glasgow** **G42 9LQ**
TEL. No:	**0141 632 4004**
CAT WORKER	**Caroline Bruce** **South CAT** **Pavilion One** **Rowan Business Park** **5 Ardlaw Street** **Glasgow** **G51 3RR**
TEL. No:	
Medication On Discharge	**None due to DAMA**
Depot Medication Prescribed:	
If Yes Give Details	
Special Instructions / Information / Precautions: *(Related To: Wound Care, Medication, Diet, Exercise, Driving, Return To Work Etc.)*	
Additional information provided: *(Information leaflets, personal planning information, guidance notes, travel information etc.)*	**Kershaw staff will contact Stephens CAT to arrange follow.**

Signatures		
Staff member		
Patient		

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Name and Address:	**STEPHEN HART**
Date of Birth:	**11/02/81**
Case record number:	
CHI Number	**1102810711**
Next-of-Kin / Nearest Relative Details	
Name:	**SADIE HART**
Relationship:	**MOTHER**
Address:	**NOT GIVEN**
Tel Number	**0141 422 2069**

Reason for admission:	**ALCOHOL DETOXIFICATION – READMISSION TO UNIT ON 24/01/16 DUE TO OVERDOSE**
Ward admitted to:	**KERSHAW UNIT**
Legal status on admission:	**INFORMAL**
Summary of treatment received during admission:	**VITAMIN REPLACEMENT THERAPY INCLUDING PABRINEX IM, 1:1 SUPPORT FOR RELAPSE PREVENTION.**
CONSULTANT	**DR BECK - SCHWAHN**

Discharge Information	
Name of hospital:	**GARTNAVEL ROYAL**
Hospital telephone number:	**0141 211 0394**
Legal status on discharge:	**INFORMAL**
Discharged against medical advice: *(If yes, give details)*	**NO**
Ward discharged from:	**KERSHAW IN-PATIENTS**
Ward telephone number:	**0141 211 0395/0394**

(as known at time of discharge)

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

Address discharged to: *(If different from home address give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative etc.)*	**AS ABOVE.**
Outpatient appointment:	**TO BE CONFIRMED**
Venue	**SOUTH CAT**
GP CONTACT DETAILS	**DR CRORIE** **MOUNT FLORIDA MEDICAL CENTRE** **183 PROSPECTHILL ROAD** **G42 9LQ**
TEL. No:	**0141-632-4004**
CAT WORKER	**CAROLINE BRUCE** **THE TWOMAX BUILDING** **187 OLD RUTHERGLEN ROAD** **G5 ORE**
TEL. No:	**0141-420-8100**
Medication On Discharge	**COPY SENT TO GP**
Depot Medication Prescribed	**NO**
If Yes Give Details	**N/A**
Special Instructions / Information / Precautions: *(Related To: Wound Care, Medication, Diet, Exercise, Driving, Return To Work Etc.)*	**ADVISED GP TO DISCONTINUE TRAZADONE.** **LEFT TELEPHONE MESSAGE WITH CAT WORKER TO CALL BACK REDGARDING CONFIRMATION OF OUTPATIENT CLINIC BEING ON THURSDAY OR FRIDAY.**
Additional information provided: *(Information leaflets, personal planning information, guidance notes, travel information etc.)*	

Signatures		
Staff member		
Patient		

Mental Health Service

NHS
Greater Glasgow and Clyde

Private & Confidential
Dr J McCrorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Glasgow Liaison Psychiatry Services
South Glasgow University Hospital
Office Block
Level 1, Zone 1
1345 Govan Road
Glasgow
G51 4TF

Date: 24 January 2016
Date Typed: 29 January 2016

Our Ref: MMcC /sb/- 2779112

Tel: 0141 201 2442

Dear Dr McCrorie,

Re: Stephen Hart DOB:- 11.02.1981 CHI:- 1102810711
Flat: 0/2, 15 Garturk Street, Glasgow, Lanarkshire G42 8JQ

The above named patient was referred to Liaison Psychiatry on 24 January 2016 after he had been admitted to the Queen Elizabeth University Hospital the previous evening at 23.11 hours after being brought to hospital by ambulance. The patient alleged he had taken 30 x Trazodone 150mg tablets after consuming a large amount of vodka and smoking a Cannabis joint.

History of Presenting Circumstances
The patient had previously been discharged from the Kershaw Unit on the Friday evening following an incident where he states that his ex-girlfriend had posed as his sister to get into the unit. He was very upset that his partner was allowed into the unit there are currently bail conditions in situ and he cannot have contact with his ex. This made him extremely angry that the ward staff had not recognised that this lady was not his sister. He subsequently discharged himself from the unit. He states following this he went home where his brother and his fiancée decided that they were going to stay with him. They had their three children with them. They had been arguing and Stephen said he wanted time to talk about things with his brother but he did not get a minute. He states that this had upset him and he had left the flat and subsequently continued to drink heavily culminating in him taking the tablets.

Myself and my colleague Advanced Nurse Practitioner Jennifer Armour assessed this gentleman in A.R.U.5. He did not appear particularly regretful of his actions stating that he had vague thoughts of still wanting to end his life. He states that he does not have anything left to live for.

Mental State Examination
The patient states his sleep pattern has been poor also his appetite has been poor and he thinks he has lost quite a lot of weight.

He describes his mood as low. He describes his memory as poor. He has no current suicidal thoughts. There was no evidence of psychosis.

A week ago he punched a wall and he was clearly concerned about a swollen hand and he was awaiting x-ray for this.

Impression
Clearly this gentleman's current problem is substance misuse. Fortunately Mr Hart was agreeable to returning to the Kershaw Unit. We discussed this prospect with the Senior Charge Nurse of the Unit earlier and she was agreeable for this gentleman to return given the circumstances of his irregular discharge. Certainly there appeared to be some concerns about his mental state following his irregular discharge. Fortunately Mr Hart was agreeable to return to the unit knowing that he probably made a mistake leaving after a place had been identified for him. We explained to him that his substance misuse was the predominant issue at the moment and he would have to get this resolved first before he could tackle any other issues and he appeared to accept this.

We contacted the Kershaw Unit to inform them of the imminent transfer of the patient was once deemed medically fit. We informed ward staff to arrange transfer as soon as possible in case the bed was redirected elsewhere

Yours Sincerely

pp **Michael McCann**
Advanced Nurse Practitioner

CC Kershaw Unit Gartnavel Royal Hospital 1055 Gt Western Road, G11 0XH

[redacted]

NHS Confidential: Personal data about a patient

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow City Council

NHS Greater Glasgow and Clyde

CHI: 1102810711
PIMS: T/2779112
Ref: AA/TS

Dictated: 4 February 2016
Typed: 5 February 2016

Dr Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Crorie

DISCHARGE SUMMARY

STEPHEN HART- DOB: 11.02.81
FLAT 0/2, 15 GARTURK STREET, GLASGOW, G42 8JQ

Date of Admission:	**21 January 2016**
Date of Discharge:	**27 January 2016**
Ward:	**Kershaw Inpatient Unit, Gartnavel Royal Hospital**
Status:	**Informal**
Consultant:	**Dr Beck-Schwahn**
Diagnosis:	**1. Alcohol Dependence Syndrome (currently abstinent) ICD code F10.25** **2. Mental and Behavioural Disorder secondary to substance misuse** **3. Borderline Personality Trait**
Medication on discharge:	**He was provided with 7-days worth of his take home medication. This includes the following:-** **1. Forceval capsules one daily (mane)** **2. Thiamine tablets 100mgs tds**

In between the period of admission and his final discharge from Kershaw Inpatient Unit, it is noteworthy to mention that Mr Hart discharged himself against medical advice (DAMA) on 21 January 2016 and was re-admitted on 24 January 2016 following an incident of an impulsive overdose necessitating a brief admission into acute unit at the Queen Elizabeth Hospital.

Cont/...

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Glasgow Addiction Services, Kershaw Unit, Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
Tel No: 0141 211 3546 Fax No: 0141 211 3554

Admission Details

Mr Stephen Hart was admitted into the Kershaw Inpatient Unit at Gartnavel Royal Hospital on 21 January 2016 for a planned elective alcohol detox as an informal patient. He was referred by Caroline Bruce (Community Addiction Nurse) at the South Community Addiction Team due to concerns over his excessive use of alcoholic beverages (he reported to be drinking approximately 20 units of alcohol per day), and with emergence of alcohol related physical health complications and behaviour resulting in multiple contacts with the law in relation to his anger and other risk taking behaviours. He was also known to have been socially isolated from family and friends living in other parts of the city. He has a history of deliberate self harm (superficial self mutilation through cutting of his arms and legs).

He has a history of child sexual abuse and spent the predominant part of his childhood going through the care system with follow on multiple history of contacts with Criminal Justice.

This was his first detox programme both in hospital and in the community. He reported his alcohol difficulty started in 2004 following a difficult relationship breakdown and loss of employment as he previously used to work in child care. He then started to drink virtually every day. He reported drinking mainly Buckfast, cider, vodka and lager. He drinks alone at home. He reported to have lost a lot of friends due to drinking and in view of this he now has a limited social circle.

He volunteered a history of multiple seizures of which his last episode was in July 2015 whilst on holiday in Dubai. He reported having several episodes of memory blackouts which emergence of peripheral neuropathy affecting only his upper limbs (hands).

He is also a regular user of cannabis smoking approximately a half to a quarter ounce of cannabis per day. He has also tried cocaine, magic mushrooms, ecstasy and MDMA in the past. He, however, denied any history of heroin and Benzodiazepine (illicit) use.

He was admitted and had a full clinical evaluation (assessment, mental state examination, physical and systemic examination including routine blood investigations such as urea, electrolytes, liver function tests including gamma GT, calcium, magnesium phosphate, coagulation screen, random blood sugar and full blood count). He also had a routine urinary drug screen done. His urine drug screen was positive for Benzodiazepines and cannabis and negative to all other substances. The outcome of the initial baseline blood results revealed the following:

Urea Electrolyte (with Sodium of 140, Potassium of 4.5, Chloride of 105, Creatinine of 71), Magnesium of 0.83, liver function test (with a total Bilirubin of 5, ALT of 10, AST of 14, Alkaline Phosphates of 68, Albumin of 40), Glucose of 4.8 mmol/L, Gamma GT of 20 U/L, C Reactive Protein of 1, bone profile (Calcium of 2.31, Phosphate of 1.14, Albumin of 40 and Alkaline Phosphates of 68), Amylase of 61 U/L, full blood count (with white cell count of 11.9, Neutrophils of 7.7, MCV of 96.1, Haematocrit of 0.495, MCH of 31.3, Eosinophils of 0.6, and Monocytes of 1.0).

Cont/...

Glasgow Addiction Services, Kershaw Unit, Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
Tel No: 0141 211 3546 Fax No: 0141 211 3554

It is noteworthy to mention that the outcome of the initial baseline blood investigations were essentially normal. He was, however, prior to the outcome of his blood results commenced on an alcohol detox programme using a reducing detox regime of Diazepam to manage his withdrawals. This, however, had to be reviewed in view of normal baseline blood results and he was placed on a short 5-day detox course. He was also commenced on multi-vitamin therapy in the form of IM Pabrinex and other oral multi-vitamins such as Forceval and Thiamine. He had serial vital signs and blood monitoring all through his period of stay in the unit.

He had an uneventful detox programme in relation to his alcohol use, however, his behaviour was quite challenging all through the period of his admission and recorded incidents that had to be flagged on the Datix incident reporting due to the nature and the severity.

The challenging behaviour in association with emotional outbursts and anger progressed and peaked on 23 January 2016 when he was known to have requested to take his self discharge and for which the duty doctor was notified, but he refused to stay in the unit and left the ward about 1915 hours. The duty doctor visited the unit and based on the previous entry on his notes contacted all relevant persons including the on call Consultant and a request was put out to the police for a welfare check.

However, on 24 January 2016, a Trakcare record on the database revealed that he was admitted into the Queen Elizabeth Hospital with a history of having overdosed on his previously prescribed Trazodone medication. He was kept in for a period of 48 hours. He was also reviewed on the same day by the Liaison Psychiatry Team (Dr Michael McCann) and due to the nature of his overdose and his mental state, and in the absence of an acute admission bed, he was re-admitted back into the Kershaw Inpatient Unit as a stop gap process for his own health and safety.

On 25 January 2016 due to an incidental finding on his electrocardiogram tracing, discussion was held with the Cardiology Department based at Jubilee Centre at the QEH which then led to a re-transfer for evaluation but he was eventually cleared and returned back to the Kershaw Unit on the same day.

He was involved in a couple of MDT review with Dr Beck-Schwahn as part of his post overdose mental state evaluation and formulation of his post discharge care plan of which his Community Addiction Team were also involved.

On 27 January 2016 having completed his detox and with mental state evaluation which showed no evidence of any identifiable risk and all post discharge care plan fully agreed, he was discharged from the unit back to his home address which he shares with his brother.

Post Discharge Management Plan

1. Advised to continue taking his medication as prescribed. However the Trazodone medication earlier commenced during his admission was discontinued and advice sent to his GP practice.

Cont/...

Glasgow Addiction Services, Kershaw Unit, Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
Tel No: 0141 211 3546 Fax No: 0141 211 3554

2. Outpatient appointment with his responsible community consultant arranged by the South Community Addiction Team.
3. He was advised to continue to liaise and engage with Caroline Bruce at the Twomax Building for one to one sessions and engagement in other psychotherapeutic activities.
4. Advised to continue to engage with the GP practice for all other physical health related matters.
5. Advised of referral by Caroline Bruce to South East Alternatives and Anger Management Course.

Yours sincerely

Dr A Ajumobi
Speciality Doctor in Psychiatry

Dr B Beck-Schwahn
Consultant Psychiatrist

Copy to :
Caroline Bruce, South Community Addiction Team, 3rd Floor, The Twomax Building, 187 old Rutherglen Road, Glasgow, G5 0RE

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Glasgow Addiction Services, Kershaw Unit, Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
Tel No: 0141 211 3546 Fax No: 0141 211 3554

[redacted]

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Filename: iGPRDA_54.pdf
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NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/09/2016

Consultant: Dr Sonja Allen

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **23/09/2016 at 00:08 hrs.** Departed on: **23/09/2016 at 03:20 hrs.**
Discharge Type: **04E Incomplete: Patient removed by police** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
head inj

Nursing Assessment:
Intoxicated cannabis and alcohol, assaulted in street. Laceration to back of head, injuries to both arms. Recall of events vague. Mum present, lives alone. GCS 14.

Investigations in ED: **None**

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Open wound of scalp		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
3 cm occipital scalp laceration during assault. cleaned and closed with 3 sutures. ROS 1 week

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

Yours sincerely,
Cieran Mckiernan
Consultant

Copies to:
1. N Mitchell (GP)
School Address:

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Florence Street Resource Centre
26 Florence Street
Glasgow
G5 0YZ

www.glasgow.gov.uk
www.nhsgc.org.uk

Our Ref: JW/SC/2779112
Date: 05 May 2016

STRICTLY CONFIDENTIAL
Dr L Robins (Locum)
Mount Florida Medical Centre
183 Prospecthill Road
GLASGOW G42 9LQ

Dear Dr Robins

RE: STEVEN HART 0/2, 15 GARTURK STREET, GLASGOW, G42 9LQ
D.O.B. 11-02-81 CHI 1102810711

Thank you for referring the above-named gentleman to the Resource Centre.

This patient's referral has been passed(by fax) to Caroline Bruce at the Addictions Service as Mr Hart is currently open to this service and Ms Bruce can be contacted on 276 8740.

Please contact the duty person at the above number if you wish to discuss this.

Yours sincerely

Joe Whyte
Duty G.P.N.

cc Caroline Bruce, Castlemilk Drug Project, 10 Ardencraig Road, Glasgow, G45 9US

NHS Greater Glasgow and Clyde

Glasgow City Council

Filename: iGPRDA_56.pdf
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NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Rowan Business Park Pavilion 1
5 Ardlaw Street
Glasgow
G51 3RR

www.glasgow.gov.uk
www.nhsggc.org.uk

Our ref: CB/CH
Your ref: 1102810711
Date 1 August 2016

Stephen Hart
Flat 0-2
15 Garturk Street
Glasgow
G42 8JQ

Dear Stephen

I hope this letter finds you well.

I would like to offer you the following appointment at **Govanhill Health Centre, 233 Calder Street, Glasgow, G42 7DR** on:

Day: Thursday

Date: 11 August 2016

Time: 11.30am

Worker/Nurse: Caroline Bruce

If this appointment is unsuitable for you, please do not hesitate to contact me on the above number and I'll be happy to arrange another time for you.

