Subject Access Request

Patient	Mr John Brown
Date of birth	17-May-1983 (age 43)
Gender	M
NHS number	1705831133
Patient's address	115 Beechwood Road Blackburn Bathgate West Lothian EH47 7PJ
Date range selected	Full record
Organisation	MMA Legal
Reference	DSAR-20260622-F98AF2

Problems

Active

04-July-2019 *****
Stress - acute reaction

28-Sept-2007 *****
Candida - skin and nails

07-Sept-2006 *****
Migraine

30-May-2002 *****
Sprains

17-Jun-1994 *****
Burns and scalds

15-Nov-1991 *****
Scabies

27-Oct-1991 *****
Lacerations

23-Jun-1983 *****
Constipation

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

16-July-2026 ***** **Repeat Issue**

23-Jun-2026 ***** **Administration**

22-Jun-2026 ***** **Administration**

25-May-2026 ***** **Repeat Issue**

19-May-2026 ***** **Administration**

Administration (P3) Failed encounter - message left on answer machine - via voicemail - to be given urgent f2f when pt calls back

19-May-2026 ***** **Administration**

19-May-2026 ***** **Administration**

07-May-2026 *** Administration**

Administration (P9)	Administration	Update on medical summary request by MMA Legal Ltd - Spoken to MMA @ ***** - informed him that the date of birth for the Pt is incorrect. He will amend it & re-send to us. And thereafter, we can proceed. Thanks.

20-Apr-2026 Dr Patricia Lali Referral Letter

Administration	Scanned Document	*SCI Referral Letter :*

20-Apr-2026 Dr Patricia Lali Administration

31-Mar-2026 *** Surgery consultation**

10-Mar-2026 Dr Patricia Lali Telephone call to a patient

Administration (P3)	Consultation	Discussed MRI result, shows 'focal flaval hypertrophy at L4', matches pain he is experiencing. Reports irritation that he has had to wait 4 weeks for this appt, states ran out of Amitrityline 2 weeks ago, wasn't working, pain impacts ability to care for his 7 month old, and poor sleep. Discussed PT and switch to another medication for nerve pain, discussed tolerance develops with all analgesics, trial of gabapentin, discussed controlled drug, usage and supply under review, losses or misplaced scripts not tolerated, has court on Friday, may get a custodial sentence, if not will call the practice so I can refer to PT. Also asking for Fexofenadine for allergic rhinitis, added to repeats.

10-Mar-2026 *** Administration**

09-Mar-2026 Dr Catherine Marshall Administration

Administration (P3)	Administration	child protection report.since the last child protection report, John has been seen in GP surgery twice and has had one telephone appointment.He was seen on 6/10/25 with severe abdominal pain, struggling to walk with this. It was unclear whether this was due to his known IBS or a different cause - hospital admission was discussed but he did not wish this as previous long waits and he did not want to leave his new ***** and ***** alone. He was given antispasm medication and advice to attend A and E if not improving.On 17/12/25 he was seen with back pain radiating down his left thigh. He was referred for an MRI scan, as thought to be sciatica. He then spoke to a GP on the phone on 27/1/26 regarding pain relief for this pain. He has been prescribed naproxen and amitriptyline for this pain

13-Feb-2026 *** Administration**

Administration (P3)	SMS text message sent to patient	Please make a routine GP telephone sppointment to discuss MRI. Kind regards. Ashgrove Group Practice.
22-Jan-2026 Examination (P2)	Nuclear magn.reson. abnormal	- spine - large report - see docman

27-Jan-2026 Dr Jane Mcnutt Telephone call to a patient

Administration (P9)	Telephone encounter	07498 397014 - asking for pain relief ? - he's getting burning needle sensation down leg, had MRI scan done for possible slipped disc - waiting on results got MRI scan done on Thurs 22/01/2025been taking 20mg amitriptyline at night helps pain a bit but struggling to sleep with low back pain and burning left thighhas long standing right knee painalso carrying shopping yest and had tingling in his handspain between shoulder blades 2 weekspharmacy didn't have diclofenac 25mgnaproxen has helped in the pasttry them again and increase amitriptyline 30-40mg at nightif ongoing issues with hands and pain between shoulder blades GP APP or GP app

27-Jan-2026 *** Administration**

Administration (P3)	SMS text message sent to patient The Practice is running a new project in partnership with the Scottish Government and we would like to offer you an appointment to take part in this. The Project plans to help detect and prevent the development for Cardiovascular Disease (CVD) in our patients. We are offering patients between the ages of 35 - 60 a general health check up with follow up if needed. If you are interested in taking part in the project please contact Ashgrove GP on 01506 657130. If you have already had an appointment or have one booked for the project, you can ignore this text and we thank you for taking part. Many thanks, Ashgrove GP {Patient Group Cvdjan26}

14-Jan-2026 Dr John Lavery Administration

21-Dec-2025 Dr Sally Black Administration

Intervention (P3)	Referral for further care MRI

21-Dec-2025 Dr Sally Black Other

Administration	Scanned Document *SCI Referral Letter :*

19-Dec-2025 *** Surgery consultation**

Administration (P9)	Did not attend - reason given - none given for vb

17-Dec-2025 Dr Marc Jones Medicine Management

17-Dec-2025 *** Repeat Issue**

Intervention (P3)	Medication requested 0+1...diclofenac sodium 25 pharmacy doesnt stock these anuymore can he have an alternate pls

17-Dec-2025 Dr Sally Black Surgery consultation

Diagnosis (P3)	Lumbago with sciatica written retrospectively because vision crashed.3 months hx back pain and pain radiating down left thigh which in burning, has been worse in past wekk, has been trying to improve fitness by walking regularly up to 18k, also pain left groin. longstanding back pain and right sided sciatica in past, says no physio. takes paracteamol,. not on regular meds but takes bowel antispasmodic and antacid for heart burn which has been bad recentlyalso mentions daily headache which sound unrelated, worsen as day progresses, no nausea.Also made homeless by ***** because of domestic assault (physical) so staying with ***** in Eiliburn and friends in Blackburn.O/E power both legs normal and equal, reflexes dull but symetricalabdo exam, seems to have quite an obese abdo but soft no massesimp back pain with left sided sciatica. as has had for 3/12 already with no improvement I will refer for MRItry amitriptyline for leg pain and NSAIDreview if worsening, could see APP

06-Oct-2025 Dr Shobana Balakrishnan Surgery consultation

Administration (P3)	Consultation LHS abdo pain last 3days,known IBS,pain worse difficult to even walk the stairsdenies any nausea/vomitingtoday 6xBOPU okprevious renal calculus,feels pain ot similarhad some back muscle pain while getting out of bed but not bad nowO/E T36.4,sats98%,HR87 regulardistressed due to painabdo soft,looks distended but says normal for him,tender in RUQ and LIFMurphys equivocal?biliary colic,?IBS flarePlandisc hosp admission but pt not keen,understnds riskshappy to go straight to A&E tmrw,had to wait for long time previously at RIE,***** few wks old so not wanting to leave his ***** and ***** alone

02-Oct-2025 *** Administration**

Administration (P3) SMS text message sent to patient The Practice is running a new project in partnership with the Scottish Government and we would like to offer you an appointment to take part in this. The Project plans to help detect and prevent the development for Cardiovascular Disease (CVD) in our patients. We are offering patients between the ages of 18 & 65 a general health check up with follow up if needed. If you are interested in taking part in the project please contact Ashgrove GP on 01506 657130 and ask to speak to ***** about the CVD project. If you have already had an appointment or have one booked for the project, you can ignore this text and we thank you for taking part. Many thanks, Ashgrove GP {Patient Group Cvd Sms Patients}

24-Sept-2025 *** Administration**

Administration (P3) SMS text message sent to patient The practice will be closed today from 12:30pm for staff training. Please only contact the practice for medical emergencies only. If you already have an appointment booked then please do still attend. Ashgrove Group Practice {Patient Group Patients That Have Confirmed Sms Consent}

12-Sept-2025 *** Administration**

Administration (P3) SMS text message sent to patient The Practice will be closed Monday 15th of September for the public holiday. During this time we ask that you contact NSH24 - 111 for any medical emergencies that cannot wait until we open again on Tuesday 16th of September. Many thanks, Ashgrove GP {Patient Group Patients That Have Confirmed Sms Consent}

11-Sept-2025 *** Administration**

09-Sept-2025 *** Administration**

Administration (P3) SMS text message sent to patient Patient notice - Due to IT upgrades taking place tomorrow (Wednesday 10th September), the practice will experience a delay in our normal service between 1pm and 2pm. We ask that, if possible, please avoid contacting the practice at that time. Many thanks, Ashgrove GP {Patient Group Patients That Have Confirmed Sms Consent}

04-Sept-2025 *** Administration**

03-Sept-2025 Dr Catherine Marshall Administration

Administration (P3) Administration for child protection meeting.Since the last medical report, John Brown was seen by a psychologist on 22/7/25 regarding his history of complex trauma and the effects on him. He was added to the waiting list for therapy regarding this.He also was seen by out of hours on 22/7/25 with suspected renal colic. He was advised to be assessed in A and E at the royal infirmary in Edinburgh but declined to go. He was reviewed by a GP in the surgery on 31/7/25, for review of his symptoms. He also discussed being really stressed due to financial issues and his ***** due to have a ***** in two weeks, this was causing a flare up of his IBS. It was noted that he was on the waiting list for psychology re his trauma. He given an appointment for blood tests at the surgery but did not attend. It was documented that if he had ongoing urinary symptoms he would need referred for a ct scan, but he has not been reviewed regarding his symptoms

25-Aug-2025 Dr John Lavery Administration

25-Aug-2025 Dr John Lavery Medicine Management

Administration (P3) SMS text message sent to patient Please arrange a telephone appointment with our practice pharmacist regarding the medications requested. Many thanks.

22-Aug-2025 *** Administration**

Intervention (P3) Medication requested 0+2 Omeprazole / loperamide

08-Aug-2025 *** Administration**

22-July-2025 Administration Seen in psychology clinic (P3)

04-Aug-2025 Dr Sally Black Other

04-Aug-2025 Dr Sally Black Results recording

31-July-2025 Examination Urinary microscopy, culture and sensitivities Urine culture No growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S

31-July-2025 Examination **Urinary microscopy, culture and sensitivities**Urine culture No growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S:
Urinary microscopy, culture and sensitivities Urine culture (No range available)
No growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S

04-Aug-2025 *** Surgery consultation**

Administration Did not attend - reason given - none given for vb (P9)

31-July-2025 Dr Sally Black Surgery consultation

Symptom (P3) Dysuria seen at w/e by OOH with ?renal calculi, they wanted him to go to RIE A&E but he didnt go, used naproxen for pain. today having some dysria at the urethral meatus, and noticed tht foreskin is red and has marks on it, feels itchy.Not sexually active for a couple of weeks because ***** is heavily pregnant.Under a lot of stress, ***** expecting ***** 2 weks, financially very stressed as she has no money entitlement and he only gets a benefit, he isn't eating regular meals and causing flare up IBS symptoms. SWD and HV/midwife making plan for ***** birth, he feels his feeling are being dismissed. in addition has PTSD for childhood abuse, has seen a psychologist re this.sounds like appropriate angencies involved, he appears to be very stressed,urinalysis leucocytes only, exam external genitalia shows glans to have red areas, nil else ?thrushAbdo exam - soft abdo but tender right loin and right side abdoplan treat for this but come back for bloods to check organ function. MSU sent todayconsider CTKUB as right loin pain

28-July-2025 Dr Sally Black Results recording

26-July-2025 Examination Urinary microscopy, culture and sensitivities Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S

26-July-2025 Examination **Urinary microscopy, culture and sensitivities**Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S:
Urinary microscopy, culture and sensitivities Urine culture (No range available)
No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S

28-July-2025 *** Administration**

26-July-2025 Administration (P3) Seen in out of hours centre
26-July-2025 Symptom (P2) Suspected condition - renal colic

18-July-2025 *** Administration**

Administration (P3) SMS text message sent to patient Patient notice - Due to IT upgrades taking place today (Friday 18th July), the practice will experience a delay in our normal service today between 1pm and 2pm. We ask that, if possible, please avoid contacting the practice at that time. Many thanks, Ashgrove GP {Patient Group Patients That Have Confirmed Sms Consent}

03-July-2025 *** Administration**

Administration (P3) SMS text message sent to patient Patient notice - Due to IT upgrades taking place this Friday 4th July, the practice will experience a delay in our normal service between 1pm and 2pm. We ask that, if possible, please avoid contacting the practice at that time. Many thanks, Ashgrove GP {Patient Group Patients That Have Confirmed Sms Consent}

18-Jun-2025 *** Administration**

03-Jun-2025 *** Administration**

02-Jun-2025 Dr Catherine Marshall Administration

Administration (P3) Administration John has been registered with Ashgrove surgery since January 2025 but I have access to his previous medical records.He was a victim of childhood abuse from his *****, and was in care because of this.He then witnessed violence in care. he ten went on to use cannabis to deal wtih the trauma, then cocaine, but says he is now abstinent. He had psychology in the past but did not complete this. On 1/5/2025 consulted with the practice mental health nurse and asked for psychology input re his previous trauma, flashbacks and dificulty dealing wit his emotions. He is on the waiting list for psychology input. I note he consulted with one of my GP colleagues on 27/3/25 and at this time he mentioned being under a lot of stress, with his ***** being pregnant,, not speaking any English, John felt the translaters were lying to her and reported familial breakdown due to racism towards her.He has previous history of depression and of suicidal thoughts in 2019. He was on antidepressant s in 2019 (fluoxetine) and 2022 - 2023 (mirtazepine) he has been referred to psychology in the past but there are several letters spanning years rergarding failure to attend or to respond to opt in letters.His other history is of recurrent ankle sprains and knee pain. he was recently prescribed naproxen for knee pain

13-May-2025 *** Administration**

08-May-2025 Examination (P2) Knee X-ray - right - normal
08-May-2025 Examination (P2) Pelvic X-ray - normal

08-May-2025 *** Administration**

Administration (P3) SMS text message sent to patient The Practice has now reached its capacity to safely run an on the day service and will be dealing with medical emergencies only. If your request is not urgent please contact the practice on the next working day. {Patient Group Patients That Have Confirmed Sms Consent}

06-May-2025 Dr Jane Mcnutt Administration

Administration (P9) Administration New med3 for community service - right knee - Seen APP last week - needs for 1 week from today - 07498 397014
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Knee pain; Duration 06-May-2025 - 12-May-2025)

01-May-2025 Dr Jane Mcnutt Referral Letter

Administration Scanned Document
SCI Referral Letter :

01-May-2025 Dr Jane Mcnutt Surgery consultation

Administration (P9) Consultation in motorbike accident when 16, tripped over kerb few years ago and hurt right knee againconstant right knee pain and shin painknee locks or gives way everydaypartner has help him get up from bed as right leg often feels dead and heavylow back pain and gets pain going down his right legstruggles going up and downstairs, lives 3rd floor flatlikes walkingO/e no swelling right knee tender infrapatellar ligament no joint line tenderness flexion 50 ligaments intactext rotation hip normal but painfulx-ray right knee and hipsthen review

01-May-2025 *** Surgery consultation**

Administration Scanned Document
SCI Referral Letter :
Administration (P9) Consultation PMHN apt this AMPatient reports that he has a history of trauma, his ***** was abusive when he was younger, leading to him entering into the care system, where he was witness to large amounts of violence.He reports that he feels ready to talk about all this and try to recover from the trauma he has underwent in his younger yearsAt present he is somewhat stable, workign already with criminal justice and has ***** and friend supportsHis ***** has dementia and while they are in contact and the relationship was better for a while, due to his ***** condition, he can revert back to how he was in childhood which is triggeringHis ***** health also is not doing to wellHe has a ***** who is Hungarian and he is trying to help her with getting asylumHe came today with the hope of getting psyhcology, he was previously working with J, Strachan but due to physical health dropped out the service without elttign them knowl explained the importance of not doing this again, he agrees and is willing to attend therapy this timeHe is reportedly abstinent from substances at present, after years of battling wtih cannabis use, and some cocaine use alsoNo note of suicidality but does report living is scary, future planning during appointemnt and no concerns about safety at presentPlan- refer to psychology

01-May-2025 *** Surgery consultation**

Administration (P9) Consultation 6/12 hx right knee pain. Worsening. Never swollen, red or hot. Constant pain anterior knee, spreading round to the back of the knee. Had motor bike accident aged 16. Nil trauma 6/12 ago. Knee does not give way. Not locking. Pain agg by sts, weight bearing, sitting still. Pain coming down the shin to the ankle. Lower shank of LL feels like a dead weight. Hot P&N into the posterior calf when at rest - past 6/12. Long standing back pain, vague hx. Nil CES. Loses feeling in his testicles - 3 days ago. Night sweats, new. ? due to recent cessation of cannibis use. Tightness in the chest. Not seen the GP about any of these.o/e: Antalgic gait. Nil swelling redness, heat, wasting or deformity at ankle, foot, calf, knee, hip or back. Bony tendenress full lumbar spine. 3/4 lumbar arom, pain into flexion and extension. 2/3 arom of R hip, strength intact. Knee has full range, +ve *****'s, pain resisting ext, otherwise normal ax. Normal ankle ax. Normal LL neuro. SLR 40 bilaterally, impeded on R by anterior hip pain. Bony tenderness full R tibia.Impression - anterior knee pain, ? fai right hip - get XR. ? non MSK aspect, bony tenderness,ss testicular numbness, chest pain, full R leg feeling hot, night sweats. Plan - d/w Dr Black - for GP appt. XR hip. MSK SR for knee. WSG. ***** beeby gpapp

01-May-2025 *** Surgery consultation**

28-Apr-2025 Dr Patricia Lali Surgery consultation

Administration (P3) Consultation Called to review medication, coded as codeine allergy, unclear source, OOH 4/6/25 pt reported nil allergies. Nil answer x2 calls, vm left to make routine appt to discuss meds, nil codeine currently prescribed.

25-Apr-2025 *** Administration**

Examination H/O: drug allergy
Examination H/O: drug allergy

25-Apr-2025 Dr David Chin Administration

25-Apr-2025 *** Repeat Issue**

25-Apr-2025 Dr David Chin Administration

08-Apr-2025 *** Administration**

04-Apr-2025	Examination (P2)	Knee X-ray - left - no # seen

07-Apr-2025 Dr David Chin Administration

	Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Ankle sprain; Duration 07-Apr-2025 - 20-Apr-2025)

07-Apr-2025 *** Administration**

03-Apr-2025	Intervention (P3)	Patient given telephone advice out of hours

27-Mar-2025 Dr Patricia Lali Surgery consultation

	Administration (P3)	Consultation Quite distracted story telling during consultation, has a lot of competing stressors at the moment, his ***** is pregnant, doesn't speak any english, John feels the translators are lying to her, reports familial breakdown due to racism towards her. Presented today due to concern re cut to left wrist, was using a tool to cut metal outside, dry 4-5cm cut with another 3cm curved cut, nil discharge, small area of surroounding erythema, reports painful wrist with this, nil surrounding cellulitis, reports has had purulent d/c earlier today and painful, Abx given in context of unclean tool and reported discharge however low risk apperance of serious infection, adviced re signs of spreading cellulitis and sepsis. Also c/o 4/7 hx of abdo pain, worse at night, between left of groin and lower rib, unsure about temperatures, feeling sick but not vomited, loose stool x5-6 daily, urine strong in colour but poor hydration, occasional bright red blood on paper, previous haemorrhoids, previous kidney stones, this pain feels different, uses imodium everyday, long term for IBS, feels this is similar, stress as trigger. Does report his ***** has a bowel issue she goes to the Western for. Unable to do bloods as after 3pm, John states he is needlephobia and doesn't want them, has agreed to stool sample in first instance, reports he goes away for the weekend and smokes cannabis for stress reduction, OE HR 92, BP 130/85, O2 97% a, Abdo epigastric and left flank pain, nil peritonism, BS present. Impression; Mild skin infection, flare of IBS in context of family/***** pregnancy but needs faecal sample and bloods to exclude IBD. Discussed PR given blood in stool, consent not given, need to be reviewed (note hx, re trauma informed care)

27-Mar-2025 *** Administration**

	Diagnosis (P3)	Consent given for communication by SMS text messaging

27-Mar-2025 *** Administration**

13-Mar-2025 *** Administration**

28-Jan-2025 *** Administration**

27-Jan-2025 *** Administration**

	Administration (P3)	Notes summary on computer - summarised from 1/08 only as previously registered
19-Nov-2021	Diagnosis (P1)	Calculus of kidney and ureter
04-July-2019	Symptom (P2)	Depressed mood
04-July-2019	Symptom (P2)	Suicidal - symptom
04-July-2019	Diagnosis (P1)	Anxiety states
04-July-2019	Diagnosis (P1)	Maltreatment syndromes - disclosure of childhood sexual abuse
22-Jan-2015	Diagnosis (P1)	Gynaecomastia
09-Nov-2012	Diagnosis (P1)	Misuse of drugs NOS - cannabis
18-Mar-2007	Diagnosis (P1)	Other cellulitis and abscess
07-Sept-2006	Diagnosis (P1)	Migraine

23-Jan-2025 *** Repeat Issue**

30-May-2023	Intervention (P3)	Simple extraction of tooth
29-May-2023	Administration (P3)	Seen in hospital casualty
28-May-2023	Diagnosis (P1)	Dental abscess
28-May-2023	Symptom (P2)	Suspected drug abuse History of - cannot see where first diagnosed
09-Jan-2023	Administration (P3)	Seen in hospital casualty
31-May-2022	Intervention (P3)	Refer for X-Ray
13-Mar-2022	Administration (P3)	Seen in hospital casualty
13-Mar-2022	Diagnosis (P1)	Other ankle injury
06-Feb-2022	Administration (P3)	Seen in hospital casualty
06-Feb-2022	Symptom (P2)	Eye injury swollen eye lid

23-Jan-2025 *** Administration**

10-May-2021	Administration (P3)	Seen in hospital casualty
10-May-2021	Diagnosis (P1)	Open wound of finger(s) NOS cut with kitchen knife
03-Apr-2013	Administration (P3)	Seen in hospital casualty
03-Apr-2013	Diagnosis (P1)	Open wound of thumb
15-Aug-2012	Intervention (P3)	Refer to community physiotherapist Back pain due to crash, knee pain due to crash, ankle due to muscle damage
12-July-2012	Diagnosis (P1)	Ankle sprain
04-May-2011	Intervention (P3)	Simple extraction of tooth
22-Sept-2006	Examination (P3)	Diagnostic psychology Self help assessment form
27-Oct-2005	Intervention (P3)	Refer to physiotherapist
27-Oct-2005	Symptom (P2)	Knee pain
19-Mar-1997	Diagnosis (P1)	Dental abscess

23-Jan-2025 *** Administration**

10-Jun-2003	Administration (P3)	Seen in hospital casualty
30-May-2002	Administration (P3)	Seen in hospital casualty
30-May-2002	Diagnosis (P1)	Ankle sprain
31-May-2001	Intervention	Single meningitis C vaccination
14-Aug-1999	Diagnosis (P1)	Closed fracture nose
13-Aug-1999	Administration (P3)	Seen in hospital casualty
13-Aug-1999	Diagnosis (P1)	Open wound of face lacerations to nose and chin
04-Sept-1998	Administration (P3)	Seen in hospital casualty
10-Apr-1998	Symptom (P2)	Looked after child
06-Feb-1997	Administration (P3)	Seen in hospital casualty
06-Feb-1997	Diagnosis (P1)	Other finger injuries, unspecified trapped 2nd, 3rd and 4th digits right hand in door

23-Jan-2025 *** Administration**

20-Jun-1996	Intervention	***** involved

22-Jan-2025 *** Administration**

18-Nov-1990	Diagnosis (P1)	Open wound of head NOS
18-Nov-1990	Administration (P3)	Seen in hospital casualty
31-Dec-1989	Diagnosis (P1)	Open wound of head NOS
31-Dec-1989	Administration (P3)	Seen in hospital casualty
30-Jun-1988	Intervention (P3)	Speech remedial therapy NOS
07-Jun-1988	Administration (P3)	Seen in hospital casualty
07-Jun-1988	Diagnosis (P1)	Open wound of eyebrow
09-Dec-1987	Intervention (P3)	Refer to speech therapist
24-Mar-1986	Administration (P3)	Seen in hospital casualty
24-Mar-1986	Diagnosis (P1)	Head injury

22-Jan-2025 *** Repeat Issue**

04-Dec-1997	Intervention	Booster diphtheria vaccination	
04-Dec-1997	Intervention	Final tetanus immunisation	
04-Dec-1997	Intervention	Booster polio vaccination	
19-Feb-1996	Diagnosis (P1)	Behaviour disorder accused of sexually assaulting to 8 year old boys	
17-Jun-1994	Diagnosis (P1)	Burn - unspecified burnt thigh on exhaust pipe	
01-Jan-1994	Administration (P3)	Child in care	
15-Nov-1991	Diagnosis (P1)	Scabies whole house needs treated	
27-Oct-1991	Diagnosis (P1)	Open wound of head NOS	
01-Jan-1991	Symptom (P3)	Nocturnal enuresis	
09-Nov-1987	Intervention	Booster diphtheria vaccination	
09-Nov-1987	Intervention	Booster tetanus vaccination	
09-Nov-1987	Intervention	Booster polio vaccination	
16-July-1984	Intervention	Measles vaccination	
16-July-1984	Intervention	Rubella vaccination	
16-July-1984	Intervention	Mumps vaccination	
20-Feb-1984	Intervention	Third diphtheria vaccination	
20-Feb-1984	Intervention	Third tetanus vaccination	
20-Feb-1984	Intervention	Third polio vaccination	
20-Feb-1984	Intervention	Third pertussis vaccination	
03-Oct-1983	Intervention	Second diphtheria vaccination	
03-Oct-1983	Intervention	Second tetanus vaccination	
03-Oct-1983	Intervention	Second polio vaccination	
03-Oct-1983	Intervention	Second pertussis vaccination	
15-Aug-1983	Intervention	First diphtheria vaccination	
15-Aug-1983	Intervention	First tetanus vaccination	
15-Aug-1983	Intervention	First polio vaccination	
15-Aug-1983	Intervention	First pertussis vaccination	
23-Jun-1983	Administration (P2)	Date records held from	
23-Jun-1983	Administration (P3)	Seen in hospital casualty	
23-Jun-1983	Diagnosis (P1)	Constipation	

21-Jan-2025 *** Administration**

21-Jan-2025 *** Administration**

20-Jan-2025 *** Administration**

Administration (P3)	Patient MRE received from HB	

15-Jan-2025 *** Administration**

08-Jan-2025 *** Administration**

16-Dec-2024 *** Administration**

Administration (P3)	Notes summary on computer	

13-Dec-2024 *** Administration**

Administration	Scottish - ethnic category 2001 census as per HQ	

13-Dec-2024 *** Administration**

Symptom	Exercise grading as per HQ	
Diagnosis	FH: Diabetes mellitus as per HQ	
Diagnosis	FH: Hypertension as per HQ	
Diagnosis	FH: Asthma as per HQ	
Symptom (P3)	Cigarette smoker	
Examination	Cigarette smoker as per HQ	/ / cigarettes / cigars / tobacco
Examination	Teetotaller as per HQ	units per week

18-Jan-2008 *** Administration**

Administration (P9)	De-registration of patient	

10-Jan-2008 *** Letter from Outpatients**

01-Jan-2008	Diagnosis (P1)	Other ankle injury left
01-Jan-2008	Diagnosis (P1)	Ankle sprain left

08-Jan-2008 *** Third Party Consultation**

Administration (P7)	Letter from specialist	Accident Emergency 1.St Johns Hospital Accident Emergency

28-Sept-2007 *** Surgery consultation**

Diagnosis (P1)	Other hand injury, excluding finger painin R thumb after fight .able to move thumb no swelling imp soft tissue injury advise symptomatic measures and review prn
Diagnosis (P1)	Fungal infection of skin in anal cleft

06-Sept-2007 *** Third Party Consultation**

Administration (P7)	Medical report sent	T/R FORM

Medications (inc. issues)

Acute

16-July-2026 Fexofenadine 180mg tablets
56 tablet - 1 TABLET ONCE A DAY

10-Mar-2026 Gabapentin 300mg capsules
90 capsule - TAKE ONE CAPSULE ON DAY 1, TAKE ONE CAPSULE TWICE A DAY ON DAY 2 THEN TAKE ONE CAPSULE THREE TIMES DAILY

Repeat

10-Mar-2026 Fexofenadine 180mg tablets
56 tablet - 1 TABLET ONCE A DAY

Past

25-May-2026 Fexofenadine 180mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

31-Mar-2026 Fexofenadine 180mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

10-Mar-2026 Fexofenadine 180mg tablets Acute Medication (Past)
30 tablet - 1 TABLET ONCE A DAY

27-Jan-2026 Amitriptyline 10mg tablets Acute Medication (Past)
56 tablet - TAKE THREE OR FOUR TABLETS AT NIGHT

27-Jan-2026 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY. STOP TEMPORARILY WHEN UNWELL WITH VOMITING,DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN

17-Dec-2025 Hyoscine butylbromide 10mg tablets Acute Medication (Past)
112 tablet - TAKE TWO TABLETS FOUR TIMES A DAY

17-Dec-2025 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - ONE CAPSULE DAILY WHILST ON ANTI-INFLAMATORY

17-Dec-2025 Diclofenac sodium 25mg gastro-resistant tablets Acute Medication (Past)
56 tablet - 1 TABLET(S) UP TO THREE TIMES A DAY WITH OR AFTER FOOD, STOP TEMPORARILY WHEN UNWELL WITH VOMITING,DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN

17-Dec-2025 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - ONE EVERY NIGHT

17-Dec-2025 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
56 tablet - TAKE ONE TABLET THREE TIMES DAILY WITH MEALS.STOP TEMPORARILY WHEN UNWELL WITH VOMITING,DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN

06-Oct-2025 Hyoscine butylbromide 10mg tablets Acute Medication (Past)
112 tablet - TAKE TWO TABLETS FOUR TIMES A DAY

25-Aug-2025 Mebeverine 135mg tablets Acute Medication (Past)
100 tablet - TAKE ONE TABLET THREE TIMES DAILY PREFERABLY 20 MINUTES BEFORE MEALS

25-Aug-2025 Loperamide 2mg capsules Acute Medication (Past)
30 capsule - TAKE TWO CAPSULES IMMEDIATELY AND THEN ONE CAPSULE AFTER EACH LOOSE STOOL FOR UP TO 5 DAYS. MAXIMUM OF 8 IN 24 HOURS.

31-July-2025 Clotrimazole 1%cream Acute Medication (Past)
20 gram - TO BE APPLIED THREE TIMES A DAY

31-July-2025 Fexofenadine 180mg tablets Acute Medication (Past)
30 tablet - 1 TABLET ONCE A DAY

25-Apr-2025 Naproxen 250mg tablets Acute Medication (Past)
42 tablet - TAKE ONE TABLET THREE TIMES DAILY STOP TEMPORARILY WHEN UNWELL WITH VOMITING,DIARRHOEA OR FEVER. RESTART WHEN WELL AGAIN

27-Mar-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
40 capsule - TAKE TWO CAPSULES FOUR TIMES DAILY

27-Mar-2025 Mebeverine 135mg tablets Acute Medication (Past)
100 tablet - TAKE ONE TABLET THREE TIMES DAILY PREFERABLY 20 MINUTES BEFORE MEALS

27-Mar-2025 Loperamide 2mg capsules Acute Medication (Past)
30 capsule - TAKE TWO CAPSULES IMMEDIATELY AND THEN ONE CAPSULE AFTER EACH LOOSE STOOL FOR UP TO 5 DAYS. MAXIMUM OF 8 IN 24 HOURS.

28-Sept-2007 IBUPROFEN tabs 400mg Acute Medication (Past)
84 tablet(s) - ONE THREE TIMES A DAY OR FOUR TIMES A DAY WITH MEALS

28-Sept-2007 NYSTAFORM -HC crm Acute Medication (Past)
1 op - TO BE APPLIED SPARINGLY TWICE A DAY

Allergies

25-Apr-2025 ***
H/O: drug allergy
RCT001
Episodicity -

Vaccinations

31-May-2001
Single meningitis C vaccination
Intervention
MENC

04-Dec-1997
Booster diphtheria vaccination
Intervention
DIPHTHERIA

04-Dec-1997
Final tetanus immunisation
Intervention
TETANUS

04-Dec-1997
Booster polio vaccination
Intervention
POLIO

09-Nov-1987
Booster diphtheria vaccination
Intervention
DIPHTHERIA

09-Nov-1987
Booster tetanus vaccination
Intervention
TETANUS

09-Nov-1987
Booster polio vaccination
Intervention
POLIO

16-July-1984
Measles vaccination
Intervention
MEASLES

16-July-1984
Rubella vaccination
Intervention
RUBELLA

16-July-1984
Mumps vaccination
Intervention
MUMPS

20-Feb-1984
Third diphtheria vaccination
Intervention
DIPHTHERIA

20-Feb-1984
Third tetanus vaccination
Intervention
TETANUS

20-Feb-1984
Third polio vaccination
Intervention
POLIO

20-Feb-1984
Third pertussis vaccination
Intervention
PERTUSSIS

03-Oct-1983
Second diphtheria vaccination
Intervention
DIPHTHERIA

03-Oct-1983
Second tetanus vaccination
Intervention
TETANUS

03-Oct-1983
Second polio vaccination
Intervention
POLIO

03-Oct-1983
Second pertussis vaccination
Intervention
PERTUSSIS

15-Aug-1983
First diphtheria vaccination
Intervention
DIPHTHERIA

15-Aug-1983
First tetanus vaccination
Intervention
TETANUS

15-Aug-1983
First polio vaccination
Intervention
POLIO

15-Aug-1983
First pertussis vaccination
Intervention
PERTUSSIS

Referrals

This section is empty.