Yours sincerely

pp CMorris

Caroline Bruce
Addiction Nurse

cc Dr Crorie, Mount Florida Medical Centre, 183 Prospecthill Road, Glasgow, G42 9LQ

NHS Greater Glasgow and Clyde

Glasgow City Council

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If phoning or visiting, please ask for Caroline
Telephone 0141 276 8740. **Fax** 0141 276 8941

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NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 17/08/2016

Consultant: Dr Jonny Gordon

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **17/08/2016 at 19:18 hrs.** Departed on: **17/08/2016 at 20:56 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
fall off bike whole of left sidealso head inj dizzy nausea

Nursing Assessment:

Investigations in ED:
1. XR Elbow Rt

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Open wound of forearm		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended MIU today after falling from bike. abrasions to right elbow and legs/ also hit head. neuro exam intact. xrays reveal no bony injury to right elbow. abrasions cleaned after topical anaesthetic applied

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

Yours sincerely,
Christopher Coubrough
Nurse

Copies to:
1. N Mitchell (GP)
School Address:

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Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/09/2016

Consultant: Dr Fiona Gunn

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **23/09/2016 at 12:52 hrs.** Departed on: **23/09/2016 at 14:59 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
biba - gp ref ortho

Nursing Assessment:
Brought in by ambulance - alleged assault last night seen in ED and discharged home. Seen by GP this morning and advised to attend ED, headache, nausea/vomiting. Complaining pain all over

Investigations in ED:
1. CT Head

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Open wound of scalp		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
This patient presented to the ED overnight, after an assault, with a head wound. This was cleaned and closed, and he was discharged. He returned today with a severe headache and persistent vomiting. A CT of his head was unremarkable. He was discharged without follow up with the expectation that his symptoms will resolve, given time.

Followup : **none**
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Keith McKillop
Doctor

Copies to:
1. N Mitchell (GP)
School Address:

NHS Confidential: Personal data about a patient

GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow City Council

NHS Greater Glasgow and Clyde

CHI: 1102810711
PIMS: 2779112
Ref: MN/CF

Date Typed: 15th March 2016

Caroline Bruce
South West Community Addiction Team
Rowan Business Park
Ardlaw Street
Glasgow
G51 3RR

Dear Colleague

Re: Stephen Hart DOB: 11.02.1981
Flat 0/2, 15 Garturk Street, Glasgow, G42 8JQ

I am writing with regards to the above named patient.

After discussion at the allocations meeting, no further appointments will be arranged for Mr Stephen Hart at this time and he will be discharged from the outpatient clinic.

I would of course be happy to see him/her in the future should further referral be indicated.

Yours sincerely

Dr M Neville
FY2 in Psychiatry to Dr A Agnihotri
Consultant Psychiatrist

Cc GP: Dr Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow G42 9LQ

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Glasgow Addiction Services
Old Possilpark Health Centre, 85 Denmark Street, Glasgow G22 5EG
Tel No 0141 531 6103

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GLASGOW ADDICTION SERVICES
TREATMENT, CARE AND SUPPORT WHERE IT'S NEEDED

Glasgow CITY COUNCIL

NHS Greater Glasgow and Clyde

CHI: 1102810711
PIMS 2779112
Ref: MN/CF

Date Dictated: 1st March 2016
Date Typed: 3rd March 2016

Dr Crorie
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Crorie,

Re: Stephen Hart DOB: 11.02.1981
Flat 0/2, 15 Garturk Street, Glasgow, G42 8JQ

I reviewed Mr Hart in the Outpatient Addictions Clinic appointment today following his discharge from Kershaw Inpatient Unit on 27th January 2016.

I was saddened to hear that Mr Hart has relapsed to drinking alcohol following his discharge. He stated that the Adelphi Centre said that he was not suitable as he needed to see a psychiatrist as they felt that the meetings may be triggers for him to relapse. He has been engaging with Caroline Bruce (CAT worker) however does not feel that this is helpful and described being "a waste of cannon".

He is currently drinking 2-3 bottles of Buckfast a day and denied any alcohol use prior to his appointment today and did not appear at all intoxicated. He did however admit to smoking cannabis before his appointment and denies any other illicit drug use. He is not currently taking any medication as Trazedone has been stopped following previous overdose. The importance of taking Thiamine was reinforced and he was agreeable to this. He describes some withdrawal symptoms in the form of shakes in the morning but has not experienced any seizures or delirium tremors.

He describes his mood as being up and down and sometimes feels that life is not worth living however this is unchanged from his presentation at Kershaw Unit and has had these symptoms for many years. He continues to have impulsive thoughts of self harm and sociality yet again these symptoms have been present for many years. He reports having generalised anxiety and spends time cycling to alleviate this as he feels socially isolated as the does not have anything to do during the day.

Mental State Examination
Mr Hart presented as being very well kempt and well dressed and maintained good eye contact throughout the consultation. He established a good rapport and his mood was clinically ethylic and reactive in affect. There was evidence of a formal thought disorder or no evidence of any delusions and he denied any hallucinations.

Cont....2/

Mr Hart also mentions that he is due in court on Friday for breaching bail conditions and I believe are domestic violence charge for which he may have to serve a judicial sentence. He is expressing anxiety around this case.

Plan
As discussed with Dr. Agnihortri to be discussed at Community Addiction Team regarding further involvement with Addiction Services as he has relapsed.

Kind Regards,
Yours sincerely

Dr Molly Neville
FY2 in Psychiatry to Dr Agnihortri
Consultant Psychiatrist

Cc Caroline Bruce, South West Community Addiction Team

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Rowan Business Park Pavilion 1
5 Ardlaw Street
Glasgow
G51 3RR

www.glasgow.gov.uk
www.nhsggc.org.uk

Our ref: CB/CH
Your ref: 1102810711
Date 29 September 2016

Stephen Hart
Flat 0-2
15 Garturk Street
Glasgow
G42 8JQ

Dear Stephen

I hope this letter finds you well.

I would like to offer you the following appointment at the **Govanhill Health Centre, 233 Calder Street, G42** on:

Day: **Thursday**

Date: **6 October 2016**

Time: **11.00am**

Worker/Nurse: **Caroline Bruce**

If this appointment is unsuitable for you, please do not hesitate to contact me on the above number and I'll be happy to arrange another time for you.

Yours sincerely

pp CHarris

Caroline Bruce
Addiction Nurse

cc Dr Crorie, 183 Prospecthill Road, Glasgow, G42 9LQ

If phoning or visiting, please ask for Caroline
Telephone 0141 276 8740 **Fax** 0141 276 8941

NHS Greater Glasgow and Clyde

Glasgow City Council

Filename: iGPRDA_49.pdf
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NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 04/10/2016

Consultant: Mr Tadhg Kelliher

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **04/10/2016 at 13:50 hrs.** Departed on: **04/10/2016 at 16:01 hrs.**
Discharge Type: **04a - Incomplete: left before assessment completed** Destination: **Not known**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
sob- mental health issues

Nursing Assessment:
Pt in attendance with 2 mentors. in the last hr complaining SOB and clutching L side of chest. Hx of mental health. today verbalising suicidal ideas. tingling sensation all over body. Assaultded last week. stiches to back of head. CAT 2 ECG

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Depression		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Stephen Hart was admitted in the company of two mentors from the WISE support group. He had suicidal ideation, handed in a suicide note to WISE today at their facility, stating he plans to kill himself with tablets. He was very tense and on edge, mood low, crying. Reviewed by psych liaison in the department, who advised me that he had terminated the interview prior to completion and walked out of the department. She had no concerns about his suicide risk, felt it was a dissocial personality disorder and was happy to recommend outpatient follow up.

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

Yours sincerely,
Philip Chan
Doctor

Copies to:
1. N Mitchell (GP)
School Address:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access Echo Protocol (Glasgow, vR13.0)

REFERRAL TO

Direct Access Echo
GGC Direct Access ECHO

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

Cardiology Direct Access Services (GG&C)
NHS Greater Glasgow & Clyde

Hospital and **hospital address**

Hospital location code.
G034G

Email address
-

Urgency of referral	Routine		
Date of referral	16-Mar-2017	**Date sent**	16-Mar-2017

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)

Voice:07807927678

1010132549885

Unique Care Pathway Number: 1010132549885

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. Elizabeth Murphy		
GMC code	3125184	GP code	01422
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: heart murmur

Comment: Diagnosed with diastolic murmur in casualty nov 16.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Excision of skin tag of anus	-	29-Nov-2012	29-Nov-2012
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2*1 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY	-	14-Mar-2017	14-Mar-2017
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2*1 inhaler	2 Puffs Take as required	-	14-Mar-2017	14-Mar-2017
Citalopram Hydrobromide Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	07-Nov-2016	14-Mar-2017
Thiamine Hydrochloride Tablets 100 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-May-2016	04-Nov-2016
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	13-May-2016	04-Nov-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	7	7 TABLET	ONE TO BE TAKEN AT	-	14-Mar-	14-Mar-

			NIGHT		2017	2017
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	14-Dec-2016	14-Dec-2016
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-Dec-2016	14-Dec-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	28-Nov-2016	28-Nov-2016
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY	-	28-Nov-2016	28-Nov-2016
Citalopram Hydrobromide Tablets 20 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	12-Oct-2016	12-Oct-2016
Promethazine Hydrochloride Tablets 25 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT IF REQ	-	12-Oct-2016	12-Oct-2016
Propranolol Hydrochloride Tablets 10 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	12-Oct-2016	12-Oct-2016
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	05-Oct-2016	05-Oct-2016
Promethazine Hydrochloride Tablets 25 mg	28	28 tablet	1 Tab At night	-	05-Oct-2016	05-Oct-2016
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	05-Oct-2016	05-Oct-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Investigations

Description/Question	Result/Comment	Date
AF proven on ECG:	NO	-
Murmur:	YES	-
Hypertension:	NO	-
Valvular heart disease:	NO	-
Valve surgery:	NO	-
MI:	NO	-
CABG:	NO	-
PTCA:	NO	-
Angina:	NO	-
Previous Echo:	NO	-

Clinical warnings

Additional relevant information
Administrative information

Warfarin:NO
Aspirin:NO
Clopidogrel:NO
Dipyridamole:NO
B-Blocker:NO
Ca channel blocker:NO
Digoxin:NO
Preferred hospital:NK
OK to send correspondence to home address?:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Rowan Business Park Pavilion 1
5 Ardlaw Street
Glasgow
G51 3RR

www.glasgow.gov.uk
www.nhsggc.org.uk

Our ref: CB/SACT
Your ref:
Date: 03 October 2016

Dr Crorie
Mount Florida Mecial Centre
Prospecthill Road

Dear Dr Crorie

RE Stephen Hart CHI 1102810711

The above patient was allocated to my caseload for support with alcohol use, he denies any alcohol use at present.

Stephen reports mood stable at present denies suicidal ideation.

Currently engaging with criminal justice as part of court order.

I will continue to see him on a 1:1 basis and keep you up to date in due course.

Should you require any further information please do not hesitate to contact me.

Yours sincerely

Caroline Bruce
Addiction Nurse
01412768740

NHS Greater Glasgow and Clyde

Glasgow City Council

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[redacted]

NHS
Greater Glasgow and Clyde

Mental Health Services

Glasgow Liaison Psychiatry Service
2nd Floor, St Mungo Building
Royal Infirmary
84 Castle Street
GLASGOW
G4 0SF

Date Received 04 October 2016
Date typed. 05 October 2016

Our ref. MC/sb/-2779112
Direct Line. **0141 211 4417 (24417)**

Private & Confidential
Dr N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Mitchell,

Re: Stephen Hart DOB:- 11.02.1981 CHI:- 1102810711
Flat: 0/2, 15 Garturk Street, GLASGOW, Lanarkshire G42 8JQ

We were asked to assess this gentleman in the A&E Department of Glasgow Royal Infirmary on 04.10.2016. He had been brought to the department by two mentors from the Wise Group. On admission he was complaining of shortness of breath and complaining of chest pain but had also apparently been expressing suicidal ideation earlier that day. It was noted that he had been assaulted last week and had to have stitches to his head. Apparently he turned up at the Wise Group today and handed them a suicide note stating that he intended to take some pills which was the reason that he was brought to the A&E Department. From the A&E Doctor we were told that he appeared quite tense and very wound up and he reported that he was being threatened by six people.

When we arrived to speak with Stephen he was sitting calmly on one of the hospital trolleys in a bay. Given his previous history of violence and the fact that he has an alert on our information system we decided to conduct the interview by his bedside. Stephen later indicated he was not happy about this but the reasons for this were explained to him and he was understanding of this. He told us that he had been letting things build up and that things had gone "down the tubes for him" since he was attacked two weeks ago. He told us that he knew one of his attackers as it was a previous friend of his. He told us that he had gone to this friend's house where six people attacked him out of the blue but that he had managed to escape from them sustaining an injury to his head. He went on to tell us that on Sunday he noticed someone standing outside out of his house with a knife smiling in the window at him. He got himself armed with a meat cleaver and ran out after this man but he ran away.

[redacted]

He told us that he is not usually that kind of person but that he would use a weapon for his own protection if need be.

Surrounding the events of today he told us that he felt everything was building up. He stated that he didn't want to open his mouth as he wants to see his son and he wouldn't get to see his son if he had mental health issues. He reported having stopped using cannabis a couple of weeks ago and told us that basically he just did not want to be here anymore as he was fed up with it all. He explained that he had been hyperventilating earlier because he was upset and told us that he felt he was going to be dead one way or the other and that he didn't feel safe. He stated that he feels jumpy and that he is watching his back constantly. On discussing involving the police he told us that he hadn't done this and he did not feel that there was any point to this. Yesterday he had been feeling upset and had gone to see his mum but she didn't come home from her work but had gone to his gran's instead and he appears to have been upset about that also.

Stephen spoke to us about his 13 year old son and told us that he has been a protective factor for him. He sees his son at weekends and last saw him this weekend. He told us however that he didn't plan to see him this weekend as he was afraid if any of these men turned up again then he would retaliate. He stated that he would kill them and then kill himself. We spoke about this and Stephen was quite clear that he knew the consequences of his actions should he harm anyone else. We indicated to him that his judgement was not impaired in any way by mental illness and that he would be responsible for his actions which he agreed with. When asked why he had handed the suicide note to the people at the Wise Group today he told us that he didn't know why but he thinks that he wanted help but could not indicate to us what kind of help he wanted. We were making suggestions to him at this point with regards to Victim Support etc, however, his demeanour changed dramatically. He looked angry and started grabbing his clothing in a very petulant childlike fashion stating that we were making him feel like "shite" and he was just going to leave.

Initially when speaking with Stephen he appeared to be taking on board some of the things we were suggesting to him and telling him about involving the police in the current situation. We also advised with regards to victim support but he was very dismissive of any suggestions that we were making to him. He had told us that his son was a protective factor for him and we did not feel that he was displaying any evidence which was suggestive of a psychiatric disorder and we did not feel he met criteria for detention under the mental health act therefore we allowed him to leave the department.

Following this I contacted his addictions worker Caroline Bruce and explained to her with regards to Stephen's presentation. She agreed that this was very much in keeping with his usual behaviour at times. She indicated to us that he had, had a recent psychiatric assessment following a period of inpatient detox at the Kershaw Unit which had indicated that he was not suffering from any formal mental disorder. His problems all appear to be related to alcohol and cannabis misuse. He was apparently recently offered a community rehab but told his worker that "he did not want to mix with junkies". As you will be aware he has a long history of violent behaviour in the past and he is currently open to the criminal justice system and is on a court order for 18 months of which he has served 6 months. He has a pending appointment with his addiction worker but I understand he did not turn up for his last appointment. We had no further psychiatric recommendations to make at this time.

Yours Sincerely

ff **Maria Cassidy**
Advanced Nurse Practitioner Liaison Psychiatry

CC Caroline Bruce Pollok Community Addiction Team 130 Langton Rd G53 5DP

NHS Confidential: Personal data about a patient

The Kershaw Day Services Unit
Glasgow Addiction Services
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW, G12 0XH

Tel: 0141 211 3546
Fax: 0141 211 3554

NHS
Greater Glasgow and Clyde

KERSHAW UNIT DAY SERVICES

DISCHARGE SUMMARY INFORMATION

PATIENT DETAILS	
Patient's name:	Stephen Hart
Address:	Flat 0/2 15 Garturk Street Glasgow Lanarkshire G42 8JQ
Date of birth:	11/02/1981
Case Record Number:	T/2779112
CHI Number:	1102810711
Referral Date:	14/10/2016
Admission Date:	24/10/2016
Discharge Date:	24 10 2016
Patient Contact Tel No:	0141 429 2069 / 07807927678

Referral Contact History:	

Reason for admission:	3-week group
Ward admitted to:	Kershaw Day Unit
Legal status on admission:	Informal
Summary of treatment received during admission: breathalysed negative, attended to start 3/52 alcohol group however had been drinking previous 10 days, discussed with dr adi, referred back to cat team, cat worker informed, Stephen to see cat worker 26 10 2016, attending wise group 25 10 2016, keen to be considered for next group.	
Consultants name:	Dr Agnihotri

Discharge Information	
Name of hospital:	Gartnavel Royal Hospital
Hospital telephone number:	0141 211 3546
Legal status on discharge	Informal
Discharged against medical advice: *(if yes give details)*	No
Ward discharged from:	Kershaw Day Unit
Ward telephone number:	0141 211 3546

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION

Follow – up arrangements	*(As known at time of discharge)*
Discharge from Outpatient Clinic	
To be arranged by ...	
Further Outpatient Appointment	
Outpatient appointment details:	
Venue:	
GP contact details:	Dr Crorie Mount Florida Medical Centre 183 Prospecthill Road Glasgow G42 9LQ
Telephone number:	0141 632 4004
C.A.T Worker Contact details:	Caroline Bruce South West Community Addiction Team Pavilion One, Rowan Business Park 5 Ardlaw Street Glasgow G51 3RX
Telephone number:	0141 276 8740
Medication on discharge:	nil
Additional information provided: *(information leaflets, personal planning information, guidance notes, travel info etc)*	

Staff member:	Sean mc alpine	
Date:	12 12 2016	

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2503 (8503)
Fax: Patient Attended
Email: QEUH Clinical Decision Unit

Date Completed: 29/11/2016

Consultant: Dr Craig Harrow

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **28/11/2016 at 12:59 hrs.** Departed on: **28/11/2016 at 18:06 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
PLEURITIC CHEST PAIN - OWN TRANSPORT

Nursing Assessment:
PLEURITIC CHEST PAIN - OWN TRANSPORT

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin i hs	**8. D - Dimer**	**9. XR Chest**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Acute pharyngitis, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Dear Doctor, Stephen was admitted to IAU of QEUH due to about 6 months of gradually worsening chest pain,. Alongside this he had dry cough and shortness of breath. This was worse on the left side but he had no other worrying symptoms. Observations were normal and examination revealed enlarged cervical lymph nodes and enlarged tonsils. He was also found to have a mid diastolic mumbling murmur. Chest was clear and ECG was normal. Bloods revealed raised WCC only (13.2). Troponin and D dimers were negative, CRP <1. He was thought to have pharyngitis and was commenced on oral amoxicillin to complete a week course in the community. Stephen was medically fit for discharge home with Outpatient Echo arranged to rule out a valvular lesion. Many thanks for continuing this patient's care. Kind regards Fiona Robertson FY1

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

Yours sincerely,
Fiona Robertson5
Doctor

Copies to:
1. N Mitchell (GP)
School Address:

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow G42 9LF
03/07/2017

Dr N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow G42 9LQ

Dear Dr N Mitchell

Re Patient
Mr Stephen Hart
FLAT 0-2
15 GATRURK ST
Glasgow G42 8JQ

CHI Number:	1102810711
Consultant:	VITech Cardio ECHO
Specialty:	Electrocardiography
Date and time:	03/07/2017, at 09:30

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.
Yours sincerely

Martha Cowan

Referral Management Centre North

User ID Margaret Gallacher

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Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 12/05/2017

Consultant: Dr Jonny Gordon

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **12/05/2017 at 10:21 hrs.** Departed on: **12/05/2017 at 11:20 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
foot inj

Nursing Assessment:

Investigations in ED:
1. XR Foot Rt

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Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Fracture of great toe, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
#to right great toe after injury RICE, advice, advice re analgesia

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

Yours sincerely,
Caroline McCormack1
Nurse

Copies to:
1. N Mitchell (GP)
School Address:

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Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 13/05/2017

Consultant: Dr Jonny Gordon

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **13/05/2017 at 17:43 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
PATIENT ATTENDING AS REQUIRES CRUTCHES

Nursing Assessment:

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Fracture of great toe, closed		

Procedures: **1. Crutches**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Pt returned to MIU today for crutches,2/7 ago injury to r great toe,xray-# distal phalanx,seen inMIU 1/7 ago,now difficulty weight bearing,advised re elevation and analgesia

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

Yours sincerely,
Wilma Conning
Nurse

Copies to:
1. N Mitchell (GP)
School Address:

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access Spirometry (Glasgow, vR13.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry
GGC Direct Access Spirometry

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

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

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

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 21-Nov-2019 **Date sent** 21-Nov-2019

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

101020097921L Unique Care Pathway Number: 101020097921L

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Louise Sheil		
GMC code	2982650	GP code	04201
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: COPD

Comment: lifelong smoker+ cannabis

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Thiamine Tablets 50 mg	56	56 tablet	ONE TO BE TAKEN DAILY	-	21-Nov-2019	21-Nov-2019
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1*1 INHALER	2 Puffs Take as required	-	14-Mar-2017	21-Nov-2019

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	21-Nov-2019	21-Nov-2019
Naproxen Tablets 500 mg	28	28 tablet	ONE TO BE TAKEN TWICE A DAY	-	06-Sep-2019	06-Sep-2019
Diazepam Tablets 2 mg	15	15 tablet	ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED	-	16-Aug-2019	16-Aug-2019

Blood Pressure

Date Recorded	Systolic	Diastolic
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date

Weight (kg):	74	-
Height (m):	178.5	-
BMI (Weight / Height):	23.22	-
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Current smoker:		27-Jul-2012
Moderate smoker - 10-19 cigs/d :	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Investigations

Description/Question	Result/Comment	Date
Persistent Cough:	NO	-
Change in MRC grade in known COPD:	NO	-
Breathlessness:	YES	-
Regular sputum:	YES	-
Known COPD:	NO	-
Known asthma:	YES	-
Previous Spirometry:	NO	-
Known current MRSA in sputum:	NO	-
Possible tubercle – if yes, do not refer till clear:	NO	-
Pneumothorax or chest trauma in last three months. If yes, do not refer till after three months from event:	NO	-
Recent chest infection/COPD exacerbation:	NO	-
Recent Eye surgery:	NO	-
Smoking history:	Current smoker	-

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Preferred site:Victoria Infirmary

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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New Victoria Hospital: Diagnostic Imaging Report Page 1 of 1

HART, STEPHEN	DoB : **11/02/1981**
FLAT 0-2, 15 GATRURK STREET, GLASGOW, LANARKSHIRE, G42 8JQ	CHI. No. : **1102810711**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **396960**
Referrer : **Dr Louise Sheil**	Curr Ward: **G306HMIU**

VERIFIED Verified By: Dr Ian McCrea 20/11/17 1635.
Clinical History :
Breathless. Cough. 3 months. Smoker. Chest clear. Asthma.

XR Chest :
The heart is not enlarged and mediastinal contours are within normal limits. The lungs appear clear. No interval change from chest radiograph performed November 2016.

Event Number : E-32118607 Examination Date : **15/11/17**
Ref. Source : Dr Louise Sheil, Mount Florida Medical Centre, 183 Prospecthill Road, Glasgow, G42 9LQ
Examinations : **XR Chest**

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NHS SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 11 Apr 2018
CHI Number : 1102810711

Dear Doctor

Your patient, 1102810711 , Stephen Hart, was attended by ambulance crew on 10 Apr 2018 at 18:08. The Incident number for this call was CR004559370.
The initial diagnosis code at the time of the call to the Ambulance control centre was Difficulty Speaking between Breaths.
The notes from the ambulance crew are detailed below.
999 DIB, OA PT LYING ON BED >RR SWEATING PERFUSALY, GAVE HPC BEEN HAVING PANIC ATTACK 2 HOURS, OE PT CARPAL SPASM, CRAMPING LEGS, ALL RESOLVED WITH OVER AN HOUR OF COACHING AND REASSURANCE. PT CONFIRMS 2-3 EPISODES A MONTH, SEEN DOCTOR BUT NO MEDS DUE TO PREVIOUS SUICIDE ATTEMPT. PT LIVES ALONE LOCUS IS PARTNERS HOME, DOES NOT WISH TO ATTEND HOSPITAL, SELF CARE ADVISE AND WORSENING STATEMENT GIVEN.
The full electronic patient record is also attached for your perusal.

Yours sincerely,

Scottish Ambulance Service

NHS Confidential: Personal data about a patient

TerraPACE REPORT			
Time	18:08	Date	10/04/2018
PATIENT AND INCIDENT DETAILS			
Incident number		CR004559370	
Name		Stephen Hart	
CHI Number		1102810711	
Date of Birth		1981-02-11	
Additional Comments and Observations		999 DIB, OA PT LYING ON BED >RR SWEATING PERFUSALY, GAVE HPC BEEN HAVING PANIC ATTACK 2 HOURS, OE PT CARPAL SPASM, CRAMPING LEGS, ALL RESOLVED WITH OVER AN HOUR OF COACHING AND REASSURANCE. PT CONFIRMS 2-3 EPISODES A MONTH, SEEN DOCTOR BUT NO MEDS DUE TO PREVIOUS SUICIDE ATTEMPT. PT LIVES ALONE LOCUS IS PARTNERS HOME, DOES NOT WISH TO ATTEND HOSPITAL, SELF CARE ADVISE AND WORSENING STATEMENT GIVEN	
Additional Comments: Presenting Complaint		ANXIETY, PANIC ATTACK	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	73	**BP**	
Cap Refill	>2 Secs	**ECG Rhythm**	Sinus Rhythm
Rhythm	Reg	**Arm**	
Central/Peripheral	Central	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
16:50	73			100	>2 Secs	15	Alert				Sinus Rhythm	4		
17:15	59	24	131/77	100	<=2s	15	Alert				Sinus Rhythm			
17:32	64	20	129/78	100	<=2s	15	Alert							
17:49	62	19	130/76	100	<=2s	15	Alert			5.2	Sinus Rhythm			

News

Time	Clinical Risk	News
17:49	-	0
17:32	-	0
17:15	LOW Immediate Clinical Risk. Treat as per Clinical Practice Guidelines including considering the use of alternative pathways (if appropriate and available).	2
16:50	-	0

HISTORY

AMPLE

Allergies	None
Medication	NONE
Last Eaten	>4 Hours Ago

Social History

Lives alone	

MEDICAL

Mental Illness

Acute Distress		**Acute Psychosis**	

TRAUMA

OBSTETRICS/GYNAE

OTHER

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Direct Access Spirometry Report

Outreach Spirometry Service
Outreach Spirometry Service

Pre vs. Post Report

Patient Information

Name: Hart, Stephen	**ID: 1102810711**	Birthdate: 11/02/1981
Height at test (cm): 176.0	Sex: Male	Smoking history (pk-yrs): 31
Weight at test (kg): 76.0	Age at test: 39	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: 49681, Smoker, Ventolin and Clenil Modulite not used, SpO2 96%, MRC 2.
Diagnosis:
Interpreted by:

Interpretation

No airflow obstruction present. Results do not support a diagnosis of COPD. G Sneddon

Site: KoKo73689
Physician: .
Technician: Rachel Davenport

Effort protocol: ATS/ERS 2005
Bronchodilator:

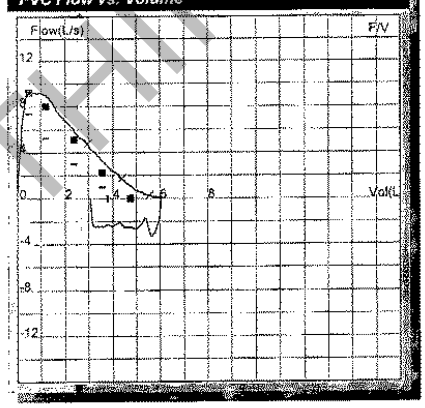
Test date/time: 25/02/20 12:19:11
Pre-BD Number of efforts performed: 5
Post-BD Number of efforts performed:

Results

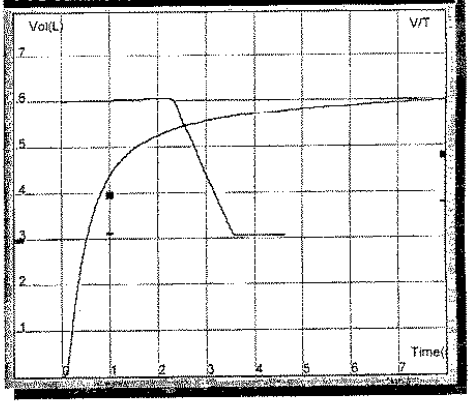
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	4.77	6.01	126%	---	---	---
FEV1 (L)	3.95	4.53	115%	---	---	---
FEV1/FVC	0.80	0.75		---		---
FEF25-75% (L/s)	4.44	3.67	83%	---	---	---
PEFR (L/s)	9.29	9.20	99%	---	---	---
Vext %	---	1.77	---	---	---	---

Comments: 49681, Smoker, Ventolin and Clenil Modulite not used, SpO2 96%, MRC 2.

FVC Flow vs. Volume



FVC Volume vs. Time



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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

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

Hospital location code.
G306H

Email address
-

Urgency of referral Urgent
Date of referral 27-Jan-2022 **Date sent** 27-Jan-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

101025413009V Unique Care Pathway Number: 101025413009V

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Daniel Carson		
GMC code	7756610	GP code	99999
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Chest Pain

Comment: This gentleman presents to primary care with a several month history of exertional chest pain. He was pain free during our assessment today. Let sided chest pain radiating to his left arm alleviated by rest. He also describes occasional pleuritic chest pain although I think this is related to exacerbations of his asthma. He finds his exercise tolerance is quite limited by this pain; he manages most ADL's but the pain can come on during both light and strenuous exercise.

He also describes occasional episodes of palpitations ; these are random onset, do not occur with CP / syncope and he is not sure of the frequency of these episodes. 1 year ago he also had an unexplained episode of syncope.

On examination today observations were normal; heart rate and rhythm were regular. Cardiac examination was unremarkable.

He has no previous cardiac medical history, however of note a diastolic murmur was heard during a visit to A&E several years ago; he did not attend ECHO. No family history of cardiac disease / SCD. No regular medications. Occassional alcohol, 10 + cpd.

Given that he is experiencing exertional chest pain, palpitations and has a previously described murmur, I would greatly value cardiology input. Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	19-Apr-2021	19-Apr-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1*1 INHALER	2 Puffs Take as required	-	14-Mar-2017	26-Nov-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	32	32 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED	-	26-Nov-2021	26-Nov-2021

			(MAXIMUM OF 8 IN 24 HOURS)			
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	26-Nov-2021	26-Nov-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 16/04/2021

Consultant: Dr Cieran McKiernan

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **16/04/2021 at 15:45 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
rta

Nursing Assessment:
PT self presents RTC Y/day states rear ended at 60mph no airbags deployed, C/O neck pain, no c spine tenderness, sore head, shoulder pain.

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Cervical Spine		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

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

Yours sincerely,
Kevin Thomson
Consultant

Copies to:
1. N Mitchell (GP)
School Address:

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18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_37.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G135G

Email address
-

Urgency of referral Routine
Date of referral 08-Feb-2022 **Date sent** 08-Feb-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

101025515509I Unique Care Pathway Number: 101025515509I

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr Aoibhin Gormley		
GMC code	7074167	GP code	-
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: L chest pain/tightness

Comment: Dear Doctor

Thank you for seeing this 40 y.o man who ystdy had an episode of L sided chest pain which was severe and radiated down his L arm w/ assoc sob and sweating. This settled after several mins. He does not have a cardiac hx. Smokes 10 cigs and 10 joints a day, drinks 1 bottle wine/day. He is also having RUQ pain over the last few days which I suspect may be alcohol hepatitis - we will follow this up with him after a cardiac cause for his pain ystdy is excluded.

Many thanks
Dr Aoibhin Gormley
GP Locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	19-Apr-2021	19-Apr-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1*1 INHALER	2 Puffs Take as required	-	14-Mar-2017	26-Nov-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 30/500 Tablets	32	32 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	26-Nov-2021	26-Nov-2021
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	26-Nov-2021	26-Nov-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Contact with patient today:Face to Face
Route of Travel:Private
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Phlebotomy Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Glasgow City Phlebotomy
GGC Phlebotomy

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

Phlebotomy Service GG&C
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G141G

Email address
-

Urgency of referral Routine
Date of referral 07-Jun-2022 **Date sent** 07-Jun-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

1010265289291 Unique Care Pathway Number: 1010265289291

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Referral for Phlebotomy

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 11/02/2022

Consultant: Dr David Bell

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **08/02/2022 at 16:53 hrs.** Departed on: **08/02/2022 at 20:33 hrs.**
Discharge Type: **04a - Incomplete: left before assessment completed** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
SATA (OWN) 2/7 L sided chest pain, sob

Nursing Assessment:
Pain in right flank, started intermittent but now constant, also reporting intermittent episodes of chest pain lasting about 10 minutes.