Test Requests

31-Dec-9999 Dr Sally Black
Laboratory test requested
Remote Test request from ICE system: NHS Lothian IceClinical Information: back pain, thirst FHx DM Priority: non-urgent, Ordered from: Biochemistry, No samples collectedTest: Serum B12, Status: Requested, Updated: 17/12/2025Test: Creat & Electolytes, Status: Requested, Updated: 17/12/2025Test: C-Reactive Protein, Status: Requested, Updated: 17/12/2025Test: Ferritin, Status: Requested, Updated: 17/12/2025Test: Serum Folate, Status: Requested, Updated: 17/12/2025Test: LFTs, Status: Requested, Updated: 17/12/2025Test: TFT, Status: Requested, Updated: 17/12/2025Ordered from: Biochemistry Red, No samples collectedTest: HbA1c, Status: Requested, Updated: 17/12/2025Ordered from: Haematology, No samples collectedTest: FBC, Status: Requested, Updated: 17/12/2025Ordered from: Biochemistry Yellow, No samples collectedTest: Random Glucose, Status: Requested, Updated: 17/12/2025

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

31-July-2025 Dr Sally Black
Laboratory test requested
Remote Test request from ICE system: NHS Lothian IceClinical Information: dysuria Priority: non-urgent, Ordered from: Microbiology, All samples collectedTest: MSU (C&S), Status: Complete, Updated: 31/07/2025

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

31-Dec-9999 Dr Sally Black
Laboratory test requested
Remote Test request from ICE system: NHS Lothian IceClinical Information: abdo pain, urinary symptoms, previous renal calculi Priority: non-urgent, Ordered from: Biochemistry, No samples collectedTest: Serum B12, Status: Requested, Updated: 31/07/2025Test: Calcium / Albumin, Status: Requested, Updated: 31/07/2025Test: Creat & Electolytes, Status: Requested, Updated: 31/07/2025Test: C-Reactive Protein, Status: Requested, Updated: 31/07/2025Test: Ferritin, Status: Requested, Updated: 31/07/2025Test: Serum Folate, Status: Requested, Updated: 31/07/2025Test: LFTs, Status: Requested, Updated: 31/07/2025Test: TFT, Status: Requested, Updated: 31/07/2025Ordered from: Haematology, No samples collectedTest: FBC, Status: Requested, Updated: 31/07/2025Ordered from: Biochemistry Yellow, No samples collectedTest: Random Glucose, Status: Requested, Updated: 31/07/2025

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

27-Mar-2025 Dr Patricia Lali
Laboratory test requested
Remote Test request from ICE system: NHS Lothian IceClinical Information: abdo pain Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Faecal Calprotectin (Diagnosing), Status: Complete, Updated: 27/03/2025

Status	
Innoculation Risk	False
Priority	Routine
Has Fasted?	False
Is Pregnant?	False

Test Results

31-July-2025 Dr Sally Black
Result: Urinary microscopy, culture and sensitivities*Urine culture No growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S*

Urinary microscopy, culture and sensitivities	Urine culture No growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S	(No range available)

26-July-2025 Dr Sally Black
Result: Urinary microscopy, culture and sensitivities*Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S*

Urinary microscopy, culture and sensitivities	Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S	(No range available)

Other Items

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Attachments

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21-July-2026 *****
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Primary & Community Division

Edinburgh Community Physiotherapy Service

NHS Lothian

Sighthill Health Centre, Physiotherapy Department
380 Calder Road, EDINBURGH, EH11 4AU
Tel: 0131-537 7141 Fax: 0131-537 7005

Dr. watson
SHC (Green)

AW

DISCHARGE SUMMARY

Thank you for your referral of:

Patients Name: John Brown
DOB: 17/5/83
Address: 7/2 Allesmuir court

Date of Referral: 29/9/5
Date Received:
First Appointment: 16/11/5
Date of Discharge: 6/1/6
Physiotherapy Diagnosis: (L) Knee pain
Number of Treatments: 1
Number of DNA's/UTA's: 1

Treatment		Outcome	
Manual Therapy	☐	Resolved	☐
Electrotherapy	☐	Improved	☐
Individual Exercise	☑	No Change	■
Group Exercise	☐	Worse	☐
Advice/Education	☑	DNA/No Contact	☑
Acupuncture	☐		
Injection Therapy	☐		
Other:	☐		

Comments:

Silvia E Karlsen — Physiotherapist Signature
Silvia E Karlsen — Physiotherapist Name
6/1/6 — Date

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Send completed forms to:

Anja Cairney
Clinical [redacted] of Applied Psychology
Clinical [redacted] y Department
40 Coli[redacted]
EH10 5BT

* PLEASE R/F FOR COUNSELLING.

GUIDED SELF-HELP ASSESSMENT FORM

1705831133 M
BROWN
John
7-2 Allermuir Court
EDINBURGH
EH13 9HP
17/05/1983

Date:

13/13 REDBRAES GROVE, LEITH, EH7 4LJ.

Name: ______ D.o.b: ______

Address: ______ Tel: 07821376723

If the patient is unavailable can a telephone message be left? Yes / No

Screening Questions –

Is your patient

	YES	NO
....interested in self help approach DYSLEXIC.	✓	✓
....admitting to suicidal ideation/recent self harm		✓
....currently misusing drugs/alcohol		✓
....visually or intellectually impaired		✓
....severe concentration difficulties		
Has this person previously or currently been referred to psychiatry?		✓ REM
Has this person been referred to psychology in the past 2 years?		

R/F FOR COUNSELLING ON DX FROM REM 2005, BUT PATIENT DECLINED.

****IF ALL NON-SHADED BOXES TICKED CONSIDER GUIDED SELF HELP OPTION****

Nature of problem: (circle as appropriate) mild anxiety / mild depression / other FOR SEXUAL STRESSFUL PAST. PREVIOUS ASSAULTS, ALLEGATIONS ASSAULT AGED 11. FOSTER CARE. EX PARTNER PREGNANT WITH HIS CHILD, SHE IS DENYING HIM ACCESS. FAMILY BEREAVEMENT. ANGER ISSUES.

Is the patient already on psychotropic medication? YES (NO)
If YES – name of drug and dosage: ______

Prescribed medication on this visit YES (NO)
If YES which psychotropic drug /dose: ______

If the self help approach was not available please tick what treatment choice you would have chosen…

(a) Seen more often myself
(b) Referred to Mental Health Services
(c) Referred to the voluntary services
((d)) Referred to counselling services
(e) Other: ______

N/A.

Patient ID______

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1705831133 M

BROWN
John
7-2 Allermuir Court
EDINBURGH
EH13 9HP

13/13 REDBRAES GROVE, LEITH, EH7 4JS

HEALTH QUESTIONNAIRE (PHQ-9)

NAME: 17/05/1983 DATE: 22/09 [redacted]

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		1	+ 4	+ 15
TOTAL:			20	

2005 (CUT WRONG, NO NEED NOW)

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all
	Somewhat difficult ✓
	Very difficult
	Extremely difficult

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs [redacted] L. Spitzer, [redacted] B.W. Williams, Kurt Kroenke, and colleagues, with an educational [redacted] from Pfizer Inc. For research information, con[redacted] Spitzer at [redacted]edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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NHS
Lothian

Clinical Psychology Department
40 Colinton Road
EDINBURGH
EH10 5BT
Direct line: 0131 537 6904/5

Dr J [redacted]
Dr [redacted] & [redacted] Surgery
Sighthill Health Centre
Calder Road
EH11 4AU

Dear Dr [redacted]

John Brown (DOB 15/05/83) 13/3 Redbraes Grove, Leith, EH7 4L

I am responding to your request for Mr Brown to be allocated to a counsellor in Leith. I have consulted with a colleague in the North East Edinburgh Primary Care Mental Health Team and they informed me that in order for his referral to be accepted he must register with a GP in Leith. Furthermore, as he is requesting counselling and not guided self-help, the referral will have to be made via a detailed letter, as the guided self-help form does not provide enough information for allocation purposes.

If I can be of any further help please do not hesitate to contact me.

Yours sincerely,

Anja Cairney
Clinical Associate of Applied Psychology

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Scan F

Dr. ALISTAIR WATSON
Dr. DIANA WHITWORTH
Dr. [redacted]
Dr. [redacted]LA LESLIE
Dr. [redacted]L WILLIAMS
Dr. [redacted]NICKERSON
Dr. [redacted]RICHEY
Dr. [redacted]BROWN

SIGHTHILL HEALTH CENTRE
Calder Road, EDINBURGH EH11 4AU

Telephone: 0131 – 537 7060
Fax: 0131 – 537 7005

Consulting hours by Appointment

11 October 2006

Mr John Brown
11-1 Hailesland Grove
EDINBURGH
EH14 2QG

Dear John Brown,

Unfortunately I tried to refer you for counseling but as you are living in Leith you need to register with a GP within that area in order to receive counseling. If you are planning to stay long term in this area then I suggest it would be worthwhile registering with a GP nearby and readdressing the issues again from there.

I hope that your return to work is going well.

Yours sincerely,

Dr I. [redacted]FY2

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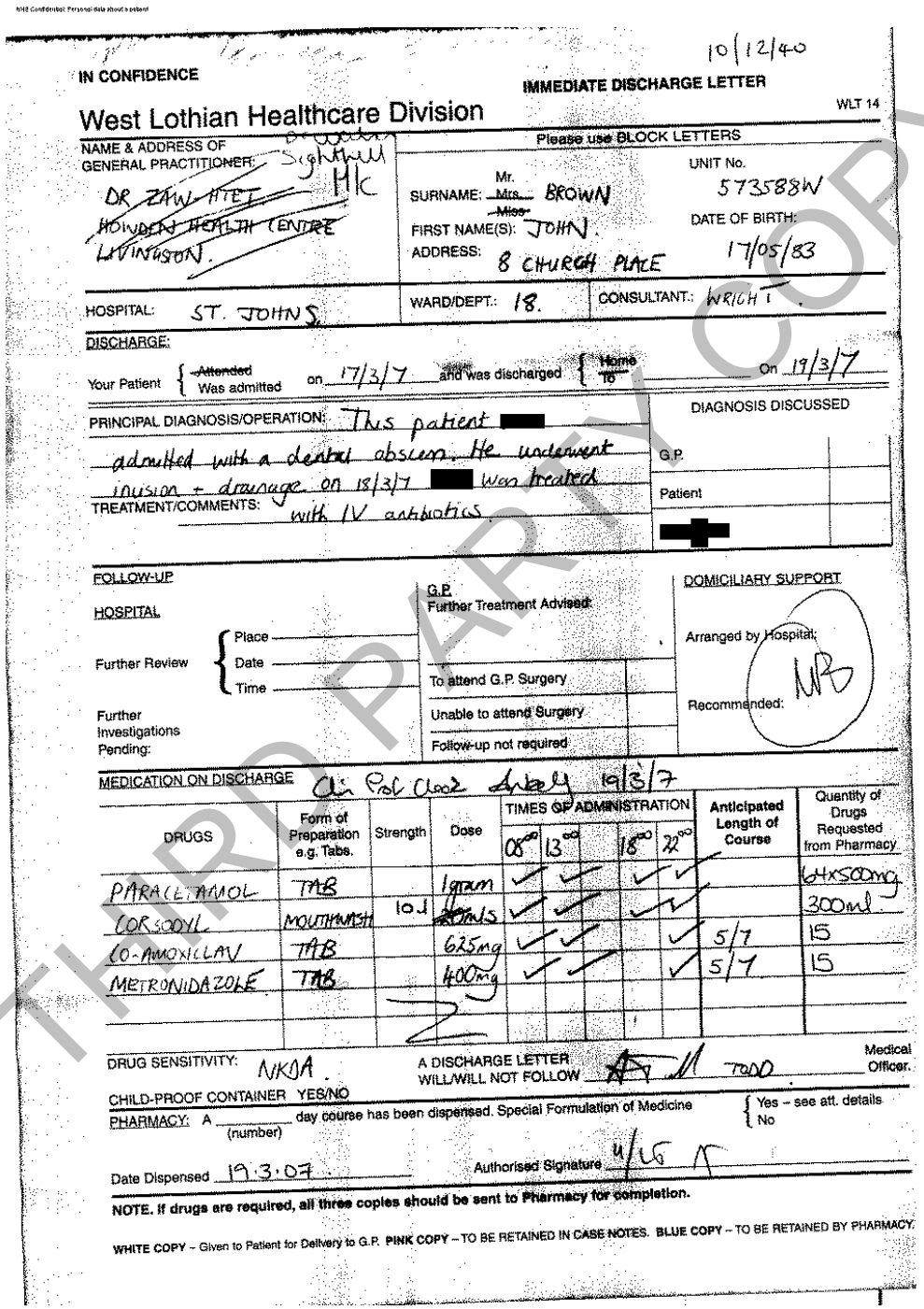

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10/12/40

IN CONFIDENCE

IMMEDIATE DISCHARGE LETTER

WLT 14

West Lothian Healthcare Division

NAME & ADDRESS OF GENERAL PRACTITIONER:
DR ZAW HTET
HOWDEN HEALTH CENTRE
LIVINGSTON.

Please use BLOCK LETTERS

SURNAME: Mr. ~~Mrs.~~ ~~Miss~~ BROWN
FIRST NAME(S): JOHN
ADDRESS: 8 CHURCH PLACE

UNIT No. 573588W
DATE OF BIRTH: 17/05/83

HOSPITAL: ST. JOHNS
WARD/DEPT.: 18.
CONSULTANT: WRIGHT

DISCHARGE:
Your Patient { ~~Attended~~ Was admitted on 17/3/7 and was discharged { ~~Home~~ To On 19/3/7

PRINCIPAL DIAGNOSIS/OPERATION: This patient [redacted]
admitted with a dental abscess. He underwent
incision + drainage on 18/3/7 [redacted] Was treated
TREATMENT/COMMENTS: with IV antibiotics.

DIAGNOSIS DISCUSSED
G.P.
Patient
[redacted]

FOLLOW-UP
HOSPITAL
Further Review { Place / Date / Time
Further Investigations Pending:

G.P.
Further Treatment Advised:
To attend G.P. Surgery
Unable to attend Surgery
Follow-up not required

DOMICILIARY SUPPORT
Arranged by Hospital:
Recommended: NR

MEDICATION ON DISCHARGE Clin Pal Cloxa Amoxy 19/3/7

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION 08⁰⁰	13⁰⁰	18⁰⁰	22⁰⁰	Anticipated Length of Course	Quantity of Drugs Requested from Pharmacy
PARACETAMOL	TAB		1gram	✓	✓	✓	✓		64x500mg
CORSODYL	MOUTHWASH	10ml	10mls	✓	✓	✓			300ml
CO-AMOXICLAV	TAB		625mg	✓	✓		✓	5/7	15
METRONIDAZOLE	TAB		400mg	✓	✓		✓	5/7	15

DRUG SENSITIVITY: NKDA.
A DISCHARGE LETTER WILL/WILL NOT FOLLOW
TODD
Medical Officer.

CHILD-PROOF CONTAINER YES/NO
PHARMACY: A _____ (number) day course has been dispensed. Special Formulation of Medicine { Yes – see att. details / No

Date Dispensed 19.3.07
Authorised Signature

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.

WHITE COPY – Given to Patient for Delivery to G.P. PINK COPY – TO BE RETAINED IN CASE NOTES. BLUE COPY – TO BE RETAINED BY PHARMACY.

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21-July-2026 *****
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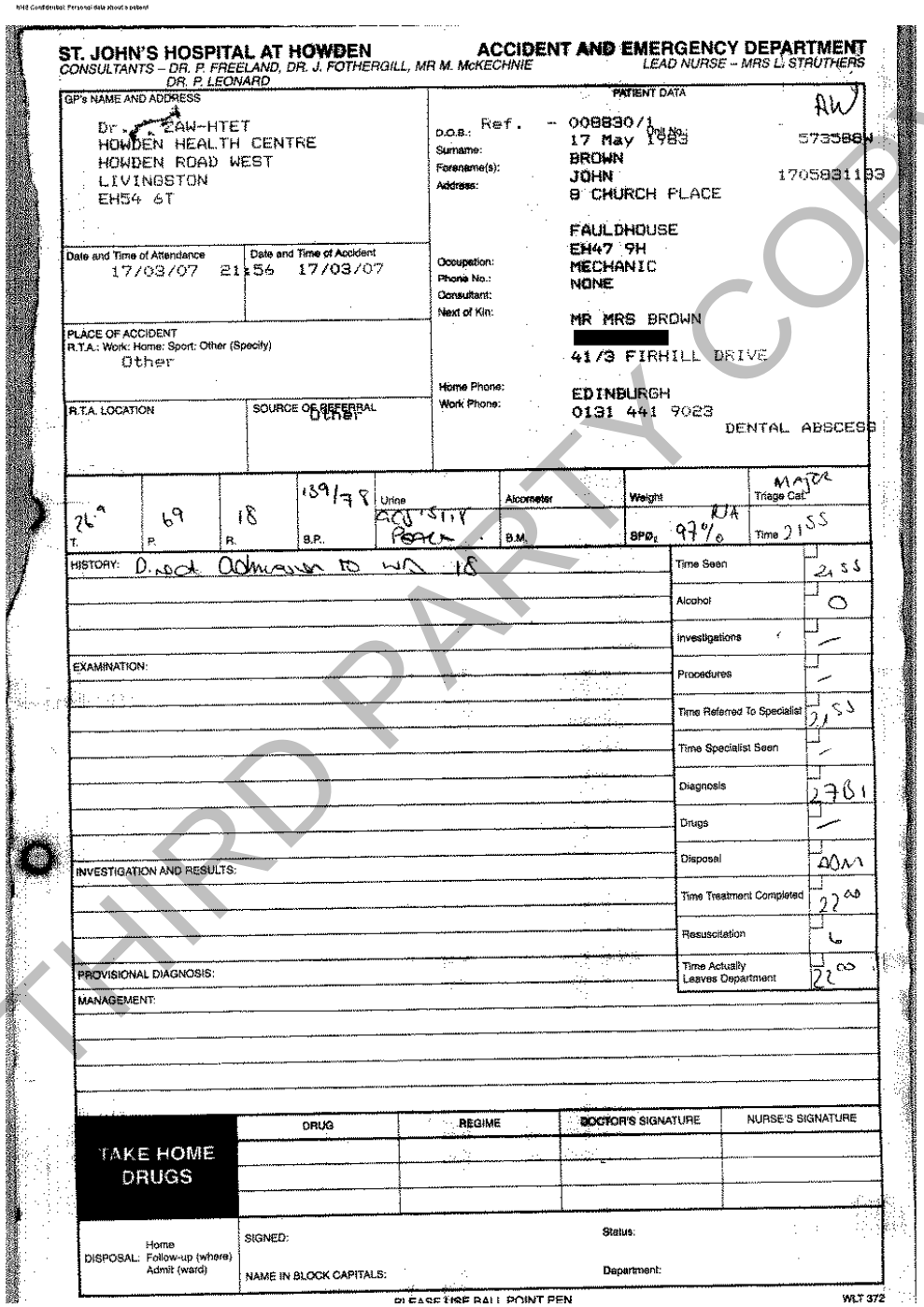

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ST. JOHN'S HOSPITAL AT HOWDEN — **ACCIDENT AND EMERGENCY DEPARTMENT**

CONSULTANTS – DR. P. FREELAND, DR. J. FOTHERGILL, MR M. McKECHNIE, DR. P. LEONARD — *LEAD NURSE – MRS L. STRUTHERS*

GP's NAME AND ADDRESS
Dr. ZAW-HTET
HOWDEN HEALTH CENTRE
HOWDEN ROAD WEST
LIVINGSTON
EH54 6T

PATIENT DATA
AW
D.O.B.: Ref. - 008830/1 — Chi No.: 573588N
17 May 1983
Surname: BROWN
Forename(s): JOHN — 1705831193
Address: 8 CHURCH PLACE
FAULDHOUSE
EH47 9H
Occupation: MECHANIC
Phone No.: NONE
Consultant:
Next of Kin: MR MRS BROWN
[redacted]
41/3 FIRHILL DRIVE
Home Phone:
Work Phone: EDINBURGH 0131 441 9023

Date and Time of Attendance: 17/03/07 21:56 — Date and Time of Accident: 17/03/07
PLACE OF ACCIDENT R.T.A.: Work: Home: Sport: Other (Specify): Other
R.T.A. LOCATION
SOURCE OF REFERRAL: Other
DENTAL ABSCESS

T.	P.	R.	B.P.	Urine	Alcometer	Weight	Triage Cat.
36.9	69	18	139/78	ACID STIX PEACH	B.M.	SPO2 97% RA	Major Time 21:55

HISTORY: D.Sock Admission to WA 18

EXAMINATION:

INVESTIGATION AND RESULTS:

PROVISIONAL DIAGNOSIS:

MANAGEMENT:

Time Seen	21:55
Alcohol	0
Investigations	—
Procedures	—
Time Referred To Specialist	21:55
Time Specialist Seen	—
Diagnosis	2781
Drugs	—
Disposal	ADM
Time Treatment Completed	22:00
Resuscitation	6
Time Actually Leaves Department	22:00

TAKE HOME DRUGS

DRUG	REGIME	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

DISPOSAL: Home / Follow-up (where) / Admit (ward)

SIGNED: Status:

NAME IN BLOCK CAPITALS: Department:

PLEASE USE BALL POINT PEN — WLT 372

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AW

NHS LOTHIAN (St. JOHN`S HOSPITAL)
Howden Road West. Livingston, EH54 6PP
Tel: 01506 419666

GP
Page: 1 of 1
Date of Letter: 29/03/2007
Date Printed: 29/03/2007
Unit No: 573588W
CHI: 1705831133
Date Typed: 27/03/2007
Date Dictated: 27/03/2007
Ref No: VF

DISCHARGE SUMMARY

Doctor Zaw-htet
HOWDEN HEALTH CENTRE
HOWDEN ROAD WEST
LIVINGSTON
EH54 6TP

Dear Dr Zaw-htet

Your patient: John BROWN
8 Church Place
Fauldhouse
EH479HT

Date of Birth: 17/05/1983

Date of Admission: 17/03/2007

Date of Discharge: 19/03/2007

Destination: HOME

Consultant: R Mitchell

Specialty: MAXFAC

Ward: 18

Principle Diagnosis
Dental Abscess Of Lower Right Quadrant Associated With The Lower R 8

ICD10 CODE 1	ICD10 CODE 2
K04.7	

Primary Procedure
Extraction Under General Anaesthetic Of Both Upper 8S. Lower R 8 And Lower R 8 With Incision & Drainage Of Abscess

Operation Date	OPCS4 CODE 1	OPCS4 CODE 2
18/03/2007	F16.1	F10.4

Medication Summary
Paracetamol 1gram 4 times/day, Corsodyl mouth wash, Co-Amoxiclav 625mg tds 5 days, Metronidazole 400mg tds 5 days

Complications: Nil
Review: No follow-up has been arranged

John Brown was admitted to Ward 18 under the care of Mr [redacted]ell for the above procedure. This was carried out without event and we will keep you informed of his progress.

Yours sincerely

M McAuliffe
SHO

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RECEIVED
- 4 SEP 2007

F4
12539

ASHGROVE HEALTH CENTRE,BLACKBURN
WEST LOTHIAN EH47 7LL
Practice Health Board Number 7833-0

Patients must fill in at front desk and all details to be completed please!
Form then to clerical staff patient to be added onto registration then this form to be scanned into patient's record.

TEMPORARY RESIDENT FORM

I will be staying in the district on a temporary basis at the below address for .....

Not more than 15 days ☐ more than 15 days ☑

I will not be staying any more than three (3) months and the surname of the family I am staying with is.....

Patient signature XBrown Date 04 Sep 07

SURNAME ...Brown..... ***FORENAMES***...Johnwayne

DATE OF BIRTH..17.05.1983... **MALE**.../**FEMALE**.....**please tick one**

NAME OF FAMILY STAYING WITH.....

TEMPORARY ADDRESS...189 Rowan Drive
...Black Burn
.....

HOME ADDRESS...2/1 oxgangs Drive
...Edinburgh Eh13 9hP
.....

NAME AND ADDRESS OF REGISTERED DOCTOR (must give at least health centre name)
...Dr Watson + partners
...Sighthill health centre
...Edinburgh

Once patients registration has expired print this form along with attachments and transfer out encounter form all to be sent to Health Board.

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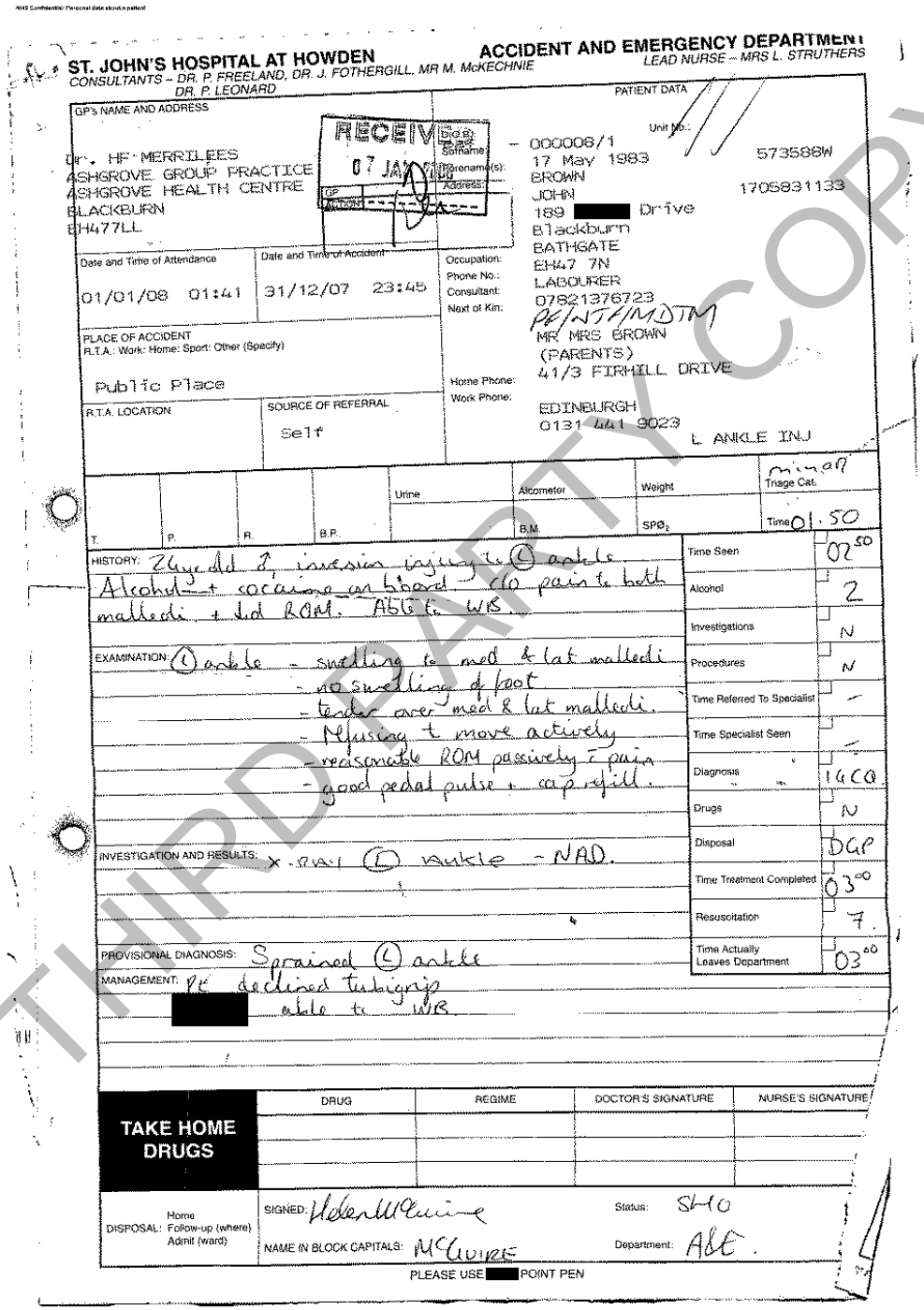

NHS Confidential: Personal data about a patient

ST. JOHN'S HOSPITAL AT HOWDEN
CONSULTANTS – DR. P. FREELAND, DR. J. FOTHERGILL, MR M. McKECHNIE
DR. P. LEONARD

ACCIDENT AND EMERGENCY DEPARTMENT
LEAD NURSE – MRS L. STRUTHERS

GP's NAME AND ADDRESS
Dr. HF MERRILEES
ASHGROVE GROUP PRACTICE
ASHGROVE HEALTH CENTRE
BLACKBURN
EH477LL

RECEIVED 07 JAN

PATIENT DATA
Unit No.: 000006/1
Surname: BROWN
Forename(s): JOHN
Address: 189 [redacted] Drive
Blackburn
BATHGATE
EH47 7N
Occupation: LABOURER
Phone No.: 07821376723
Consultant: PE/INT/MDTM
Next of Kin: MR MRS BROWN (PARENTS) 41/3 FIRHILL DRIVE
EDINBURGH
Home Phone: 0131 441 9023
Work Phone:

573588W
1705831133

Date and Time of Attendance: 01/01/08 01:41
Date and Time of Accident: 31/12/07 23:45

PLACE OF ACCIDENT
R.T.A.: Work: Home: Sport: Other (Specify)
Public Place

R.T.A. LOCATION

SOURCE OF REFERRAL: Self

L ANKLE INJ

T. | P. | R. | B.P. | Urine | Alcometer | B.M. | Weight | SPO2 | Triage Cat.: minor | Time: 01.50

HISTORY: 24yr old ♂ involved in assault injuring (L) ankle. Alcohol + cocaine on board. C/O pain to both malleoli + ltd ROM. Able to WB.

EXAMINATION: (L) ankle - swelling to med & lat malleoli
- no swelling of foot
- tender over med & lat malleoli.
- Refusing to move actively
- reasonable ROM passively c pain
- good pedal pulse + cap refill.

INVESTIGATION AND RESULTS: x-ray (L) ankle - NAD.

PROVISIONAL DIAGNOSIS: Sprained (L) ankle

MANAGEMENT: PE declined tubigrip
[redacted] able to WB

Time Seen	02.50
Alcohol	2
Investigations	N
Procedures	N
Time Referred To Specialist	-
Time Specialist Seen	-
Diagnosis	16C0
Drugs	N
Disposal	DGP
Time Treatment Completed	03.00
Resuscitation	7
Time Actually Leaves Department	03.00

TAKE HOME DRUGS

DRUG	REGIME	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

DISPOSAL: Home / Follow-up (where) / Admit (ward)

SIGNED: Helen McGuire
Status: SHO
NAME IN BLOCK CAPITALS: MCGUIRE
Department: A&E.

PLEASE USE [redacted] POINT PEN

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ℝ Ashgrove Group Practice Electronic Leaving Report

AW

Report Generated by

Asgrove Group Practice
Blackburn Health Centre
Blackburn
West Lothian
Eh47 7LL
Tel - 0844 477 0954 Fax - 01506 634790

Patient Details

189 [redacted] Drive Blackburn West Lothian
No data recorded
No data recorded.

Doctor's Signature and Health Board Number .....

If there are any queries please contact surgery on the above details

Background Information - Occupation / Filing details

No data recorded.

Important Medical History

No data recorded

Family History

No data recorded

Authorised Repeat Therapy and last 3 months acute therapy

No data recorded
No data recorded

Medication Review Date

No data recorded

Drug Allergies

No data recorded

Last Year's Patient Contacts

18/01/2008 Administration Miss [redacted] Croxford
10/01/2008 De-registration of patient Miss [redacted] Croxford
10/01/2008 Letter from Outpatients Mrs Annette Mcmullan
01/01/2008 Ankle sprain left Mrs Annette Mcmullan
01/01/2008 Other ankle injury left Mrs Annette Mcmullan
08/01/2008 Third Party Consultation Ms A M. Scanner...
08/01/2008 Document Image - Docman Attachment
08/01/2008 Letter from specialist Accident Emergency 1 St [redacted] Hospital Accident Emergency Ms A M. Scanner
28/09/2007 Surgery consultation Dr Denise Cairns...
28/09/2007 NYSTAFORM -HC crm Supply (1) gm TO BE APPLIED SPARINGLY TWICE A DAY Dr Denise Cairns
28/09/2007 Fungal infection of skin in anal cleft Dr Denise Cairns
28/09/2007 Other hand injury, excluding finger - pain in R thumb after fight ,able to move thumb no swelling imp soft tissue injury advise symptomatic measures and review prn Dr Denise Cairns
28/09/2007 IBUPROFEN tabs 400mg Supply (84) tablet(s) ONE THREE TIMES A DAY OR FOUR TIMES A DAY WITH MEALS Dr Denise Cairns
06/09/2007 Third Party Consultation Ms A M. Scanner...
06/09/2007 Document Image Docman Attachment
06/09/2007 Medical report sent T/R FORM Ms A M Scanner

All Scanned Documents

08/01/2008 Document Image - Docman Attachment
06/09/2007 Document Image - Docman Attachment

Latest Tests - in last year

No data recorded

Latest Important Tests (X-rays - Smear - Histology) / Baselines

No data recorded

Outgoing Correspondence in the last year

No data recorded.