Investigations in ED:

1. D - Dimer	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. CRP**
7. Chol / Triglyceride	**8. Full Blood Count**	**9. Troponin I hs**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Dear Dr, Mr Hart presented to QEUH for assessment of chest pain. He self discharged prior to investigations being back. Kind regards, M Rimbi IMT 3 QEUH

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

Yours sincerely,
Mary Rimbi
Doctor

Copies to:
1. N Mitchell (GP)
School Address:

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Phlebotomy Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Glasgow City Phlebotomy
GGC Phlebotomy

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

Phlebotomy Service GG&C
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G141G

Email address
-

Urgency of referral Routine
Date of referral 09-Jun-2022 **Date sent** 09-Jun-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

101026562432M Unique Care Pathway Number: 101026562432M

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Lorcan McGrogan		
GMC code	7756721	GP code	99999
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Referral for Phlebotomy
Comment: hair loss and low mood

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC cCBT SilverCloud Programmes (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Computerised Cognitive Behaviour Therapy (cCBT)
GGC cCBT SilverCloud

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

Other Mental Health Services
SCI Gateway Virtual Location Code
NHS Greater Glasgow & Clyde

Hospital and **hospital address**

Hospital location code.
G005G

Email address
-

Urgency of referral Routine
Date of referral 28-Apr-2022 **Date sent** 07-Jun-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

101026195305G Unique Care Pathway Number: 101026195305G

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Lorcan McGrogan		
GMC code	7756721	GP code	99999
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: cCBT SilverCloud

Comment: hello,
Mr hart presented to primary care with low mood worse over last 6 months, tearful, not enjoying things he might usually enjoy, poor apetitie, not sleeping well. Also noticed increased anxiety, generalised and not specific, but describes severeal 'panick attack' episodes while out in public, legs weak, tearful, feeling of severe anxiety. Occasional fleeting thoughts of ending life, not specific ' I could just get in my canoe and go away, I could jup infront of a bus', has not made plans to do this, does not want to die, feels if he started getting more intrusie thoughts he would talk to his mother about it. HAs a partner and an 18 year old son. pt states 4 bottles of wine a week, which is cut down from 1 a day, denies intentionally drinking less, just 'cant be bothered' with it. Smokes weed, every day, has smoked daily since he was 12. does not want any CAT involvement. Keen to get help with his mood/anxiety. Unemployed and does not want job.

I have commenced him on sertraline however he is also very keen to try CTB.

Kind regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Does the patient suffer from mild or moderate depression and/or anxiety?:Yes
Patient would like to complete cCBT for:Social Anxiety
Patient Email address::fr@icloud.com
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_31.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Phlebotomy Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Glasgow City Phlebotomy
GGC Phlebotomy

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

Phlebotomy Service GG&C
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G141G

Email address
-

Urgency of referral Urgent
Date of referral 13-Jun-2022 **Date sent** 13-Jun-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

1010265795371 Unique Care Pathway Number: 1010265795371

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Referral for Phlebotomy

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_29.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

West of Scotland Genetic Services
Laboratory Genetics
Level 2B, Laboratory Medicine
Queen Elizabeth University Hospital
1345 Govan Road, Glasgow G51 4TF
8290 Email: geneticlabs@ggc.scot.nhs.uk Tel: 0141 354 9330 Fax: 0141 232 7980 Head of laboratory: Nicola Williams

NHS Greater Glasgow and Clyde

Name of Patient:	**Stephen HART**		Date of Birth:	**11/02/1981**	
CHI/NHS Number:	**1102810711**	Sex:	**Male**	Date of Sample:	**17/06/2022**
Hospital Number:		Sample Type:	**EDTA blood**	Date Received:	**17/06/2022**
Pedigree Number:		Lab Number:	**3228515**	Date of Report:	**21/06/2022**
Ref Lab Number:					

Reason for referral: Haemochromatosis

Blood sample rejection - no referral form

The sample received from this patient has not been processed because it was not accompanied by a referral form/letter.

Please send a further blood from this patient (2-5ml from an adult or 1-3ml from a child) to the laboratory - collected in a potassium EDTA (KE) tube, ensuring that both the sample container and an accompanying referral form are clearly labelled with the patient's full name, date of birth and CHI number.

If you require further information on sample requirements, please contact the laboratory using the details above.

Report No **3228515**

Practice Manager
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Reported by Yoana Doncheva

Checked by Aisha Ansari

MG5 ver 220114 **Page 1 of 1**

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18-Jun-2026 CR
Additional: Scanned Document

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol (Glasgow, vR20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Haematology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

Hospital and **hospital address**

Hospital location code.
G306H

Email address
-

Urgency of referral Routine
Date of referral 15-Jun-2022 **Date sent** 15-Jun-2022

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice:07807927678

1010266059784 Unique Care Pathway Number: 1010266059784

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036
E-mail:GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Jacqueline Carruthers		
GMC code	3442263	GP code	09679
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: ? haemachromatatosis; High haemoglobin

Comment: This man presented complaining of hairloss! He is anxious and does seem to have some alcohol issues. following a request fro blood tests , it transpires that his haemoglobin has become elevated since February 2022 and is now 216 with normal ferritin and high iron and transferrin saturation.
I am not sure what to make of this as his white count is also mildly elevated too.
Liver function tests have been normal and there is no known family history of haemochromatosis but HFE genetic testing is awaited.
Any advice you can offer as to the cause of this would be appreciated.
There has been no obvious history of intercurrent infection.

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-Jun-2022	14-Jun-2022
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1*1 INHALER	2 Puffs Take as required	-	14-Mar-2017	26-Nov-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	1 TABLET DAILY	-	28-Apr-2022	28-Apr-2022

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

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

Social circumstances

Ethnic Origin: (White) British

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

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Main Switchboard:	
Department:	Haematology
Contact Tel:	0141 354 9073/74
Enquiries to:	
Letter Date:	27/06/2022
Reference:	AMcC/SB
Dictated Date:	28/06/2022
Transcribed Date:	29/06/2022

Dear Dr. N Mitchell,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK STREET, Glasgow, Lanarkshire, G42 8JQ

Attendance: Specialty - Haematology; Clinic - VICCHA1-HAEMATOLOGY CHANGE CONSULTANT CLINIC MON AM
Date and Time of Appointment - 27/06/2022 11:45

Clinical Comments:
Reason for referral: Polycythaemia

Results: Hb 203 g/L, Haematocrit 0.59, WCC 17.9, Neuts 13.2, Platelets 320, U+E and LFTs normal, LDH 326.

Thank you for your recent letter regarding this 41 year old gentleman recently noted to have a raised haemoglobin and haematocrit on testing on 10 and 14 June. I note his previous blood count in February of this year revealed a normal haemoglobin and haematocrit. From your letter, you mentioned that he may possibly drink to excess and today on reviewing his history he was quite frank about the fact that he does drink fortified wine, drinking seven bottles of Buckfast per week, generally a bottle day. He has also smoked cigarettes since around the age of 8 and more recently generally smokes 2-3 cannabis joints per day. He describes fairly constant headaches, chronic sweats at night but no change in his appetite or weight. Systemic enquiry was otherwise notable only for a skin lesion on his leg which I believe you have previously reviewed.

Mr Hart's past medical history is notable for mild asthma and a degree of depression. His current medications comprise Sertraline and a Salbutamol inhaler. He has no known drug allergies. I believe there are some cardiac issues in the family, and his sister has Sjogren's, but there is no family history of polycythaemia.

In clinic today I ran through the possible causes of a raised blood count and explained that I do suspect that in his case he likely has either an apparent or secondary polycythaemia relating to his smoking and alcohol. I will however arrange for him to attend our phlebotomy clinic to repeat his routine bloods, EPO level and check a JAK2 mutation screen to exclude primary polycythaemia. I have arranged to give him a call in between six and eight weeks' time with the results.

Addendum 25.07.2022: Stephen's bloods from his phlebotomy clinic on the 9th July are inserted at the top of this letter. His EPO level is within the normal range. As I was not able to arrange the JAK 2 screen through our phlebotomy hub I invited Stephen up to our day case unit on Monday 25th July for this. In himself, he described a number of personal stressors and he is having difficulty sleeping. I also repeated his routine bloods, which show his haemoglobin to be a little better at 190 g/L and haematocrit 0.56.

We will review him with the JAK2 result as planned on the 1st of September.

Yours sincerely

DR ALISON McCAIG

CONSULTANT HAEMATOLOGIST

Electronically Signed: Dr Alison McCaig, Consultant

cc.

Fw: Stephen Hart - CHI 1102810711

[redacted]

Elaine Campbell
To:

- gp49681clinical (Mount Florida Medical Centre)

Thu 14/07/2022 09:15

Could we have a copy of this in his notes? Not sure if allowed due to not being properly verified...?

Dr Elaine Campbell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ
0141 632 4004

From: Tait, Pauline <Pauline.Tait@ggc.scot.nhs.uk>
Sent: 30 June 2022 12:04
To: Elaine Campbell <elaine.campbell12@nhs.scot>
Subject: Stephen Hart - CHI 1102810711

Hi Elaine

Diagnosis: Polycythaemia – suspected secondary

Thank you for your recent letter regarding this 41 year old gentleman recently noted to have a raised haemoglobin and haematocrit on testing on 10 and 14 June. I note his previous blood count in February of this year revealed a normal haemoglobin and haematocrit. From your letter, you mentioned that he may possibly drink to excess and today on reviewing his history he was quite frank about the fact that he does drink fortified wine, drinking seven bottles of Buckfast per week, generally a bottle day. He has also smoked cigarettes since around the age of 8 and more recently generally smokes 2-3 cannabis joints per day. He describes fairly constant headaches, chronic sweats at night but no change in his appetite or weight. Systemic enquiry was otherwise notable only for a skin lesion on his leg which I believe you have previously reviewed.

Mr Hart's past medical history is notable for mild asthma and a degree of depression. His current medications comprise Sertraline and a Salbutamol inhaler. He has no known drug allergies. I believe there are some cardiac issues in the family but there is no family history of polycythaemia.

In clinic today I ran through the possible causes of a raised blood count and explained that I do suspect that in his case he likely has either an apparent or secondary polycythaemia relating to his smoking and alcohol. I will however arrange for him to attend our phlebotomy clinic to repeat his routine bloods and check a JAK2 mutation screen to exclude primary polycythaemia. I have arranged to give him a

call in between six and eight weeks' time with the results and if his JAK2 is negative I would plan to discharge him back to your care with ongoing lifestyle advice at this point.

Thanks
Pauline

Pauline Tait
Haematology Secretary
Clinic P, 2nd Floor
New Victoria ACH
Tel: 0141 347 8164

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/07/2022

Consultant: Dr Jonny Gordon

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **16/07/2022 at 17:01 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
CUT TO HAND, BITE TO LEG AND BACK INJURY (polycthemia blood disorder)

Nursing Assessment:

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Open Wound of Finger(S) Without Damage to Nail		
Superficial Injury of Lower Leg, Unspecified		
Contusion of Thigh		
Low Back Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

2/7 ago alledged assault, skin flap L thumb MCPJ, abrasions R lower leg and R thigh human bite imprint, no signs of infection, wound glue applied to thumb wound and advised R sided lower back pain over lumbar muscle area, nil to see on exam, no Red Flags, pain on movement, advised re analgesia and see Gp if any further concerns

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Wilma Conning
Nurse

Copies to:

1. N Mitchell (GP)

School Address:

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_25.pdf
Extension:.tif
Pages:

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Main Switchboard:	
Department:	Haematology
Contact Tel:	0141 354 9073/74
Enquiries to:	
Letter Date:	01/09/2022
Reference:	RH/PT
Dictated Date:	03/09/2022
Transcribed Date:	13/09/2022

Dear Dr. N Mitchell,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK STREET, Glasgow, Lanarkshire, G42 8JQ

Attendance: Specialty - Haematology; Clinic - VIGHCHA8-HAEM LPD CLINIC RETURNS THURS PM
Date and Time of Appointment - 01/09/2022 14:30

Clinical Comments:
DIAGNOSIS

Previous Polycythaemic indices - now normal

Normal JAK2 and normal EPO level

Results - haemoglobin 181 g/l, Haematocrit 0.54, WBC 11.0, neutrophils 7.8

I saw this gentleman together with his fiancé. His haematocrit has now normalised and we have not found a clear cause for this. I note there is a history of significant alcohol excess. I explained to Mr Hart that all tests up to this point have been reassuring the fact that his blood count has normalised goes against there being an underlying Myeloproliferative disorder.

He mentioned he was having some sweats and I note a previous LDH had been elevated but subsequently normalised. I think the most likely cause of his sweats his related to his recent anti-depressants that he has gone on recently.

I have not arranged for further follow up in clinic but said that he can get further review with your practice if his sweats were to worsen.

Yours sincerely

Dr Ross Henderson

ST3 in Haematology

Electronically Signed: Dr Ross Henderson1, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physiotherapy Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

South - Victoria ACH
GGC MSK Physiotherapy

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

Physiotherapy MSK GG&C
SCI Gateway Virtual Location Code
NHS GG&C

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

Hospital location code.
G049G

Email address
-

Urgency of referral Routine
Date of referral 09-Oct-2024 **Date sent** 09-Oct-2024

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101034445062W Unique Care Pathway Number: 101034445062W

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Worsening low back pains.

Comment: Mr Hart attended the surgery complaining of worsening low back pains over the last few weeks. He is aware of some sharp shooting pains radiating down into his right buttock and right leg. He also feels discomfort in both loins, especially when he leans back in a chair. He has not noticed any change in his bladder or bowel function. He normally does a lot of activities such as cycling. He told me that he has recently had a new baby with his partner and is now evening feeling sore when lifting the baby. On examination he was tender to palpation over his lumbosacral spine especially over the right side. He was able to straight leg raise to 30 degrees with his right leg and to 45 degrees with his left leg. His gait appeared normal. He was able to get on and off the examination couch with minimal difficulty. He has ben taking paracetamol and ibuprofen. I advised trying amitriptyline for his ongoing back and sciatic pains. Given his ongoing discomfort and the effect it has been having on limiting his activities I suggested referral to the backpain/physiotherapy service for further assessment and management of his ongoing back problems. Would he merit further investigations such as an MRI scan? Thank you for your assistance with this gentleman.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Comment	Date of onset	Date recorded
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE OR TWO TO BE TAKEN IN THE EVENING FOR BACK AND LEG PAINS	-	08-Oct-2024	08-Oct-2024
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY AS REQUIRED FOR BACK AND LEG PAINS	-	08-Oct-2024	08-Oct-2024
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY FOR STOMACH PROTECTION WHILE TAKING NAPROXEN TABLETS	-	08-Oct-2024	08-Oct-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Has patient attended Physiotherapy for the same problem within the last 12 months?:No
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Phlebotomy Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Glasgow City Phlebotomy
GGC Phlebotomy

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

Phlebotomy Service GG&C
SCI Gateway Virtual Location code

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

Hospital location code.
G141G

Email address
-

Urgency of referral Routine
Date of referral 09-Oct-2024 **Date sent** 09-Oct-2024

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101034445048M Unique Care Pathway Number: 101034445048M

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Referral for Phlebotomy

Comment: Mr Hart complains of severe ongoing low back pains. Please arrange baseline blood tests as per Order Coms request. Thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Diagnostics:Yes

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Cardiology
0141 451 6119
anouska.meldrum@ggc.scot.nhs.uk

Dr. N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 23/11/2022
Reference: DC/AEM
Dictated Date: 24/11/2022
Transcribed Date: 25/11/2022

Dear Dr. N Mitchell,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK STREET, Glasgow, Lanarkshire, G42 8JQ

Attendance: Specialty - Cardiology; Clinic - VIDCCA5-DR CORCORAN CARDIO WED AM
Date and Time of Appointment - 23/11/2022 10:20

Clinical Comments:
Background:

1. Atypical chest pain symptoms and dyspnoea

- ETT: 04:47, no ST changes

- preserved LV systolic function

2. Smoker (tobacco, cannabis)

- PFTs 2020: no airways obstruction

Medications:

Mirtazapine 30mg nocte, Salbutamol 2 puffs prn, Clenil modulate 2 puffs bd

Many thanks for referring this 41 year old gentleman to the out-patient clinic. He gives a long history of chest pain and breathlessness. I note from the referral that you documented a history of palpitation but these did not seem a predominant feature of the history today. He predominantly describes exertional breathlessness. He also describes central chest heaviness radiating to the left arm that can come on at any time and is not clearly exertional. He has smoked since the age of 8,

was unclear regarding is family history, and previously used recreational drugs in childhood ('buzzed gas').

On examination, clinically euvolemic, heart sounds I+II+0, BP 151/79 mHg, heart rate 75 bpm, weight 74.3 kg.

ECG: sinus rhythm, 70 bpm, normal PR, QRS and QTc intervals, no resting ST-T changes.