All Hospital Referrals

No data recorded

Recalls for Coming Year

No data recorded

Prevention Information

No data recorded
No data recorded
No data recorded
No data recorded
No data recorded.
No data recorded

Immunisations

No data recorded.

Maternity Details

No data recorded
No data recorded

NHS Confidential: Personal data [redacted] a patient

ST. JOHN'S HOSPITAL AT HOWDEN
CONSULTANTS – DR. P. FREELAND, DR. J. FOTHERGILL, MR M. McKECHNIE
DR. P. [redacted]

ACCIDENT AND EMERGENCY DEPARTMENT
LEAD NURSE – MRS L. STRUTHERS

GP's NAME AND ADDRESS	PATIENT DATA
Dr. HF MERRILEES ASHGROVE GROUP PRACTICE ASHGROVE HEALTH CENTRE BLACKBURN EH477LL RECEIVED 07 JAN	Unit No. – 000008/1 573598W 17 May 1983 BROWN 1705831133 JOHN 189 Rowan Drive Blackburn BATHGATE EH47 7N LABOURER 078213767[redacted] PE/NT/MDTM MR MRS BROWN (PARENTS) 41/3 FIRHILL DRIVE EDINBURGH 0131 441 9023 L ANKLE INJ

Date and Time of Attendance	Date and Time of Accident
01/01/08 01:41	31/12/07 23:45

Occupation / Phone No. / Consultant / Next of Kin / Home Phone / Work Phone

PLACE OF ACCIDENT
R.T.A./ Work/ Home/ Sport/ Other (Specify)
Public Place

R.T.A. LOCATION

SOURCE OF REFERRAL
Self

T.	P.	R.	B.P.	Urine	Alcometer / B.M.	Weight / SPO2	Triage Cat. min 99 / Time 01.50

HISTORY 24yr old ? inversion injury to (L) ankle. Alcohol + cocaine on board. c/o pain to both malleoli + ↓ed ROM. ABLE to WB.

EXAMINATION (L) ankle – swelling to med & lat malleoli
– no swelling of foot
– tender over med & lat malleoli
– refusing to move actively
– reasonable ROM passively c̄ pain
– good pedal pulses + cap refill.

INVESTIGATION AND RESULTS x-ray (L) ankle – NAD.

PROVISIONAL DIAGNOSIS Sprained (L) ankle

MANAGEMENT Rx declined tubigrip
D/C'd able to WB.

Time Seen	02^50
Alcohol	2
Investigations	N
Procedure	N
Time Referred To Specialist	–
Time Specialist Seen	–
Diagnosis	14CO
Drugs	N
Disposal	DGP
Time Treatment Completed	03^00
Resuscitation	7
Time Actually Leaves Department	03^00

TAKE HOME DRUGS	DRUG	REGIME	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

DISPOSAL: Home / Follow-up (where) / Admit (ward)

SIGNED: [signature] Status: SHO
NAME IN BLOCK CAPITALS: McGUIRE Department: A&E.

PLEASE USE [redacted] POINT PEN

F4
12539

ASHGROVE HEALTH CENTRE,BLACKBURN
WEST LOTHIAN EH47 7LL
Practice Health Board Number 7833-0

Patients must fill in at front desk and [redacted] details to be completed please!
Form then to clerical staff patient to be added onto registration then this form to be scanned into patient's record.

TEMPORARY RESIDENT FORM

I will be staying in the district on a temporary basis at the below address for .....

Not more than 15 days ☐ more than 15 days ☑

I will not be staying any more than three (3) months and the surname of the family I am staying with is.....

Patient signature XBrown Date 04 Sep 07

SURNAME Brown *FORENAMES* JohnWayne

DATE OF BIRTH 17.05.1983 **MALE** ✓ **/FEMALE** .....**please tick one**

NAME OF FAMILY STAYING WITH .....

TEMPORARY ADDRESS 189 Rowan Drive
Black Burn

HOME ADDRESS 2/1 Oxgangs Drive
Edinburgh Eh13 9hP

NAME AND ADDRESS OF REGISTERED DOCTOR (must give at least health centre name)
Dr Watson + partners
Sighthill health centre
Edinburgh

Once patients registration has expired print this form along with attachments and transfer out encounter form all to be sent to Health Board.

AW

THE
FIRRHILL MEDICAL
CENTRE

DR. JAMES F. COWAN
DR. SARAH A. McMILLAN
DR. [redacted]
DR. RICHARD COCKBURN

167 COLINTON MAINS DRIVE
EDINBURGH EH13 9AF

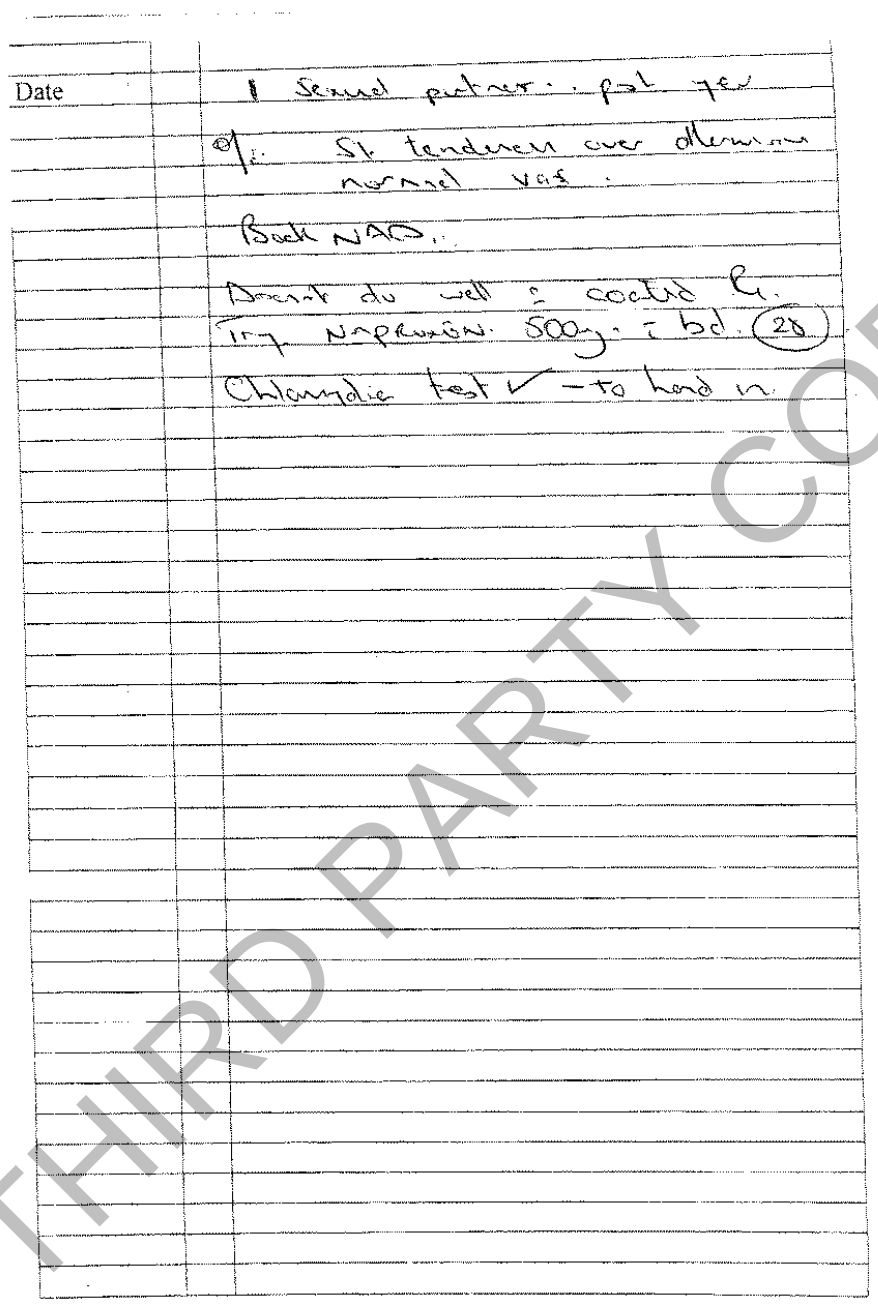
TEL. 0131 441 3119

Temporary Resident/Immediate and Necessary Treatment or Private Patient Record

DATE 22 3 10

SURNAME	Brown
FORENAMES	John Wayne
DATE OF BIRTH	17 05 1983
TEMPORARY ADDRESS	3 Harper Rigg Way
	Staying here for – please circle **Less than 15 days** / **More than 15 days** (circled) 2–3 mnth. **Signature** .... J Brown ....
USUAL HOME ADDRESS	17 Oak Grove Craigshill Livingston
Usual GP's Name and Address at home	Ash Grove Medical Centre Blackburn.
Previous Serious Illnesses or Operations	St Johns [redacted] 16 Yo. M/C accident Scanned – OK.
Medication you are taking at present	Mygdeve.
Allergies	Nil.

Date		
22/3/10	S.	Staying c sister. – looking after her
[redacted]		
		Has only recently moved to
		Livingston from Blackburn. so no
		contact c this GP.
		c/o Scrotal pain. (L) shooting pain
		(3/12).
		Also episodic low back pain.
		Involved in 6 car accidents in past
		year. – No huge concerns


Date

1 Sexual partner : pal yes

O/E: SI tenderness over abdomen
normal VGS.

Both NAD.

Discuss du well : coctail Rx.

Inj Naproxen 500mg : bd (28)

Chlamydia test ✓ - to hand in.

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NHS Confidential: Personal data about a patient

University Hospitals Division

St John's Hospital at Howden
Outpatient Department 4
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department Of Oral and Maxillofacial Surgery

Dr Coetsee
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date First Created 17/01/2011
Date Authorised
Date/Time Printed 17/01/2011 14:56
Our Ref 800573588M
CHI 1705831133

Patient:	Mr John Brown 17 Oak Grove Livingston EH54 5JD	**UHPI:**	800573588M
		Date of Birth:	17/05/1983
Clinic Code:	EBLSGOS	**Attendance Date:**	23/12/2010
Specialty:	Maxillofacial Surgery		
Consultant:	Mr EB Larkin Staff Grade		

Consultant:
Mr D Kissun
Secretary:
Mrs Marion Dillon
Tel: 01506 523550

Consultant:
Mr E Larkin
Mr MD Paley
Secretary:
Mrs [redacted] Liddell
Tel: 01506 523553

Dear Dr Coetsee,

Thank you for your referral regarding Mr Brown who attended the Oral & Maxillofacial Surgery Outpatient Clinic today. He had been referred to us for extraction of lower left second molar and upper right second molar under general anaesthetic as he has a significant gag reflex. The patient complains of bilateral upper jaw pain radiating into his ear on most days.

Previous medical history on this gentleman is unremarkable other than sensitivity to Codeine. He is currently on non-medications.

He does say has been suffering in recent months from a wheeze at night as well as pains on the right side of his body. He has also noted that he has frequent diarrhoea for the past two years and has not past a formed stool in that time.

This 27 year old café assistant smokes approximately five cigarettes per day and does not drink alcohol.

On examination there is no cervical lymphadenopathy and mucosa was unremarkable. He has a grossly carious dentition with non-restorable upper right second molar, lower right second molar, lower left second molar and lower left third molar. He had carious lesions in his lower left first molar, upper left second molar and upper left third molar, however he wishes these to be restored if possible.

University Hospitals Division

St John's Hospital at Howden
Outpatient Department 4
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Cont'd... **Ref:** 800573588M **Patient Name:** Mr John Brown

He declared he had a very sensitive gag reflex and would be difficult if not impossible to treat under local anaesthetic, therefore we will make arrangements for extraction under general anaesthetic of his upper right second molar, lower right second molar, lower left second molar and lower left third molar as a daycase procedure. I would be grateful if as his dentist you'd be able to make suitable arrangements for restoration of the restorable teeth as appropriate perhaps via the community dental service. I will be writing to his GP to ask if he investigates Mr Brown with regards to wheeze, diarrhoea and right-sided pains.

Yours sincerely

Mr Richard [redacted]
ST3
Oral & Maxillofacial Surgery

RT/EB

17.01.2011

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11/01/11

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 * BROWN

TITLE # MR

MALE * [ ] FEMALE * [ ]

FORENAME * JOHN

MIDDLE NAME * WAYNE

PREVIOUS SURNAME * N/A

DATE OF BIRTH * 17 05 83

ADDRESS * 17 [redacted] K GROVE
LIVINGSTON

POSTCODE * [redacted] 4 5 5 D

TOWN & COUNTRY OF BIRTH * EDINBURGH

MOTHER'S MAIDEN NAME * JAMISON

TELEPHONE NUMBER # 07821376723

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK * 11/1 HAILSLAND GROVE
EDINBURGH

POSTCODE

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK * SISHTHILL MEDICAL CENTRE
EDINBURGH

POSTCODE *

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER JN711743D

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.

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? * YES [ ] NO [✓]

DATE OF DEPARTURE FROM UK [ ]

DATE OF ENTRY/RETURN TO UK [ ]

IF RETURNING FROM H M FORCES DATE ENLISTED [ ]

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

X S Brown DATE 10/11/11

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 X S Brown DATE 10/11/11

PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only

PRACTICE CODE [ ] GP NAME E DUNCAN

GP REFERENCE NUMBER [ ]

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 [signature] DATE 12/11/11

OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

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NHS Confidential: Personal data about a patient

Craigshill Health Centre
New Patient Medical Questionnaire

11/01/11

Thank you for your interest in Craigshill Health Centre. We hope you will find the information in the Practice Brochure helpful. You are invited to attend a brief registration medical examination and this will be organised by our reception staff at a mutually convenient date and time. Please remember to bring a specimen of urine with you when you come for your appointment.

PATIENT DETAILS:

First Name	JOHN
Surname	BROWN
Previous Surname	N/A
Address and Postcode	17 OAKGROVE LIVINGSTON EH54 5SD.
Home Telephone Number	
Mobile Number	07821376723
Date of Birth	17 05 83
Marital Status	Single
Occupation	Cafe Asst.
Previous Address	11/1 MAILSLAND GROVE EDINBURGH.
Name and Address of Previous GP	Sighthill MC EDINBURGH.
If you were registered with us previously, please give date	N/A
[redacted] Details	LAURA STUART.

Please tick as appropriate:

Male ☑ Female ☐

Married ☐ Single ☑ Cohabitee/with [redacted] ☐ Divorced ☐ Separated ☐ Widow/Widower ☐

Ethnic Origin
The following questions follow the recommendations of the Commission for Racial Equality and complies with the Race Relations Act. It is not compulsory to answer these questions, but it may help with your healthcare provisions as some health problems are more common in specific communities.

Please tick:

White
☑ British/Mixed British
☑ Scottish
☐ English
☐ Welsh
☐ Northern Irish
☐ Irish

Black or Black British
☐ Caribbean
☐ African
☐ Other black background (please state): _____

Other European origin (please state): _____

Mixed
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Other (please state):

Chinese or other Ethnic Group
☐ Chinese
☐ Other European origin (please state):

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Malaysian
☐ Other Asian background (Please state) _____

Do you need an Interpreter or Sign Language Support — Yes ☐ No ☑
If you need an Interpreter, what language do you speak? _____
If you do not wish to give this information, please tick here ☐

NHS Confidential: Personal data about a patient

Health Information
Please tick if you have, or if you ever have had, any of the following? Please give dates of diagnosis.

Asthma ☐
Thyroid problems ☐
Cancer ☐
Stroke ☐
Angina ☐
Other chest/lung disease (please specify) ☐
Depression ☐
Heart Disease ☐
Splenectomy ☐
Epilepsy ☐
Diabetes ☐
Other Mental Health Problems ☐
High Blood Pressure ☐
Kidney Disease ☐

Height: 5' 10" **Weight:** 11½st.

Any other serious illness, operations or disability? (please state):

Are you receiving treatment for any addiction? Yes ☐ No ☑ (please state) _____

Are there any illnesses which run in the family? Yes ☑ No ☐ (please state) _____

Has any close relative [redacted] or [redacted] had: **Who/Age**

A heart attack	Yes ☑ No ☐	(please state) _____
A stroke?	Yes ☑ No ☐	(please state) _____
Trouble with high cholesterol?	Yes ☑ No ☐	(please state) _____
Diabetes?	Yes ☑ No ☐	(please state) _____

Blood Tests
Do you need any regular blood tests? Yes ☐ No ☑
If yes, give details and date of last test. _____

Allergies
Do you have any known allergies to medicines or food? Yes ☑ No ☐
If yes, please specify: codine

Vaccinations
If you are over 20, please tick which vaccinations you have had and give approximate date(s): Aparx 14 years ago

Diphtheria ☑
Tetanus ☑
Meningitis C ☐
Polio ☐
2xMMR ☐
Hepatitis B ☐
Measles ☐
Whooping Cough ☐
German Measles (Rubella) ☐

Smoking and Alcohol
Never smoked tobacco ☐ Ex-smoker ☐ Current smoker ☑ Number per day ☐ 20 aparx

How many units of alcohol do you drink per week? ☐
(1 unit = 1 small glass of wine, or ½ pint of beer, or 1 pub measure of spirits)

If you feel you smoke or drink too much would you like help reducing or giving up? Yes ☐ No ☑
(Smoking cessation advice given)

[redacted]
Are you a [redacted] Yes ☐ No ☑ If yes, who do you care for? _____
Are you a person being cared for? Yes ☐ No ☐

Female Patients Only
Have you had a hysterectomy? Yes ☐ No ☐
Have you ever had a cervical smear? Yes ☐ No ☐
If yes, please give date of last smear test ___/___/___ Normal ☐ Abnormal ☐
Are you pregnant or have you had a [redacted] recently? Yes ☐ No ☐
If yes, please give details of date of delivery or expected date: ___/___/___
If you have ever been pregnant please give:
Number of births _____
Any other pregnancies (e.g. ectopics, miscarriages, terminations) _____

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Please list any regular medication or other prescriptions you need. Please continue on a separate sheet if necessary

Medication	Dose (e.g. tablet size/quantity	Frequency of Dose
N/A		

If you require medication, please make an appointment to discuss. Please bring medications with you to the appointment.

Patient/Doctor Agreement

Our Team in Craigshill Health Centre are committed to providing you with a first-class service. In return we would ask you to commit to the following code of conduct:

- Please use the appointment system reasonably and responsibly. Requests for urgent appointments should be reserved for genuinely urgent medical problems. If you no longer require or cannot attend an arranged appointment, please cancel it as soon as you can so it can be offered to another patient.
- Please avoid requesting unnecessary house calls. Whenever possible patients should attend the health centre (or out of hours service) unless this is impossible because of your medical condition. If possible, please make any request for a house call before 10.00 a.m.
- At all times be truthful and honest with the doctor and members of staff.
- Violent and abusive behaviour, whether physical or verbal, could result in you being removed from the Practice List. If you are in any way dissatisfied with the service you have received, please contact the practice manager who will provide you with details of our complaints procedure.

SIGNED [signature] DATE 10 01 11.

NHS Confidential: Personal data about a patient

11/01/11

CRAIGSHILL HEALTH CENTRE

Dr [redacted] Dr O'Reilly Dr [redacted] Dr Stirrat Dr Hankinson Dr Coetsee Dr [redacted]
THE MALL, CRAIGSHILL, LIVINGSTON EH54 5DY

TEL: 01506 432621 FAX: 01506 430431

DATE [redacted]/01/11 ADDRESS 17 Oak Grove

TELEPHONE NO 07821376723

Dear Patient

I have received your request to be placed on the Craigshill Health Centre list of patients but before this can be arranged, we would like you/your family to attend a registration medical. It is important that you attend the medical to enable us to obtain up to date information prior to receiving your records from your previous doctor. If any of you family is under the age of five, please remember to bring the Child Health Record (Red Book) with you. When the medical has been completed, your registration forms will be sent to Lothian Health and in time you will receive a new medical card.

If for any reason you are unable to keep the appointment, please telephone the Health Centre to cancel this, in order that we can offer the appointment to another patient.

[redacted]
PRACTICE MANAGER

DETAILS OF FAMILY MEMBERS REGISTERING:

Name (1) John Brown **D.O.B.** 17/05/63

Name (2) ..... **D.O.B.** .....

Name (3) ..... **D.O.B.** .....

Name (4) ..... **D.O.B.** .....

Name (5) ..... **D.O.B.** .....

MEDICAL APPOINTMENT DATE AND TIME: Wed 12/01/11 10:15am Michelle

SIGNATURE OF PATIENT ACCEPTING APPOINTMENT: [redacted]

TYPE OF IDENTIFICATION GIVEN: Passport B 925 01.11

NHS Confidential: Personal data about a patient

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department Of Oral and Maxillofacial Surgery

Dr Coetsee
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date First Created 17/05/2011
Date Authorised
Date/Time Printed 17/05/2011 12:29
Our Ref 800573588M
CHI 1705831133

Patient: John Brown
17 Oak Grove
Livingston
EH54 5JD

UHPI: 800573588M
Date of Birth: 17/05/1983

Ward: SJH Day Surgery Centre

Admission Date: 04/05/2011

Consultant: Mr EB Larkin

Discharge Date: 04/05/2011

Consultant:
Mr J Morrison
Secretary:
Fiona Paterson
Tel: 01506 523550

Consultant:
Mr E Larkin
Mr MD Paley
Secretary:
Mrs [redacted] Liddell
Tel: 01506 523553

Inpatient Discharge Summary

DATE OF PROCEDURE: 4th May 2011.

DIAGNOSIS: Four unrestorable teeth and dental anxiety.

PROCEDURE: Removal of the maxillary mandibular right and mandibular left second molars as well as the mandibular left third molar under general anaesthetic. .

COMPLICATIONS:Nil.

DRUGS ON DISCHARGE: Analgesia and Chlorhexidine mouthwash.

REVIEW: Not applicable. .

Kind regards

Yours sincerely

[redacted]
SHO in Oral and Maxillofacial Surgery

Ref: SJ/FP/17-05-11

Page 1 of 1

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West Lothian Healthcare Division

St. John's Hospital at Howden
Howden Road West
Livingston
West Lothian EH54 6PP
Telephone 01506 419666
www.show.scot.nhs.uk/wlt

NHS Lothian

Day Bed Unit - Day Case Procedure - Discharge Letter / Operation Note

Patient Label/Addr [redacted]/3588M M 17/05/1983
Brown, John
17 Oak Grove,
Livingston,
West Lothian,
EH54 5JD
CHI 1705831133 [redacted]
78311 [redacted]

Consultant: PALEY
Operator's Name: POPPER WELLS / HENDERSON
GP:

Dear Doctor,

Your patient underwent the following operative procedure or investigation as a day case and will be discharged home later today:

Procedure / investigation:
XCA 7/7/18

Relevant findings / Result of Investigation:

Further treatment is planned as follows:

Removal of Sutures:

Outpatient follow-up appointment:

DRUGS ON DISCHARGE - *Clinician to sign. Nurse to sign after dispensing drugs*

Antibiotics		Analgesia	
Flucloxacillin 250mg Capsules *One capsule every 6 hours*		Codydramol Tablets (10/500) *One or Two tablets every 4 - 6 hours*	
Co-amoxiclav 375mgs Tablets *One tablet every 8 hours*		Dihydrocodeine 30mg Tablets *One tablet every 4 - 6 hours*	
✓ Paracetamol 1g (SN) qds x 7 days		Diclofenac 50mg Tablets *One tablet every 8 hours*	
✓ Chlorhexidine Mouth 0.2% (SN) 4ds x 2 days			

Patients Instructions:
(1) Analgesia
(2) Chlorhexidine from pharmacy

Yours sincerely,

HEN ROBSON Date 4/5/11

Top Copy (White) Patients Copy | Second Copy (Yellow) GP's Copy | Third Copy (Blue) Pharmacy Copy | Bottom Copy (Chamois) Copy for Case Notes

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10/14

CRAIGSHILL HEALTH CENTRE

Dr Robertson Dr O'Reilly Dr Duncan Dr Stirrat Dr Hankinson Dr Coetsee Dr Stewart Dr Sheridan
THE MALL, CRAIGSHILL, LIVINGSTON EH54 5DY
TEL: 01506 432621 FAX: 01506 430431

Your Ref
Our Ref
Date Dictated
Date Typed 5/11/12
Ext

Mr John Brown
17 Oak Grove
Craigshill
Livingston
EH54 5JD

Dear Mr Brown

Sorry it's taken a while to get this to you, but when we I saw you in the surgery on 21/09/2012, we discussed getting you a contact number for an Anger Management Group.
They are called Alternatives TO Violence and are based in Glasgow but run workshops in Addiewell.
Enclosed are the contact details and also the contact details for West Lothian Drug and Alcohol Services.

I hope you find these resources helpful.

Kind regards,

Dr Mahler

Breakaway Recovery Drop-ins

For people with alcohol or drug problems who want help.
No appointment needed.

Mondays:	9:30am-12noon	Bathgate Primary Care Centre Whitburn Road, BATHGATE
Tuesdays:	1:00pm-3:30pm	Strathbrock Partnership Centre BROXBURN
Tuesdays:	2:00pm-4:00pm	Linlithgow Health Centre High Street, LINLITHGOW
Wednesdays:	1:00pm-3:30pm	Howden Health Centre Howden, LIVINGSTON
Thursdays:	5:30pm-7:30pm	OPD5 St John's Hospital Howden, LIVINGSTON
Fridays:	9:30am-12noon	Whitburn Health Centre Weavers Lane, WHITBURN

If you can't attend a drop-in or want to find out more please get in touch:

West Lothian Drug & Alcohol Service: 01506 430225

Social Work Addictions Team: 01506 282844

West Lothian NHS Addictions Service: 01506 282845

Addictions Care Partnership

West Lothian Drug and Alcohol Service

West Lothian Council

NHS Lothian

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AVP Britain: Alternatives to Violence Project
Home
How we help
Workshops
Criminal justice
Partnerships
Stories
Donate

Tweet

Contact

General Enquiries
[redacted] *Jupe*
020 7324 4755
Grayston Centre, 28 [redacted] Square, London N1 6H
North West
[redacted] *Saleh*
0161 832 3660
6 Mount Street, Manchester M2 5NS
London and the South East
[redacted]
020 7324 4757
Grayston Centre, 28 [redacted] Square, London N1 6H
Midlands and Wales
John Conchie
01785 850787
Scotland
Des Fik
0141 353 0444
Renfield Centre, 260 Bath Street, Glasgow, G2 4JP
North East and East Midlands
[redacted] *Bocock*
01904 636318
PO Box 743 York YO32 4WW
South West
[redacted] *Longley*
Post Restante
Cheddar Post Office
Bath Street
Cheddar, BS27 3AA
07814 176643

AVP in other countries
AVP International

30-2 Dec (Fri-Sun)	Shepton Mallet Prison *prison training for facilitators*

December 2012

7-9 (Fri-Sun)	London (Mare Street, Hackney) *open workshop in handling conflic* places are available on this works!
7-9 (Fri-Sun)	HMP Addiewell *prison AVP level one workshop*

January 2013

18-20 (Fri-Sun)	South Manchester *open workshop in handling conflic* places are available on this works!

February 2013

8-10 (Fri-Sun)	[redacted] Tameside *open workshop in handling conflic* places are available on this works!
22-24 (Fri-Sun)	Bradford University workshop *open workshop in handling conflic* places are available on this works!

March 2013

15-17 (Fri-Sun)	South Manchester *open workshop in handling conflic* places are available on this works!

«2012 show

More about AVP
About us
Contact us

AVP Britain is a registered [redacted] no. 1085709
Privacy policy

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West Lothian Council

NHS Lothian

West Lothian
Community Health and Care Partnership

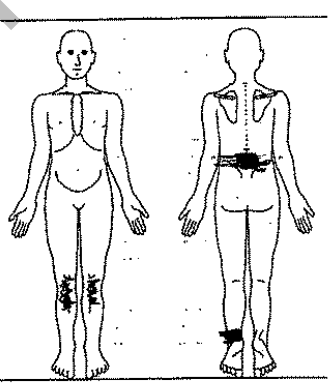
PHYSIOTHERAPY SELF-REFERRAL FORM

Craigshill HEALTH CENTRE

Today's Date: 15/8/12
Forename: John Wayne
Surname: Brown
Date of Birth: 17/05/1983
Occupation: unemployed
GP Name:

Address: 17 Oak Grove
Craigshill
Post Code EH54 5JD
Tel. No Home
Work
Mobile 07926639470

1. Please shade on the body chart the problem area.



2. Please give a brief description of the problem.

Back pain Due to crash
Knee pain Due to crash
Ankle Due to Muscle damage

Please tick the correct answer and provide details

	YES	NO
1. Have you had the problem for 6 weeks or less? How long 5 weeks for foot. Back + knees a few years	☑	☐
2. Are you off work because of this problem? How long	☐	☑
3. Is your sleep disturbed by this problem?	☑	☐

PLEASE NOTE: IF YOU HAVE HAD ANY OF THE SYMPTOMS LISTED BELOW SINCE THE ONSET OF THIS PROBLEM THEN YOU MUST CONSULT YOUR GP.

- DIZZINESS
- BLURRED VISION
- SWALLOWING PROBLEMS
- SPEECH IMPAIRMENT
- BOWEL/BLADDER PROBLEMS
- PINS & NEEDLES IN GROIN AREA
- FAINTING
- WEAKNESS IN BOTH LEGS

E:\direct access\self referral forms 2008\physio direct access referral form blank August 2008

NHS Confidential: Personal data [redacted] a patient

Discharge Summary

NHS Lothian

Source of Referral

Print Date: 27/12/2012 16:16:46
Our Ref : 800573588M

Patient :	John Brown 17 Oak Grove Livingston EH54 5JD	**CHI:** **Date Of Birth :**	1705831133 17/05/1983
Care Provider:	Physio - Band 5 Static 3	**Referral Date :**	19/07/2012
Hospital :	St John's Hospital at Howden	**Date Referral Received:**	19/07/2012
Speciality :	Physiotherapy - MSK	**First Contact Date:**	28/08/2012
GP Name:	Dr [redacted]		
GP Address 1:	The Craigshill Partnership		
GP Address 2:	Craigshill Health Centre		
GP Address 3:	Craigshill Road		
GP Address 4:	Livingston		
GP Post Code:	EH54 5DY		

Reason for Referral Physiotherapy Assessment
Referral Diagnosis:
Presenting Complaint:

Health Issues	Additional Factor	Care Aim	Date Commenced

Discharge Date : 27/12/2012
Discharge Reason Patient stopped attending
Discharge To: Private residence
Discharge Comments:
Presented with decreased range of movement to right ankle following inversion injury 12/07/2012. Home exercise programme provided. Discharged as stopped attending physiotherapy.

Page 1 of 1

Signature: [signature] Date: 27/12/12

NHS Confidential: Personal data about a patient

THERAPY REFERRAL LOG

Patient: JOHN BROWN 17/5/83

Date of Birth: 17/5/83

Date: 05 09 13

Present Therapy	Therapy Recommendation	Reason for Therapy Recommendation	Present Device	Device Recommendation	Reason for Devic Recommendatio
☐ SABA	☐ SABA	☐ Poor symptom control	☐ MDI	☐ MDI	☐ Poor inhaler technique
☐ ICS	☐ ICS	☐ Recurrent exacerbations	☐ Volumatic spacer	☐ Volumatic spacer	☐ Patient preference
☐ LABA	☐ Increase ICS	☐ Poor inhaler technique	☐ Accuhaler	☐ Accuhaler	
☐ ICS/LABA combined	☐ Decrease ICS	☐ Over use of beta-2 agonist	☐ Aerochamber	☐ Aerochamber	
☐ Oral steroids	☐ LABA		☐ Breath activated	☐ Breath activated	
☐ Leukotriene receptor antagonist	☐ ICS/LABA combined		☐ Clickhaler	☐ Clickhaler	
☐ Theophyline	☐ Oral steroids		☐ Handihaler	☐ Handihaler	
☐ Anticholingeric	☐ Leukotriene receptor antagonist		☐ Turbohaler	☐ Turbohaler	
☐ Long acting anticholingeric	☐ Theophylline		☐ Peak flow meter	☐ Peak flow meter	
☐ SABA/anti cholingeric	☐ Anticholingeric			☐ No change	
☐ Mucolytic	☐ Long acting anticholingeric				
☐ Nebuliser	☐ SABA/ anticholingeric				
	☐ No change				
	☐ Mucolytic				

The GP is responsible for making any amendments to prescribing, as appropriate.

20m a week.