ETT: 04:47, stopped due to breathlessness but no chest pain, appropriate heart rate and blood pressure response (58% of max predicted heart rate), no ST changes.

Bedside echo: grossly preserved LV systolic function.

Hb 181 (Sep 2022).

In summary, this gentleman has atypical chest pain symptoms, and his exercise capacity was likely limited by deconditioning and his long history of smoking. Although submaximal, there were no clear ischaemic changes. I have reassured him regarding his chest pain symptoms today, and not arranged routine follow up.

Yours sincerely,

Dr David Corcoran

Consultant Cardiologist

Electronically Signed: Dr David Corcoran, Consultant

cc.

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7035398**	Receive Date:	**12-Jul-2023 21:56**
Patient's Name:	**Stephen Hart**		
Date of birth:	**11-Feb-1981 (42 years)**	Gender:	**M**
Address:	**0/2** **15 Garturk Street** **Glasgow** **G42 8JQ**	Current Address:	**0/2** **15 Garturk Street** **Glasgow** **G42 8JQ**
Return Contact No:			
Tel No:	**07807 927678**		**07807 927678**
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**12-Jul-2023 21:56**	Calltype:	**Direct Referral ED**
Advised:	**22:10**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**JW Crorie**

CHI Number:
1102810711

NHSD details:

Receptionist:
WOUND ON SIDE OF HAND FROM NAIL - 2 HRS
AEP Patient advised to go to A&E
Clinical summary created by: Lindsay Wilson (Call Taker Si) () [12/07/2023 22:10:22] Reason for call: WOUND ON SIDE OF HAND FROM NAIL - 2 HRSConfirmed Symptom(s): New wound Cuts and grazes Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 12:07:2023 21:56:53 WILSONL3.. NAIL WENT IN OVER 1inch - PAINFUL.. PREVIOUS HAD ISSUES WITH BLOODS.. WEAPY WITH CLEAR / ORANGE FLUIDS.. PT HAS SUSTAINED INJURY FROM NAIL , HAS WENT THROUGH HAND DOWN TO KNUCKLE , HANDS AND FINGERS COLD , INCREASED SWELLING , CHANGE TO SENSATION - ADVISED A&E QUEEN ELIZABETH.. Outcome: Patient advised to go to A&E

Followups:

NHS Confidential: Personal data about a patient

None

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Haematology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

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

Hospital location code.
G306H

Email address
-

Urgency of referral Routine
Date of referral 23-Dec-2024 **Date sent** 23-Dec-2024

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101035139480P Unique Care Pathway Number: 101035139480P

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681@nhs.net

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Persistent mildly raised white cell count.

Comment: Mr Hart attended the surgery complaining of symptoms of persistent low back pains in early October 2024. We checked some baseline blood tests due to his ongoing back pain symptoms and noted that his white cell count was mildly raised at 13.2 with a neutrophil count of 8.1. The rest of his bloods including his ESR, CRP, U+Es, LFTs, PSA, TFTs, bone biochemistry, protein electrophoresis and immunoglobulins were all normal. We repeated his FBC in early November and his white count remained elevated at 14.4 with a neutrophil count of 8.9. He had a tiny red cyst on his right forearm - so we treated him with a course of clarithromycin. On repeating his FBC 4 weeks later his white count remains elevated at 14.0 with a neutrophil count of 8.9. He feels well in himself and has had no other concerning symptoms. Given his persistently mildly elevated white cell count, I suggested that we would write to the Haematology Department to ask for your opinion on his persistently mildly raised white cell count. Does this require further follow up or investigation? Thank you for your assistance with this gentleman.

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clarithromycin Tablets 500 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	15-Nov-2024	15-Nov-2024
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY AS REQUIRED FOR BACK AND LEG PAINS	-	08-Oct-2024	08-Oct-2024
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY FOR STOMACH PROTECTION WHILE TAKING NAPROXEN TABLETS	-	08-Oct-2024	08-Oct-2024
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE OR TWO TO BE TAKEN IN THE EVENING FOR BACK AND LEG PAINS	-	08-Oct-2024	08-Oct-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Cigarette smoker 8 Cigarettes/day :		06-Nov-2017
Current smoker:		14-Dec-2016
Current smoker:		07-Nov-2014
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

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Pages:

4145 Confidential: Personal data about a patient

New Victoria Hospital: Diagnostic Imaging Report

Patient	STEPHEN HART	**Address**	FLAT 0-2, 15 GATRURK STREET, GLASGOW, LANARKSHIRE, G42 8JQ
DOB	11/02/1981	**CHI No.**	1102810711
Ref. Source	Mount Florida Medical Centre	**Practice Code**	49681
Referrer	Dr Alastair Stout	**Exam Date**	18/11/2024 12:43

Report Summary

Clinical History :
Persistent pains in right hip and lumbosacral spine. Pain wortse on movement, walking and flexing right hip. ?evidence of significant degenerative changes right hip.

XR Pelvis

XR Pelvis :
No significant abnormality identified.

Last verified by: 3488188 (Dr Sean Kelly)
Reported by: 3488188 (Dr Sean Kelly) and CPC (None)

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18-Jun-2026 CR
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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

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

Hospital location code.
G135G

Email address
-

Urgency of referral Routine
Date of referral 12-Nov-2025 **Date sent** 12-Nov-2025

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101038220553O Unique Care Pathway Number: 101038220553O

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Hannah Appleton		
GMC code	8039051	GP code	-
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Chest pain

Comment: Thank you for seeing this 44 year old man with a background of asthma and pre-diabetes. Stephen Hart reports intermittent left sided chest pain for the last year which radiates to his left arm and back. This is dull and sharp 10/10 pain with associated light headedness, facial sweating, palpitations and shortness of breath. This occurs every other day on average, on activity and at rest. Exam and obs were unremarkable.

Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
FH: Ischaemic heart dis. >60	20-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose	240	240 dose	ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY	-	22-Oct-2025	22-Oct-2025

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

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic

20-Oct-2025	134	84
07-Jan-2025	121	72
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
20-Oct-2025	178.5	70	21.97
27-Jan-2025	-	69	-
14-Jan-2025	-	67	-
07-Jan-2025	-	65	-
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		22-Oct-2025
Cigarette smoker, 20 Cigarettes/day:		20-Oct-2025
Cigarette smoker 18 Cigarettes/day :	10-12 joints and then 5 cigarettes.	29-Jan-2025
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Contact with patient today:Face to Face
Route of Travel:Private
Resuscitation Status:Resuscitate if required
Respiratory Rate:Normal
Sp02:99
Systolic BP:148
Diastolic BP:91
Pulse:78
Patient's Conscious Level:Alert
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

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NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

29/10/2024

Dr N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr N Mitchell

Re Patient:
Stephen Hart
FLAT 0-2
15 GATRURK STREET
Glasgow
G42 8JQ

CHI Number: 1102810711

Speciality: PHYSIO-MSK

It would appear from our records that one of the following applies:

- **Your patient has not responded to our recent letters inviting them to arrange an appointment.**
- **Your patient has indicated that they no longer require an appointment.**
- **Your patient has refused two reasonable offers of appointment.**

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.
If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Leanne Herbert

SCGC Opwl Removal to GP V1

New Victoria Hospital: Diagnostic Imaging Report

Patient	STEPHEN HART	**Address**	FLAT 0-2, 15 GATRURK STREET, GLASGOW, LANARKSHIRE, G42 8JQ
DOB	11/02/1981	**CHI No.**	1102810711
Ref. Source	Mount Florida Medical Centre	**Practice Code**	49681
Referrer	Dr Naomi Mitchell	**Exam Date**	07/01/2025 11:54

Report Summary

Clinical History :
couh and weight loss, smoker

XR Chest

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified. If there is high index of suspicion as to the cause of weight loss then specialist referral for further assessment should be considered.

Last verified by: 3488188 (Dr Sean Kelly)
Reported by: 3488188 (Dr Sean Kelly) and CPC (None)

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physiotherapy Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

South - Victoria ACH
GGC MSK Physiotherapy

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

Physiotherapy MSK GG&C
SCI Gateway Virtual Location Code
NHS GG&C

Hospital and **hospital address**

Hospital location code.
G049G

Email address
-

Urgency of referral Routine
Date of referral 12-Nov-2025 **Date sent** 12-Nov-2025

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101038227681G Unique Care Pathway Number: 101038227681G

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Hannah Appleton		
GMC code	8039051	GP code	-
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Back pain with new/worsening neurological symptoms

Comment: Hello,

I would be very grateful for your assessment of this 44-year-old man.He was previously seen by MSK physio in March 2025 with lower back pain with radicular symptoms, and graded exercise was recommended. Since then, his back pain has significantly worsened, with episodes exacerbated by twisting movements. When the pain is severe, he reports losing sensation in both legs and falling to the ground - this is happening multiple times daily. He sometimes also notices numbness across his lower back and weakness in both legs. He has no bladder/bowel symptoms and no perianal numbness. Neurological exam today was normal, although he had no pain on examination. Would he merit an MRI scan given his progressing pain and symptoms?

Thank you.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
FH: Ischaemic heart dis. >60	20-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose	240	240 dose	ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY	-	22-Oct-2025	22-Oct-2025

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

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
20-Oct-2025	134	84
07-Jan-2025	121	72
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
20-Oct-2025	178.5	70	21.97
27-Jan-2025	-	69	-
14-Jan-2025	-	67	-
07-Jan-2025	-	65	-
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		22-Oct-2025
Cigarette smoker, 20 Cigarettes/day:		20-Oct-2025
Cigarette smoker 18 Cigarettes/day :	10-12 joints and then 5 cigarettes.	29-Jan-2025
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Has patient attended Physiotherapy for the same problem within the last 12 months?:Yes
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) British

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

Hart Stephen CHI: 1102810711

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: New Victoria
Contact Tel: 0141 347 8685
Enquiries to:

Letter Date: 21/03/2025
Reference:
Dictated Date:
Transcribed Date:

Dr. N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Mitchell,

Stephen Hart; D.O.B: 11/02/1981; CHI: 1102810711
FLAT 0-2, 15 GATRURK STREET, Glasgow, Lanarkshire, G42 8JQ

GP Action Required: None

Presenting Condition: Ongoing mechanical low back pain

Physiotherapy Comments:

Onset of symptoms - Gradual onset.

Mechanism of onset - Multi factors.

Diagnosis - Persistent mechanical low back pain with radicular symptoms which radiate to lower thoracic area and referral to Right L3/4 lateral thigh and anterior thigh/groin.

Treatment - Graded Exposure to increase exercise and activity levels. Advice on pacing and an active HEP to increase lumbar mobility, improve strength and return to daily activities. McKenzie Therapy to increase mobility and help prevent flare up of radicular leg pain.

Further Info - Symptoms improved and now central in low back with no referred thigh pain. Has further GP review for FBC results and inflammatory markers. Reports mild to moderate stiffness in his low back in the am though not worsened recently and lasts approx. 20 minutes. Reports Vitamin B12 injections reducing fatigue with less pins and needles in his hands and feet.

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:- Improved.

The patient has an exercise programme to continue with self management.

Hart Stephen CHI: 1102810711 GCL v1

This patient has now been discharged from our care.

Yours sincerely

Morven Smith

Advanced Practice Physiotherapist in Low Back Pain

Electronically Signed: Physiotherapist Morven Smith, Physiotherapist

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

Hospital and **hospital address**

Hospital location code.: G306H

Email address: -

Urgency of referral Urgent
Date of referral 19-Nov-2025 **Date sent** 19-Nov-2025

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)

Voice: 07807927678

101038297329Y Unique Care Pathway Number: 101038297329Y

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Aytipical chest pains.

Comment: Mr Hart has been troubled with recurrent chest pains over the last 12 months at least. The discomfort is intermittent, and doesn't seem to be triggered by exertion, often coming on at rest. He said that the chest discomfort can be severe, and he appears pale when the discomfort is present. He said the discomfort can be sharp or dull in nature, and it can radiate up to his left shoulder and left arm, and it can also radiate into his neck anteriorly. He can get symptoms of feeling lightheaded, feeling hot and cold, and palpitations associated with the discomfort. He says he can feel a little breathless when exerting himself. Mr Hart is a smoker (20 cigarettes per day - half of which tends to be canabis). He was referred to the Immediate Assessment Unit at the QEUH on 12/11/25, where they arranged a chest Xray which was normal, and troponin levels which were normal. He was started on aspirin and GTN spray for suspected angina, and told to arrange follow up with his GP.

On examination he was undistressed. His pulse was regular at 64 bpm and his BP was 110/75 mmHg. His heart sounds were normal with no murmurs, and his chest sounded clear. His SaO2 on air was 96%.

I advised Mr Hart to continue with the aspirin (with omeprazole for GI protection). I didn't start a bisoprolol given Mr Hart's history of asthma. I suggested given his ongoing chest discomfort symptoms, that we should refer him to the Cardiology Clinic for your opinion on the merits of further investigations. Thank you for your assistance with this gentleman.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma		14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
FH: Ischaemic heart dis. >60	20-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Nov-2025	18-Nov-2025

Salbutamol Cfc-free inhaler 100 micrograms/puff	200	200 dose	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	18-Nov-2025	18-Nov-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY WHILE ON ASPIRIN	-	18-Nov-2025	18-Nov-2025
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	120	120 dose	TWO PUFFS TO BE INHALED TWICE A DAY	-	18-Nov-2025	18-Nov-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose	240	240 dose	ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY	-	22-Oct-2025	22-Oct-2025

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Date Recorded	Systolic	Diastolic
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Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
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Cigarette smoker, 20 Cigarettes/day:		20-Oct-2025
Cigarette smoker 18 Cigarettes/day :	10-12 joints and then 5 cigarettes.	29-Jan-2025
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Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information

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

Social circumstances
Ethnic Origin: (White) British

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

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_11.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 12/11/2025

Consultant: Dr Elsiddig Magzoub

N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
Glasgow
G42 9LQ

Dear N Mitchell

Re: **Hart Stephen** DOB: **11/02/1981** CHI: **1102810711**
FLAT 0-2
Glasgow G42 8JQ

Attended on: **12/11/2025 at 13:09 hrs.** Departed on: **12/11/2025 at 17:55 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
iau own 1 year intermittent left chest pain rad to arm, lightheaded pals sob. now mor e frequent. pain free at present

Nursing Assessment:
Hx IYR INTERMITTENT CP / BACK PAIN CP FREQUENCY INCREASED

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. D - Dimer**
10. XR Chest		

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Diagnosis:

Diagnosis	Side	Site
Angina Pectoris, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Intermittent chest pain worsened by activity, relieved by rest. Ongoing for >1 year. Smokes cannabis daily. CXR NAD. Troponin <4. Commenced on Aspirin and GTN Spray. Advised to see GP for ongoing management in the community. Worsening advice given.

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

Yours sincerely,
Zannatul Bulbul
Doctor

Copies to:
1. N Mitchell (GP)
School Address:

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_12.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

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

Hospital location code.
G306H

Email address
-

Urgency of referral Routine
Date of referral 21-Nov-2025 **Date sent** 21-Nov-2025

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)

Voice: 07807927678

101038311024Z Unique Care Pathway Number: 101038311024Z

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)

Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Cardiology referral. Temporary address.

Comment: I referred Mr Hart urgently to the Cardiology clinic yesterday due to persistent/recurrent chest pains. It has been brought to my attention that he is currently staying in temporary accommodation at :- 8, Finsbury Street, Drumoyne, Glasgow G51 4DP. If he is being sent an appointment letter over the next couple of months, it would be best to send it to his temporary address if possible. Thank you for your assistance.

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
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Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
FH: Ischaemic heart dis. >60	20-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last

						issued
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	18-Nov-2025	18-Nov-2025
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	120	120 dose	TWO PUFFS TO BE INHALED TWICE A DAY	-	18-Nov-2025	18-Nov-2025
Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose	240	240 dose	ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY	-	22-Oct-2025	22-Oct-2025

Blood Pressure

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Date Recorded	Height	Weight	BMI
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27-Jan-2025	-	69	-
14-Jan-2025	-	67	-
07-Jan-2025	-	65	-
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		22-Oct-2025
Cigarette smoker, 20 Cigarettes/day:		20-Oct-2025
Cigarette smoker 18 Cigarettes/day :	10-12 joints and then 5 cigarettes.	29-Jan-2025
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: (White) British

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

Scanned Document
18-Jun-2026 CR
Additional: Scanned Document

Filename: iGPRDA_10.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF

Hospital and **hospital address**

Hospital location code.
G306H

Email address
-

Urgency of referral Urgent
Date of referral 15-Jan-2026 **Date sent** 15-Jan-2026

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101038768299T Unique Care Pathway Number: 101038768299T

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Huma Akram		
GMC code	6070381	GP code	08397
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: chest pains

Comment: Dear DR
This 44 yrs old man attended A&E in Nov with lt sided chest pains . Started on Aspirin and GTN spray. Presumed diagnosis of Angina. Says frequent lt sided radiational chest pains for over a yr. gets palps with it and can be sob. uses GTN spray 4 puffs at a time upto twice a day, helps. He was referred as urgent to cardiology in Nov. He has still not received any appts.
I will be grateful if you can consider seeing him urgently.
He is homeless and currently in a temporary address as below :
8 Finsbay street [Not Finsbury] G51 4DP.
Drumoyne.
PLEASE SEND APPT LETER TO THE ADRESS MENTIONED. HE DOES RESPOND TO MOB CALS AS WELL .