OP PF 680 **SMOKING STATUS** **HT** **WT**

1. 270.
2. 310.
3. 320

Salbutamol 1. only

Qvphip every day.
needs Clenil modulite
100mcg. 2PBD.
(Renins 24/10)

Craigshill Health Centre – May 2008

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West Lothian Council

NHS Lothian

West Lothian
Community Health and Care Partnership

Cause for Concern Register - First Report

Surname: BROWN	**Forename:** [redacted]	**DOB/CHI: 0410130435**
Address: 18 OAK GROVE CRAIGHSILL **Post Code: EH54 5JD**	**Previous address:** **Post Code:**	
[redacted] **Name:** [redacted] **Also known as:** 10/12/88	**Address** (if different from that of child):	
[redacted] **Name: JOHN** [redacted] **BROWN** **Also known as:** 17/05/83	**Address** (if different from that of child): 17 Oak Grove	
Other relevant adults:	**Address** (if different from that of child):	
[redacted] Name:	**Address** (if different from that of child):	

Name: [redacted]	**DOB:**	**Address** (if different from that of child)
1. Shaylee Brown	22/02/07	West Gorgie Edinburgh Balgreen Primary School P3
2.		
3.		
4.		
5.		
[redacted] *(if applicable)*::		

Professional's contact details – (include name, address, phone no. & e-mail)

Key Health Care Professional (HCP): [redacted] **LUMLEY CRAIGSHILL HEALTH CENTRE 432621**

GP: DR O'REILLY CRAIGSHILL HEALTH CENTRE LIVINGSTON 432621

Social Worker:

Others involved (include any other HCP's, Education staff & Voluntary agencies)

Reason for Opening Cause for Concern

Substance Misuse *(Specify)*	Neglect	Adult Health *(Specify)*	Poor Parenting Capacity	Violence/Domestic Abuse *(Specify)*
		X		

October 2007 Form to be printed on Yellow Paper

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Practitioner's report

Identify areas of concern highlighting your observations and interventions including if a child protection referral has been made

- The Midwife informed the HV that [redacted] had discussed serious anger management issues at her visit.
- The HV after Notification Visit contacted SW they discussed that John had Hx of :
  1. Assault against [redacted] also previous convictions for assault (12 month order known to Tam [redacted] Youth Justice Worker)
  2. Excessive alcohol & drug misuse which exacerbated his anger management
  3. Claims sexually abused as a child by someone in authority
  4. Sexual assault age 11yrs (no charges) resulted in John running away, self harming.
  5. John was a LAC
- John has an older child who he did not have contact with due to Hx of anger issues (through Children's Hearing) now after court case has contact.

Planned Interventions:

The HV has opened a Cause For Concern & [redacted] HPI is now Additional as per LCCM.

The HV will visit weekly for the first month & will monitor [redacted] health & development & will assess home situation.
The HV will discuss with [redacted] referral to the Family Centre for support & assessment.

October 2007 Form to be printed on Yellow Paper

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This form must be signed and dated and returned to
[redacted] **Middleton, Child Protection Advisor,**
Room No 003 G 832, St John's Hospital
Howden Road West,
Livingston. EH54 6PP

Signed [redacted] *Lumley* Date 15th October 2013

October 2007 Form to be printed on Yellow Paper

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LOTHIAN UNIVERSITY HOSPITALS DIVISION

Department of Laboratory Medicine — **Biochemistry, RIE**

PATIENT: BROWN, JOHN **UPI:** 1705831133 **CHI:** 1705831133
DOB: 17/05/1983 **SEX:** M **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre **SENDER:** SB285057H

CLINICAL DETAILS: ENLARGED BREAST TISSUE

Date Collected		01/09/2014	01/09/2014			
Time Collected		11:16	11:16			
Date Received		01/09/2014	03/09/2014			
Time Received		16:10	16:12			
Specimen Number		SB285057H	WB5115896			
HCG (Tumour)	0-5 U/L		<5.0			
Urea	2.5-6.6 mmol/L	3.8				
Creatinine	60-120 umol/L	74				
eGFR (/1.73m2)	ml/min	>90				
Sodium	135-145 mmol/L	142				
Potassium	3.6-5.0 mmol/L	4.7				
Bilirubin	3-21 umol/L	7				
ALT	10-50 U/L	26				
Alk.Phos	40-125 U/L	63				
GGT	10-55 U/L	21				
TSH	0.2-4.5 mU/L	1.9				
Free T4	9-21 pmol/L	12				
LH	0.6-9.0 U/L	3.9				
FSH	1.0-10.0 U/L	4.8				
Prolactin	60-500 mU/L	328				
Oestradiol	0-160 pmol/L	58				

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 05/09/2014
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION

Department of Laboratory Medicine — **Biochemistry, RIE**

PATIENT: BROWN, JOHN — **UPI:** 1705831133 — **CHI:** 1705831133
DOB: 17/05/1983 — **SEX:** M — **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre — **SENDER:** Please refer to Consul

CLINICAL DETAILS: Enlarged breast tissue.

Date Collected			01/09/14	01/09/14			
Time Collected			11:16	11:16			
Specimen Number			SS285057	HB511574			
Specimen Type			Blood	Blood			
LH	U/L	0.6-9.0	3.9				
FSH	U/L	1.0-10.0	4.8				
Prolactin	mU/L	60-500	124				
Oestradiol	pmol/L	0-160	58				
Testosterone MS	nmol/L	10-30		19.3			

COMMENTS: For enquiries contact Duty Endocrine Biochemist on 0131 242 6880

DATE PRINTED: 05/09/2014
TIME PRINTED: 11:46

INDEX OF COMMENT CODES

HM Haemolysed — IS Insufficient — UNK Unknown — LP Lipaemic — NDET Not Detected
T/F Results to Follow — TL Too late for satisfactory analysis — TC Test Cancelled — SB See Comment Below

Results outwith the reference range are highlighted in BOLD

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LOTHIAN UNIVERSITY HOSPITALS DIVISION

Department of Laboratory Medicine — **Haematology, SJH**

PATIENT: BROWN, JOHN — **UPI:** 1705831133 — **CHI:** 1705831133
DOB: 17/05/1983 — **SEX:** M — **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre — **SENDER:**

CLINICAL DETAILS: enlarged breast tissue.

[redacted] **Collected**		01/09/14
Time Collected		11:16
Date Received		01/09/14
Time Received		15:56
Specimen Number		SH832960
Haemoglobin	135-180 g/L	161
Red cell count	4.5-6.5 10 ^12/	5.17
Haematocrit	0.37-0.49 Ratio	0.470
Mean cell volume	78-96 fl	91.0
Mean cell Hb.	27.0-32.0 pg	31.1
Mean cell Hb conc.	310-360 g/L	343
White cell count	4.0-11.0 10^9/l	6.8
Neutrophil Count	2.0-7.5 10 ^9/L	2.77
Lymphocyte Count	1.5-4.0 10 ^9/L	3.12
Monocyte Count	0-0.8 10 ^9/L	0.42
Eosinophil Count	0-0.5 10 ^9/L	0.46
Basophil Count	0-0.1 10 ^9/L	0.06
Platelet count	150-400 10 ^9/l	256

COMMENTS:

DATE PRINTED: 02/09/2014
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LOTHIAN UNIVERSITY HOSPITALS DIVISION

Department of Laboratory Medicine — **Biochemistry, SJH**

PATIENT: BROWN, JOHN **UPI:** 1705831153 **CHI:** 1705831153
DOB: 17/05/1983 **SEX:** M **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre **SENDER:**

CLINICAL DETAILS: enlarged breast tissue.
Patient is not known to have a thyroid condition.

Date Collected		01/09/2014				
Time Collected		11:16				
Date Received		01/09/2014				
Time Received		16:10				
Specimen Number		SB285057H				
Urea	2.5-6.6 mmol/L	3.8				
Creatinine	60-120 umol/L	74				
eGFR (/1.73m2)	ml/min	>60				
Sodium	135-145 mmol/L	142				
Potassium	3.6-5.0 mmol/L	4.7				
Bilirubin	3-21 umol/L	7				
ALT	10-50 U/L	26				
Alk.Phos	40-125 U/L	63				
GGT	10-55 U/L	21				
TSH	0.2-4.5 mU/L	1.9				
Free T4	9-21 pmol/L	12				
LH	0.6-9.0 U/L	3.9				
FSH	1.0-10.0 U/L	4.8				
Prolactin	60-500 mU/L	124				
Oestradiol	0-160 pmol/L	58				

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 03/09/2014
TIME PRINTED: 09:53

Specimen type is serum, plasma or blood unless otherwise stated

NHS Lothian

St John's Hospital at [redacted]n
Outpatient Department 4
Howden Road West
Livingston
West Lothian EH54 6PP

Dr [redacted]
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 18/02/2015

Outpatient Clinic Letter

Patient	John Brown 17 Oak Grove Livingston EH54 5JD	**CHI** **Date of Birth / Age** **UHPI**	**1705831133** 17/05/1983 (31 years) 800573588M
Specialty	General Surgery	**Attendance Date**	11/02/2015
Consultant	Mr MD [redacted]		

Dear Dr [redacted]

Thank you for your further letter about Mr Brown, who I saw in the breast clinic today. As you say his gynaecomastia has been a bit more painful of late. He feels the swelling might have improved. He continues to smoke cannabis on a daily basis although does reckon he has cut down from before.

On examination he does have some breast tissue on both sides with no concerning features. Blood tests previously were normal.

I have encouraged him to continue to cut down the cannabis and given him general advice regarding the pain. Surgery is not really an option while he is continuing to use cannabis as he will have recurrence quite quickly.

We have not arranged to see him back routinely but would be happy to do so should there be further concerns.

Yours sincerely

Mr [redacted] D [redacted]
Consultant Breast Surgeon

MDB/KD

NHS Lothian - St John's Hospital at Howden - Radiology Clinical Report

Patient	John Brown 17 Oak Grove Livingston West Lothian EH54 5JD	**CHI** **Date of Birth** **Sex** **UHPI**	**1705831133** 17/05/1983 Male 800573588M
Requestor	RJ O'Reilly The Craigshill Partnership	**Visit Number** **Date of Examination**	20981343 22/05/2015

XR Toe Great Rt

Clinical details

XR Toe Great Rt
Clinical Details were not entered electronically

Report

No bone injury.

Reported by Dr [redacted] J M [redacted]
Consultant Radiologist
GMC 2341770

Reporting Radiologist: Dr [redacted]

NHS Lothian - St John's Hospital at Howden - Radiology Clinical Report

Patient	John Brown 17 Oak Grove Livingston West Lothian EH54 5JD	**CHI** **Date of Birth** **Sex** **UHPI**	**1705831133** 17/05/1983 Male 800573588M
Requestor	RJ O'Reilly The Craigshill Partnership	**Visit Number** **Date of Examination**	20980581 22/05/2015

XR Knee Rt

Clinical details

XR Knee Rt
and right great toe pleaseThank you for seeing this man who has had a knee injury some time ago and slipped 2 nights ago and injured it further. Since then he has loss of extension of 20 degrees and it feels as if it will give way he is wearing a knee brace. He has pain on the medial aspect of his great toe at the 1st MTPJ also but cannot recall any trauma. / Knee right

Report

No fracture. No joint effusion.

Reported by Dr [redacted] J M [redacted]
Consultant Radiologist
GMC 2341770

Reporting Radiologist: Dr [redacted]

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, SJH**

PATIENT: BROWN, JOHN **UPI:** 1705831133 **CHI:** 1705831133
DOB: 17/05/1983 **SEX:** M **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre **SENDER:**
CLINICAL DETAILS: PINS AND NEEDLES.

[redacted] Collected		01/09/14	27/07/15
Time Collected		11:16	11:56
Date Received		01/09/14	27/07/15
Time Received		16:56	16:07
Specimen Number		SH833960	SH028821
Haemoglobin	135-180 g/L	161	152
Red cell count	4.5-6.5 10 ^12/	5.17	4.95
Haematocrit	0.37-0.49 Ratio	0.470	0.442
Mean cell volume	78-98 fl	91.0	89.0
Mean cell Hb.	27.0-32.0 pg	31.1	30.7
Mean cell Hb conc.	310-360 g/L	343	344
White cell count	4.0-11.0 10^9/l	6.8	8.9
Neutrophil Count	2.0-7.5 10 ^9/L	2.77	3.63
Lymphocyte Count	1.5-4.0 10 ^9/L	3.12	3.87
Monocyte Count	0.2-0.8 10 ^9/L	0.42	0.76
Eosinophil Count	0.04-0.4 10 ^9/	0.46	**0.56**
Basophil Count	0.01-0.1 10 ^9/	0.06	0.07
Platelet count	150-400 10 ^8/l	256	257

COMMENTS:

[redacted] **PRINTED:** 28/07/2015
TIME PRINTED: 11:58

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine **Biochemistry, SJH**

PATIENT: BROWN, JOHN **UPI:** 1705831133 **CHI:** 1705831133
DOB: 17/05/1983 **SEX:** M **CONSULTANT/GP:** Dr Alexander J Kelly
SOURCE: Craigshill Health Centre **SENDER:**

CLINICAL DETAILS: PINS AND NEEDLES.
Patient is not known to have a thyroid condition.

Date Collected		01/09/2014	01/09/2014	01/09/2014	27/07/2015	27/07/2015
Time Collected		11:16	11:16	11:16	11:56	11:56
Date Received		01/09/2014	03/09/2014	03/09/2014	27/07/2015	27/07/2015
Time Received		16:10	16:13	17:01	16:12	16:16
Specimen Number		SB265057H	HB5115595G	HB5115740	SB6049301	SB6049787
HCG (Tumour)	0-5 U/L		<5.0			
Urea	2.5-6.6 mmol/L	3.8				3.8
Creatinine	60-120 umol/L	74				71
eGFR (/1.73m2)	ml/min	>60				>60
Sodium	135-145 mmol/L	142				140
Potassium	3.6-5.0 mmol/L	4.7				4.2
Glucose	mmol/L				4.1	
Spec type Rand/Fast Limits					Rand(<11)	
Bilirubin	3-21 umol/L	7				14
ALT	10-50 U/L	26				47
Alk.Phos	40-125 U/L	63				68
GGT	10-55 U/L	21				22
Albumin	30-45 g/L					39
Calcium	2.1-2.6 mmol/L					2.33
Adjusted Calcium	2.1-2.6 mmol/L					2.35
Vitamin B12	180-3000 ng/L					387
Serum Folate	2.8-20 ug/L					3.5
TSH	0.2-4.5 mU/L	1.9				1.7
Free T4	9-21 pmol/L	12				12
LH	0.6-9.8 U/L	3.9				
FSH	1.0-10.0 U/L	4.8				
Prolactin	60-500 mU/L	124				
Oestradiol	0-160 pmol/L	58				
Testosterone MS	10-30 nmol/L			16.3		

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 28/07/2015
TIME PRINTED: 12:00

Specimen type is serum, plasma or blood unless otherwise stated

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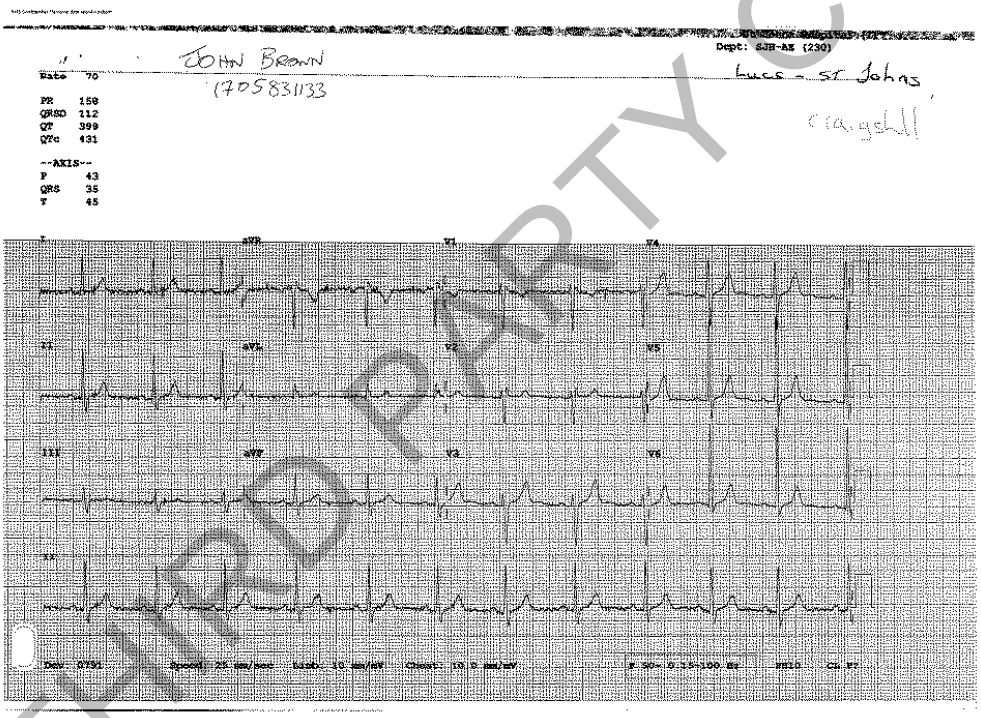

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NHS Lothian Unscheduled Care Service

adastra

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Patient : John Brown **Case No 26485**
(Gender: Male) (DOB: 17/05/1983) (Age: 32 years) (CHI: 1705831133)

Case No 26485 **Case Date** 16/04/2016 17:23
Emergency Care Summary viewed on case

Current Address
4 [redacted] Grove

Livingston
EH54 5JT
Current Phone 01506 790091

Home Address (If Different)
17 Oak Grove

EH54 5JD
Home Phone (If Different)

Case Type Treatment Centre PCC
Call Origin NHS24 **Tel** **Name**

Reported Condition

NHS 24 Advice by (User) (Cardonald)
CHEST PAIN. 8 HOURS. SEE AV
PRSSURE AND PAIN ON LHS OF CHEST. PAIN AND PRESSURE IN LEFT SHOULDER. DIZZINESS. PAIN WORSENING. ({User} {Cardonald})

CALL T/O BY NP L[redacted] - ADVISED PCEC 1 HOUR ({User} {Cardonald})

PCC2 PCEC within 1 Hr

Clinical summary created by: (User) (Cardonald) [16/04/2016 17:37:48]
CHEST PAIN FOR 1 HOUR AND PAIN IN LEFT HAND SIDE OF CHEST - MOVING UP TO LEFT COLLAR BONE AND SHOULDER. STATES FEELS PRESSURE ON AREA WHERE PAIN IS. NO INJURY. STATES PAIN EASES WHEN PRESSURE APPLIED TO CHEST. WORSE ON BENDING OVER. SHORT OF BREATH DUE TO PAIN. NO COUGH. NO FEVER. NO VOMITING. CLINICIAN ADVISED PCEC 1 HOUR. HUB APPT FOR 18:15 ST JOHNS.

Triage Start 17:26
Triage End 17:39

Pocket Aremote Consult by
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by Mcfarlane, J, A
Start Type Treatment Centre PCC **End Type** Treatment Centre PCC
Consult Start 18:19
Consult End 18:59

History
History difficult to ascertain clearly. Woke up this morning with pain in L side of chest and L shoulder, has had some intermittent paraesthesia in L shoulder and arm today (4 episodes lasting 5-15 mins) now has stiffness in arm and shoulder. ? symptoms of mild RTI earlier this past week. ? feverish today. No cough no phlegm.
PMH : mild asthma, has used both inhalers today. [redacted] had MI at age 29 was diabetic.
[redacted] salbutamol and clenil (not on ECS)
Allergies, : ? dihydrocodeine, ? headache related to it , unclear.

Examination
In pain with stiffness of L shoulder, No rashes. Chest clear. BP 128/74 O2 sats 98%, T 37.1

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 16/04/2016 19:30:43

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Patient : John Brown	**Case No 26485**
(Gender: Male) (DOB: 17/05/1983) (Age: 32 years) (CHI: 1705831133)	

HS I+II+0, bilateral gynaecomastia

Diagnosis
Likely MSK pain affecting L shoulder and muscles

Treatment
ecg, normal. P; given co-codamol 30/500 1-2 qds for pain relief. rest and getle mobilistation , avoid lifting heavy items until better Worsening advice given , r/v prn if no better/worse over the weekend. See GP to follow up asking if it is a work related problem , does lot of heavy lifting in fast food outlet.

Prescriptions

Informational Outcome(s)
Discharged With Meds, Safety Net & Contact GP -

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MULTI PURPOSE CHILD PROTECTION FORM

NHS Lothian

(Please specify)	
New Referral	X
Transfer	
Update Report	
Supervision Session	

Family Name:	BROWN	File No:
CHI	Child(ren) Forename/Surname	Family Address(es)
31/08/17 5688	Ella	4 [redacted] Grove Craigshill EH54 5JT
04/10/13	Josh	Same
CHI	Mother's full name	Address/Same/Unknown – please state
10/12/88 1229	[redacted]	Same
CHI	Father's full name	Address/Same/Unknown – please state
17/05/83	John Wayne Brown	Blackburn Homeless
CHI/DOB	Other Adults in Household	Relationship to Child

Name of Caseholder	Address	Tel No
Helen Boxall	CRAIGSHILL HEALTH CENTRE LIVINGSTON	01506 432621 Ext 142

Transfer of Case to: Name and details of Health Visitor or School Nurse

Name and Role	Base Address	Tel No

Current Status (please specify all): Yes or No and Date			
Cause for Concern:	YES	Children's Hearing:	
Previous Cause for Concern:		Supervision Requirement/(I)CSO:	
Child Protection Registration:		LAC /LAAC (specify):	
De–registered from CPR:		Previously LAAC/SR /ICSO/CSO:	
Previously on CPR:		Date of LAAC Review:	
Other please specify:			

Professionals Involved (eg GP, SW, MW)

Name	Base	Tel No
GP Dr [redacted]	Craigshill Health Centre Livingston EH54 5DY	01506 432621
Miss [redacted] H/T	Riverside Primary Craigshill	
SW CPO Team [redacted]	CJ SW Team Civic Centre Livingston	

Document Title Multi Purpose Child Protection Form Version 2.0
Date Created Jan 2014
Review Date Jan 2016

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DASAT Advocacy worker [redacted]		
What is your pattern of contact?		
State how often you see the child(ren)/family and the date that you last saw them in their home environment. If not seen at home, please add additional information		
Last seen at home 14th February. Arranged to review in 2 months-Mum will contact sooner if required		
Assessment: **Does the child(ren) meet the Wellbeing Indicators?** **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included** **In accordance with the GIRFEC National Practice Model**		
How the child is growing and developing		
[redacted] now 18 months old and no concerns re health and development evident at any recent home visit. Last formal assessment at 14 months- Attended with [redacted] for 13-15 month review. Review carried out using ASQ and ASQSE tools. Development age and stage appropriate and ASQ scores reflective of this. No parental concerns and no concerns observed. [redacted] out of sorts today, [redacted] thinks may have virus as older [redacted] has had cold and cough. Walking unaided but preferred to stay on mum's knee today which is unlike Ella, showed a little interest in the toys but then returned to [redacted] Weight 11.16kg 79.5cm. Eating wide range of family foods. Discussed impact of prolonged bottle use and encouraged cup. Oral health discussed-provided dental pack, [redacted] already registered with dentist and has attended. Sleeping well overnight. Provided Ready Steady Toddler and Play at Home Toddler. Provided Book bug Bag. [redacted] attending lots of local groups/activities with [redacted]		
What the child requires from people looking after them		
Ella is always well dressed and has been observed interacting very positively with her [redacted] The house is warm and clean and there are lots of age appropriate toys available for Ella. [redacted] takes Ella to lots of local preschool activities at the [redacted] drop in and is keen for her to go to playgroup and nursery when she reaches that stage. Mum has only recently disclosed how much contact she has been having with Ella's [redacted] and how afraid she is of him. He has been stalking and harassing her for the last year. [redacted] have reported that [redacted] does not appear to understand the severity of the offences committed against her. In January [redacted] reported to [redacted] that John was attending the home address almost daily uninvited, [redacted] had not told him to leave as she was scared of the consequences. John is very controlling towards [redacted] controlling when she can see her [redacted] and constantly phoning and messaging her sending her threats of violence. Over the course of the past 4 days [redacted] had over 20 missed calls from John and around 5 voicemails from John being very abusive and even one of the messages saying he was going to "Kick her head in". She has also received multiple more phone calls and voicemail from John over the past couple of months but she does not have access to these anymore and have dropped of her phone. [redacted] is trying to save the voicemails and get these over to officers. Officers have however heard the initial voicemails from John, Statement has been taken and suitable safety advice given regarding changing the locks on her door as John does have keys to the home. T/C from duty s/w dawn Brannon to discuss. Dawn advises that [redacted] has been assessed by DASAT as being at high risk of ongoing harm. [redacted] behaviour very unpredictable and [redacted] says that she is frightened of him. Doesn't know what he is capable of when he is angry. Doesn't feel strong enough to turn him away. [redacted] is the victim of physical and psychological abuse.		

Document Title Multi Purpose Child Protection Form Version 2.0
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The Wider World

Both [redacted] have extended family living locally who are aware of the family situation and have been helping [redacted] arrange contact between the children and John

John has recently been charged with a Section 39 offence (stalking) and if found guilty the courts will automatically [redacted] a non-harassment order. [redacted] has been to see a solicitor to try to formalise contact arrangements as she is aware that John's behaviour is very different when there are bail conditions or court orders and wants that protection for herself and the children.

[redacted] attends Letham Primary.

What are the Risk Factors?
In accordance with use of Resilience Matrix/GIRFEC NPM

- [redacted] coercive, controlling and violent behaviour
- [redacted] vulnerability in failing to recognise the severity of the offences committed against her
- DASAT has assessed [redacted] and the children as being at high risk of harm-John's behaviour is very unpredictable and [redacted] is very frightened of him but doesn't feel strong enough to turn him away
- [redacted] has declined a [redacted] alarm as she has stated that she has a mobile phone and will call the [redacted] if she feels threatened
- [redacted] was the victim of an assault to severe injury by John for which he was charged and convicted in 2012

What are the Protective Factors?
In accordance with use of Resilience Matrix/GIRFEC NPM

- Bail conditions are currently in place
- Family are supporting [redacted] with contact arrangements
- [redacted] is now being much more open with professionals re John's behaviour
- [redacted] provides a high standard of care for her 2 children

[redacted] attends Letham Primary

What are the Gaps/Barriers to achieving the Wellbeing Indicators?
Discussion and Analysis

Laura feels less vulnerable at present as John has been compliant with the bail conditions. Depending on the outcome of the court case, John's behaviour may change.

What is the plan to achieve the Wellbeing Indicators?
The plan should state expected outcomes; include timescales (SMART) for interventions and contingencies

HPI Additional cause for Concern
Home visits-approx 2 monthly
[redacted] encouraged to contact HV as required

Signature of Caseholder:	[redacted] Boxall	**Signature of Supervisor: (if supervision session)**	
Date:	29/03/19	**Date:**	

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West Lothian Health & Social Care Partnership
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NHS Lothian | West Lothian Council

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Craigshill Health Centre
Ettrick Drive
Craigshill
LIVINGSTON
EH54 5DY

Homeless Health Team
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Tel: 01506 282

Ref: JB/LM
Date: 04/07/2019

Dear Dr,

Re- John [redacted] Brown, c/o 38 [redacted] way, Knightsridge

D.O.B.:- 17/05/21983
I am writing to inform you that I met with John on 02/07/2019@11.00 at the civic centre following a referral from [redacted] Mahon HNO

I have attached a copy of our mental health assessment for your information ;I have also referred him for an urgent review by the Psychiatrist and referred him to Psychology should you wish to discuss this further please do not hesitate to contact me.

Yours sincerely,

S/N L. Mhan, RMN

S/N Lorraine [redacted] CPN

Enc.
c.c. [redacted]

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Primary Care/ Psychological Therapies Service
Initial Assessment

Tel no: 01506 282810

Responsible Clinician: Lorraine [redacted] CPN

NHS Lothian

Base: Homeless Health Team, Civic Centre, Livingston

1. Personal details

Date assessment commenced: 02/07/2019@11.00

Surname	Brown
First name	John [redacted]
Preferred name	
CHI	
Date of birth	17/05/1983
MHI	
Address	c/o 38 [redacted] Way
	Knightsridge
	West Lothian
Postcode:	
Telephone no:	07541763966

Sex:	Male
Title:	Mr
Surname at birth:	
Other previous surname:	
Ethnic group:	White Scottish
1st language	English
Interpreter required?	No
Occupation:	F/T KFC Kitchen Worker
Religion / beliefs:	RC
Address type:	Sofa-surfing
UK Resident last 12months:	Yes

2. GP details

Practice	
Practice address	Craigshill MP
Postcode:	
Telephone no:	
Last attended GP	2 months ago

3. Next of Kin

Name:	None
Relationship:	
Address:	
Postcode:	
Tel No:	
Referred By	[redacted] Mahon HNO
Referral Date:	21/06/2019

Alerts (e.g. Allergies, Safety issues)

Supports in place:

Homeless Officer : [redacted] Mahon HNO
[redacted]

NHS Confidential: Personal data about a patient

Name	John Brown	CHI:	170583...

3. Reason for Referral

History of presenting problems (Inc. referrers diagnosis and the person's view of the problem)

John presented homeless recently as he has been sofa-surfing with various friends for the past 4 years as he was evicted from his Almond housing tenancy in Craigshill due to rent arrears.

4. Assessment

Spiritual beliefs / Coping skills and strengths:

None

Current Social circumstances:

Relationship breakdown 3 years ago after being together for 10 years

2 Children 1 [redacted] aged 2 years old and 1 [redacted] aged 6 years old who stay in Craigshill

1 [redacted] 12 years old to a previous relationship who stays in Edinburgh

[redacted] stays in Edinburgh no contact with her for the past 4 years/ [redacted] died when John was 17 years old (stated he was very close to him)

Stated his [redacted] died in 1994

1 [redacted] and 3 [redacted] no contact since he was 12 years old

Poor reading and writing skills

Education/Brief employment history(is the persons employment at risk):-

KFC for the past 4 years

Asda Café/ [redacted] and Lawn

Self-care / Home management:

Interests / Social and Leisure pursuits:

Fishing/ Gold panning

Early experiences/Early social history/Relationships with family

Stated when he was 7 years old he was raped by a [redacted] and he has found this difficult to talk about/ No [redacted] involvement

Stated when he was 10 years old his [redacted] were trying to get him to deliver drugs for them and when he refused they accused him of sexual assault against another child/ Case went to court and he was found not guilty but "he feels this has stuck to him for years /called a Beast"/ Stated he had petrol bombs flung through his window and constant harassment from [redacted] stated he has had constant night mares since.

Brought up in Edinburgh/ stated his [redacted] was very physically abusive towards him all his life/ wet the bed when he was younger/ Stated he witnessed a lot of Domestic Abuse

Stated he left the family home when he was 12 years old and went into care, not seen his [redacted] since/ went into Foster care when he was 14 years old and stayed in Eliburn until he left and got a house in Fauldhouse where he was threatened with knifes and attacked "because he was a newcomer"

Current mental state examination (Please include examination of:- Mood, Appearance & Behaviour, Speech & Communication, Sleep pattern/Energy levels/Motivation/Appetite, Concentration/Attention span/Memory recall (Short term and long term memory function), Suicidal ideation (Further details also required in Section 5/Risk assessment), Thought content/Abnormal beliefs/Abnormal experiences/Thought disorder

Stated his sleep pattern has been poor for years and he only sleeps for about 1hr/night. Appetite is poor and stated he hardly eats anything during the day as he gives most of his money to [redacted] for his children. Stated he is anxious++ every day and he has panic attacks 4/5 times a day. Stated he has regular suicidal thoughts and that 9 days [redacted] he wanted to jump in front of a car or lorry and it was only because he received a call from one of his children which stopped him acting on his thoughts. He stated that 6 months ago he tried to hang himself from a tree but "the rope broke". No DSH. Stated he saw his GP 2 months ago and he started Fluoxetine 20mg but he has since stopped taking these as they make him too drowsy and he is not able to work. Stated he feels his mood is always very low and he feels angry a lot of the time especially whilst at his work.

HAD's Anxiety 16 Depression 15

Past Psychiatric history:

Stated that when he was 10 years old he saw a Psychiatrist when he was accused of sexual assault

Any known family psychiatric history: Doesn't know much about p[redacted] MH as no contact since he was 12 years

old

Previous Psychological therapies /Self-help / Matched care interventions (From whom and when?):

No

Physical health issues (Self or family history:-Asthma, COPD, Diabetes, Heart Disease, Cancer…)

Asthma

Have you had A mammogram (women over 50 yrs) ☐

A cervical smear (women, aged 20-60yrs) ☐

A flu vaccine for those with chronic health conditions / respiratory disease / pregnant ☐

Do you Check yourself for lumps in your breasts ☐

Check yourself for lumps in your groin (men)

☐

Current medication (include date when started, include over the counter medicines, name, dosage, concordance, previous medications):

Fluoxetine 20mg (stopped taking this 2 weeks ago as it was making him fall asleep) Ventolin Inhaler

Current Alcohol use (note quantity, units if known, frequency):

Stated he has been drinking at least 2 beers every day/ escalated lately

Past history of alcohol excess/ misuse (document details, including any previous treatment, fits/seizures):

Stated he has abused alcohol since he was 10 years old

Risk of dependence/ withdrawal complications: ☒Yes No ☐

Smoker: Smokes tobacco 5-6 per day

Other substance use: He has used Cocaine, Ecstacy ,Base and cannabis since he was 12 years old stated he stopped using all drugs but Cannabis 6 years ago. He owed £25,000 to drug dealers which he paid back in Full and he stated he stopped using Cannabis 2 ½ months ago but still feels drawn to use this.

Prescribed opiate substitute? ☐ Yes No ☒ If yes: Details of who prescribes and who dispenses:

Risk of dependence/ withdrawal: ☒ Yes No ☐

Risk of blood borne virus
(if previous drug user / sexually active / in same sex relationship): ☐Yes No ☒

5. Risk Screening

Current Risk to self (e.g. suicide, self-harm, driving):

Stated he has daily thoughts re suicide but no plan or action

Yes ☐ No ☒ Unknown ☐

Previous episodes of suicide attempts / previous deliberate self-harm:

Tried to hang himself from a tree 6 months ago/ Thoughts re running in front of a car or lorry 9 weeks ago

Risk to children (e.g. neglect, abuse) No Yes ☐ No ☒ Unknown ☐

No

Contact details Health Visitor: Informed: ☐Yes Date: No ☒

Contact details Social Services: Informed: ☐ Yes Date: No ☒

Risk to others Yes ☐ No ☒ Unknown ☐

(e.g. Any forensic history, aggression, violence, driving, access to weapons, supervision failure):

Stated [redacted] accused him of stalking her and he was charged with Domestic Breach of the Peace in May 2019 1 ½ years probation and 160hrs community service / Allocated a CJSW Bob McGowan

Risk from others (eg. abuse, exploitation, domestic violence)

No

GBV Routine Enquiry assessed: Yes ☐ No ☐ Data entered onto Pims: Yes ☐ No ☐

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Name: John Brown CHI: 170583....

Further investigation required? Yes ☐ No ☐ By Whom?:

Risk of neglect (e.g. health, alcohol/substance use, personal):
Poor personal hygiene/ Not changing his clothes or showering/ Abusing Alcohol
Yes ☐ No ☒ Unknown ☐
Further investigations required? Yes ☒ No ☐ By whom? Occupational therapy, social work, GP.

Risk due to physical impairment (e.g. memory, sensory): Yes ☐ No ☒ Unknown ☐
No
Further investigations required? Yes ☐ No ☒ By whom?

Sources of information available/used: Patient only
If other please specify:
If any Third party information is it documented/filed separately in Case notes: Yes ☐
Is Level 2 Risk Assessment indicated? Yes ☐ No ☒ **Responsible team:**

Assessor – Name/Grade: S/N Lorraine McLean , RMN **Signature:** S/N L. McLean RMN **Date:** 02/07/2019@11.00

6. Summary & plan

Formulation /Diagnosis:

John presented homeless after he was evicted from his last tenancy 4 years ago due to rent arrears. He has been sofa surfing with various friends since. He has had regular suicidal thoughts where he tried to hang himself 6 months ago "but the rope broke" and 9 days ago he had thoughts about running in front of a car or lorry on the motorway and he stated one of his children called him and this stopped him from acting on his thoughts. I have provided him with information re Samaritans, Breathing Space, Duty GP,A/E and my contact details and encouraged him to contact if suicidal or DSH ideas return. He attended his GP about 2-3 months ago and he stated he was commenced on Fluoxetine 20mg but they were making him very sleepy so he stopped taking these 2 weeks ago as this was impacting on his work. He has agreed to commence some anxiety management and to be shown relaxation and breathing exercises to try and reduce his anxiety. His MH has deteriorated lately due to finding it hard coping with his work, lack of housing and lack of money. He stated he has constant flashbacks to his childhood and experiencing physical abuse from his [redacted] being accused of sexual assault when he was 10 years old and he also stated he was raped by a [redacted] when he was 7 years old .I agreed to refer him to Psychology which he was happy about. I also agreed to refer him to a Consultant Psychiatrist to review his medication .I have provided information re the NHS Addictions service drop-in and encouraged him to attend for support staying of Cannabis in the future. He is very unhappy with his job at present and I have provided him with information re A2E and encouraged him to seek advice re future employment and support I have also agreed to E-mail his HNO to try and get a TT ASAP as this is impacting on his MH sofa-surfing with his friends and having no permanent housing.

Does the patient have a treatment preference? Yes ☐ Please detail below No ☒
Patient consents to share information obtained? ☒ Yes ☐ No Further details:
Does the person have information leaflets on the service and Code of Practice / Patient Confidentiality
☒ Yes ☐ No
Is a Crisis plan required? Yes ☐ No ☒ (if Yes please include as part of the Agreed plan below)

Agreed plan (inc. plan to manage identified risks):
I have provided him with information re Samaritans, Breathing Space, Duty GP,A/E and my contact details and encouraged him to contact if suicidal or DSH ideas return
Any actions to be taken by the GP:
Copy sent to GP ☒Yes Date: 02/07/2019 ☐No

PHQ9 Score:- **GAD7 Score:-** **A-16 D-15 DASS Score** (if indicated):
CORE Score Total:- **Other Outcome Scores:-**
Patient given a copy of information sheet about outcome scores and Agreed Plan? ☒Yes ☐No

Assessor – Name/Grade: S/N Lorraine [redacted] ,RMN ,RGN **Signature:** S/N L. McLean RMN **Date:** 02/07/2019@11.00

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West Lothian Health & Social Care Partnership | NHS Lothian | West Lothian Council

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Department of Psychiatry
1st Floor
St John's Hospital
Howden Road West
LIVINGSTON
EH54 6PP

Homeless Health Team
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Tel: 01506 282810

Ref: JB/LM
Date:04/07/2019

Dear Dr [redacted] ,

Re – John [redacted] Brown, c/o 38 Morrison Way, Knightsridge
D.O.B.:- 17/05/1983

I am writing to inform you that I met with John on 2nd July, 2019@ 11.00, following a referral from [redacted] Mahon HNO .This is a copy of our mental health assessment for your information. I would like to refer John for further assessment from a Consultant Psychiatrist . He states he has regular suicidal thoughts but thoughts of his children has stopped him from acting on his thoughts in the past. He stated that he wanted to jump out in front of a car or lorry about 9 weeks [redacted] and if one of his children had not phoned at that time he would have done this. He also stated that he tried to hang himself 6 months ago from a tree but "the rope broke". I have provided information re Breathing Space ,Samaritans, Duty GP,A/E and my contact details and encouraged him to contact if suicidal thoughts return in the future. John is homeless at present as he has been sofa-surfing with various friends for the past 4 years . I have contacted his HNO and asked for a temp tenancy to be provided ASAP. I am concerned re his low mood at present and his heightened anxiety state . He was prescribed Fluoxetine 20mg by his GP 2 months ago but he stated he stopped taking this 2 weeks ago due to the sedative effect this was having on him as this impacted on his employment. I have encouraged him to see his GP ASAP but I feel he needs an urgent review by yourself due to his low mood, anxiety and suicidal ideation. He has had a very traumatic childhood and he has found this very difficult to deal with. I have also referred him to Psychology.
I would appreciate it if he could be further assessed ASAP and his medication reviewed.
Yours sincerely

S/N L. Milan RMN

Lorraine [redacted] CPN

Cc ,GP Craigshill MP
Cc Psychology ,SJH
c.c. [redacted]
Trak

www.westlothianchcp.org.uk

Director: [redacted] Forrest **Chair:** [redacted] Toner

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Department of Psychology
1st Floor
St John's Hospital
Howden Road West
LIVINGSTON
EH54 6PP

Homeless Health Team
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Tel: 01506 282810

Ref: JB/LM
Date:04/07/2019

Dear Psychologist,

Re - Mr John [redacted] Brown.c/o 38 [redacted] Way.Knightsridge
D.O.B.:- 17/05/1983

I am writing to inform you that I met with John on 02/07/2019@11.00 at the civic centre following a referral from his HNO [redacted] Mahon
John has agreed to allow me to refer him to your service due to frequent flashbacks and nightmares he endures on a regular basis after he was physically ,verbally and emotionally abused by his [redacted] throughout his childhood, CSA and further trauma mentioned in my assessment. He has had no contact with his [redacted] or [redacted] since he was 12 years old and he was brought up in [redacted] He is very anxious and hypervigilant when he goes out and he struggles with controlling his anger and feels very overwhelmed with everything on a daily basis . He has frequent panic attacks and he has regular suicidal thoughts. I have also referred him to a Consultant Psychiatrist for further review of his mood and medication ASAP.

I have attached a copy of our mental health assessment for your information; I would be grateful if she could be assessed via Psychology re? 1/1 support re his childhood abuse ,Acute Anxiety ,CSA and constant Flashbacks and nightmares.
Should you wish to discuss this further please do not hesitate to contact me.

Yours sincerely

S/N L. Mihan, AMN

S/N Lorraine [redacted] CPN

Enc.
c.c. [redacted] / TRAK
c.c GP Craigshill MP
cc Dr [redacted] Consultant Psychiatrist

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West Lothian Council

West Lothian Civic Centre
Howden South Road
Livingston, West Lothian
EH54 6FF

Director: Jim Forrest

Chair: Harry Cartmill

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Surname: Brown
First name: John [redacted]
DOB: 17/05/1983
CHI:
or affix patient ID label

CARE PLAN

Team: HHT
Key-worker: S/N Lorraine [redacted]

NHS Lothian

Date: 02/07/2019

PLAN OF CARE	CPA ☐ Standard ☒
Advance statement completed	Yes ☐ No ☒ If Yes ensure filed electronically on TRAK
Staying well plan	Yes ☒ No ☐ WRAP Yes ☐ [redacted] KIS Yes ☐ No ☐
Does the service user identify as a [redacted]	Yes ☒ No ☐
Has the service user been involved in developing the care plan?	Yes ☒ No ☐
Does the service user agree with the proposed care plan?	Yes ☒ No ☐

Identified Goals / Needs
Anxiety
Suicidal and DSH thoughts in past
CSA
Homeless
Low mood
Past Cannabis Abuse
Poor Diet
Poor Personal Hygiene

Planned Care	
Anxiety Management and shown relaxation and breathing exercises	S/N L [redacted] 02/07/2019
Information provided re Breathing Space, Samaritans, Duty GP, A&E and my contact details and advised to contact if suicidal thoughts return	S/N L McLean 02/07/2019
E-mail HNO re ?TT	S/N L [redacted] 02/07/2019
Referred to Psychology	S/N L [redacted] 02/07/2019
Referred to Psychiatryfor urgent review	S/N L McLean 02/07/2019
NHS Addictions leaflet provided for drop-in	S/N L McLean 02/07/2019
Encouraged to improve his diet	S/N L McLean 02/07/2019
Encouraged to improve his personal hygiene	S/N L [redacted] 02/07/2019
NHS Addictions leaflet provided for drop-in	S/N L [redacted] 02/07/2019
Provided leaflet re A2E	S/N L [redacted] 02/07/2019

CPA / Multi Agency Review Keyworker Update May 2017 Review May 2017 REAS AMH QIT

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CPA / MULTI-AGENCY CARE PLAN NAME: John [redacted] Brown CHI: 17/05/1983....

Details of any care provided by family, friend or [redacted]
Details of any support or plans for family, friend or [redacted] [redacted] assessment **Yes** ☐ **No** ☒
If a family member, friend or [redacted] calls can we talk to them about your situation? ☐
Details:

Urgent or crisis contact details		
	Number	**Hours of contact**
Key worker		Daily
Mental Health Team	S/N Lorraine [redacted] 01506-282810	9-5 Mon-Friday
GP	Craigshill MP 01506 432621	9-5 Mon-Friday
NHS 24	111	24 hours
Samaritans	116123	
Breathing Space	0800838587	

	Name	**Signature**	**Designation**
Completed By	S/N L [redacted]		Senior Staff Nurse
Service user	John Brown		Service user
[redacted]			

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CRISIS / CONTINGENCY PLAN NAME : John [redacted] Brown CHI: 170583.....

AGREED CRISIS / CONTINGENCY PLAN

		Action by me	Action by others
Green I am OK or have some signs of stress normal for me	**No symptoms of anxiety/Low mood**	Visit Friends Go for walks Seek Community activities Gym	
[redacted] There are signs things are going wrong for me	**Anxiety Symptoms/Low Mood**	Anxiety Management Info Self Help Mood Juice, Living Life to the Full, Books on Prescription Use Anxiety CD Contact friends Go for walks Gym	
Red I am in crisis or just about to be	**Suicidal or DSH Thoughts**	Contact Duty GP Attend A/E to see on call Psychiatrist Phone helplines Breathing Space/Samaritans Contact CPN	

CPA / Multi Agency Review Keyworker Update May 2017 Review May 2017 REAS AMH QIT

Howden Road West
Livingston
West Lothian EH54 6PP

Lothian

Department of AMH WL - Psych Therapies

Dr RJ O'Reilly
The Craigshill Partnership
Craigs[redacted] Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 22/07/2019
Our Ref 800573588M
CHI 1705831133

Dear Dr O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB: 17/05/1983**

Dear Mr Brown

Outpatient Appointment Letter

Please find details below of an outpatient appointment which has been arranged for you:

Specialty and Consultant: **AMH WL - Psych Therapies, [redacted]sa Albany**
Date and Time: **Thursday 12 September, 2019 at 10:15 am**

The clinic is located in the Psychology Department, on the first floor, at St John's Hospital, Livingston.

If for any reason this date and time is unsuitable, please contact the clerk on the telephone helpline detailed below as soon as possible, who will be happy to arrange another appointment for you.

Please note that if you fail to keep this appointment without notifying this Department in advance, you will not necessarily be given another appointment.
You should also contact the telephone number below if your personal details change, e.g. address, GP, etc

Yours Sincerely,

Psychology Reception
Tel: 01506 523 615

NHS Lothian has introduced automated text reminders to confirm appointments. If you do not wish receive texts, please let us know using the number on this letter.

University Hospitals Division

St John's Hospital at Howden
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of AMH WL - Psych Therapies

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 12/09/2019
Our Ref 800573588M
CHI 1705831133

Dear Dr O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB: 17/05/1983**

Dear Mr Brown

Outpatient Appointment Letter

Please find details below of an outpatient appointment which has been arranged for you:

Specialty and Consultant: **AMH WL - Psych Therapies, [redacted] Albany**
Date and Time: **Thursday 24 October, 2019 at 10:15 am**

The clinic is located in the Psychology Department, on the first floor, at St John's Hospital, Livingston.

If for [redacted] reason this date and time is unsuitable, please contact the clerk on the telephone helpline detailed below as soon as possible, who will be happy to arrange another appointment for you.

Please note that if you fail to keep this appointment without notifying this Department in advance, you will not necessarily be given another appointment.
You should also contact the telephone number below if your personal details change, e.g. address, GP, etc

Yours Sincerely,

Psychology Reception
Tel: 01506 523 615

NHS Lothian has introduced automated text reminders to confirm appointments. If you do not wish receive texts, please let us know using the number on this letter.

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NHS [redacted]

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Ettrick Drive
Craigshill
LIVINGSTON
EH54 5DY

Homeless Health Team
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Tel: 01506 282810
Our Reference: JB/LM
Date: 14/10/2019

Dear Doctor,

Re- John Brown,c/o 38 [redacted] Way, Knightsridge, EH54 8LH

D.O.B :- 17/05/1983

I am writing to inform you that I have now discharged John from our service . He has DNA'd x 2 appointments and I have been unable to contact him via phone and he has not replied to an opt-in sent to him

If you require any further information please contact me on the number above.

Yours sincerely

S/N Lorraine [redacted] ,CPN

c.c. [redacted]
Trak

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Howden Road West
LIVINGSTON
EH54 6PP

Lorraine [redacted]
Homeless Health Team
West Lothian Civic Centre
Howden Road South
Livingston
EH54 6FF

Date typed: 1 November 2019
Our Ref: MA/RM/800573588M
CHI No: 1705831133
Enquiries to: [redacted]
Extension: 53627
Direct Line: 01506 523615

Dear Lorraine,

RE: JOHN BROWN, 38 [redacted] WAY, KNIGHTSRIDGE, LIVINGSTON, EH54 8LH

Thank you for your referral of Mr Brown to the Psychological Therapies Service. Unfortunately, he failed to attend an appointment on the 24th October 2019. However, I took the opportunity to review the assessment that had been provided and any updates on TRAK.

From this information it seems that there is a number of indicators that Mr Brown would not be in a position to undertake psychological therapy at this point in time. It seems important for the following reasons that he is seen in the first instance by psychiatry - there is indicated a risk to self and others and at present and it sounds like he has little in the way of stability. Some stability is a criteria for our service.

From his records it seems he is sofa surfing and there seems to be some reference to his alcohol use escalating at this point and he has been given information about engaging with the Addiction Services. It appears that he has little in the way of stabilisation around his emotional regulation and he has also disengaged from CPN which is some indicator to us about his readiness in terms of engaging with psychological therapy.

Once he has been seen by psychiatry we would recommend that if psychological therapy is to be considered, that he is put forward for CMHT input given his complex needs. This is in order to enable psychological therapy to be safe and effective as it can be unsettling as I'm sure you are aware.

I hope this letter is helpful. If there is a change in his presentation and some positive engagement with services, he may be suitable for re-referral. However at this stage, we will be discharging Mr Brown from our service.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

Dr [redacted] Albany
Clinical Psychologist

c.c. Dr O'Reilly, Craigshill Health Centre, Craigshill Road, Livingston, EH54 5DY

c.c. Dr [redacted] Consultant Psychiatrist, OPD5, SJH

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NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 23/03/2020

Emergency Discharge Summary

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (36 years)
		UHPI	800573588M
		A&E Attendance Number	E4425662
Attendance Date	22/03/2020		
Attendance Time	22:31		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	22/03/2020		
Discharge To		**Final Triage**	3 - Urgent
		Attendances in the last 12 months	1

Dear Dr O'Reilly

Presentation: Injury of shoulder / arm / elbow / wrist/ hand, left hand punture wound Metal Wire punched caught palm of Left hand. 5p in

size. Not actively bleeding at triage. Paracetomol given at triage.

Diagnosis: Wound : lac / incised / bite : hand

Procedures: None

Drugs given in A&E: None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

CLINICAL NOTES:
Clinical note: 36/M

PC Accidental injury to L hand palm from a metal spring. Impact on centre of his L palm.

Circular wound approx 1cm diameter with skin break on one half, some underlying fat seen. No active bleeding
Hand compartements soft, FROM flexion
Tender just around the wound
No swelling, deformity, FB sensation
W/VP hand
No other injuries

Washed with tap water and glued/steristripped
Given 7 days of CoAmox
Declined revaxis due to needle phobia - pros and cons explained
Strong worsening statement given

Lakshay Chanana
EM RegistrarAny queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Lakshay Chanana, Doctor

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MENTAL HEALTH TRIAGE SERVICE
OPD5 Department
St Johns Hospital Livingston EH54 6PP

Dr Carolann [redacted] (Locum GP)
Craigshill Health Centre
THE MALL
CRAIGSHILL ROAD EAST
LIVINGSTON
EH54 5DY

Date: 22/11/19
Ref: DA1705831133

Dear Carolann [redacted]

RE: MR JOHN BROWN
DOB: 17/05/1983 **CHI:** 1705831133

Thank you for your letter referring the above named patient. This was discussed at the Multi-disciplinary Mental Health Triage meeting.

Mr Brown is on the Psychiatry waiting list, who will review in the first instance.

We hope the above is helpful. Please do not hesitate to get in touch should you wish to discuss.

Yours sincerely

On Behalf of Mental Health Triage Team
Health Records: 01506 523615

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[redacted]

From: [redacted] Gillian on behalf of Community Wellbeing Hubs
Sent: 10 December 2020 13:17
To: Clinical GP Craigshill Partnership (Livingston)
Cc: Community Wellbeing Hubs
Subject: FW: RE: Please refer to secondary care
Attachments: Brown John 1705831133 Secondary Care Referral 09122020.pdf

Please accept my apologies as original email stated "discharge" however this is a Please Refer to Secondary Care.

Kind regards,

Gillian

Gillian [redacted]
Team Secretary
Livingston & Boghall Community Wellbeing Hubs

The Residencies
St Johns Hospital
Howden Road West
Livingston
EH54 6PP
Direct Dial:01506 524408
Ext: 54408/54409

[redacted] Drive
Boghall
Bathgate
EH48 1SJ

Direct Dial: 01506 652267

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---

From: [redacted] Gillian **On Behalf Of** Community Wellbeing Hubs
Sent: 10 December 2020 13:00
To: Clinical GP Craigshill Partnership (Livingston)
Cc: Community Wellbeing Hubs
Subject: RE: Discharge Summary

Please see attached information regarding your patient.

Kind regards,

Gillian

Gillian Edwards
Team Secretary
Livingston & Boghall Community Wellbeing Hubs

The Residencies
St Johns Hospital

1

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Howden Road West
Livingston
EH54 6PP
Direct Dial:01506 524408
Ext: 54408/54409

[redacted] Drive
Boghall
Bathgate
EH48 1SJ

Direct Dial: 01506 652267

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GP – Please Refer Your Patient To Secondary Care

Please add [redacted] Code #9N2v to your clinical system if you wish to capture data for your own information, or go back into the original entry of '#8Hc2 referral to Primary Care Mental Health Team' and add 'attended' in the comments box.

Following assessment the patient below does not meet the Hub criteria and an onward referral to Secondary Care has been advised by one of the senior clinicians.
The patient has not been advised to re-present to the GP to be referred on.
A SCI Gateway referral needs to be made by the GP, summarising this letter and providing information on past medical history and medication.

Name: John Brown	CHI No: 1705831133
Date of Initial Assessment: 30/10/2020	

Reason(s) patient attended the Hub:

'To feel normal, not feel fear'.
Long term depression and anxiety since aged 9/10 (27 years).
Depression: tearful, angry, low self esteem.
Anxiety: overthinking, ruminate, everyone against him.
Suicidal, thoughts, [redacted] plan, children are protective factor. Self harm: punch self, bite fingers, take skin off.
Experiences flashbacks to frequent childhood physical and verbal abuse by his [redacted]
Struggling with eating and sleeping: not eaten in 3 days, 5 hours sleep in past 3 days.
Three children, [redacted] (13) attempted suicide eight weeks prior to Mr Brown's assessment.
Presently on probation for three domestic abuse charges.
Ongoing drug use 0.5g cannabis per day (was 7g).

Reason(s) patient does not meet Hub criteria?:
Severe, not mild to moderate.
Not suitable for 6-8 session intervention.
Flashbacks may indicate trauma is part of presenting difficulties.
Active self-harming.

Hub team recommendation(s), including the secondary care service that would best meet the patients needs:
Psychology for assessment.

Staff Present at MDT / Triage Meeting: Alasdair Martin (CAAP), [redacted] Macfarlane (CPN), [redacted] [redacted] (CLW)

Signature: Alasdair [redacted]	Date: 09/12//2020
Designation: Clinical Associate in Applied Psychology	

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NHS Lothian Unscheduled Care Service

adastra.

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Patient : John Brown **Case No 73680**

(Gender: Male) (DOB: 17/05/1983) (Age: 37 years) (CHI: 1705831133)

Case No 73680 **Case Date** 13/01/2021 04:34

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ

Current Phone 07541 763966

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type NHS24 Nurse Advice

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by Viktoria [redacted] (Call Taker Sl) ()
AXILLA PAIN + LUMP - 5/7

Triage Start 04:36
Triage End 04:48

NOA6 Pt advised to contact practice within 12 Hrs - Info Only

Clinical summary created by: Viktoria [redacted] (Call Taker Sl) () [13/01/2021 04:48:42]
Reason for [redacted] AXILLA PAIN + LUMP - 5/7
LUMP APPROX SIZE OF MARBLE, INCREASING IN SIZE OVER 5/7 - BURNING SHOOTING PAIN IN LUMP, PREVENTING SLEEP - Nil CV19 SYMPTOMS - SLIGHT SMOKERS COUGH ONGOING, NIL CHANGE
Confirmed Symptom(s):
Lump in armpit
13:01:2021 04:49:12 CAMERONV.. D/W SCN L EVERY - ADV TREAT WITH PARACETAMOL - CONTACT OWN GP FOR APPT - GP 12..
Outcome: Pt advised to contact practice within 12 Hrs - Info Only

Pocket Aramote Consult by
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by
Start Type **End Type**
Consult Start
Consult End

History

Examination

Diagnosis

Treatment

Prescriptions

Informational Outcome(s)

13/1/21
DR GEMMA JOHNSTON
CRAIGSHILL HEALTH CENTRE
LIVINGSTON EH54 5DY
S46957

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 13/01/2021 05:07:16

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13/1/21
DR. GEMMA JOHNSTON
CRAIGSHILL HEALTH CENTRE
LIVINGSTON EH54 6DY
S46957

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NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 10/05/2021

Emergency Discharge Summary

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (37 years)
		UHPI	800573588M
		A&E Attendance Number	E4702336
Attendance Date	10/05/2021		
Attendance Time	12:34		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	10/05/2021		
Discharge To	GP Care - Require Appt	**Final Triage**	3 - Urgent
		Attendances in the last 12 months	1

Dear Dr O'Reilly

Presentation: lt middle finger inj/lac lac with litchen knife to distal phalanx of left middle finger. actively bleeding at tiage. xray ? depth of wound analgesia at triage not suitable for redirection due to ongoing bleeding. temp dressing applied. ? plastics input

Diagnosis: Wound : lac / incised / bite : finger

Procedures: None

Drugs given in A&E: None

Discharge Drugs:

CLINICAL NOTES:

Clinical note: PC - LHS Middle Finger Pulp Lac

HPC -
- [redacted] cafe
- was using kitchen knife to chop food
- distracted by dogs barking outside
- turned an dknife slipped
- lac to LHS middle finger pulp at distal end
- nil snesorineural defecit
- nil changes in sensation
- full RoM in finger
- nil pain down finger
- full strength in finger
- attended A&E due to bleeding

PMHx -
- multiple previous injuries to bothhands
- needle phobic
- gynaecomastia

DHx -
- As per ECS
- Allergy: codeine

SHx -
- works
- previous cocaine use
- current smoker

O/E:
LHS middle finger distal pulp lac
nil sensorineural defecit
wound egdes opposing well
good movement in finger and hand aswell passive and against strong opposition
distal CRT <2s
NVI

Impression: Pulp lac to LHS Middle finger

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Plan:
Betadine soak
cleaned with saline
closed with steristrips
dressed
to attend GP in 5 days for a wound review
declined revaxis due to needle phobia - pros and cons explained - still declined
home with worsneinga dvice re infection to return if concerned

Sincerely,
Dr. [redacted]
Clinical Fellow
SJH A&E

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

Dr [redacted] MP [redacted] Doctor

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NHS Lothian

Department of AMH WL - Psych Therapies

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigs[redacted] Road
Living[redacted]
EH54 5DY

Date 26/04/2021
Our Ref 800573588M
CHI 1705831133

Dear Dr RJ O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB: 17/05/1983**

Dear Mr Brown

[redacted]**WL - Psych Therapies Waiting List Review Letter**

NHS Lothian are committed to reducing waiting times for all patients. We are currently reviewing our waiting lists and would like to check that an appointment is still needed.

Please contact us on the number below within 14 days of the date on this letter to confirm that you still wish an appointment to go ahead. Please also let us know if any of your contact details have changed or if you have any dates when you would not be available to accept an appointment.

If we do not hear from you we will assume that you no longer need an appointment and we will remove you from our waiting list. We will send a letter to both you and your GP confirming this.

Yours sincerely,

Psychological Therapies Reception
Tel: 01506 523615.

DR. GEMMA JOHNSTON
CRAIGSHILL HEALTH CENTRE
LIVINGSTON EH54 5DY
S46957

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NHS Lothian Unscheduled Care Service

adastra

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Patient : John Brown **Case No 16258**

(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)

Case No 16258 **Case Date** 14/11/2021 20:31

Emergency Care Summary viewed on case

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ

Current Phone 07513 669070

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type Treatment Centre PCC

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by Suzanne Marr (Call Taker SI) ()
BLOODS IN STOOLS 3/7

PCC4 PCEC within 4 Hrs

Clinical summary created by: Suzanne Marr (Call Taker SI) () [14/11/2021 20:42:40]
Reason for call: BLOODS IN STOOLS 3/7
STOOL ARE SOFTER - PAIN IN RIGHT SIDE OF ABDOMEN- EPISODE OF SEVERE PAIN 20 MINUTES AGO - TENDER TO TOUCH. HEADACHE 2/7. NO COVID19 SYMPTOMSConfirmed Symptom(s):
Pain woke or prevented sleep
Pale

Symptom(s) not found:
No travel outside Europe in last 21 days
No fever
No chest pain front or back
Not cold
Not clammy

Risk Factor(s):
No high risk factors identified
No other high risk symptoms identified
No underlying high risk conditions identified

Call Detail(s):

Clinical supervisor: NP H[redacted]
14.11.2021 20:46:39 MARRS.. BLOOD MIXED THROUGH STOOL 3/7 - INCREASED BLOOD TODAY - 1 EPISODE OF DIZZINESS ON STANDING - OUTCOME PCEC 4 HOURS APPT 23:10 ST JOHNS..
Outcome: PCEC within 4 Hrs

Triage Start 20:36
Triage End 20:42

Pocket Aremote Consult by
Start Type **End Type**
Consult Start
Consult End

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 14/11/2021 23:57:23

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Patient : John Brown **Case No 16258**

(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)

Adastra Consult by Hourston, A **Consult Start** 22:54

Start Type Treatment Centre PCC **End Type** Treatment Centre PCC **Consult End** 23:40

History

pc: blood in stool

Concerned as fresh blood in stool. Past 3 days has noticed fresh blood on outside of stool. Also getting stinging, discomfort rectal area after opening bowels, has been using wet wipes. Has also noticed fresh blood on wiping. Also ongoing intermittent right sided abdominal pain, comes and goes, present for months but felt worse tonight. ' feels like a tennis [redacted] came on suddenly then eased. Dizzy spell earlier when standing, short lived and [redacted] further episodes. No hx weight loss, no change in bowel habit, stools soft. Usually opens bowels 3-4 times daily. No hx urinary symptoms

Pmhx: ? IBS- has been prescribed Buscopan for this in the past
meds; nil
Allergies: codine
Shx: smokes cannibis twice daily and 6-7 cigarettes daily
very occasional ETOH

Examination

Looks well
No jaundice or pallor
BO 123/82 Sats 95% RA RR 18 T 36.7C HR 85 reg
Chest clear
abdomen soft
Good AE right=left
abdomen soft
mild RIF, right midzone tenderness deep palpation
No guarding, no masses
No LKKS
BS active
HO intact
PR with consent- chaperone [redacted] ENP
Perianal skin red and inflamed
PR- no masses, no tenderness.no obvious signs fissure
Unable to provide SOU

Diagnosis

?Haemorrhoids
Perianal dermatitis
Ongoing abdomina pain ? IBS/IBD

Treatment

Advised to stop using wet wipes just now
Paracetamol for discomfort
Advised contact GP for f/u to consider bloods/ stool sample due to ongoing abdominal pain- will also bring in SOU
TCA sooner if pain worsening, change bowel habit, fever, increased rectal bleeding

Prescriptions

Informational Outcome(s)

Discharged With Safety Netting Contact OwnGP -

Report Statistics: Report produced by Adastra Version 3 - 14/11/2021 23:57:23

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of AMH WL - Psych Therapies

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 17/05/2021
Our Ref 800573588M
CHI 1705831133

Dear Dr RJ O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB:** 17/05/1983
Address: 115 Beechwood [redacted] Blackburn, Bathgate, West Lothian, EH47 7PJ

Dear Mr Brown

Notification of Removal From the AMH WL - Psych Therapies Outpatient Waiting List

Specialty: AMH WL - Psych Therapies

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that this is no longer required. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely,

Appointments Officer
Tel: 01506 523 615

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Pages:

NHS Confidential: Personal data about a patient

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Surgical Ambulatory Care

Dr O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 19/11/2021

Outpatient Clinic Letter

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI** **Date of Birth / Age** **UHPI**	**1705831133** 17/05/1983 (38 years) 800573588M
Attendance Date			
Consultant	Mr Artur Zanellato		

Dear Dr O'Reilly

Surgical Ambulatory Care Clinic Review Miss Thomasset 19/11/21

PC: RUQ pain
HPC: 38 year old gentleman presented on the 18/11/21 with a one week history of right flank/RUQ pain. Associated with some blood on his stools a few days ago, prior haemorrhoids - not seen on PR at GP. Reports that blood has now resolved. Recent episode of constipation. John also reports that he heard a "ping" in the toilet when passing urine. Associated with nausea but no vomiting. Discharged home overnight to return to clinic today for CTKUB and further review.
INVESTIGATIONS:
NEWS Score 0 BP 128/76, HR 73, RR 17, T 36.7C, SpO2 97% on room air
Urinalysis: negative
Bloods: Eosinophil Count 0.76, otherwise unremarkable
CTKUB: Evidence of right sided tiny parenchymal calculi. Possibly recently passed right sided

calculus.
O/E: looks well from the end of the bed, moving around freely. Reports that pain has improved and now feels more in the right groin area. Abdomen is soft and non-tender, no masses or hernias palpated.
IMPRESSION: recently passed renal calculi
PLAN: Reassured and discharged home with a plan for outpatient flexible sigmoidocopy to further investigate PR blood. Advised that if PR blood returns then he should return to his GP as may benefit from review by Colorectal team while awaiting outpatient flexible sigmoidoscopy.

Shona Mowitt
ANP
General Surgery

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West Lothian
Health & Social Care Partnership
westlothianhscp.org.uk

NHS Lothian

West Lothian Council

Dr. [redacted]
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 12 January 2022
Our Ref: CD\800573588M
CHI No: 1705831133
Enquiries to: Kathryn Watt
Direct Line: 01506 523615

Dear Dr [redacted]

Re: John Brown
CHI: 1705831133

ACTION REQUIRED

Thank you for your referral of the above patient. This was reviewed at the Multi-disciplinary Mental Health Triage meeting on 11 January 2022.

Following review of the information provided in the referral the team has not actioned this referral for the following reason:

- The patient is currently on the waiting list for psychological therapy

We hope the above is helpful. Please do not hesitate to get in touch should you wish to discuss.