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
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Alcohol problem drinking	-	13-May-2016	13-May-2016
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Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
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			ONE OR TWO PUFFS TO BE			

Salbutamol Cfc-free inhaler 100 micrograms/puff	200	200 dose	INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	18-Nov-2025	18-Nov-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
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Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Alternative Address:8 Finsbay street
Alternative Postcode:G51 4DP.
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

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NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Cardiology
Contact Tel: 0141 451 6128
Enquiries to: amy.banks2@nhs.scot

Dr. N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Letter Date: 16/02/2026
Reference: KM/AB
Dictated Date: 16/02/2026
Transcribed Date: 18/02/2026

Dear Dr. N Mitchell,

Stephen Hart; D.O.B: 11 Feb 1981; CHI: 1102810711
0/2 15 Garturk Street, Glasgow, Lanarkshire, G42 8JQ

Attendance: Specialty - Cardiology; Clinic - SUKMCA101D-DR K MANGION CARDIO MON AM
Date and Time of Appointment - 16/02/2026 10:15

Clinical Comments:

Diagnoses:
1. Atypical chest discomfort
2. Pre-diabetes
3. Polycythaemia
4. Depression

Mr Hart describes left sided chest discomfort which can happen on exertion or at rest. It sometimes is relieved by GTN spray. He has had a few presentations to A & E. I have requested a CTCA, ideally at the Victoria for this gentleman.

With best wishes,

Yours sincerely

Dr Kenneth Mangion

Consultant Cardiologist

Electronically Signed: Dr Kenneth Mangion, Consultant

cc.

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Florence Street Resource Centre - CMHT Adult
GGC Mental Health

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

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

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

Hospital location code.
G002G

Email address
-

Urgency of referral Urgent - within 5 working days
Date of referral 17-Feb-2026 **Date sent** 17-Feb-2026

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Contact number(s)
Voice: 07807927678

101039091491B Unique Care Pathway Number: 101039091491B

REGISTERED GP DETAILS

Name	Dr Naomi Mitchell		
GMC code	6128732	GP code	00302
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004
E-mail: GG-UHB.GP49681clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Alastair Stout		
GMC code	3612543	GP code	06343
Practice name	Mount Florida Medical Centre (49681)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice: 0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Depression. Suicidal ideas.

Comment: Mr Hart attended the surgery saying he was having frequent suicidal ideas. He has been under a lot of stress over the last few weeks. Over the last few weeks he has had to move out of his flat in Garturk Street and move back in with his mother at 8 Finsbay Street Glasgow G51 4DP. He told me that he is feeling very stressed and this has been making him feel suicidal. He was tearful and upset during the consultation. He told me that he needed something urgently to help him calm down, otherwise he was going to kill himself. He told me that he had had strong feelings to throw himself out of a window or cut his wrists. I discussed starting him on antidepressants, but he was worried that they would tale too long to have an effect. He agreed to starting sertraline 50mg daily. In the past he has been prescribed sertraline, fluoxetine, trazodone, and mirtazapine. He told me that he has not been drinking alcohol now for a few months as he is keen to get more access to his daughter who stays with his ex partner. He said that when he gets very upset or agitated with his ex partner he feels as if he can see himself arguing with her as if he is a separate person. I gave him a short course of diazepam 2mg tablets (10 tablets in total), and arranged to review him back at the surgery in a few days time. In the meantime I suggested referral to the CMHT regarding his worsening symptoms of depression, especially given his recent suicidal ideation. As Mr Hart is currently staying with his mother at 8 FINSBAY STREET, GLASGOW G51 4DP, I am not sure whether he should be seen at the Florence Street Resource Centre (based on his registered home address) or whether he should be seen at the Brand Street Resource Centre (based on his temporary address at his mother's house)? PLEASE SEND ANY MAIL/LETTERS TO MR HART'S MOTHER'S ADDRESS AT :- 8 FINSBAY STREET, GLASGOW G51 4DP. Thank you for your assistance with this gentleman.

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

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

Description	Comment	Date of onset	Date recorded
Pernicious anaemia	-	31-Jan-2025	31-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Pre-diabetes	-	28-Jan-2025	28-Jan-2025
Polycythaemia vera	-	28-Jun-2022	28-Jun-2022
Alcohol problem drinking	-	13-May-2016	13-May-2016
Overdose of drug	Trazadone alcohol & cannabis	24-Jan-2016	24-Jan-2016
[X]Depression NOS	-	26-Jun-2015	26-Jun-2015
[D]Hyperventilation	and tetany!	25-Jul-2014	25-Jul-2014
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Oct-2025
FH: Ischaemic heart dis. >60	20-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY WHILE ON ASPIRIN	-	18-Nov-2025	18-Nov-2025

Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	120	120 dose	TWO PUFFS TO BE INHALED TWICE A DAY	-	18-Nov-2025	18-Nov-2025
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Nov-2025	18-Nov-2025
Salbutamol Cfc-free inhaler 100 micrograms/puff	200	200 dose	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	18-Nov-2025	18-Nov-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline Hydrochloride Tablets 50 mg	10	10 tablet	ONE TO BE TAKEN EACH DAY	-	16-Feb-2026	16-Feb-2026
Diazepam Tablets 2 mg	10	10 tablet	ONE TO BE TAKEN AS REQUIRED FOR ANXIETY SYMPTOMS	-	16-Feb-2026	16-Feb-2026
Sertraline Hydrochloride Tablets 50 mg	14	14 tablet	ONE TO BE TAKEN EACH DAY	-	16-Feb-2026	16-Feb-2026
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	18-Nov-2025	18-Nov-2025
Fostair Cfc-free inhaler 100 micrograms + 6 micrograms/dose	120	120 dose	TWO PUFFS TO BE INHALED TWICE A DAY	-	18-Nov-2025	18-Nov-2025
Duoresp Spiromax Dry Powder Inhaler 160 micrograms + 4.5 micrograms/dose	240	240 dose	ONE PUFF TWICE A DAY AS MAINTENANCE AND ONE PUFF WHEN REQUIRED UP TO 12 PUFFS PER DAY	-	22-Oct-2025	22-Oct-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Nov-2025	110	75
20-Oct-2025	134	84
07-Jan-2025	121	72
21-Nov-2019	128	65
26-Jul-2011	112	70

Body Measurements

Date Recorded	Height	Weight	BMI
20-Oct-2025	178.5	70	21.97
27-Jan-2025	-	69	-
14-Jan-2025	-	67	-
07-Jan-2025	-	65	-
26-Jul-2011	178.5	74	23.22

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		22-Oct-2025
Cigarette smoker, 20 Cigarettes/day:		20-Oct-2025
Cigarette smoker 18 Cigarettes/day :	10-12 joints and then 5 cigarettes.	29-Jan-2025
Current smoker:		20-Aug-2020
Current smoker:		21-Nov-2019
Alcohol consumption, 30 units/week:		20-Oct-2025
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011
Enjoys light exercise :	cycling and walking	29-Jan-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Risk of Suicide:Yes
If yes to Risk of Suicide, please give details:Voicing suicidal ideas.
Past history of suicide attempt:Yes
If yes to Past history of suicide attempt, please give details:Overdose of trazodone, alcohol and cannabis 2016.
Risk of deliberate self harm:Yes
If yes to Risk of self harm, please give details:Saying he has thoughts of deliberate self harm eg cutting his wrists.
Is patient responsible for children?:Yes
If yes to patient responsible for children, please give details:He has a daughter who stays with his ex partner.
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) British

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

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Mental Health Services

NHS
Greater Glasgow and Clyde

Date: 11-Mar-2026

STOUT, A (Dr)

Mount Florida Medical Centre

183 Prospecthill Road

Glasgow

G42 9LQ

Dear Dr Stout

Patient: HART, Stephen (Mr)	**CHI**: 110 281 0711

This is a brief communication to update you of the outcome of the telephone consultation as part of the contingency measures around covid-19.

Your above named patient was assessed by telephone consultation by Donna Milligan on 11/03/2026

Diagnosis: Difficulty managing emotions. Adverse childhood events (abusive father). Expressing suicidal thoughts prior to admission.
Current medication: As per GP information.
Risk management: No new or immediate risks identified. CMHT will continue to monitor and review risk. Future focused to continuing to engage with CMHT at discharge by Crisis.
Action required by GP: Nil
Follow up planned: Has CPN appointment for 17th March and has access to duty system Florence Street if required with Crisis/NHS24 being available outwith CMHT hours.

Please do not hesitate to get in touch if you need any further information on 01412327060

Yours sincerely

MILLIGAN, Donna (SeniorCrisisPractitioner)

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NHS Confidential: Personal data about a patient

Glasgow City HSCP

Pat Togher
Chief Officer

Our Ref: CMc/GK
Job ID: 904910
Date Dictated: 27/02/2026
Date Typed: 27/02/2026

PRIVATE & CONFIDENTIAL

Stephen Hart
c/o 8 Finsbay Street
Glasgow
G51 4DP
G42 8JQ

Community Mental Health Team
26 Florence Street
Glasgow
G5 0YZ
01412327000
www.nhsggc.org.uk

Dear Stephen,

As you will be aware, you have been referred to our service by your GP for a mental health assessment.

Arrangements have been made for you to be seen on:

Date:	**Tuesday 17th March 2026**
Time:	**10.00am**
Appointment with:	**Calum McKenzie**
Location:	**Florence Street Resource Centre**

If this appointment is not suitable, please telephone me on the above number, so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Calum McKenzie
Community Psychiatric Nurse

NHS Greater Glasgow and Clyde

NHS Confidential: Personal data about a patient

Glasgow City HSCP

Pat Togher
Chief Officer

Authorised on 27/02/2026 14:32:55 by Typist Gillian Kilpatrick, on behalf of Calum McKenzie.

(D) Dr AJ Stout
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

NHS Greater Glasgow and Clyde

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Pages:

NHS Confidential: Personal data about a patient

Pat Togher
Chief Officer

Our Ref: RB/JH
Job ID: 100927022
Date Dictated:
Date Typed: 17/03/2026

PRIVATE & CONFIDENTIAL

Dr N Mitchell
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Department of General Adult Psychiatry
Florence Street Clinic
26 Florence Street
Glasgow

G5 0YZ
0141 232 7000 EXT: 7000
www.nhsggc.org.uk

Dear Dr Mitchell,

Re: Stephen Hart DOB: 11/02/1981 CHI: 1102810711
Address: Flat 0-2 15 Garturk Street, Glasgow, G42 8JQ

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Same Day) ☒ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☐
Action required by GP:	
Please increase Sertraline to 100mg OD	
Please prescribe Zopiclone 7.5mg to be taken as required at night for insomnia (7 days)	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

NHS Confidential: Personal data about a patient

Glasgow City HSCP

Pat Togher
Chief Officer

Dr Ruth Brown
Consultant Psychiatrist.

Authorised on 17/03/2026 15:08:07 by Ruth Brown.

NHS Greater Glasgow and Clyde

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Mental Health Services

NHS
Greater Glasgow and Clyde

Date: 23-Mar-2026

STOUT, A (Dr)
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Dear Dr Stout

Patient: HART, Stephen (Mr)	**CHI**: 110 281 0711

This is a brief communication to update you regarding Stephen's recent contact with the South Crisis Team. Stephen was referred by his CPN following an increase in suicidal ideation and a recent near attempt where we walked to a bridge however did not act on thoughts of jumping off and returned home independently. At Crisis appointment, no on-going suicidal intent and no new risks identified. Stephen failed to attend the next two scheduled appointments but was contactable by telephone. During contact 23/03/26, Stephen requested discharge from the Crisis Team stating he had other priorities for his week and did not have any thoughts of DSH. Aware of how to reach out to MH services if he requires support and no new risks identified.

Your above named patient was assessed by telephone consultation by Emma Henderson on 23/03/26

Diagnosis: No formal diagnosis
Current medication: see ECS
Risk management: Remains open to Florence Street Resource Centre
Action required by GP: Nil
Follow up planned: CMHT to be made aware

Please do not hesitate to get in touch if you need any further information on 0141 232 7060

Yours sincerely

HENDERSON, Emma (SnrCrisisPractitioner)

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Additional: Scanned Document

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NHS Confidential: Personal data about a patient

Glasgow city HSCP

Pat Togher
Chief Officer

Our Ref: SS/LB
Job ID: 100908411
Date Dictated:
Date Typed: 17/02/2026

PRIVATE & CONFIDENTIAL

Dr AJ Stout
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Mental Health
Florence Street Clinic
26 Florence Street
Glasgow

G5 0YZ
0141 232 7000 EXT: 47000
www.nhsggc.org.uk

Dear Dr Stout,

Re: Stephen Hart DOB: 11/02/1981 CHI: 1102810711
Address: Flat 0-2 15 Garturk Street, Glasgow, G42 8JQ

Thank you for your recent **Urgent** referral for the patient referred to above. I have enclosed an extract of our referral guidance including urgency status, response time and criteria.

Based on the information in the referral I have allocated the patient to Category 3 consequently the referral will be processed as **Routine**.

If you have concerns with the determination, please do not hesitate to contact the Duty Person at the number below. Where appropriate, referrals can be escalated and processed accordingly.

Yours sincerely

Desk Duty Worker

Enc

NHS Greater Glasgow and Clyde

Pat Togher
Chief Officer

If phoning or visiting, please ask for Referral Team Secretary
Telephone 0141 232 7000

1 EXTRACT OF REFERRAL GUIDANCE

Each Community Mental Health Team has a duty worker who is available to discuss the priority of referrals. Urgent referrals should be made by phoning the local C.M.H.T. to discuss details including the reasons for request for urgent response.

The referrer should complete a written referral whether on the SCI Gateway or by letter which they can fax or give to the person to bring to the assessment.

Referrals with the exception of urgent referrals should be made through the SCI Gateway.

Please refer to the table below.

Category of Referral	Response Time By C.M.H.T.	Referral Method	Criteria
(1) URGENT	**Within 24 hours**	**Telephone call to Duty Person**	Presentation with immediate risk of self harm and/or active plans of suicide, acute distress due to psychiatric illness or where someone with a mental health problem requires immediate assessment.
(2) SOON	Within 5 working days	SCI Gateway	As above although immediacy is not present, referrer is satisfied patient is in no immediate danger, but requires intervention within the next few days.
(3) ROUTINE	Within 2 – 4 weeks	SCI Gateway	Moderate to severe mental illness. (Medical out-patient and psychology appointments may necessitate a longer wait.

NHS Confidential: Personal data about a patient

Pat Togher
Chief Officer

Authorised on 17/02/2026 11:29:26 by Typist Louise Brown, not verified by Samantha Service.

NHS Confidential: Personal data about a patient

Hart Stephen CHI: 1102810711

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Stephen Hart
0/2 15 Garturk Street
Glasgow
Lanarkshire
G42 8JQ

Main Switchboard:	0141 201 6000
Department:	Cardiology
Contact Tel:	0141 451 6128
Enquiries to:	amy.banks2@nhs.scot
Letter Date:	30/04/2026
Reference:	KM/AB
Dictated Date:	27/04/2026
Transcribed Date:	27/04/2026

Dear Mr Hart ,

Thank you for attending for your CT scan of your coronary arteries. I am delighted to report that your coronary arteries are disease free with no evidence of any cholesterol deposition. This is very reassuring and suggests that the chest discomfort you are experiencing is not related to the heart.