Yours sincerely

E-signed

Dr [redacted] Watt
Chartered Clinical Psychologist
Department of Psychology
St John's Hospital

On behalf of the Adult Mental Health Triage Team

Mental Health Triage Service
OPD5 Department
St John's Hospital
Livingston
EH54 6PP

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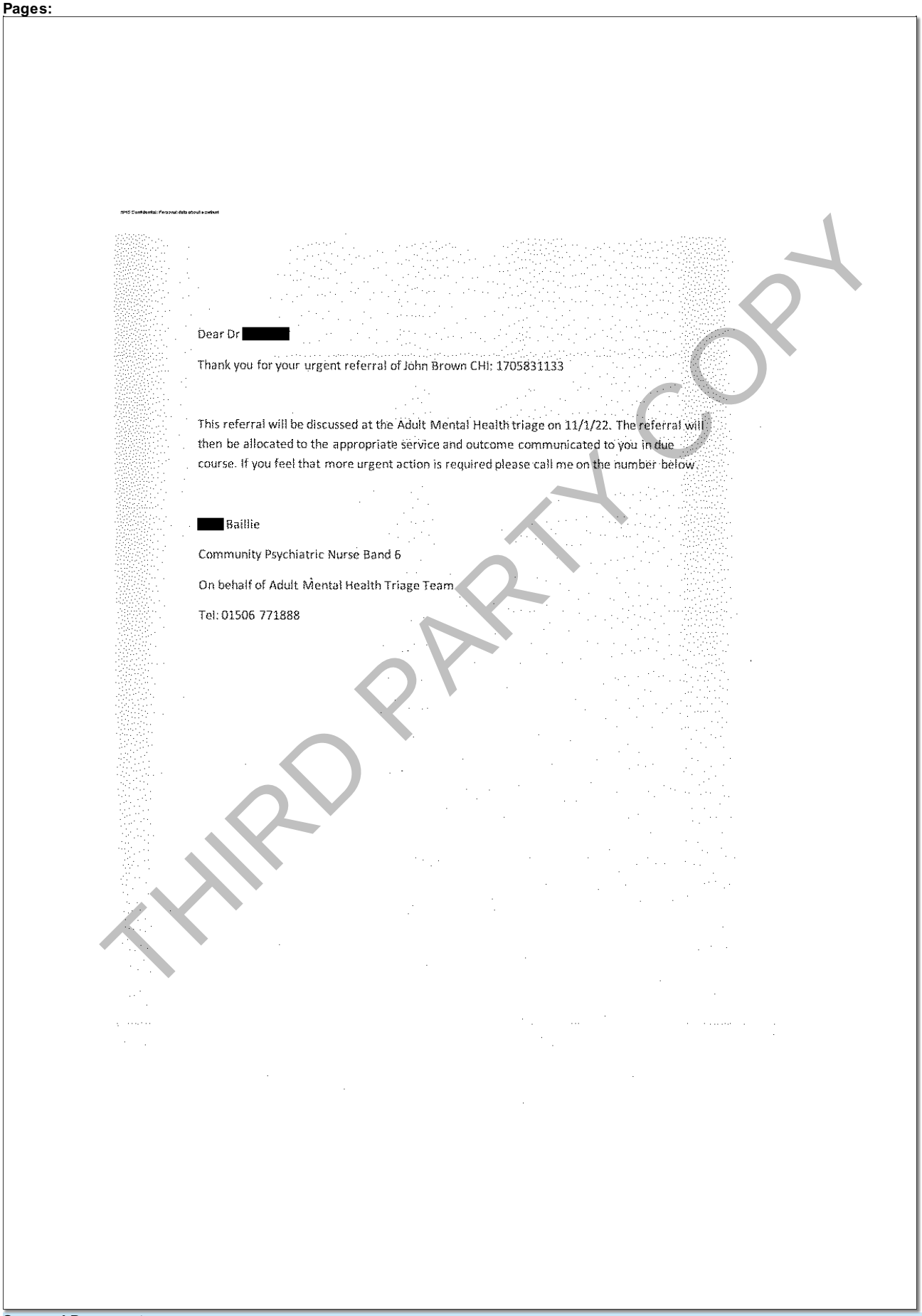

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Dear Dr [redacted]

Thank you for your urgent referral of John Brown CHI: 1705831133

This referral will be discussed at the Adult Mental Health triage on 11/1/22. The referral will then be allocated to the appropriate service and outcome communicated to you in due course. If you feel that more urgent action is required please call me on the number below.

[redacted] Baillie

Community Psychiatric Nurse Band 6

On behalf of Adult Mental Health Triage Team

Tel: 01506 771888

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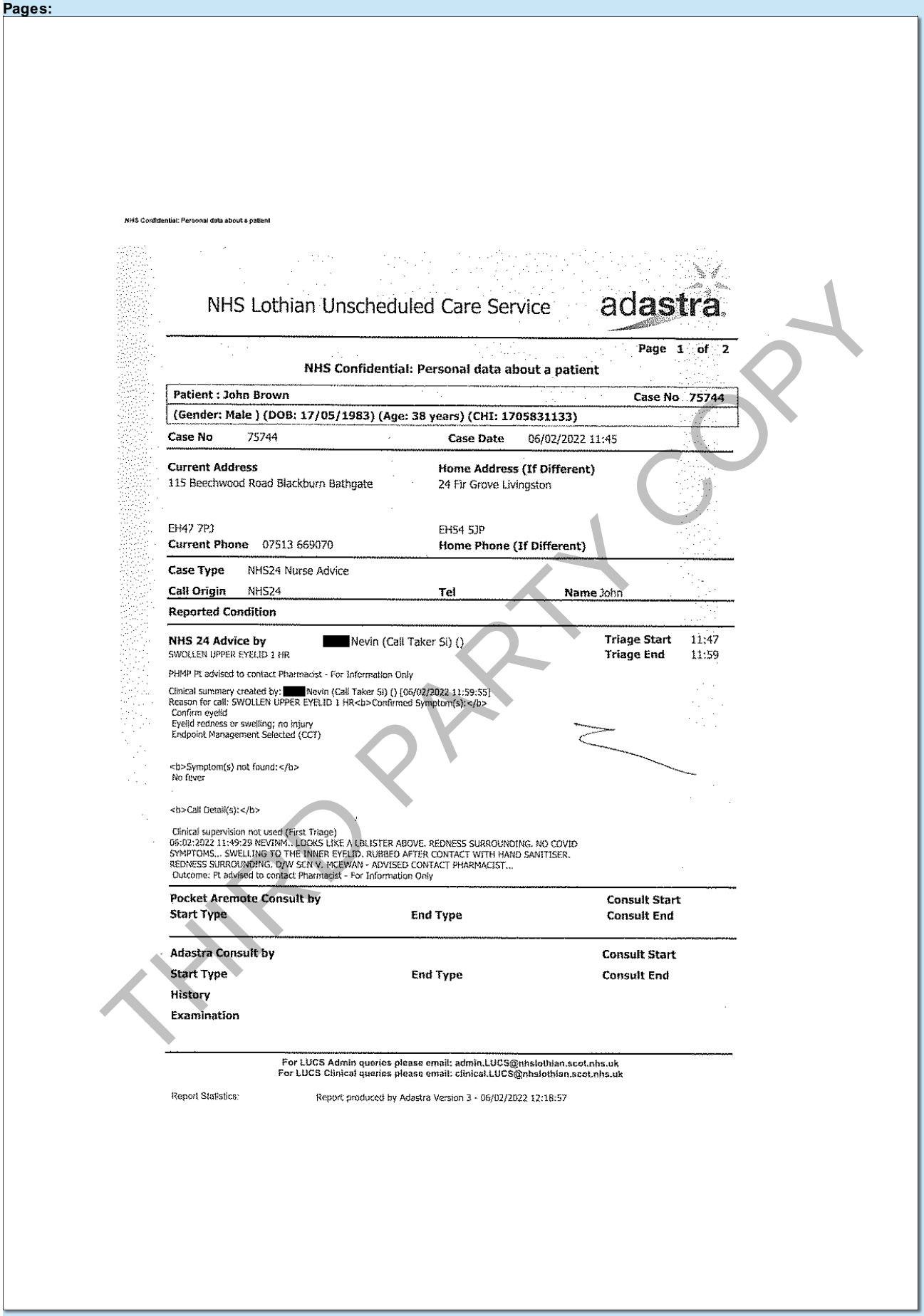
Pages:



NHS Confidential: Personal data about a patient

NHS Lothian Unscheduled Care Service

adastra

Page 1 of 2

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 75744**

(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)

Case No 75744 **Case Date** 06/02/2022 11:45

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ

Current Phone 07513 669070

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type NHS24 Nurse Advice

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by [redacted] Nevin (Call Taker SI) () **Triage Start** 11:47
SWOLLEN UPPER EYELID 1 HR **Triage End** 11:59

PHMP Pt advised to contact Pharmacist - For Information Only

Clinical summary created by: [redacted] Nevin (Call Taker SI) () [06/02/2022 11:59:55]
Reason for call: SWOLLEN UPPER EYELID 1 HRConfirmed Symptom(s):
Confirm eyelid
Eyelid redness or swelling; no injury
Endpoint Management Selected (CCT)

Symptom(s) not found:
No fever

Call Detail(s):

Clinical supervision not used (First Triage)
06:02:2022 11:49:29 NEVINM.. LOOKS LIKE A BLISTER ABOVE. REDNESS SURROUNDING. NO COVID SYMPTOMS... SWELLING TO THE INNER EYELID. RUBBED AFTER CONTACT WITH HAND SANITISER. REDNESS SURROUNDING. D/W SCN V. MCEWAN - ADVISED CONTACT PHARMACIST...
Outcome: Pt advised to contact Pharmacist - For Information Only

Pocket Aremote Consult by **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**
History
Examination

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 06/02/2022 12:18:57

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Patient : John Brown Case No 75744

(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)

Diagnosis

Treatment

Prescriptions

Informational Outcome(s)

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NHS Lothian Unscheduled Care Service

adastra

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 99942**

(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)

Case No 99942 **Case Date** 13/03/2022 17:29

Emergency Care Summary viewed on case

Current Address
37 [redacted] Way Livingston

EH54 8LH

Current Phone 07513 669070

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type MIU Appointment

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by Lukjeet Malhi (Call Taker Si) ()
INJURED L ANKLE 4 HRS AGO

Triage Start 17:30
Triage End 17:45

MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange

Clinical summary created by: Lukjeet Malhi (Call Taker Si) () [13/03/2022 17:45:39]
Reason for call: INJURED L ANKLE 4 HRS AGOConfirmed Symptom(s):
Ankle injury
Increasingly bruised or swollen or increasingly painful despite painkillers

Additional details of problem(s):
Clinical Supervisor: Injuries up to 5 - 7 days can be referred to MIU if required
How ankle injury happened: WASHING A CAR, STEPPED OUT OF A CONTAINER, FOOT TWISTED LARGE STONE.
Ankle pain score of 10
Analgesia taken: TAKEN PARACEMATOL AT 10 MINS

Symptom(s) not found:
No fever
Able to walk
No ankle deformity
No heavy bleeding or bleeding currently controlled

Call Detail(s):

Clinical supervisor: NP R[redacted]
13.03.2022 17:30:46 MALHIL.. NO COVID SYMPTOMS. CALLED GP 5/7. TWISTED ANKLE 2 TIMES AT 1330 AND 1445, FIRST TIME HEARD A CRACK. PAINFUL TO APPLY PRESSURE. APPLIED A TUBI GRIP... WASHING A CAR, STEPPED OUT OF A CONTAINER, FOOT TWISTED OVER LARGE STONE. SWELLING TO ANKLE. CAN APPLY SLIGHT PRESSURE ON FOOT. HAS A BAD KNEE ON R LEG. PAIN WORSENING, TAKEN PARACETAMOL. PAINSCORE 10/10... L ANKLE PALER THAN R, SENSATION NORMAL. WARM TO TOUCH AND RESTRICTED MOVEMENT. UNABLE TO FULLY WEIGHTBEAR. TAKEN PARACETAMOL. D/W NP R[redacted] ADVISED ICE, ELEVATE, REGULAR ANALGESIA, MIU 4 HRS, FLOW HUB TO ARRANGE...
Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

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For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 13/03/2022 18:21:20

NHS Confidential: Personal data about a patient

Patient : John Brown	Case No 99942
(Gender: Male) (DOB: 17/05/1983) (Age: 38 years) (CHI: 1705831133)	

Pocket Aremote Consult by **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**
History
Examination

Diagnosis
Treatment
Prescriptions

Informational Outcome(s)
UC - Direct to MIU (Unscheduled) - MIU APPT NOT AVAILABLE ADVISED TO SELF PRESENT

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University Hospitals Division
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Diagnostic Procedure

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 08/02/2022
Our Ref 800573588M
CHI 1705831133

Dear Dr RJ O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB:** 17/05/1983
Address: 115 Beechwood Road, Blackburn, Bathgate, West Lothian, EH47 7PJ

Dear Mr Brown

Notificat[redacted] of Removal From the Diagnostic Procedure Outpatient Waiting List

Specialty: Diagnostic Procedure

We understand that you no longer need to be sent an appointment. We have therefore removed you from the waiting list.

If you think that you still need an appointment, please get in touch with the person that referred you (e.g. GP, Dentist) and they may refer you again if appropriate. If this was a self referral, please contact the service directly and they will be able to advise you.

Page: 1 of 1

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of Psychological Therapy West

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 08/09/2022
Our Ref 800573588M
CHI 1705831183

Dear Dr RJ O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB:** 17/05/1983
Address: 115 Beechwood Road, Blackburn, Bathgate, West Lothian, EH47 7PJ

Dear Mr Brown

Notification of Removal From the Psychological Therapy West Outpatient Waiting List

Specialty: Psychological Therapy West

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that this is no longer required. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely,

Appointments Officer
Tel: 01506 523 615

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University Hospitals Division

St John's Hospital at Howden
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

Department of Psychological Therapy West

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date 08/09/2022
Our Ref 800573588M
CHI 1705831133

Dear Dr RJ O'Reilly,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: Brown, John **DOB: 17/05/1983**

Dear Mr Brown

Outpatient Appointment Letter

Please find details below of an outpatient appointment which has been arranged for you:

Clinic: **Psychological Therapy West, [redacted] C Strachan**

Date and Time: **Thursday 27 October, 2022 at 11:30 am**

The clinic is located in the Psychology Department, on the first floor, at St John's Hospital, Livingston.

If for any reason this date and time is unsuitable, please contact the clerk on the telephone helpline detailed below as soon as possible, who will be happy to arrange another appointment for you.

Please note that if you fail to keep this appointment without notifying this Department in advance, you will not necessarily be given another appointment.
You should also contact the telephone number below if your personal details change, e.g. address, GP, etc

Yours Sincerely,

Psychology Reception
Tel: 01506 523 615

cs hee
14/9/22

University Hospitals Division **St John's Hospital at Howden**
Howden Road West
Livingston
West Lothian EH54 6PP

NHS Lothian

NHS Lothian is introducing an automated reminder service using text messages for appointments. If you do not wish to receive texts, please let us know using the number on this letter.

NHS Lothian Data Protection Notice which explains what we do with personal information can be found on our website at: https://www.nhslothian.scot.nhs.uk/YourRights/DataProtection/Pages/default.aspx

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NHS Lothian Unscheduled Care Service

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 96533**

(Gender: Male) (DOB: 17/05/1983) (Age: 39 years) (CHI: 1705831133)

Case No 96533 **Case Date** 09/01/2023 23:54

Emergency Care Summary viewed on case

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ

Current Phone 07548 192513

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type Doctor Advice

Call Origin NHS24 **Tel** **Name** John

Reported Condition
Symptoms: DOB etc cnfirmed.
Unable t get PCEC. Told NHS24 he would contact own GP in the morning.

NHS 24 Advice by [redacted] Black (Call Taker Si) () **Triage Start** 23:55
COUGH 1 WEEK **Triage End** 00:11

PCC3 PCEC within 2 Hrs

Clinical summary created by: [redacted] Black (Call Taker Si) () [10/01/2023 00:16:42]
Reason for call: COUGH 1 WEEK
09:01:2023 23:55:28 BLACKS,. COUGH BOTTLES NIL EFFECT - AMBULANCE OUT LAST TUESDAY -. CALF PAIN ON MOBILSING..
10:01:2023 00:05:02 MCKENNAES.. NO FEVER . ONGOING COUGH FOR THE PAST WEEK IS ABLE TOSWALLOW . IS EATING, DRY COUGH NOT EXPECTORATING. PARAMEDICS HAD OFFERED A&E PATIENT DECLINED.. WAS BED BOUND LAST WEEK. WAS UNABLE TO CALL GP NO BREATHING . SLIGHT WHEEZE BREATHING, STATES THIS IS NOT CONGESTION . TOOK VENTOLIN 8 MINS AGO.. PAIN BOTH CALFS . PARACEATMOL X2 . 2.5 HRS AGO . NO SWELLING TO CALFS. DIFFICULT ASSESSMENT . STATES IS NOT THA BAD. PCEC2 HRS STRONG WORSNEING..
Outcome: PCEC within 2 Hrs

Pocket Aremote Consult by **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by Razzaq, Ghizala (Doc) **Consult Start** 01:04
Start Type Doctor Advice **End Type** Doctor Advice **Consult End** 01:24

History
Spoke with patient on phone and confirmed identity. 39yr old gentleman with h/o feelingh hot and cold and bed bound last week with flu like symptoms and had some right sided chest pain then,. Cakiled ambulance and they came last week, he says they toild him he shouldn't be alone, so he spent time at a friends house to convalesce

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Report Statistics: Report produced by Adastra Version 3 - 10/01/2023 01:40:32

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Patient : John Brown	Case No 96533
(Gender: Male) (DOB: 17/05/1983) (Age: 39 years) (CHI: 1705831133)	

and went back home over weekend. had been feeling better but now has aching muscles and dry cough. has felt fevered but using paracetamol and taking fluids. Not SOB over the phone and speaking in full sentence. has tried several cough bottles OTC but not helping. Meds mortazapine, allergies; codeine. Impression: I do not think he needs seen at OOH tonight and could safely wait to see own GP for eg if needs oral ABs. Could have flu and may be case of watch and wait, cough can take weeks to resolve. Plan is for patient to make contact with own GP and arrange eg face to face for chest.

Examination

Diagnosis

Flu

Treatment

Prescriptions

Informational Outcome(s)

Discharged With Safety Netting Contact OwnGP -

West Lothian
Health & Social Care Partnership
westlothianhscp.org.uk

NHS Lothian

West Lothian Council

Department of Psychological Therapies
First Floor
St. John's Hospital
Howden
Livingston, EH54 6PP

Dr RJ O'Reilly
The Craigshill Partnership
Craigshill Health Centre
Livingston
West Lothian
EH54 5DY

Date typed: 06.02.2023
Our Ref: 800573588M
CHI No: 1705831133
Enquiries to: Rhona/Lynn/Joy
Extension: 53627
Direct Line: 01506 523615

Dear John,

I was sorry not to see you at our appointment this morning. I'm sorry also that this is the second appointment in a row that you've not attended. You've only attended three of the seven appointments we've scheduled. In those circumstances I have had to discharge you.

I do understand that your distress and your desire for help are genuine. I also understand that there are many barriers to you being able to come to therapy regularly. But no therapy or therapist can be helpful to you unless you are able to come to therapy.

If you believe this is the wrong decision, then you can contact the department by phone and you and I can speak about whether therapy is the right path for you and whether things have changed such that you would able to get benefit from it. That's not a guarantee that you can restart therapy, only that [redacted] consider it.

I hope you understand this decision, and that you can accept my best wishes.

Regards,

e-signed: J Strachan

Dr [redacted] Strachan
Clinical Psychologist
West Lothian Psychological Therapy Service

copy to GP

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NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Brown
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 29/05/2023

Emergency Discharge Summary

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (40 years)
		UHPI	800573588M
		A&E Attendance Number	E5368424
Attendance Date	28/05/2023		
Attendance Time	22:03		
Mode of Arrival	Private Transport		
Source of Referral	NHS 24		
Discharge Date	29/05/2023		
Discharge To	Ward 19A SJH	**Final Triage**	3 - Urgent
		Attendances in the last 12 months	1

Dear Dr Brown

Presentation: Facial pain (inc. toothache), abscess in mouth ref'd by nhs 24 for ? dental abscess. T 36.9 hr 106 bp 158/125 rr 20 sat 97 [redacted] 23:00
Diagnosis: Dental abscess
Procedures: None
Drugs given in A&E: None
Discharge Drugs:

CLINICAL NOTES:

Clinical note: ANP S Gallacher

40 Year old male, ? Dental abscess.

HPC: 10 day hx of toothache.
Developed swelling last week.
States has felt feverish in the last few days.
States he is scared of the dentist and his GP refused to prescribe antibiotics.
Self presents to ED this evening due to pain severity.

PMH: Max Fax dental surgery x2 under local
Needle phobic
Anxiety and depression
MED: See ECS
ALL: Codeine

O/E: Walked in unaided.
NEWS 1
Swelling to lower mandible speading submandibular.
Able to open mouth 2 fingers.
Swelling to inner left mucosa.
Airway patent, no added sounds.
Speaking full sentences.
No voice changes.

BLOODS: WCC 15.0
CRP 24

IMP: Dental abscess

PLAN: Kindly accepted by maxfax for 19A
IV access and antibiotics given
Analgesia
Worsening statement given

Any queries please contact A&E Reception on 01506 523011

Yours Sincerely,

NHS Confidential: Personal data about a patient

[redacted] Gallacher, Nurse

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NHS Confidential: Personal data about a patient

NHS Lothian

St John's Hospital [redacted]
Howden West
Livingston
West Lothian
EH54 6PP

Maxillofacial Surgery

Dr Brown
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 05/06/2023

Inpatient Discharge Summary

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI** **Date of Birth / Age** **UHPI**	**1705831133** 17/05/1983 (40 years) 800573588M
Ward	Ward 19A SJH	**Admission Date**	29/05/2023
Consultant	Mr [redacted] D Paley	**Discharge Date**	31/05/2023

Dear Dr Brown

Allergen (Group to which Allergen belongs)	Reaction
***No Known Drug Allergies	
codeine	3 Do not use

Discharge Drugs:

Co-amoxiclav 250mg/62mg/5ml oral suspension			
Dose	Route	Frequency	To Continue
10 mL	Oral	Three times daily at 0700, 1400 & 2200	No
Notes:			
Paracetamol 500mg soluble tablets			
Dose	Route	Frequency	To Continue
1000 mg	Oral	Four times daily at 0700, 1200, 1800 & 2200	No

NHS Confidential: Personal data about a patient

Notes:

Dear Doctor,

John Brown was admitted to SJH on 29/05/23 with toothache and fever. He was seen by max fax and felt to have a dental abscess. He had an extraction on 30/05/23 (under GA due to severe dental phobia) and he is now fit for discharge with analgesia and a 1 week course of oral co-amoxiclav (liquid) from 31/05/23.

PRINCIPAL DIAGNOSIS/PROCEDURE - dental abscess

TREATMENT - UR5, UL5rr, UL6rr, LL6 extraction on 30/05/23, antibiotics as above.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL - Has been referred to PDS for dental phobia.

CHANGES TO DRUGS SINCE ADMISSION

Started:
- 1 week of oral co-amoxiclav (liquid)
- 1 week of paracetamol

No changes to regular medication.

ALLERGIES / ADVERSE DRUG REACTIONS - codeine causing rash as per ECS

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS - nil.

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN - nil.

GP to please consider the following - nil. Many thanks for your continued care.

Should you need further information please contact the max fax team, SJH.

Information contained in this letter has been discussed with the [redacted]

NHS Confidential: Personal data about a patient

Yours sincerely,
A. Pathak FY1

Edited by K Behera FY1

Staff Signature..... Print Name.....

Designation..... Date..... Time.....

[redacted] Signature.....

This is an immediate discharge letter and a further letter may follow.

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NHS Lothian

St John's Hospital at Howden
Outpatient Department 4
Howden Road West
Livingston
West Lothian EH54 6PP

Maxillofacial Surgery

Dr Brown
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date: 05/06/2023

Outpatient Clinic Letter

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (40 years)
		UHPI	800573588M
Attendance Date	29/05/2023		
Consultant	Mr [redacted]		

Dear Dr Brown

I met with this patient regarding a dental abscess for which he will get a discharge summary from. He discussed concerns about substance abuse and I arranged for him to have treatment regarding this or a telephone call with the service in the next few days.

I would be very grateful if you could consider rereferring the patient to Psychiatry as he is keen to re-engage with this service. He mentioned that he had missed a number of appointments due to social circumstances etc and I am slightly concerned about the patient's mental health although he denies current suicidal thoughts.

I would be grateful in his ongoing management.

The patient also mentioned having a strong gag reflex and I wonder if this is something that he could be onwardly referred for CBD or something like this as he has an extreme phobia of the

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dentist and was unable to even sit in the chair today.

Kind regards.

Yours sincerely

[redacted]
Post DCT4 Oral & Maxillofacial Surgery

RF/LW

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University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department Of Oral and Maxillofacial Surgery

Dr Brown
The Craigshill Partnership
Craigshill Health Centre
Craigshill Road
Livingston
EH54 5DY

Date First Created : 29/05/2023
Date Authorised :
Date/Time Printed : 31/05/2023 12:51
Our Ref : 800573588M
CHI : 1705831133

Consultants:
Mr J Morrison
Mr MD Paley

Secretary:
[redacted] Crosbie
Tel: 01506 523550

Mr A Siddiqui
Mr T Handley

Secretary:
[redacted]
Tel: 01506 523551

Mr A [redacted]
Mr E Burke

Secretary:
[redacted]
Tel: 01506 523553

Patient:	John Brown 115 Beechwood [redacted] Blackburn Bathgate EH47 7PJ	**UHPI:**	800573588M
		Date of Birth:	17/05/1983
Ward:	Ward 19A SJH		
		Admission Date:	29/05/2023
Consultant:	Mr [redacted] D Paley	**Discharge Date:**	31/05/2023

Allergen (Group to which Allergen belongs)	Reaction
***No Known Drug Allergies	
codeine	3 Do not use

Co-amoxiclav 250mg/62mg/5ml oral suspension

Dose	Route	Frequency	Days Supply	To Continue
10 mL	Oral	Three times daily at 0700, 1400 & 2200	7	N

Notes:

Paracetamol 500mg soluble tablets

Dose	Route	Frequency	Days Supply	To Continue
1000 mg	Oral	Four times [redacted] at 0700, 1200, 1800 & 2200	7	N

Notes:

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**..... ME/BM
Verified By ..... **Date**..... **Print Name**.....

Dear Doctor,

John Brown was admitted to SJH on 29/05/23 with toothache and fever. He was seen by max fax and felt to have a dental abscess. He had an extraction on 30/05/23 (under GA due to severe dental

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Cont'd... **Ref:** 800573588M **Patient Name:** John Brown

phobia) and he is now fit for discharge with analgesia and a 1 week course of oral co-amoxiclav (liquid) from 31/05/23.

PRINCIPAL DIAGNOSIS/PROCEDURE - dental abscess

TREATMENT - UR5, UL5rr, UL6rr, LL6 extraction on 30/05/23, antibiotics as above.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL - Has been referred to PDS for dental phobia.

CHANGES TO DRUGS SINCE ADMISSION

Started:
- 1 week of oral co-amoxiclav (liquid)
- 1 week of paracetamol

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ALLERGIES / ADVERSE DRUG REACTIONS - codeine causing rash as per ECS

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS - nil.

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN - nil.

GP to please consider the following - nil. Many thanks for your continued care.

Should you need further information please contact the max fax team, SJH.

Information contained in this letter has been discussed with the [redacted]

Yours sincerely,
A. Pathak FY1

Edited by K Behera FY1

Staff Signature..... Print Name.....

Designation..... Date..... Time.....

[redacted] Signature.....

This is an immediate discharge letter and a further letter may follow.

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NHS Lothian Unscheduled Care Service

adastra

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 18471**

(Gender: Male) (DOB: 17/05/1983) (Age: 40 years) (CHI: 1705831133)

Case No 18471 **Case Date** 28/05/2023 19:35

Emergency Care Summary viewed on case

Current Address
28 Tweed Drive Livingston

EH54 5LJ

Current Phone 07935 049513

Home Address (If Different)
24 Fir Grove Livingston

EH54 5JP

Home Phone (If Different)

Case Type Direct Referral ED

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by [redacted] Mcneil (Dental Nurse) ()
ABCESS. 10 DAYS

Triage Start 20:00
Triage End 20:50

AEP Patient advised to go to A&E

Clinical summary created by: Danielle Mcneil (Dental Nurse) () [28/05/2023 20:58:41]
Reason for call: ABCESS. 10 DAYS
28:05:2023 19:36:37 MARTINV.. TOOTHACHE. ABCESS IN LOWER JAW 10 DAYS. STRUGGLING TO OPEN MOUTH AND EAT OR SWALLOW. ABX HASN'T HELPED. PAIN RELIEF NOT HELPING. PAIN FROM JAW TO EYE AND EAR AND A BURNING SENSATION... NOT REG WITH DENTIST HAS A PHEOBIA. SPOKE TO DOCTOR BUT ADV TO GO TO DENTIST... STRUGGLING TO FIND SOFT FOODS TO EAT. AS LACTOSE INTOLERANTAND CANT FIT ANYTHING IN MOUTH.. DW CS KMCOSH CONTIUNE AS DENTAL ALL FROM SAME SIDE AS DENTAL PAIN..
28:05:2023 20:57:18 MCNEILD.. FACIAL SWELLING LOWER JAWLINE , TRAVELLING TO UP TO UPPER LIP AREA , FIRM AND WARM TO TOUCH , MOUTH OPENING RESTRICTED 1 FINGERS WIDTH FEELING FEVERISH , DISCUSSED WITH SDN GF.. ADVISED TO ATTEND A&E FOR CLINIAL ASSESMENT ON GOING OVER PAST 10 DAYS..
Outcome: Patient advised to go to A&E

RCH

Pocket Aremote Consult by
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by
Start Type **End Type**
Consult Start
Consult End

History

Examination

Diagnosis

Treatment

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 28/05/2023 21:30:45

NHS Confidential: Personal data about a patient

Patient : John Brown	Case No 18471
(Gender: Male) (DOB: 17/05/1983) (Age: 40 years) (CHI: 1705831133)	

Prescriptions

Informational Outcome(s)
UC - Direct to ED Unscheduled (Adults) -

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Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

Address

17 Oak Grove Craigshill Livingston West Lothian EH54 5JD — Address Type: Previous registered address
24 Fir Grove Craigshill Livingston West Lothian EH54 5JP — Address Type: Main address

Communication numbers

Mobile phone 07548192513

Problems

Anxiety state unspecified	Started: 04/07/2019	Ended:
Suicidal plans	Started: 04/07/2019	Ended:
Low mood	Started: 04/07/2019	Ended:
OOH summary Information	Started: 01/08/2011	Ended:
Currently Relevant	Started: 27/05/2011	Ended:
[V]PH - Drug allergy	Started: 12/01/2011	Ended:
Other cellulitis/abscess	Started: 18/03/2007	Ended:
Migraine	Started: 07/09/2006	Ended:
Head injury	Started: 15/08/1999	Ended:
Enuresis	Started: 03/06/1991	Ended:

Drug Allergies & Adverse Reactions

12/01/2011 [V]PH - Drug allergy — Allergy — Moderate — Codeine
6.75mg/5ml oral solution codeine

Medical History

24/12/2024 Patient de-reg. MRE to FPC n4mre, data protection and docman exported Mrs [redacted]

02/06/2023 Telephone encounter patient felt he did not need this appointment as he had spoken to someone yesterday and is apprently going to get the help he needs. he then complained about theappointment system available and how this was difficult. explained hecould speak to [redacted] our practive manager. explained all gps are working hard, demand is high. he felt west lothian have no appointments. it is difficult - again I suggested he speak to our practice manager. Asked again if he needed some help today - again patient declined and felt annoyed by the health system and put the phone down. Dr [redacted] Rahman

31/05/2023 Letter encounter Out of Hours Out of Hours Service Mrs [redacted]

28/05/2023 Letter from consultant A&E Discharge Letter St John's Hospital at Howden Accident & Emergency [redacted] Gallacher Mr Ryan Addison

26/05/2023 Administration NOS Called this morning to see GP about dental pain; beleives this is an abscess. Advised to attend Dentist as they are the expecrts in this fie[redacted] Acknowledged that he has a phobia of Dentist and will call NHS 24 for dental advice in the first instance. Mr [redacted] Addison

16/02/2023 Administration NOS DNA'd psychological therapies Dr R O'Reilly

12/01/2023 Consultation See below. Myalgia, intermittent fever, dry cough, feeling gen awful for the last week. Spoke to NHS24. Managing good fluid intake but less appetite. o/e walked to room, speaking full sentences, sats 97% HR 115bpm, chest clear, hs pure. back of throat red no exudate central uvula., tender topalpate left lateral chest wall. imp: ongoing vviral RTI - likely flu A. P: pcm, rest, plenty fluids. WS; [redacted] cough, blood, no intake. severe chest pain/sob Dr [redacted] Brown

12/01/2023 Telephone encounter DD. Cough for a week. GEts a husky voice at times. macky sputum coming up. Feeling rotten. Dr [redacted] Brown