With best wishes,

Yours sincerely

Dr Kenneth Mangion

Consultant Cardiologist

Electronically Signed: Dr Kenneth Mangion, Consultant

cc. GP

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Victoria Infirmary
55 Grange Road
Glasgow
G42 9LF

Hospital and hospital address

Hospital location code.
G306H

Email address
-

Urgency of referral ROUTINE
Date of referral 03-May-2012 **Date sent** 03-May-2012

PATIENT DETAILS

Surname	Hart
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	11-Feb-1981
CHI no.	1102810711
Area of Residence	-

Patient's address

16 Seath St
Flat 1.2.
GLASGOW
G42 7LJ

Contact number(s)
Voice:429 2069

101003575664E Unique Care Pathway Number: 101003575664E

REGISTERED GP DETAILS

Name	Dr John Crorie		
GMC code	2342939	GP code	09008
Practice name	Mount Florida Medical Centre (18946)		
Practice code	49681		

Practice address

183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004
Facsimile:0141 636 6036

REFERRING GP DETAILS

Name	Dr. John Crorie		
GMC code	2342939	GP code	09008
Practice name	Dr John Crorie & Partners (49681)		
Practice code	49681		

Practice address

Mount Florida Medical Centre
183 Prospecthill Road
Glasgow
G42 9LQ

Contact number(s)
Voice:0141 632 4004

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: polypoid warty lesions in his perianal region

Comment: This man has multiple polypoid warty lesions in his perianal region which have been multiplying in the last year and I would be grateful if you could see him.

He also has a cystic lesion on his right buttock which he has had for 4 years. He says this has not changed much but I would be grateful if you could look at it while he is there.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
[X]Needle phobia	-	27-Sep-2011	27-Sep-2011
Lower resp tract infection	-	12-Aug-2011	12-Aug-2011
Acute tonsillitis	Admitted but took irregular discharge	22-Feb-2010	22-Feb-2010
[D]Chest pain, unspecified	" Nil acute"	24-Feb-2009	24-Feb-2009
Back pain, unspecified	-	22-Jul-2008	22-Jul-2008
Peritonsillar abscess - quinsy	Admitted	03-Mar-2008	03-Mar-2008
Peritonsillar abscess - quinsy	Admitted	25-Feb-2008	25-Feb-2008
Panic attack	Hyperventilating	27-Mar-2003	27-Mar-2003
Closed fracture of metacarpal bone(s) (Right)	-	22-Mar-1995	22-Mar-1995
Asthma	-	14-May-1993	14-May-1993
Flexural eczema	-	20-Dec-1991	20-Dec-1991
[V]Behavioural problems	-	13-Sep-1989	13-Sep-1989
Child abuse in family	-	01-Jul-1989	01-Jul-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Tonsillectomy	" Reactionary haemorrhage "	15-Mar-2010	15-Mar-2010

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

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:	Smoked since age 7 when put in care home. i.e. 22 years, 10-15 cpd.social alcohol. Very active. Cycles 15 km per day.	12-Aug-2011
Moderate smoker - 10-19 cigs/d:	Smoker$$.clm - Repeat after an Interval	26-Jul-2011
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	26-Jul-2011

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

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

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

EMIS attachment reference code
03-Sept-2025 Mr Mark Lagan (ML)
Additional:EMIS attachment reference code
Invitation to 2025 interface Asthma clinic
Filename: 2025 Asthma Invite.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ

Tel: 0141 632 4004

mountfloridamedicalcentre.gp.scot

Mr Stephen Hart
15 Garturk Street

Flat 0-2

GLASGOW

G42 8JQ

Letter reference: COPD1

Letter reference: AST1A

Dear Mr Stephen Hart

People with asthma benefit from regular review to help make sure that their symptoms are being well controlled, and that they are being managed in line with the latest guidance.

We would therefore like you to make an appointment so that we can review your asthma symptoms and your current asthma management. This review is funded by AstraZeneca.

Appointments are available on the following date(s):

Wednesday 17th September 2025

Wednesday 24th September 2025

Wednesday 1st October 2025

Wednesday 8th October 2025

Wednesday 15th October 2025

Wednesday 22nd October 2025

Appointment details

Where is it?	Mount Florida Medical Practice

~~April 2025~~

GB-64953

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ

Tel: 0141 632 4004

mountfloridamedicalcentre.gp.scot

Who is it with?	A clinical pharmacist from Interface Clinical Services
How long is it?	15 minutes
How to arrange your review appointment	Telephone the practice

This appointment is in addition to any other appointments you may have already arranged.

What you should do next:

- Arrange your review appointment as directed in the Appointment details table above
- Let us know if you are unable to attend on any of the available dates so that we can arrange an alternative appointment for you

Before your appointment:

- Please bring all your current inhaled medicines (including spacer device if you use one) and your personalised asthma action plan (if you have one) to your appointment.
- During your appointment you will be asked questions to help us understand how your asthma affects you. Think about how you will answer the following questions:

During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?								
All the time		Most of the time		Some of the time		A little of the time		None of the time	

During the past 4 weeks, how often have you had shortness of breath?								
More than once a day		Once a day		3-6 times a week		1-2 times a week		Not at all	

During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the

April 2025

GB-64953

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ

Tel: 0141 632 4004

mountfloridamedicalcentre.gp.scot

morning?									
4 or more times a week		2-3 nights a week		Once a week		Once or twice		Not at all	

During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?									
3 or more times a day		1-2 times a day		2-3 times a week		Once a week or less		Not at all	

How would you rate your asthma control during the past 4 weeks?									
Not controlled		Poorly controlled		Somewhat controlled		Well controlled		Completely controlled	

Yours sincerely

On behalf of the practice

The Asthma Medicines Optimisation Review Service is a non-promotional medical service which is funded by AstraZeneca and delivered by a team of pharmacists employed by Interface Clinical Services, working on behalf of AstraZeneca.

AstraZeneca do not have access to your medical records or personal information.

April 2025

GB-64953

EMIS attachment reference code
17-Jan-2025 Dr Naomi Mitchell (NM)
Additional:EMIS attachment reference code
re bloods.doc re bloods
Filename: re bloods.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004
https://mountfloridamedicalcentre.gp.scot/

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

17 01 2025

Dear Mr Stephen Hart

I got your blood results back this morning – they show that your levels of inflammation are a bit high – probably because of your recent chest infection. Could you make an appointment to get them repeated – possibly next week?

Your vitamin b12 levels are also a bit low – this can cause tingling in your hands and feet. It can be due to lack of b12 in what you are eating, or occasionally people can't absorb it very well. We can tell by some blood tests – so I've asked for these to be done when you are in. We would normally give you a course of jags to replace your b12 – the nurse can do this when you are in. Usually we give it a few times a week for a couple of weeks and then make a decision on whether or not they need to continue.

I'm due to see you on 28th – I hope you are still improving and will look forward to seeing you then.

Yours faithfully

Dr N Mitchell

Mount Florida Medical Centre Partners

EMIS attachment reference code
17-Jan-2025 Dr Naomi Mitchell (NM)
Additional:EMIS attachment reference code
re bloods
Filename: re bloods.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004
https://mountfloridamedicalcentre.gp.scot/

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

17 01 2025

Dear Mr Stephen Hart

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Your vitamin b12 levels are also a bit low – this can cause tingling in your hands and feet. It can be due to lack of b12 in what you are eating, or occasionally people can't absorb it very well. We can tell by some blood tests – so I've asked for these to be done when you are in. We would normally give you a course of jags to replace your b12 – the nurse can do this when you are in. Usually we give it a few times a week for a couple of weeks and then make a decision on whether or not they need to continue.

I'm due to see you on 28th – I hope you are still improving and will look forward to seeing you then.

Yours faithfully

Dr N Mitchell

Mount Florida Medical Centre Partners

eMED3 (2010) new statement issued, not fit for work
25-Oct-2022 Dr Elizabeth Murphy (MURPHY_18946)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 25/10/2022 - 22/11/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 25 /10 / 2022

and, because of the following condition(s): anxiety and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Elizabeth Murphy

Issuer's profession Doctor

Date of statement 25 /10 / 2022

Issuer's address
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/22

3F3DEC9E-997A-41C7-AFDA-C1A209403B35

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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**

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~~ HART

Other names STEPHEN

Address 15 GARTURK STREET
FLAT 0-2
GLASGOW **Postcode** G42 8JQ

Date of birth 11 / 02 / 1981 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
27-Sept-2022 Dr Elizabeth Murphy (MURPHY_18946)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 26/09/2022 - 25/10/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 27 /09 / 2022

and, because of the following condition(s): anxiety and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 26 /09 / 2022 **to** 25 /10 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Elizabeth Murphy

Issuer's profession Doctor

Date of statement 27 /09 / 2022

Issuer's address
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/22

EDFD2A2A-B038-4FCD-8702-D5D9482A4177

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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**

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~~ HART

Other names STEPHEN

Address 15 GARTURK STREET
FLAT 0-2
GLASGOW **Postcode** G42 8JQ

Date of birth 11 / 02 / 1981 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
26-Aug-2022 Dr Alastair Stout (AS)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Polycythaemia - Under Investigation. Anxiety And Depression.; Duration: 25/08/2022 - 26/09/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 26 /08 / 2022

and, because of the following condition(s): Polycythaemia - Under Investigation.
Anxiety And Depression.

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 25 /08 / 2022 **to** 26 /09 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Alastair Stout
Issuer's profession Doctor
Date of statement 26 /08 / 2022
Issuer's address Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/22
F3182072-1AFF-4E5C-941A-82C228AA1A15

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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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, Ms~~ HART
Other names STEPHEN
Address 15 GARTURK STREET
FLAT 0-2
GLASGOW **Postcode** G42 8JQ
Date of birth 11 / 02 / 1981 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

EMIS attachment reference code
08-Aug-2022 Dr David MacDonald (DMAC)
Additional:EMIS attachment reference code
TWIMC mental health.doc TWIMC mental health
Filename: TWIMC mental health.doc
Extension:.tif
Pages:

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

08 08 2022

To Whom It May Concern,

Dear Sir/Madam,

RE: Mr Stephen Hart
D.O.B: 11/02/1981
Address: 15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

I can confirm that Stephen has recently consulted myself for low mood and suicidal ideation. This has been impacting his daily routine, his ability do tasks and his ability to function. His sleep, appetite and concentration have also been poor. He has recently commenced on Fluoxetine 20mg.

I hope this information is of use.

Yours sincerely,

Dr. David Macdonald

Dr Louise J. Sheil Dr J. Angele Carruthers Dr Naomi Mitchell Dr Elaine Campbell
Dr Elizabeth Murphy Dr Alastair Stout Dr Paul Gallagher Dr Katie Brown Dr Janet Chapman

EMIS attachment reference code
08-Aug-2022 Dr David MacDonald (DMAC)
Additional:EMIS attachment reference code
TWIMC mental health
Filename: TWIMC mental health.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

08 08 2022

To Whom It May Concern,

Dear Sir/Madam,

RE: Mr Stephen Hart
D.O.B: 11/02/1981
Address: 15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

I can confirm that Stephen has recently consulted myself for low mood and suicidal ideation. This has been impacting his daily routine, his ability do tasks and his ability to function. His sleep, appetite and concentration have also been poor. He has recently commenced on Fluoxetine 20mg.

I hope this information is of use.

Yours sincerely,

Dr. David Macdonald

Dr Louise J. Sheil Dr J. Angele Carruthers Dr Naomi Mitchell Dr Elaine Campbell
Dr Elizabeth Murphy Dr Alastair Stout Dr Paul Gallagher Dr Katie Brown Dr Janet Chapman

EMIS attachment reference code
14-July-2022 Dr Elaine Campbell (EC1)
Additional:EMIS attachment reference code
zero tol letter
Filename: zero tol letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

Thursday, 14 July 2022

Dear Mr Hart

In light of the verbally abusive behaviour you displayed towards a member of my administration staff today, that I make you aware that the Practice has a zero tolerance policy with regards abuse both verbal and physical. The Practice has the right to remove abusive patients from our Practice list with immediate effect in order to safeguard Practice staff, patients and other persons. Mr Hart should this behaviour be repeated we will ask the Health Board to remove you from our Practice list.

Mr Hart it is important that patients are able to work together with the Practice to forge a good relationship. I trust this is something that we will be able to achieve going forward.

Yours sincerely

Partner of Mount Florida Medical Centre

eMED3 (2010) new statement issued, not fit for work
30-Jun-2022 Dr Elaine Campbell (EC1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Blood disorder - under investigation.; Duration: 30/06/2022 - 25/08/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 30 /06 / 2022

and, because of the following condition(s): Blood disorder - under investigation.

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 30 /06 / 2022 **to** 25 /08 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Elaine Campbell

Issuer's profession Doctor

Date of statement 30 /06 / 2022

Issuer's address
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/22

13C57C41-FFFC-460A-866F-BA2B4018E820

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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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, Ms~~ HART

Other names STEPHEN

Address 15 GARTURK STREET
FLAT 0-2
GLASGOW **Postcode** G42 8JQ

Date of birth 11 / 02 / 1981 **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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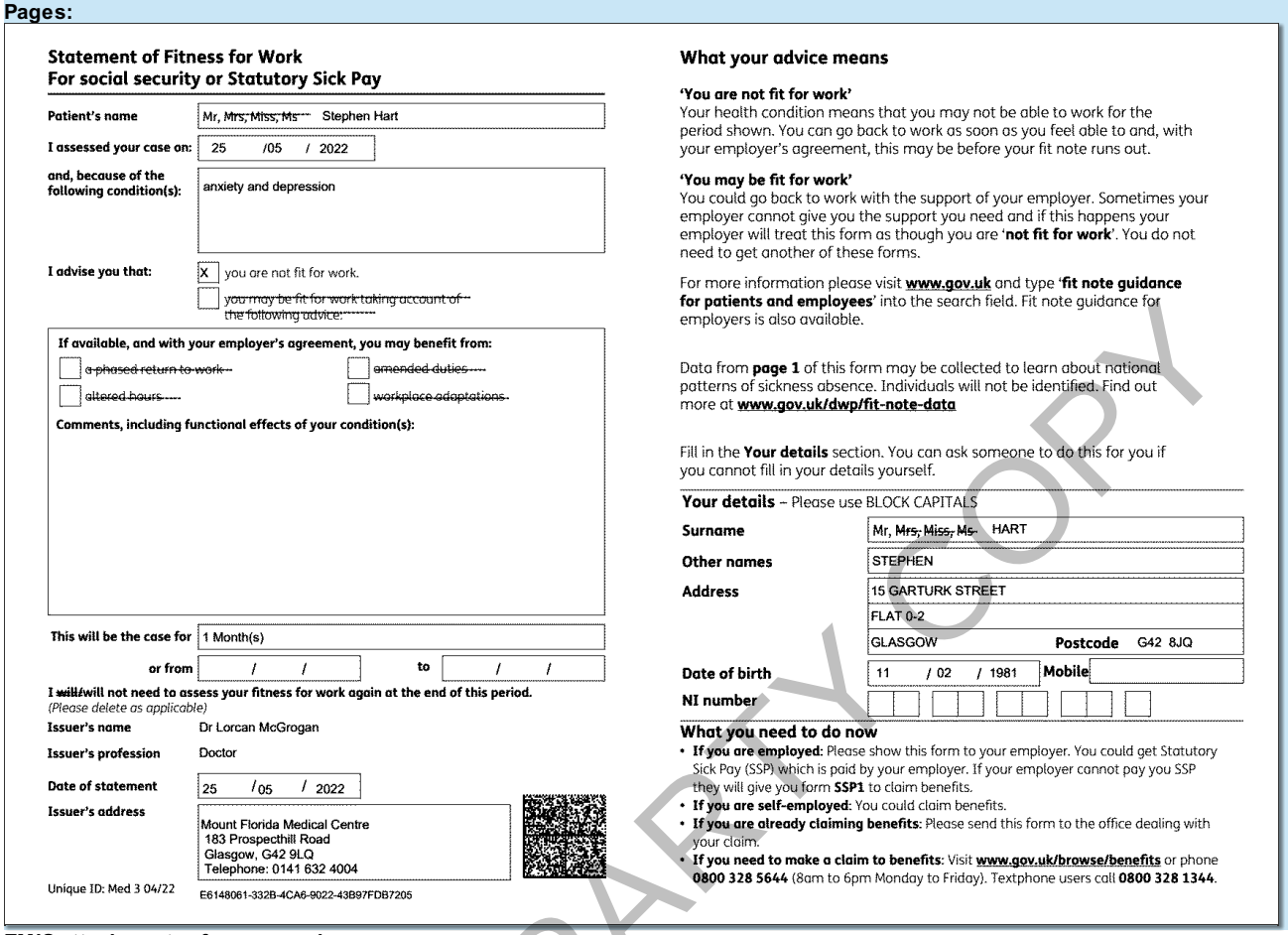
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
25-May-2022 Dr Lorcan McGrogan (LMCG)
Additional:eMED3 (2010) new statement issued, not fit for work
(Diagnosis: anxiety and depression; Duration: 25/05/2022 - 25/06/2022)
Filename: FitNote_e6148061-332b-4ca6-9022-43b97fdb7205.pdf
Extension:.tif
Pages:



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 25 /05 / 2022

and, because of the following condition(s): anxiety and depression

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 1 Month(s)
or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Lorcan McGrogan
Issuer's profession Doctor
Date of statement 25 /05 / 2022
Issuer's address Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/22
E6148061-332B-4CA6-9022-43B97FDB7205

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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**

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~~ HART
Other names STEPHEN
Address 15 GARTURK STREET
FLAT 0-2
GLASGOW **Postcode** G42 8JQ
Date of birth 11 / 02 / 1981 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

EMIS attachment reference code
10-Apr-2019 Mrs Audrey Dunn (AD)
Additional:EMIS attachment reference code
Annual Recall
Filename: CDM Recall Letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

10 04 2019

Reference – **Annual Review Clinic**

Dear Mr Hart,

We note that you are due to attend for your annual health check up. We would like to invite you to call and make an appointment with our **Nursing team** for our **Annual Review Clinic.**

To ensure that the correct appointment type is booked please quote **the above reference** to the receptionist when you contact the surgery.