16/11/2022 Telephone encounter 2/52 hx right ear pain, green discharge few days ago, no temp, hearing a bit dull. seen pharmacist yesterday - who examined ear and thought ear drum might be perforated but healing IMP: otitis media +/- perforated TM PLAN: regulat paracetamol (unable to take NSAID), px issued for amox, keep ear dry, advised if sudden hearing loss, more d/c or blood , worsening pain in ear to get back in touch Ms [redacted] Sharp

15/11/2022 Telephone encounter For 2 weeks, sharp pains middle of chest, feels like food blocked, not drinking any alcohol, smoker 20/day but reduced to 7/day, stopped smoking cannabis, no vomiting, no vomiting blood, had some pizza yesrday which made it worse. Impr dyspepsia. Px Omeprazole and Peptac. Advised light diet.To contact again if not settling or sooner with any worseeing symptomns such as vomiting, vomiting blood, or any concerns. ADL. Ms [redacted] De Longie

31/10/2022 Administration NOS requesting furtjher med 3 for 3/12 as attending hospital for PTSD. . I note the comments below however I see he appears to have been removed from the waiting list for psychology for non-attendance. I also note he is [redacted]ng [redacted] homeless accommodation. it does not appear he is fit for work at this point so I have issued med 3 - discuss when next makes contact Dr E Duncan

20/09/2022 Telephone encounter Requesting his sick line sbe backdated to may. Upset about the way his case has been handled states that he has been failed by the health centre. Upset as says been told to re-register closer to his current accom by some gp's and been told by others to stay here. also upset that he spoke to a trainee PMHN on Friday. Asking for medication to help hm calm down and help w anxiety. Advised that mirtazapine is known to be useful for anxiety so will take it. Have backdated lones as requested and [redacted] Spoke to [redacted] PM re this patient's dissatisfaction with care Dr [redacted]y Brown

16/09/2022 SMS text message sent to patient WestSpace for self-help (https://www.westspace.org.uk).Free Self Help Apps include: •STOPP•The Deciders Skills Safety Plan Information•Breathing Space: 0800 838587 •SHOUT – text 85258 •Samaritans: 116 123 or 08457 90 90 90 If you need urgent mental health support due to active suicidal thoughts: •Call NHS 24 Mental Health Hub on 111 or call emergency services on 999. •Alternatively, you can attend A&E where you can be seen by the onsite Mental Health Team.book back in with PMHN in 4weeks Ms June Smillie

16/09/2022 Administration [redacted]S S: TC, with PMHNB: hx of trauma, low mood, poor sleep/ [redacted] homeless accommodation in Blackburn, relationships and child access issues? DASAT involvement due to angerA: Has two supportive friends, has been living with one of them for past month, experiencing fleeting thoughts of not wanting to be here, no active plans, LAMH involvement with housing, Psychology App on 27/10/22. Has previously had ACAST inputR: PMHN will request GP to consider Px Mirtazapine for poor sleep and low mood. Requesting sick line to be back dated to May for benefit purposes, unsure if this is possible, John to book back in with PMHN in 2/3 weeks. Safety plan discussed. Ms [redacted] Smillie

17/06/2022 Telephone encounter PMHNFailed Encounter V/m left - if wishing to rearrange please call Practice for next available appointment.Will ask Admin to check contact details if calls again s may be old number Ms Gillian Edwards

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

17/06/2022 Telephone encounter PMHNFailed encounterCalled later than appointment - no reply - v/m left will call back 10 mins (approx 15.10) Ms Gillian Edwards
15/06/2022 Did not attend - no reason Mrs Michelle Archondakis
08/06/2022 Did not attend - no reason Ms [redacted]
08/06/2022 Telephone encounter PMHNFailed encounter again - v/m left if wishing to rearrange please call Reception for next available appointment Ms Gillian Edwards
08/06/2022 Telephone encounter PMHNFailed encounter x 1 - v/m left will call back 5/10 mins Ms Gillian [redacted]
01/06/2022 Telephone encounter since last night increase stool frequency formed stool no diarrhoea, vomited this am, no abdo pain but feels bloated - had buscopan tablets before which he found helped sx - have issued px for buscopan - advised if sx not settling to get back in touch Ms [redacted] Sharp
31/05/2022 Telephone encounter 1) still in homeless accomodation in Balckburn able to get appointments at adddress in Craigshill did discuss him re registering 2) right sided flank pain not AE revbiew last year nad [redacted] retained renal calculis no blood in urine (visibile) colicky pain - will attend for UE and urinedip all think it would be prudent to arrange CTKUB 3) mood - reciving med 3 for lo mood no real contact for 3 month in homeless accomodation previous open secret discussed with pt will arrange PMHN review in one week Dr A[redacted]
30/05/2022 SMS text message sent to patient Dr [redacted] is trying to phone-- please ensure locks taken off mobile to allow an unidentified number to call Dr C Robertson
09/05/2022 Administration NOS off with low mood since jan - asked tp make review appt before current med 3 runs out Dr E Duncan
22/03/2022 SMS text message sent to patient Good afternoon John haven spoke to our physiotherapy team I think it would a good idea for you to kindly arrange a routine appointment in the next 2 weeks to review your abdominal pain. Many thanks Dr [redacted] Dr [redacted]
22/03/2022 Low back pain awoke 2day ago 2 am with right low abdo pain, was sweating and nauseous, no wmove to f.x and moves up spine, some mild int nausae but no other signs unwell, no spasm gaurdeed gen sorte motion. thinks related to correcting posture with neck painimpression: no concern today, likley settle, relax and move, rev if cont/worsening medically unwellM Hart GPAPP Ms Advanced Practice Physio
08/03/2022 Arm pain left forearm pain2mnth since sudon motion to each falling item. in last 4 wks int arm P&N from left ant sh to al finger tips on sitting relaxing. no red flags. h/o int neckpain h/o numbness to left farearm since tenceneager and motorcyle crash. o/e elbow and wrist normal, and pain free. [redacted] muscle power [redacted] nd pain free. UL nerve palp sensitive to left and also left Cx to muscles and nerves. UL neuro: NAD to power and refelcimpression; Cx NRIadvice: posture and relaxation/tumy breathinbg, wil try by self knows cna be ref physio but chose not at this timeM [redacted] GPAPP Ms Advanced Practice Physio
07/03/2022 Telephone encounter still staying in homeless accommodation in Blackburn-- ongoing issues with his [redacted] went through some strategies to try to get him to only communicate with expamter if about children-- needs to let her move on with her lief and he needs to concentarte on what he can chagne-- given podcast on anxiety as can't really do online self help -- isw still on list so unfort can't go to hub or Gillian. Also has sore forearm and almost dropped his daughter -- has appt for physio for rev of this tomorrow Dr C [redacted]
07/03/2022 SMS text message sent to patient https://westspace.org.uk/self-help/self-help-guides-resources/anxiety/ Dr [redacted]
24/02/2022 Telephone encounter had stomach cramps and has had diarrhoea 12 times today already vomiting has subsided hasn't taken anything as not sure what to take then transpires he is in Blackburn homeless unit advised I can't get script to him etc suggest he tries paracetamol if he can get hold of buscopan can be bought in chemist to try this and if worsening not settling advised to seek help from HC in Blackburn Dr R O'Reilly
07/02/2022 Administration NOS i had booked him in for a review of mental health from 4 weeks ago but noticed swelling on eyelid on weekend but vision ok now swelling has gone down. things it was a blocked gland, otherwise well not itchy red or painful or visual problems asked to send phot cant do so, asked to come in patient declined. patient has decided as it has improved he will come for review if gets worse but knows can go to see pharamcy, advice on lid hygiene. also explained i cannot rule out eye infection but patient declined f2f. rvinb Dr [redacted] Rahman
07/02/2022 Telephone encounter patient admits to chronic suicidal ideation but says that better as thoughts not at the forefront awaiting psych not keen on medication. is still tryng to work cont and await psych Dr [redacted]
31/01/2022 Telephone encounter Mental health, looking for medication for anxiety, wants something to calm him, struggling with sleep. Ex partner 'playing mind games'. Has sought support from 'Behind your mind' support group in Broxburn. A few weeks [redacted] px contacted Police and had a telephone call with ACAST. Has 14 year old, 8 year old and 4 year - 2 youngest to ex partner. Ex partner has a new partner. Raped as a child when he was 8. A few weeks ago was walking from Seafield to Livingston and felt 'had no care'. Is stopping using cannabis. [redacted] Blackburn just now. Friends live at Fir Grove so says will still get mail. Caterer - unemplyed at present. Worked at KFC - states lost job due to anxiety/depression. Is till working with job centre. F[redacted] had him arrested last week. Has got a family solicitor. Is going swimming with friend to Deerpark. Long supportive chat - explained I dont think diazepam a good idea as very addictive and likely to cause more harm in longrun. Understand frustartion of long waiting times for Psych. Could [redacted] Open Secret again to see if can offer support for childhood sexual abuse, try to focus on controlling what he can control. Keep self busy, exercise is good. Await Psych appointment. RV prn. Dr [redacted] Johnston
12/01/2022 Letter from consultant Administration Letter Letter to Doctor Mr [redacted] Addison
10/01/2022 Telephone encounter long chat - low mood awating psych did get letter was taken off list but phoned straight away and was told was put back on the list will enquire. feels mood is difficult has stopped smoking coccaine does admit to canabis to help sleep, initally said had no friends but during conversation became appraent did have more friends who support him. He mentioned tha he avoids them as finds that they cause increase temptation for etoh. discussed WLDAS and need to engage because if isolating from friends due to temtation of addiction will need support. discussed child hood trauma awaiting pychlogy but not heard back. given number for open secrets. denies suicidal intent or ideation but doesn feel like cant be bothered to get out and about. discussed accessing help numbers given . discussed i will chase up pychology and review in 4 weeks time phone if worse to call us orsohalso mentioned hx of renal tones occ gets niggles on right side last one 2 weeks ago asked to get bloods and urine Dr [redacted] Rahman
[redacted] SMS text message sent to patient OPEN SECRET 01324 630 100 Dr Monika Rahman
10/01/2022 SMS text message sent to patient BREATHING SPACE 0800 83 85 87 Dr [redacted] Rahman
10/01/2022 SMS text message sent to patient West Lothian Drug & Alcohol Service: 01506 430225 Social Work Addictions Team: 01506 282844 West Lothian NHS Addictions Service: 01506 282845 Dr [redacted]

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

26/11/2021 Telephone encounter See doctman. had been in RIE and diagnosed with kidney stones. Still some residual pain in flank but improving. Feeling a bit under the weather generally but thinks its because hes been taking DHC prescribed by the hospital. States he has adverse reaction to codeine but accepted it at the time as he had been given morphine and wasn't thinking. After stopping the dhc he feels better. Discussed other medication options but he would prfer to try without. He is drinking plenty fluids (3 litres a day) and trying to stay active. Other issue is mental health just now, a lot of stress w[redacted] Feels the two issues are exacerbating each other and is struggling as a result. Requesting an extension to line which is reasonable i think to rest. Happy w this plan and is aware to contact OOH if severe worsening pain, fever, gen unwell over weekend Dr [redacted] Brown
19/11/2021 Renal calculus Mrs [redacted] Hamilton-Jarvis
18/11/2021 Abdominal pain Dr Alexander Kelly
18/11/2021 Consultation IMp ? acute cholecystitis See OOH GP 14/11/21 initally with fresh PR bleeding adn [redacted] pain - the fresh PR bleeding has settled but in abdomen has escalted in last 48hrs - struggling to sleep - walking down corridor hunched over. Bloods have settled no appetite - managing fluids - o/e T 37.5 HR 120 BP 132/70 Appears in pain BS present pain RIght side of abdomen with maximal pain RUQ with guarding unable to distractWill need surgical assesment today many thanks Dr [redacted] Kelly
18/11/2021 Telephone encounter See OOH sheet - onoging abdo pain PR bleeding settled - pain is fluctuating - but affecting him daily at the moment offer am appointment unable to attend as staying in Blackburn will review this afternoon Dr [redacted]
03/06/2021 Telephone encounter has covid jag this afternoon-- terrified of needles-- prev got emla-- will leave at desk for him Dr C Robertson
24/05/2021 Administration NOS DNA'd psych therapies but what is his address Blackburn address on the letter? Dr R O'Reilly
24/05/2021 Consultation in re left index finger, sliced tip over week ago, healing well, cleaned with saline, mepitel with tegaderm foam adhesive and tubigauze to secure. happy it himself has supplies knows to make appointment if any concerns Mrs [redacted] Archondakis
20/05/2021 Consultation Sliced tip of lt index finger a week ago. Flap steristripped in A/E. Has not managed to keep finger dry therefore steristripds came off. Looks to be healing fairly well . Cleansed with nsline and redressed with mepitel and tegaderm pad dressing and finger gauze. Will review Mon. Ms K[redacted]
20/05/2021 Telephone encounter vomited this am and had migraine last night and also had chinese and now has some chest pain which feels as if it needs to pop and is worse if moves advised I strongly suspect that this is more muscular and not significant also though had wound to top of finger was supposed to have it looked at but didn't and is now sloyughy by the sounds of things will see later advised shouldn't be at work and take paracetamol for pain Dr R O'Reilly
13/01/2021 Consultation Tender fluctant mobile peas size lump in axilall no other node appreciated not systemically unwell - dnot ammenable to I and d - will treat with po afluclox offered to remove in minor surgery in future patient willthink about this - monitor over next 6 weeks happy to review and rediscuss at this stage issued a handwritten script for fluclox as computers were down Dr [redacted] Kelly
13/01/2021 Telephone encounter lump back under arm-- not slept for three days--seems to fluctuate in size --very tender--?? abscess/? gland-- needs f2f-- can't come this am as chef-- booked for this pm at 2pm Dr C[redacted]
14/12/2020 Consultation pain in right knee. has had previous injury is weight bearing and has good mvmt in knee, no swelling pain in patella area crepitations on [redacted] discussed taking ibuprofen and paracetamol not helping discussed previous problems with addiction to cannabis. not been addicted to co-codamol explained that needs to be careful with this, discussed getting xray of knee and rvinb [redacted] aware to call back if not improving Dr Monika Rahman
14/12/2020 Telephone encounter hurt knee 3 weeks ago causing more pain and dicomfort on mvmt previous injury to the knee, is weight bearing, no swelling asked to come in for f2f and rvib Dr [redacted] Rahman
02/12/2020 Telephone encounter Lump under left armpit- initially noticed 6 months ago and had white heads on it, since then settled and then returned now yesterday. Can be tender to touch + slightly red. No fevers + systemically well. Offered f2f today but unable to attend. Appt given for friday morning to review. Aware if worsneing before than can recontac us Dr Maria Ali
20/11/2020 Administration NOS Sick Line posted to patient on 23/11/20 Mrs Margaret Sayers
11/11/2020 Administration NOS F/N SENT IN POST Mrs Denise Cridge
06/11/2020 Telephone encounter Still awaiting call back from Wellbeing Hub - apparently contact them last week awaiting feedback - not currently wanting to engage with online services - \CBRt eet - discuss poor sleep pattern wpt will contact them as aware they will send us a report updating us on his care plan Dr Alexander [redacted]
23/10/2020 Telephone encounter Call to John. He discussed his ongoing stress at work and how it was affecting his mental health. H has a job interview at a local cafe in the next few days. He has not contacted the HUB as of yet and his probation worker has also recommended this. I have recapped that we cannot sign people of indefinitely for work related issues, I have reinforced as well his need to engage with his employers HR department so he does not jeopardise his current job. He accepted this as a constructive way forward. Discussed with duty doc and he has a sick line till the 5/11/20 and another week can be issued as a final measure after this. I have fed this back to John and he has in the meantime contacted his manager who has arranged for him to speak to HR on Monday. No further action. John to contact the hub. Mr [redacted] Mcdowell
22/10/2020 Administration NOS F/N SENT IN POST Mrs Denise Cridge
16/10/2020 Administration NOS line sent Dr E Duncan
16/10/2020 Administration NOS futher request for med 3 - now been of work since 7th sept - was given a line on condition he took positive steps to find a different job or get back into work - asked to make review appt - line given for 1 week only Dr E [redacted]
02/10/2020 Consultation patient has some pain in left shoulder and hand good muscle mvt on distraction - adviced physio- has number already. ongoing [redacted] mood due to life events mum ill and daughter still going through difficult time. has good support in friend and speaks to probation officer. encournged to engage with well being hub Dr [redacted] Rahman
02/10/2020 Telephone encounter patient hand hurt in march- still getting pain and reduced function due to pain asked to come in f2f Dr [redacted] Rahman
22/09/2020 Administration NOS Med Cert Posted. Ms Yvonne Lind
22/09/2020 Telephone encounter lots of life events - daughter tried to commit suicide didnt find out from daughter, daughter lives in edinburgh with [redacted] says he has contact with her still. then said there have been issues and daughters blame him but very vague with details. feeling too muchon needing further time, encouraged to access wellbeing hub and extened med 3 asked to speak to admin about change of address Dr [redacted] Rahman
07/09/2020 SMS text message sent to patient http://intranet.lothian.scot.nhs.uk/Directory/infoforpatients/Documents/West%20lothian%20Community%20Wellbeing%20Hubs%20v1.1.pdf Dr [redacted] Brown

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

07/09/2020 Telephone encounter low mood. Sounds like a combination fo things but mainly stemming from work. Works for KFC but has been moved from livingston chain to edinburgh. As a result has had to get 7hrs of buses every day, also crippling him financially. has discussed with HR ons everal occasions but no prospect of him being moved back to livingston chain. Mental health suffering as a result, shving mood swings and can shout at people. Can have intermittent suicidal thoughts but children are a ++strong protective factor for him and says he will [redacted]act on this. Feeling a bit isolated as has distanced himself from former friend group as he wants to get away from drugs. He has smpoken to his probation officer who suggested he seek a sick line. Agreed that this would be good idea but only if going to make steps to resolve emlployment situation. Says is going to use the time to seek employment in livingston and is going to leave KFC job. Agreed line for 2/52 but make telephon appt before a further [redacted] is issued. Discussed mental wellbeing hub which he likes the sound of. Advised to call us if things worsneing, also aware of OOH services if mood deteriorates outwith practice hours. Dr [redacted] Brown

14/11/2019 Consultation 1. Chesty cough past few weeks, green phlegm, specks of blood this week after coughing fit, had before. Long histroy of smoking + cannabis. Asthma when younger, not using inhalers, occasional wheeze. OE: Sats 95%, HR 90. Chest- scattered wheeze, right basal crackles. Plan: Amoxicillin, Salbutamol, Worsening advice. 2. Asking for Med 3- for community service today, been at work all week in KFC, but felt unable to go today due to LRTI. Plan: Line done for 1 days, as planning to go back to usual job tomorrow. 3. Struggling with mental health - now has been allocated a house in Blackridge, not moved in yet, looking for help with appliances etc, Getting support from [redacted] Work going well. Missed psychology appt as went to wrong address- will call up and ask for appt to be re-allocated. CB Dr Locum1 Gp Locum1

14/11/2019 Consent given for communication by SMS text messaging Dr E[redacted]

26/09/2019 Consultation Review of mood. Lougstanign issues trying to cope with prev traumas and stresses related to employer ad housing situation. Prev suicidal thoughts/ attempts bu denies any recently. Says [redacted] strong protective factor. Has been sofa surfing. Now cleared rent arrears trying to get housing- gettign advocate and support through Shelter. Still does smoke occasional cannabis- discussed cutting down/ breakaway- reluctant for breakaway as feels groups not been helpful in past- not sure he is ready to address this at moment. Stopped sertraline as found too sedating. Work better though as new employer- better relationship. Has appt through for psychology in a month. ALso longstandin knee pains- often wears brace- given knee exercises. Also has been getting rght chest wall pains on movement- nil to see but a but tender to touch and chets clear symetrical ae- likely musc- nsaid gel.Tried to emphasise positives- progress with housing, job situation better. psybcology coming up. Discussed process re housing applicaiton and if needing furter details they will write to us. R/v 4-6 weeks. Dr Simon [redacted]

26/07/2019 Administration NOS has appt psych therapies 12/9 Dr R O'Reilly

25/07/2019 Did not attend - no reason Dr R O'Reilly

12/07/2019 Telephone encounter he phoned back [redacted] on is still awaiting appts has not taken fluoxetine as makes him too sleepy in the mornings if he takes then and makes him have more suicidal thoughts if takes at night is being threatened by work which is why he has to leave is looking to the future has 3 kids to look after and support try sertraline and review Dr R O'Reilly

12/07/2019 Administration NOS I was running really late so he said he had to leave I tried phoning his mobile later but no reply Dr R O'Reilly

04/07/2019 Low mood Mrs Katrina Arkless

04/07/2019 Suicidal plans HAS HAD IN THE PAST. Mrs Katrina Arkless

04/07/2019 Anxiety state unspecified Mrs [redacted] Arkless

04/07/2019 Third party encounter CPN phoned concerned about him overwhelmed with work stopped using drugs in the past but not since in care since 12 and using drugs since [redacted] raped age 7 by a neighbour and accused of a sexual assault when he was 10 he has 3 kidsand is paying welfare syas he has had thoughts of suicide but wouldn't act on them told CPN he stopped fluoxetine 2 weeks ago has not had appt since March or Rx I have given him an appt with myself next week he is seeng CPN next week and has been referred to psychiatry and psycjology regarding mood and past childhood events Dr R O'Reilly

15/03/2019 Consultation asking for repeat Px fluoxetine- last meds at regisered address but cant go there at present as court case involvig [redacted] finds fluoxetine helps, no suidical thoughts today, living with sistser, attending [redacted] KFC, has forward planningmeds issued, rv in 4 wecksasking formax [redacted] referral for tooth extraction, no obvious abcess todaybut upper left molars broken/eroded, says has severe phobia of dentist- advised to speak to dentist initially tos ee if they can refer and if any issues can let us know but normal pathway would be through dentist Dr Callum Gillespie

12/03/2019 Other medication review REMOVED as not collected DATED 05/02/2019 - Fluoxetine 20mg cap - SHREDDED Mrs Denise Cridge

08/03/2019 Consent given for communication by SMS text messaging Dr E[redacted]

11/01/2019 Consultation Really struggling quite tearful today - looking to homeless accomodation working in KFC - ex partner is using children as leverage causing him anger / upset / low mood for 8/12 struggling to find intrest in anything sleeping on sofas - discussed supporti avaialbe agreed to start SSRI explained the limiation of this in a situational crissi will review in 4 week to try and support [redacted] through difficult time - aware of points of contact. Dr [redacted]

10/01/2019 Telephone encounter ASked by Support wroker probation to contact us regarding his mental health - has dispute with ex [redacted] regarding acess to children - becoming anger - given up cannabis smoking - pt feel its come to a head this morning as have arguement with ex partner not a acute risk to him self have offered him appointent manc' to review. Dr [redacted] Kelly

09/10/2018 Did not attend - no reason DNA nurse appt Mrs [redacted] Hamilton-Jervis

25/09/2017 Telephone encounter Since yesterday pain in corner of eye R eye. His manager got something white, like a grain of salt out of corner of eye. Eye feels sore this morning and some redness. Is concerned as has newborn baby in the house. ADvised in first instance to get emergency appointm with optician. If unable to be seen at optician to contact us again. Patietn will do. ADL Ms [redacted] De Longie

25/01/2017 Consultation left shoulder injury at work 2 and half weeks ago-- still very sore and dec rom all areas -- unable to abduct above 90 and ant only to 90 without pain-- rotator cuff injury-- needs analgeisa nsaid --given exercises and encouraged to contact physio Dr C Robertson

04/05/2016 Consultation rash on tip of penis-- not itchy no discharge-- has had two recnet [redacted] but used condoms------ send urine mssu and for std-- looks most like trhush--treat for this but rev if not settling Dr C [redacted]

27/07/2015 Nursing care blood sample taken AS REQUESTED Mrs Katrina Arkless

22/07/2015 Consultation 3 week histroy of parathesia in tips of fingers both hands worse at night stopping pt from sleeping concerned it may be related to work - works with hot food - denies ETOH - recently stopped smoking canabis after 20 years otherwise well in himself. o/e left arm power reduced c/w right pt reports this is longstanding no recent painful change in vision - sensation to light touch intact difficult to interpret cold sensation distal from wrist - will arrange blood for peripheral neuropathy and r/v with result ? ref to neuro I am at loss to explain sx - Dr [redacted]

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

03/06/2015 Telephone encounter Routine tele appt - had initially called to say he couldn't take call - see message: (07802 685 154 discuss hospital letter. Patient phoned @ 10.55am to say he can't take the call due to his work shifts, and said he couldn't make another appt due to his work shifts and the fact our doctor's never run on time anyway. VERY unhappy reception staff or nurses can't give him his results and that he couldn't speak to someone when he phoned. Would it be possible to send him a letter explaining whats going on? Otherewise he'll just keep phoning, ranting and hanging up when he doesn't get what he wants. Thanks!)However pt called at 11:50 to say he's stepped out from work to take the call [redacted] fast food place). Explained XR was normal but ROR has referred him urgently to Ortho for consideration of MRI scan so will be contacted directly by them. Advised urgent referral has been submitted but I can't say how long it would take to receive appointment. Seems happy with this. Dr D Coetsee
25/05/2015 Administration NOS x-ray normal I will refer ortho I suspect he needs MRI of knee Dr R O'Reilly
21/05/2015 Consultation right knee and foot pain had a knee injury last year and didn't think anything of it and then slipped at work last night no swellingt unable to fully straighten no joint line tenderness no ligament laxity able to straight leg raised no effusion will gget x-ray in first instance but likely will nneed referral Dr R O'Reilly
23/02/2015 Telephone encounter broken tooth not registered with a dentist face not swollen eyes watering with the pain recordfed as having codeine allergy but has taken co-codamol 8/500 with no bad effects just one over the weekend so will try this has emergency dental number Dr R O'Reilly
20/02/2015 Telephone encounter Last 3-4 days has had right sided chest pain - as if being punched from inside to out. Doesnt feel it on [redacted] down. Feels it when siting up and moving around. If sitting still pain can still be there. Not worse on inspiration. Past couple days feels a bit SOB in evening. Has been getting cramps in legs in evening but no swelling etc. Cough at night (dry and tickly). Very sore if pressed on. I think thsi sonads muscular, no indication it is naything more serious, advsied take regular painrelief and see if helps. If develops constant SOB/heamoptyisi, worsneing pain etc, then a+E Dr [redacted]epek
22/01/2015 Patient reviewed patient has gynocomastia - no specific lump more pain according to patient in left breast, feels fibourous more in left, swelling in both, no asymetry or discharge, no lymp n, chest clear plan re-refer to br as has increased pain, unable to take codiene, has had nsaid with ppi before and had no problems Dr Locum2 Gp Locum2
19/01/2015 Telephone encounter Pain over L nipple for about 4 weeks, not settling, very tender with any pressure. No change in size since seen at breast clinic but nipple did not used to be painful. No discharge. Was told breast should settle with reduce of canabis use. Now only taking cannabis at bed time but no change in breast size, L breast much bigger than R one and feels very embarassed by it, does not want to undress in front of his [redacted] anymore. GP appointm given 2/7 for review. ADL Dr E [redacted]
19/01/2015 Telephone encounter on triage again about breast lump - has been seen at breast clinic see doctman, they have reassured him nil to worry about, they think as just gynaecomastia, probably related to his cannabis use. No reply when i called today at 12.58 and not possible to leave message Dr E Duncan
02/09/2014 Administration NOS requests med 3 "under investigation for breast cancer" i can't see that this is a reason to be off work at this stage... not issued Dr E Duncan
01/09/2014 Breast lump symptom Mrs Michelle Archondakis
01/09/2014 Nursing care blood sample taken Mrs Michelle Archondakis
21/08/2014 Consultation 3/12 histryo of unilateral enlarged breast tissue tednern no discharge from nippple, no skin changes. no reduced size in testicle no ED. worried re ump behind niplple left side o/e bilateral gynecomastia but left significantly larger than right tedner ? pea sized [redacted] under right nipple no axiallar lns . IN view of recetn change P breast clinic review to attend for hormal screen and c/v with result contact detail updated Dr [redacted]
02/06/2014 Asthma monitor 1st letter Mrs [redacted] Hamilton-Jervis
05/09/2013 Asthma trigger - exercise Mrs Janice Cuthbertson
05/09/2013 Asthma trigger - pollen Mrs Janice Cuthbertson
05/09/2013 Asthma trigger - respiratory infection Mrs Janice Cuthbertson
05/09/2013 Asthma monitoring by nurse Mrs Janice Cuthbertson
09/11/2012 Administration NOS Discussed with Solicitor's PA, provided information from records and also given info on referral patient requested in 2006 - see Doeman. Asked for my opinion on patient being allowed contact with his [redacted] the background of anger management problems and substance misuse that any contact that is allowed is supervised for the time being, however this is usually arranged and followed-up by Social work. He can reapply for access once he has engaged with AVP and they can give feedback regarding his progress. She asked me to send a copy of the letter and information sent to patient - I have provided this with a covering letter and also copies of the referral and subsequent correspondence in 2006. Dr D Coetsee
09/11/2012 Administration NOS Called solicitor's office re: mandate received - I called but is working from home today so will call me, I have asked that she calls me at 12:00 instead as my surgery should be completed then (this arrangement is better as it often takes a while to get through). Dr D Coetsee
21/09/2012 Toe pain Dr [redacted]
21/09/2012 Consultation Now has sore left toe joint, dorsum affected, likely due to walking differently with ankle sprain. Not taking any analgesia, try NSAID been ok with ibuprofen in past. needs Med3- physio in next few weeks.also going to look at back and shoulder. Chat re anger issues, worried about talking to us in case we tell SW but says hasn't [redacted] or done anything anyway. Will get anger management phone number, advised national not local. Dr [redacted]
15/08/2012 Ankle sprain Dr F Stirrat
15/08/2012 Consultation ankle still vary painful - awaiting physio. neds line for benefits offic. chat about smoking, canivbis (has cut down) girlfriend's miscarrige, his anger problem etc. need anothe inhaler but better since smoking cut. Dr F Stirrat
14/08/2012 Administration NOS requests med 3 for sprained ankle - already been off a month - not issued, asked to attend for review and to set a return to work date Dr E Duncan
04/05/2011 [redacted] encounter data NOS Called SW to inform them of patients disclosure - had lashed out physically at new partner twice in front of daughter Shaylee Brown. Last SW contact 2009. They will look into this. Unfortunately I do not have contact details for patient's [redacted] partner - ei ther does not live at the same address or is not registered with us. Adv patient is aware I am contacting other services. Had contacted them in 2009 to say he struggled to look after Shaylee and also aware of h/o cannabis misuse. Dr D Coetsee
03/05/2011 Seen in GP's surgery List of probs. 1) Wheezy at night, during exercise, smoker, smokes cannabis, getting indigestion, usually feels sick in the mornings. OE: Chest clear, peak flow 450, Rx salbutamol and peak flow chart and RV in 2w with result. 2) Dyspepsia - long term, doe sn't think has wt loss - add omeprazole for trial. 3) Trying to cut cannabis - lashes out at partner in front of 4yo daughter a few weeks ago - adv I'll have to tell the HVs about this and they may have to do assessment. Getting teeth out tomorrow. Dr D Coetsee
03/05/2011 Nocturnal cough / wheeze Dr D Coetsee

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

28/02/2011 Notes summary on computer Katrina. Mrs Katrina Arkless
28/02/2011 Elec record notes summ verifie Mrs Katrina Arkless
03/02/2011 Telephone encounter phoned as got a letter saying to make an appt explained it was after recieving letter from max fax re poss wheeze and loose stools he will make a routine appt Dr V Hankinson
01/02/2011 Patient encounter data NOS to make appt re dental letter Dr V Hankinson
31/01/2011 Patient MRE received from HB A4 Dr Staff Unknown Member Of Staff
19/01/2011 Seen in GP's surgery bilateral pains to heels started when started [redacted] asda last yr on feet all day and wearing steel toe caps, tender along achilles and plantar fascia. no heat/ swelling. hnp/ plantar fasciitis advised incsoles, analgesia and will give him PIL heel pain initially Dr V Hankinson
19/01/2011 Plantar fasciitis Dr V Hankinson
13/01/2011 Patient encounter data NOS CONTD. C MOULDS ALSO ADVISED THAT DR T. [redacted] HAD PHONED HER ON MONDAY AFTERNOON (10/01/11), RE PATIENT. Dr Staff Unknown Member Of Staff
13/01/2011 Patient encounter data NOS PHONED C. MOULDS AT ASDA TO CONFIRM SHE HAD RECEIVED FAX. SHE HAD RECEIVED THIS AND ASKED ME TO CONFIRM WHETHER PATIENT HAD ANOTHER APPT WITH NURSE FOR MORE TESTS. ADVISED I COULD NOT DISCLOSE THIS INFORMATION DUE TO PATIENT CONFIDENTIALITY. PATIENT HAD ADVISED C MOULDS THAT HE DID IN FACT HAVE ANOTHER NURSE APPT TO HAVE MORE TESTS AND HAD A LETTER TO THIS EFFECT. HE DID NOT GIVE LETTER TO MANAGER, BUT HE HAS MEETING WITH MANAGER TODAY AND SHE WILL ENDEAVOUR TO GET A COPY OF THIS AND FAX TO US. CONTD Dr Staff Unknown Member Of Staff
13/01/2011 Pat. GP7B/GP8B card from HB Dr Staff Unknown Member Of Staff
12/01/2011 Patient encounter data NOS PATIENT'S EMPLOYER, ASDA LIVINGSTON, [redacted] MOULDS, CATERING MANAGER) HAD CONTACTED US TO ASK IF LETTER THEY HAD RECEIVED REGARDING HIS FITNESS FOR WORK WAS GENUINE. REPLIED TO ASDA CONFIRMING LETTER DID NOT COME FROM OUR HC AND THAT WE DID NOT HAVE A D R. T. [redacted] LOCUM TENENS, [redacted] OUR PRACTICE. LETTER TO PATIENT INVITING HIM TO CONTACT PRACTICE TO DISCUSS. (JR) Dr Staff Unknown Member Of Staff
12/01/2011 Seen in GP's surgery patient off [redacted] d&v for few days, states work was as [redacted] for 'fit for work' note but as not off long enough to require that he states he wrote his own note. Mrs Michelle Archondakis
12/01/2011 REGISTRATION MEDICAL COMPLETE Dr Staff Unknown Member Of Staff
11/01/2011 White Scottish Dr Staff Unknown Member Of Staff
11/01/2011 GPC COMPLETED REGISTRATION Dr Staff Unknown Member Of Staff
11/01/2011 Patient reg. form sent to HB Dr Staff Unknown Member Of Staff
18/03/2007 Other cellulitis/abscess Dental ; I&D Mrs Katrina Arkless
07/09/2006 Migraine Mrs [redacted] Arkless
29/05/2001 Men-C 1st ACTION=No Action Required : PROTOCOL=Men-C Mrs [redacted] Arkless
15/08/1999 Head injury Mrs Katrina Arkless
14/08/1999 Child in foster care Mrs Katrina Arkless
19/02/1996 [V]Behavioural problems following allegations of sexual assault. Mrs [redacted] Arkless
03/06/1991 Enuresis Mrs [redacted] Arkless
09/12/1987 Child: speech therapy Mrs [redacted] Arkless
23/06/1983 Date records held from Mrs Katrina Arkless