Please note that 2 appointments maybe necessary if blood tests are carried out. You may also be asked to bring a urine sample with you.

In previous years you may have received up to 3 invitation letters throughout the year. We would like to advise you that we will now only be sending out 1 invitation letter per year.

We look forward to hearing from you.

Yours sincerely

Mount Florida Medical Centre

Dr Louise J. Sheil Dr J. Angele Carruthers Dr Naomi Mitchell Dr Elaine Campbell Dr Paul Gallagher

Dr Elizabeth Murphy Dr Alastair Stout. Dr Katie Brown

EMIS attachment reference code
11-Apr-2018 Mrs Alice McGowan (AMCG)
Additional: EMIS attachment reference code
letter from ambulance service
Filename: Document1.doc
Extension: .tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Website: www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

11 04 2018

Dear Mr Hart

We have received a letter relating to the recent attendance by the the Scottish Ambulance Service.

Please make a telephone appointment or doctor's appointment to discuss the letter.

Yours sincerely,

Mount Florida Medical Centre

Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers Dr Naomi Mitchell
Dr Elizabeth Murphy Dr Alastair Stout. Dr Elaine Campbell

EMIS attachment reference code
05-Apr-2018 Mrs Frances Love (FL)
Additional:EMIS attachment reference code
Annual Recall Letter
Filename: CDM Recall Letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G44 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

05 04 2018

Reference – **Annual Review Clinic**

Dear Mr Hart,

We note that you are due to attend for your annual health check up. We would like to invite you to call and make an appointment with our **Nursing team** for our **Annual Review Clinic.**

To ensure that the correct appointment type is booked please quote **the above reference** to the receptionist when you contact the surgery.

Please note that 2 appointments maybe necessary if blood tests are carried out. You may also be asked to bring a urine sample with you.

In previous years you may have received up to 3 invitation letters throughout the year. We would like to advise you that we will now only be sending out 1 invitation letter per year.

We look forward to hearing from you.

Yours sincerely

Mount Florida Medical Centre

Dr Louise J. Sheil Dr J. Angele Carruthers Dr Naomi Mitchell Dr Elaine Campbell Dr Paul Gallagher

Dr Elizabeth Murphy Dr Alastair Stout. Dr Katie Brown

EMIS attachment reference code
12-Oct-2017 Mrs Lynn Allan (LA1)
Additional:EMIS attachment reference code
dna letter
Filename: dna letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
WEBSITE: www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

12 10 2017

Dear Mr Hart,

According to our records, you have booked and then did not attend for an appointment with your GP/Practice Nurse/Healthcare Assistant.

We understand that on occasion there may be genuine reasons why you are unable to attend an appointment. If you feel this letter has been sent to you in error or you feel there were reasonable grounds for not attending, please get in touch and let us know.

As a practice we have approximately 200 unattended appointments per month. We deal with non-attendance and lateness proactively so that our services are not strained. We normally send two notifications for missed or late appointments before further action is considered. Further action may result in you being removed from our surgery list.

Wasted appointments may mean another patient who wants to see their GP or Practice Nurse is unable to due to limited availability. We respectfully request that if something arises meaning you may miss or be late for an appointment in the future, you kindly let us know as least an hour in advance. Your appointment can then be given to someone else and a new one can be offered to you if needed.

If you have any queries regarding this matter please do not hesitate to contact the surgery. Again, if you feel this letter has been sent to you in error and there was a specific reason why you were unable to attend then please inform us.

Thank you for your co-operation.

Kind Regards,

Drs Sheil, McKechnie, Carruthers, Mitchell, Campbell, Murphy, Stout & Gallagher.

EMIS attachment reference code
05-July-2017 Ms. Carol Ricks (CR)
Additional:EMIS attachment reference code
hosp letter
Filename: hosp letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Website: www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

05 07 2017

Dear Mr Hart

We have received a letter relating to your recent appointment at the Victoria Infirmary.

Please make a telephone appointment or doctor's appointment to discuss the hospital doctor's letter.

Yours sincerely,

Dr N Mitchell

Attachment
23-Feb-2017 Mr Anonymous User (ANON)
Additional: Attachment
Asthma monitor 1st letter
Filename:
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G44 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
Glasgow
G42 8JQ

23 Feb 2017 Ref – 160 ASTHMA

Dear Mr Hart

We note you are due to attend for an ASTHMA check up.

Please phone the surgery and make an appointment with our Practice Nurse. Even if you feel your Asthma is well controlled, we still request that you attend as advances in Asthma treatment change on a regular basis.

Please bring all inhalers you may use with you.

If however you do not wish a check up, please notify the surgery to avoid receiving further letters.

Yours sincerely

Dr Naomi Mitchell

EMIS attachment reference code
15-Dec-2016 Ms. Carol Ricks (CR)
Additional:EMIS attachment reference code
hsop letter
Filename: hsop letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Website: www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

15 12 2016

Dear Mr Hart

We have received a letter relating to your recent appointment at the Queen Elizabeth Hospital.

Please make a telephone appointment or doctor's appointment to discuss the hospital doctor's letter.

Yours sincerely,

Dr S McKechnie

EMIS attachment reference code
28-Nov-2016 Dr Sheila McKechnie (MCKECHNIE_18946)
Additional:EMIS attachment reference code
rec phy.doc rec phy
Filename: rec phy.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

FAO Receiving

Re: Stephen Hart
15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

Chi number: 1102810711

Reason for Referral:

Dear Doctor

Thank you for seeing this 35 year old patient.

History of presenting complaint:

Left anterior chest pain pleuritic type chest pain –some wheeze –on inhalers

Chest clear .no swelling ankles /legs .

Smoker .

Please see attached patient summary sheet for details of Past Medical History, Drug History and Allergies.

Yours truly,

Dr

Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers Dr Naomi Mitchell
Dr Elizabeth Murphy Dr Alastair Stout. Dr Elaine Campbell

EMIS attachment reference code
28-Nov-2016 Dr Sheila McKechnie (MCKECHNIE_18946)
Additional:EMIS attachment reference code
rec phy
Filename: rec phy.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
www.mountfloridamedicalcentre.co.uk

FAO Receiving

Re: Stephen Hart
15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

Chi number: 1102810711

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Dear Doctor

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Smoker .

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Yours truly,

Dr

Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers Dr Naomi Mitchell
Dr Elizabeth Murphy Dr Alastair Stout. Dr Elaine Campbell

EMIS attachment reference code
29-Sept-2016 Mrs Lynn Allan (LA1)
Additional:EMIS attachment reference code
dna letter
Filename: dna letter.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G42 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
WEBSITE: www.mountfloridamedicalcentre.co.uk

Mr Stephen Hart
15 Garturk Street
Flat 0-2
GLASGOW
G42 8JQ

29 09 2016

Dear Mr Hart,

According to our records, you have booked and then did not attend for an appointment with your GP/Practice Nurse/Healthcare Assistant.

We understand that on occasion there may be genuine reasons why you are unable to attend an appointment. If you feel this letter has been sent to you in error or you feel there were reasonable grounds for not attending, please get in touch and let us know.

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Thank you for your co-operation.

Kind Regards,

Drs Crorie, Sheil, Robertson, McKechnie, Carruthers, Murphy and Stout.

Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers Dr Naomi Mitchell
Dr Elizabeth Murphy Dr Alastair Stout. Dr Elaine Campbell

EMIS attachment reference code
21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946)
Additional:EMIS attachment reference code
psychiatric referral.doc psychiatric referral
Filename: psychiatric referral.doc
Extension:.tif
Pages:

Mount Florida Medical Centre

183 Prospecthill Road, Glasgow G44 9LQ

Tel: 0141 632 4004 Fax: 0141 636 6036

Website: www.mountfloridamedicalcentre.co.uk

21/12/15

FAO Receiving psychiatrist

Re: Stephen Hart
15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

Chi number: 1102810711

Reason for Referral: severe depression. overdose 17/12/15

Dear Doctor

Thank you for seeing this 34 year old patient.

History of presenting complaint:

I would be very grateful for your assessment of this 34 year old gentleman who appears to be in very low mood and who took an overdose of 15 Trazadone, 8 paracetamol and alcohol on 17/12/15 in order to end his life. He does not wish to be here. He does drink heavily and smokes cannabis and is on the waiting list for inpatient detox at Stobhill.
He lives alone in an unfurnished flat. This morning he was accompanied by his mother who is very concerned about him.
He has a 12 year old son who he normally sees every weekend but this weekend Stephen did not feel able to see him.

I am concerned about this young man.

Please see attached patient summary sheet for details of Past Medical History, Drug History and Allergies.

Yours truly,

Dr Elizabeth Murphy

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G44 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036

Dr John W. Crorie Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers
Dr Elizabeth Murphy Dr Alastair Stout

EMIS attachment reference code
21-Dec-2015 Dr Elizabeth Murphy (MURPHY_18946)
Additional:EMIS attachment reference code
psychiatric referral
Filename: psychiatric referral.doc
Extension:.tif
Pages:

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G44 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036
Website: www.mountfloridamedicalcentre.co.uk

21/12/15

FAO Receiving psychiatrist

Re: Stephen Hart
15 Garturk Street, Flat 0-2, GLASGOW, G42 8JQ

Chi number: 1102810711

Reason for Referral: severe depression. overdose 17/12/15

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History of presenting complaint:

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He lives alone in an unfurnished flat. This morning he was accompanied by his mother who is very concerned about him.
He has a 12 year old son who he normally sees every weekend but this weekend Stephen did not feel able to see him.

I am concerned about this young man.

Please see attached patient summary sheet for details of Past Medical History, Drug History and Allergies.

Yours truly,

Dr Elizabeth Murphy

Mount Florida Medical Centre
183 Prospecthill Road, Glasgow G44 9LQ
Tel: 0141 632 4004 Fax: 0141 636 6036

Dr John W. Crorie Dr Louise J. Sheil Dr Alan W. Robertson Dr Sheila A. McKechnie Dr J. Angele Carruthers
Dr Elizabeth Murphy Dr Alastair Stout

eMED3 (2010) new statement issued, not fit for work
01-Dec-2015 Dr Louise Sheil (SHEIL_18946)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depression , awaiting in patient detox; Duration: 01/12/2015 - 01/03/2016)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 01 / 12 / 2015

and, because of the following condition(s): Depression , awaiting in patient detox

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):
contuous with last line- due 16/11/2015

This will be the case for 13 Week(s)

or from / / to / /

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 01 / 12 / 2015

Doctor's address: Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/10- 8B97954D-0D66-4236-A6BE-0C683100BB05

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HART
Other names: STEPHEN
Address: 15 GARTURK STREET
FLAT 0-2
GLASGOW Postcode G42 8JQ
Date of birth: 11 / 02 / 1981
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
19-Oct-2015 Dr Louise Sheil (SHEIL_18946)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression; Duration: 19/10/2015 - 16/11/2015)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 19 / 10 / 2015

and, because of the following condition(s): depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

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 19 / 10 / 2015

Doctor's address: Mount Florida Medical Centre, 183 Prospecthill Road, Glasgow, G42 9LQ, Telephone: 0141 632 4004

Unique ID: Med 3 04/10- 242D5B79-3E27-4D8F-9E44-2062DDF24D8A

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
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If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

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- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HART
Other names: STEPHEN
Address: 15 GARTURK STREET, FLAT 0-2, GLASGOW Postcode G42 8JQ
Date of birth: 11 / 02 / 1981
National Insurance (NI) number:

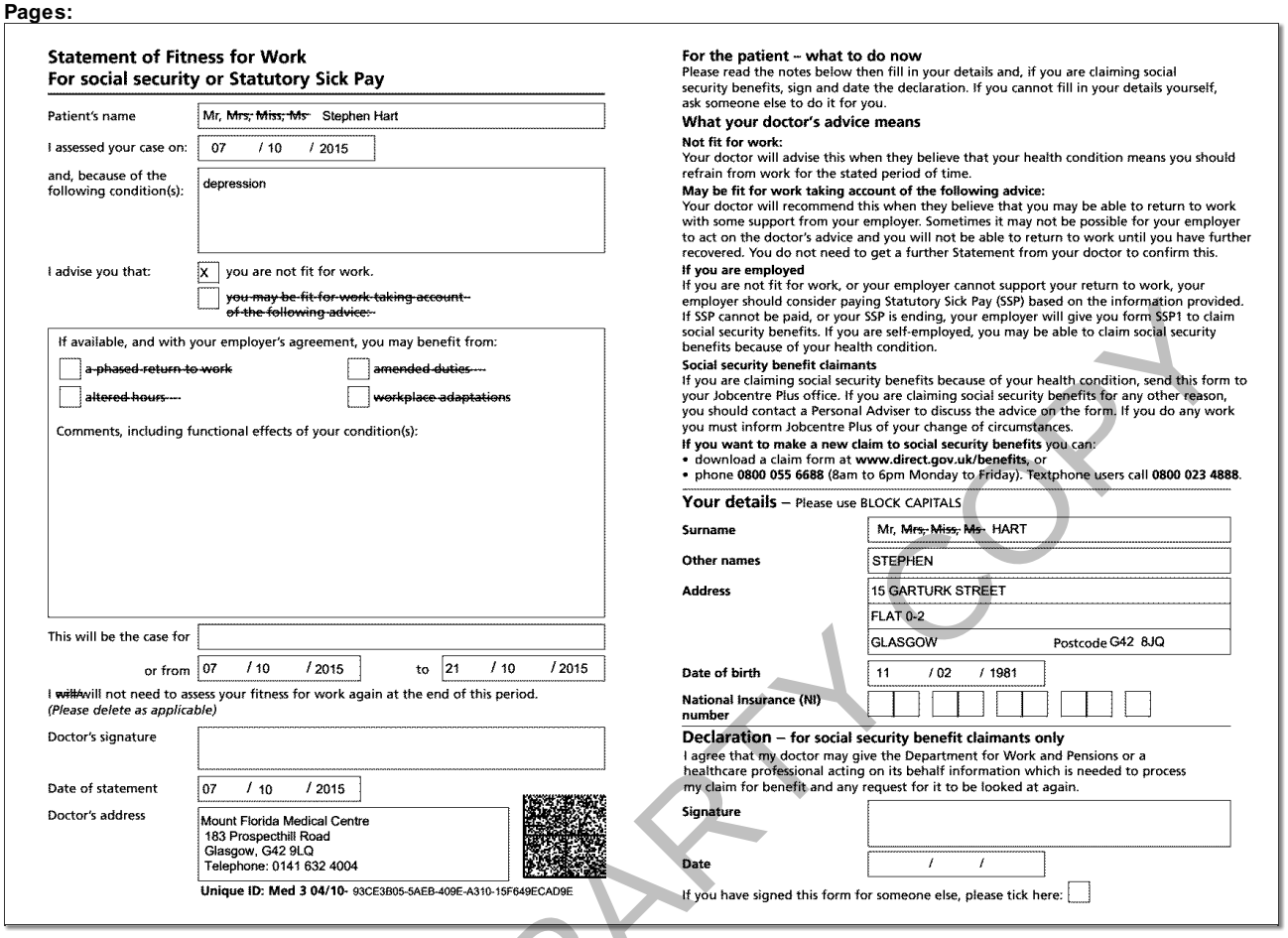
Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (2010) new statement issued, not fit for work
07-Oct-2015 Dr Elaine Campbell (EC1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: depression; Duration: 07/10/2015 - 21/10/2015)
Filename: FitNote.pdf
Extension:.tif
Pages:



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Stephen Hart

I assessed your case on: 07 / 10 / 2015

and, because of the following condition(s): depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for:

or from 07 / 10 / 2015 to 21 / 10 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature:

Date of statement: 07 / 10 / 2015

Doctor's address:
Mount Florida Medical Centre
183 Prospecthill Road
Glasgow, G42 9LQ
Telephone: 0141 632 4004

Unique ID: Med 3 04/10- 93CE3B05-5AEB-409E-A310-15F649ECAD9E

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

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Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HART

Other names: STEPHEN

Address: 15 GARTURK STREET
FLAT 0-2
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Date of birth: 11 / 02 / 1981

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I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature:

Date: / /

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