Repeat Masters

Mirtazapine 15mg tablets Until: Last issued: 20/01/2023 Number of issues: 2 maximum 3 allowed
TAKE ONE TABLET AT NIGHT

Acute and Repeat Issue Therapy

20/01/2023	2 issued	Mirtazapine 15mg tablets	Supply: (56) tablet	TAKE ONE TABLET AT NIGHT
29/11/2022	1 issued	Mirtazapine 15mg tablets	Supply: (56) tablet	TAKE ONE TABLET AT NIGHT
16/11/2022	issued	Amoxicillin 500mg capsules	Supply: (15) capsule	TAKE ONE CAPSULE THREE TIMES DAILY
15/11/2022	issued	Peptac liquid peppermint (Teva UK Ltd)	Supply: (500) ml	TAKE TWO TO FOUR 5 ML SPOONFULS 20 MINUTES AFTER MEALS AND AT BEDTIME AS REQUIRED
15/11/2022	issued	Omeprazole 20mg gastro-resistant capsules	Supply: (28) capsule	TAKE ONE CAPSULE DAILY, 20-30 MINUTES BEFORE BREAKFAST
20/10/2022	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	TAKE ONE TABLET AT NIGHT
16/09/2022	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	TAKE ONE TABLET AT NIGHT
01/06/2022	issued	Hyoscine butylbromide 10mg tablets	Supply: (56) tablet	TAKE TWO TABLETS FOUR TIMES A DAY
13/01/2021	issued	Flucloxacillin 500mg capsules	Supply: (28) capsule	1 CAPSULE FOUR TIMES A DAY
14/12/2020	issued	Ibuprofen 5% gel	Supply: (50) gram	APPLY THREE TIMES DAILY TO THE AFFECTED AREA(S)

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

14/12/2020	issued	Co-codamol 30mg/500mg tablets	Supply: (60) tablet	1-2 TABLETS UP TO FOUR TIMES [redacted]
14/11/2019	issued	Amoxicillin 500mg capsules	Supply: (21) capsule	TAKE ONE CAPSULE THREE TIMES DAILY FOR 7 DAYS
14/11/2019	issued	AeroChamber Plus (Trudell Medical UK Ltd)	Supply: (1) device	USE AS DIRECTED
14/11/2019	issued	Salbutamol 100micrograms/dose inhaler CFC free PRN	Supply: (1) dose	2 PUFFS 4 TIMES DAILY
26/09/2019	issued	Ibuprofen 5% gel	Supply: (50) gram	APPLY THREE TIMES DAILY TO THE AFFEC[redacted] AREA(S)
12/07/2019	issued	Sertraline 50mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY
15/03/2019	issued	Fluoxetine 20mg capsules	Supply: (28) capsule	ONE CAPSULE
11/01/2019	issued	Fluoxetine 20mg capsules	Supply: (28) capsule	ONE CAPSULE
25/01/2017	issued	Co-codamol 30mg/500mg tablets	Supply: (60) tablet	1-2 TABLETS UP TO FOUR TIMES DAILY
25/01/2017	issued	Ibuprofen 400mg tablets	Supply: (60) tablet	1 TABLET UP TO THREE TIMES A DAY AFTER FOOD
04/05/2016	issued	Hydrocortisone 1% / Clotrimazole 1% cream	Supply: (30) gram	APPLY TWICE DAILY
22/07/2015	issued	Emla 5% cream (Aspen Pharma Trading Ltd)	Supply: (5) gram	APPLY 30 MINS PRIOR TO BLOOD TEST
23/02/2015	issued	Co-codamol 8mg/500mg tablets	Supply: (32) tablet	1 OR 2 TABLET(S) UP TO FOUR TIMES A DAY
20/02/2015	issued	Paracetamol 500mg tablets	Supply: (64) tablet	TAKE 1 OR 2 FOUR TIMES DAILY
22/01/2015	issued	Lansoprazole 30mg gastro-resistant capsules	Supply: (28) capsule	1 CAP DAILY
22/01/2015	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	1 TABLET UP TO THREE TIMES A DAY AFTER FOOD
22/01/2015	issued	Salbutamol 100micrograms/dose inhaler CFC free PRN	Supply: (1) dose	2 PUFFS 4 TIMES DAILY
05/09/2013	issued	Clenil Modulite 50micrograms/dose inhaler (Chiesi Ltd)	Supply: (200) dose	2 PUFFS TWICE A DAY
30/08/2013	issued	Salbutamol 100micrograms/dose inhaler CFC free PRN	Supply: (1) dose	2 PUFFS 4 TIMES DAILY
21/09/2012	issued	Ibuprofen 400mg tablets	Supply: (84) tablet	1 TABLET UP TO THREE TIMES A DAY AFTER FOOD
15/08/2012	issued	Salbutamol 100micrograms/dose inhaler CFC free PRN	Supply: (1) dose	2 PUFFS 4 TIMES DAILY
03/05/2011	0 issued	PanOxyl 5 Aquagel (Haleon UK Trading Ltd)	Supply: (40)	Apply 1 or 2 times daily
03/05/2011	0 issued	Peak flow meter low range	Supply: (1)	use As directed
03/05/2011	0 issued	Lansoprazole 30mg gastro-resistant capsules	Supply: (28)	1 Cap Daily
03/05/2011	0 issued	AeroChamber Plus (Trudell Medical UK Ltd)	Supply: (1)	
03/05/2011	0 issued	Salbutamol 100micrograms/dose inhaler CFC free	Supply: (1)	2 Puffs 4 times daily prn
19/01/2011	0 issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (42)	1 Tab 3 times daily

Recall

06/09/2013	Recall on 01/06/2014 for Asthma annual review with Mrs Janice Cuthbertson	Status:Outstanding
12/01/2011	Recall on 12/01/2014 for Urinalysis = no abnormality with Mrs Michelle Archondakis	Status:
	ACTION=Repeat after an Interval : PROTOCOL=Urinalysis$$	
12/01/2011	Recall on 12/01/2014 for Health ed. - smoking with Mrs [redacted] Archondakis	Status:
	ACTION=Repeat after an Interval : PROTOCOL=Smoking Advice$$	
12/01/2011	Recall on 12/01/2016 for O/E - BP reading normal with Mrs Michelle Archondakis	Status:
	ACTION=Repeat after an Interval : PROTOCOL=B P Screening$$	
12/01/2011	Recall on 12/01/2012 for Trivial drinker - <1u/day with Mrs Michelle Archondakis	Status:
	ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake$$	

Consultation

24/12/2024	Administration	Mrs [redacted] Graham
02/06/2023	Other	Dr [redacted] Rahman
31/05/2023	Third Party Consultation	Mrs [redacted] Graham
29/05/2023	Third Party Consultation	Mr [redacted] Addison
26/05/2023	Other	Mr [redacted] Addison
16/02/2023	Administration	Dr R O'Reilly
20/01/2023	Administration	Mrs [redacted] Hope
12/01/2023	Telephone call to a patient	Dr [redacted] Brown
21/12/2022	Other	Mr [redacted] Addison
29/11/2022	Administration	Dr E Duncan
16/11/2022	Triage	Ms Jane Sharp
15/11/2022	Triage	Ms [redacted] De Longie
31/10/2022	Administration	Dr E Duncan
20/10/2022	Telephone call to a patient	Dr [redacted] Brown
29/09/2022	Telephone call to a patient	Dr [redacted] Brown
23/09/2022	Surgery consultation	Ms June Smillie
20/09/2022	Telephone call to a patient	Dr [redacted] Brown
16/09/2022	Telephone call to a patient	Dr [redacted] Brown
16/09/2022	Surgery consultation	Ms June Smillie

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

17/06/2022	Administration	Mrs Denise Cridge
17/06/2022	Telephone call to a patient	Ms Gillian Edwards
16/06/2022	Administration	Mrs Kelly Hamilton-Jervis
09/06/2022	Administration	Mrs [redacted] Hamilton-Jervis
08/06/2022	Telephone call to a patient	Ms Gillian Edwards
01/06/2022	Triage	Ms Jane Sharp
31/05/2022	Referral Letter	Dr [redacted]
31/05/2022	Surgery consultation	Dr [redacted] Kelly
30/05/2022	Telephone call to a patient	Dr C Robertson
11/05/2022	Administration	Dr C [redacted]
09/05/2022	Administration	Dr E [redacted]
08/04/2022	Administration	Dr C [redacted]
22/03/2022	Administration	Dr [redacted] Kelly
22/03/2022	Other	Ms Advanced Practice Physio
08/03/2022	Other	Ms Advanced Practice Physio
07/03/2022	Telephone call to a patient	Dr C [redacted]
24/02/2022	Telephone call to a patient	Dr R O'Reilly
07/02/2022	Other	Dr [redacted] Rahman
07/02/2022	Other	Dr [redacted] Rahman
31/01/2022	Telephone call to a patient	Dr [redacted] Johnston
12/01/2022	Third Party Consultation	Mr [redacted] Addison
10/01/2022	Referral Letter	Dr [redacted] Rahman
10/01/2022	Other	Dr Monika Rahman
10/01/2022	Other	Dr [redacted] Rahman
29/11/2021	Surgery consultation	Dr [redacted]
29/11/2021	Administration	Dr E [redacted]
26/11/2021	Telephone call to a patient	Dr [redacted] Brown
22/11/2021	Administration	Mrs [redacted] Hamilton-Jervis
18/11/2021	Administration	Dr Alexander [redacted]
18/11/2021	Referral Letter	Dr [redacted] Kelly
18/11/2021	Surgery consultation	Dr Alexander Kelly
18/11/2021	Surgery consultation	Dr Alexander Kelly
03/06/2021	Data Transferred from other system	Dr E [redacted]
03/06/2021	Telephone call to a patient	Dr C [redacted]
25/05/2021	Administration	Mrs Denise Cridge
24/05/2021	Administration	Dr R O'Reilly
24/05/2021	Surgery consultation	Mrs Michelle Archondakis
20/05/2021	Surgery consultation	Ms Kath Paterson
20/05/2021	Telephone call to a patient	Dr R O'Reilly
13/01/2021	Administration	Dr [redacted] Kelly
13/01/2021	Telephone call to a patient	Dr C [redacted]
14/12/2020	Referral Letter	Dr [redacted] Rahman
14/12/2020	Other	Dr Monika Rahman
14/12/2020	Other	Dr [redacted] Rahman
12/12/2020	Referral Letter	Dr R O'Reilly
12/12/2020	Administration	Dr R O'Reilly
02/12/2020	Telephone call to a patient	Dr Mann Ali
20/11/2020	Administration	Mrs [redacted] Sayers
11/11/2020	Administration	Mrs Denise Cridge
11/11/2020	Administration	Dr E [redacted]
06/11/2020	Administration	Dr [redacted] Kelly
23/10/2020	Surgery consultation	Mr [redacted] Mcdowell
22/10/2020	Administration	Mrs Denise Cridge
22/10/2020	Administration	Dr R O'Reilly
16/10/2020	Administration	Mrs Hazel Graham
16/10/2020	Administration	Dr E Duncan
02/10/2020	Other	Dr Monika Rahman
02/10/2020	Other	Dr [redacted] Rahman
22/09/2020	Administration	Ms Yvonne Lind
22/09/2020	Other	Dr [redacted] Rahman
07/09/2020	Telephone call to a patient	Dr [redacted] Brown
15/11/2019	Administration	Dr Locum1 Gp Locum1
14/11/2019	Administration	Dr Locum1 Gp Locum1
14/11/2019	Surgery consultation	Dr Locum1 Gp Locum1
14/11/2019	Administration	Mrs [redacted] Graham
26/09/2019	Surgery consultation	Dr [redacted] Lynn
26/07/2019	Administration	Mrs [redacted] Hamilton-Jervis
26/07/2019	Administration	Dr R O'Reilly
15/07/2019	Administration	Mrs [redacted] Arkless
12/07/2019	Telephone call to a patient	Dr R O'Reilly
04/07/2019	Third Party Consultation	Dr R O'Reilly
15/03/2019	Surgery consultation	Dr [redacted] Gillespie
12/03/2019	Medicine Management	Mrs Denise Cridge
08/03/2019	Administration	Mrs Hazel Graham
05/02/2019	Other	Dr C S[redacted]
04/02/2019	Administration	Mrs Denise Cridge

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

11/01/2019	Surgery consultation	Dr [redacted]
10/01/2019	Surgery consultation	Dr [redacted] Kelly
10/10/2018	Administration	Mrs [redacted]
25/09/2017	Triage	Ms Anita De Longie
25/01/2017	Surgery consultation	Dr C Robertson
25/01/2017	Surgery consultation	Dr C [redacted]
04/05/2016	Surgery consultation	Dr C Robertson
28/07/2015	Results recording	Dr E [redacted]
28/07/2015	Results recording	Dr E [redacted]
28/07/2015	Results recording	Dr E Duncan
27/07/2015	Surgery consultation	Mrs Katrina Arkless
22/07/2015	Surgery consultation	Dr Alexander Kelly
03/06/2015	Telephone call to a patient	Dr D Coetsee
29/05/2015	Administration	Dr R O'Reilly
25/05/2015	Administration	Dr R O'Reilly
21/05/2015	Surgery consultation	Dr R O'Reilly
23/02/2015	Telephone call to a patient	Dr R O'Reilly
20/02/2015	Telephone call to a patient	Dr Rachel Stepek
27/01/2015	Referral Letter	Ms Yvonne Lind
22/01/2015	Surgery consultation	Dr Locum2 Gp Locum2
19/01/2015	Other	Ms [redacted] De Longie
19/01/2015	Telephone call from a patient	Dr E Duncan
05/09/2014	Results recording	Dr E Duncan
04/09/2014	Results recording	Dr E [redacted]
02/09/2014	Results recording	Dr E [redacted]
02/09/2014	Administration	Dr E Duncan
02/09/2014	Results recording	Dr E [redacted]
02/09/2014	Results recording	Dr E [redacted]
01/09/2014	Results recording	Dr E Duncan
01/09/2014	Surgery consultation	Mrs [redacted] Archondakis
22/08/2014	Administration	Dr [redacted]
21/08/2014	Surgery consultation	Dr [redacted] Kelly
02/06/2014	Administration	Mrs [redacted] Hamilton-Jervis
06/09/2013	Administration	Mrs [redacted]
05/09/2013	Administration	Dr F Stirrat
05/09/2013	Surgery consultation	Mrs Janice Cuthbertson
30/08/2013	Administration	Dr Gp Retainer
30/08/2013	Administration	Mrs Denise Cridge
09/11/2012	Third Party Consultation	Dr D Coetsee
09/11/2012	Triage	Dr D Coetsee
05/11/2012	Administration	Dr Mark [redacted]
21/09/2012	Surgery consultation	Dr [redacted]
15/08/2012	Surgery consultation	Dr F Stirrat
14/08/2012	Administration	Dr E Duncan
04/05/2011	Other	Dr D Coetsee
03/05/2011	Other	Dr D Coetsee
28/02/2011	Other	Mrs Katrina Arkless
03/02/2011	Other	Dr V Hankinson
01/02/2011	Other	Dr V Hankinson
31/01/2011	Other	Dr Staff Unknown Member Of Staff
19/01/2011	Other	Dr V Hankinson
13/01/2011	Other	Dr Staff Unknown Member Of Staff
12/01/2011	Other	Dr Staff Unknown Member Of Staff
11/01/2011	Other	Dr Staff Unknown Member Of Staff
18/03/2007	Other	Mrs Katrina Arkless
07/09/2006	Other	Mrs [redacted] Arkless
29/05/2001	Other	Mrs Katrina Arkless
15/08/1999	Other	Mrs [redacted] Arkless
14/08/1999	Other	Mrs Katrina Arkless
04/12/1997	Other	Mrs Katrina Arkless
19/02/1996	Other	Mrs Katrina Arkless
03/06/1991	Other	Mrs [redacted] Arkless
09/12/1987	Other	Mrs Katrina Arkless
09/11/1987	Other	Mrs [redacted] Arkless
20/02/1984	Other	Mrs [redacted] Arkless
03/10/1983	Other	Mrs [redacted] Arkless
15/08/1983	Other	Mrs [redacted] Arkless
23/06/1983	Other	Mrs [redacted] Arkless

Blood pressure

12/01/2011 BP 133/83 recall due: 12/01/2016 O/E - BP reading normal ACTION=Repeat after an Interval : PROTOCOL=B P Screening$$

Smoking

05/09/2013 Smoker 3 cigarettes per day Cigarette smoker Mrs Janice Cuthbertson

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

12/01/2011 Smoker 0 cigarettes per day Current smoker ACTION=No Action Required :
PROTOCOL=Smoker$$ Status Mrs Mic[redacted] Archondakis

Alcohol
12/01/2011 Current drinker 0 units per week Trivial drinker - <1u/day ACTION=Repeat after an Interval :
PROTOCOL=Alcohol Intake$$ Mrs [redacted] Archondakis

Health Promotion - Smoking
22/07/2015 Smoking cessation advice for Smoking
12/01/2011 Health ed. - smoking for Smoking ACTION=Repeat after an Interval : PROTOCOL=Smoking Advice$$

Weight
12/01/2011 Weight: 68 kgs BMI: 21.4 O/E - weight ACTION=No Action Required :
PROTOCOL=Weight$$

Height
12/01/2011 Height: 1.78 metres O/E - height ACTION=No Action Required :
PROTOCOL=Height$$ Mrs [redacted] Archondakis

Immunisations
03/06/2021 COVPFIZER Stage: 1 Given Routine Measure Due 03/07/2021 Batch: ET8885 C-19 Pfizer (By M Hearse) Dr E[redacted]
04/12/1997 POLIO Stage: B Given Due (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs Katrina Arkless
04/12/1997 TETANUS Stage: B Given Due (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs Katrina Arkless
04/12/1997 DIPHTHERIA Stage: B Given Due (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs [redacted] Arkless
09/11/1987 POLIO Stage: B Given Due ACTION=No Action Required :
PROTOCOL=Preschool Immunis.$$ (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs [redacted] Arkless
09/11/1987 TETANUS Stage: B Given Due ACTION=No Action Required :
PROTOCOL=Preschool Immunis.$$ (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs [redacted] Arkless
09/11/1987 DIPHTHERIA Stage: B Given Due ACTION=No Action Required :
PROTOCOL=Preschool Immunis.$$ (ORIGINAL TEXT: Booster DT(double)+polio vacc.) Mrs [redacted] Arkless
20/02/1984 POLIO Stage: 3 Given Due 26/11/1984 ACTION=Repeat after an Interval :
PROTOCOL=3rd Primary [redacted].$$ (ORIGINAL TEXT: Third DTP (triple)+polio vacc.) Mrs [redacted] Arkless
20/02/1984 PERTUSSIS Stage: 3 Given Due 26/11/1984 ACTION=Repeat after an Interval :
PROTOCOL=3rd Primary Immunis.$$ (ORIGINAL TEXT: Third DTP [redacted]+polio vacc.) Mrs Katrina Arkless
20/02/1984 TETANUS Stage: 3 Given Due 26/11/1984 ACTION=Repeat after an Interval :
PROTOCOL=3rd Primary Immunis.$$ (ORIGINAL TEXT: Third DTP (triple)+polio vacc.) Mrs [redacted] Arkless
20/02/1984 DIPHTHERIA Stage: 3 Given Due 26/11/1984 ACTION=Repeat after an Interval :
PROTOCOL=3rd Primary Immunis.$$ (ORIGINAL TEXT: Third DTP (triple)+polio vacc.) Mrs [redacted] Arkless
03/10/1983 POLIO Stage: 2 Given Due 31/10/1983 ACTION=Repeat after an Interval :
PROTOCOL=2nd Primary Immunis.$$ (ORIGINAL TEXT: Second DTP (triple)+polio vacc) Mrs [redacted] Arkless
03/10/1983 PERTUSSIS Stage: 2 Given Due 31/10/1983 ACTION=Repeat after an Interval :
PROTOCOL=2nd Primary Immunis.$$ (ORIGINAL TEXT: Second DTP (triple)+polio vacc) Mrs [redacted] Arkless
03/10/1983 TETANUS Stage: 2 Given Due 31/10/1983 ACTION=Repeat after an Interval :
PROTOCOL=2nd Primary Immunis.$$ (ORIGINAL TEXT: Second DTP (triple)+polio vacc) Mrs [redacted] Arkless
03/10/1983 DIPHTHERIA Stage: 2 Given Due 31/10/1983 ACTION=Repeat after an Interval :
PROTOCOL=2nd Primary Immunis.$$ (ORIGINAL TEXT: Second DTP (triple)+polio vacc) Mrs Katrina Arkless
15/08/1983 POLIO Stage: 1 Given Due 12/09/1983 ACTION=Repeat after an Interval :
PROTOCOL=1st Primary Immunis.$$ (ORIGINAL TEXT: First DTP (triple)+polio vacc.) Mrs [redacted] Arkless
15/08/1983 PERTUSSIS Stage: 1 Given Due 12/09/1983 ACTION=Repeat after an Interval :
PROTOCOL=1st Primary Immunis.$$ (ORIGINAL TEXT: First DTP (triple)+polio vacc.) Mrs [redacted] Arkless
15/08/1983 TETANUS Stage: 1 Given Due 12/09/1983 ACTION=Repeat after an Interval :
PROTOCOL=1st Primary Immunis.$$ (ORIGINAL TEXT: First DTP (triple)+polio vacc.) Mrs Katrina Arkless
15/08/1983 DIPHTHERIA Stage: 1 Given Due 12/09/1983 ACTION=Repeat after an Interval :
PROTOCOL=1st Primary Immunis.$$ (ORIGINAL TEXT: First DTP (triple)+polio vacc.) Mrs Katrina Arkless

Albumin
27/07/2015 Serum albumin = 39 g/L

Alkaline Phosphatase
27/07/2015 Serum alkaline phosphatase = 68 U/L U/L
01/09/2014 Serum alkaline phosphatase = 63 U/L U/L

Alanine Aminotransferase
27/07/2015 Serum alanine aminotransferase level = 47 U/L Serum ALT level - U/L
01/09/2014 Serum alanine aminotransferase level = 26 U/L Serum ALT level - U/L

B12 Levels
27/07/2015 Serum vitamin B12 = 387 ng/L

Bilirubin
27/07/2015 [redacted] total bilirubin level = 14 umol/L
01/09/2014 Serum total bilirubin level = 7 umol/L

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

Calcium				
27/07/2015	Serum calcium	= 2.33 mmol/L		
Calcium adjusted				
27/07/2015	Corrected serum calcium level	= 2.35 mmol/L		
Serum creatinine				
27/07/2015	Serum creatinine	= 71 umol/L		
01/09/2014	Serum creatinine	= 74 umol/L		
Eosinophil count				
27/07/2015	Eosinophil count	= 0.56 10*9/L	Abnormal	10 ^9/L
01/09/2014	Eosinophil count	= 0.46 10*9/L		10 ^9/L
Folate level				
27/07/2015	Serum folate	= 3.5 ug/L		
Follicle Stimulating Hormone				
01/09/2014	Serum FSH level	= 4.8 U/L		U/L
Gamma Glutamyl Transpeptidase				
27/07/2015	Serum gamma-glutamyl transferase level	= 22 U/L		Serum gamma GT level - U/L
01/09/2014	Serum gamma-glutamyl transferase level	= 21 U/L		Serum gamma GT level - U/L
Haemoglobin				
27/07/2015	Haemoglobin estimation	= 152 g/L		
01/09/2014	Haemoglobin estimation	= 161 g/L		
Human Chorionic Gonadotrophin				
01/09/2014	Serum total HCG level	< 5 U/L		U/L
Luteinising Hormone				
01/09/2014	Serum LH level	= 3.9 U/L		U/L
Mean corpuscular haemoglobin				
27/07/2015	Mean corpusc. haemoglobin(MCH)	= 30.7 pg/mL		pg
01/09/2014	Mean corpusc. haemoglobin(MCH)	= 31.1 pg/mL		pg
MCH Hb Concentration				
27/07/2015	Mean corpusc. Hb. conc. (MCHC)	= 344 g/L		
01/09/2014	Mean corpusc. Hb. conc. (MCHC)	= 343 g/L		
Mean corpuscular volume				
27/07/2015	Mean corpuscular volume (MCV)	= 89 fL		fl
01/09/2014	Mean corpuscular volume (MCV)	= 91 fL		fl
Monocyte count				
27/07/2015	Monocyte count	= 0.76 10*9/L		10 ^9/L
01/09/2014	Monocyte count	= 0.42 10*9/L		10 ^9/L
Neutrophil count				
27/07/2015	Neutrophil count	= 3.68 10*9/L		10 ^9/L
01/09/2014	Neutrophil count	= 2.77 10*9/L		10 ^9/L
Oestradiol level				
01/09/2014	Serum oestradiol level	= 58 pmol/L		
Platelets				
27/07/2015	Platelet count	= 257 10*9/L		10 ^9/l
01/09/2014	Platelet count	= 256 10*9/L		10 ^9/l
Potassium				
27/07/2015	Serum potassium	= 4.2 mmol/L		
01/09/2014	Serum potassium	= 4.7 mmol/L		
Prolactin level				
01/09/2014	Serum prolactin level	= 124 mU/L		mU/L
Red blood cell count				
27/07/2015	Red blood cell (RBC) count	= 4.95 10*12/L		10 ^12/L
01/09/2014	Red blood cell (RBC) count	= 5.17 10*12/L		10 ^12/L
Sodium				
27/07/2015	[redacted] sodium	= 140 mmol/L		
01/09/2014	Serum sodium	= 142 mmol/L		
Testosterone				
01/09/2014	Serum testosterone	= 16.3 pmol/L		
Thyroid Stimulating Hormone				
27/07/2015	Serum TSH level	= 1.7 mU/L		mU/L
01/09/2014	Serum TSH level	= 1.9 mU/L		mU/L

Urea - blood

Craigshill Health Centre, The Mall, Craigshill Road East, Craigshill, Livingston, EH54 5DY
Tel: 01506 432621

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

27/07/2015 Serum urea level = 3.8 mmol/L
01/09/2014 Serum urea level = 3.8 mmol/L

White blood count
27/07/2015 Total white cell count = 8.9 10*9/L [redacted]
01/09/2014 Total white cell count = 6.8 10*9/L 10^9/l

Lymphocyte count
27/07/2015 Lymphocyte count = 3.87 10*9/L 10 ^9/L
01/09/2014 Lymphocyte count = 3.12 10*9/L 10 ^9/L

Blood glucose
27/07/2015 Plasma glucose level = 4.1 mmol/L
27/07/2015 Plasma glucose level = mmol/L <none>

Bone studies
27/07/2015 Bone profile = <none>

Full blood count
27/07/2015 Full blood count - FBC = <none>
01/09/2014 Full blood count - FBC = <none>

Liver Function tests
27/07/2015 Liver function test = <none>
01/09/2014 Liver function test = <none>

Thyroid function
27/07/2015 Thyroid function test = <none>
01/09/2014 Thyroid function test = <none>

Urea and Electrolytes
27/07/2015 Urea and electrolytes = <none>
01/09/2014 Urea and electrolytes = <none>

Urine test
12/01/2011 Urinalysis = no abnormality = 0 ACTION=Repeat after an Interval :
PROTOCOL=Urinalysis55

Advice Given
05/09/2013 Advice to patient - subject Advice review 2 months

Current asthma status
05/09/2013 Asthma management plan given status: to commence Clenil modulite 100 mcgs 2 puffs Mrs Janice Cuthbertson
05/09/2013 Asthma treatment compliance satisfactory status: Mrs Janice Cuthbertson
05/09/2013 Asthma limits walking up hills or stairs status: Mrs Janice Cuthbertson
05/09/2013 Increasing exercise wheeze status: Mrs Janice Cuthbertson

Asthma consultation
05/09/2013 Asthma follow-up Seen by: Clinician: Mrs Janice Cuthbertson 2 months
05/09/2013 Asthma monitoring check done Seen by: Clinician: Mrs Janice Cuthbertson
05/09/2013 Asthma annual review Seen by: Clinician: Mrs Janice Cuthbertson

New Registration Consultation
12/01/2011 New patient screen Seen by: Clinician: Mrs Michelle Archondakis

Family History
28/02/2011 FH: CVA/stroke of
Mrs Katrina Arkless
28/02/2011 FH: Ischaemic heart dis. <60 of
Mrs [redacted] Arkless
28/02/2011 FH: Fam hypercholesterolaemia of
Mrs [redacted] Arkless
28/02/2011 FH: Hypertension of
Mrs Katrina Arkless
28/02/2011 FH: Diabetes mellitus of
Mrs [redacted] Arkless
28/02/2011 FH: Asthma of Father
Mrs [redacted] Arkless

Other Laboratory tests
27/07/2015 Blood haematinic levels = <none>
27/07/2015 Biochemical test = Rand(<11) Rand(<11)
01/09/2014 Biochemical test = Send away test - Biochemistry RIE

PF current
05/09/2013 Peak exp. flow rate: PEFR/PFR: = 320 L/min Device Type:Wright Previous Best Ever =, Predicted = 637.5.
Mrs Janice Cuthbertson

Packed Cell Volume
27/07/2015 Haematocrit = 0.442 ratio Ratio
01/09/2014 Haematocrit = 0.47 ratio Ratio

Full Report

Mr John Brown **17/05/1983** **Male** **734/83/419** **Permanent**

Basophil count
27/07/2015 Basophil count = 0.07 10*9/L 10 ^9/L
01/09/2014 Basophil count = 0.06 10*9/L 10 ^9/L

Chemical function tests
01/09/2014 Endocrine studies <none>

Free Thyroxine
27/07/2015 Serum free T4 level = 12 pmol/L
01/09/2014 Serum free T4 level = 12 pmol/L

Procedures, Specimens and Samples
31/05/2022 Blood test requested = aj - previous renal caculi - FBC UE LFT and urine dip please
10/01/2022 Blood test requested = right sided occ pains - please do u/e fbc lft and urine diptsick if blood please let gp know and send off for msu
22/07/2015 Blood test requested Aj - peripheral neuropathy - FBC UE LFT GLUCOSE CALCIUM TFT VIT b12 folate iron please
21/08/2014 Blood test requested AJ FBC UE LFT TFT Testosterone LH Oestrogen and BHCG and prolactin please

Asthma daytime symptoms
05/09/2013 Asthma daytime symptoms daily

Asthma night time symptoms
05/09/2013 Asthma not disturbing sleep Daily

Asthma limiting activity
05/09/2013 Asthma limiting activities

Repeat Medication Review
29/11/2022 Medication review Due: 29/11/2023 by: Dr E [redacted] Dr E Duncan
29/11/2022 Medication review Due: 29/11/2023 Complete: 29/11/2022 by: Dr E [redacted] Next review: 29/11/2023 Dr E Duncan
05/09/2013 Asthma medication review needs to commence Clenil 100 mcgs 2 puffs bd Due: 05/09/2014 Complete: 29/11/2022 by: Mrs Janice Cuthbertson Next review: 29/11/2023 Mrs Janice Cuthbertson
05/09/2013 Asthma medication review needs to commence Clenil 100 mcgs 2 puffs bd Due: 05/09/2014 Complete: 05/09/2013 by: Mrs Janice Cuthbertson Next review: 05/09/2014 Mrs Janice Cuthbertson

Glomerular Filtration Rate
27/07/2015 GFR calculated abbreviated MDRD = mL/min GFR calculated abbreviated MDRD - >60
01/09/2014 GFR calculated abbreviated MDRD = mL/min GFR calculated abbreviated MDRD - >60
01/09/2014 GFR calculated abbreviated MDRD = mL/min GFR calculated abbreviated MDRD - >60

Total patients for report 1

Ayfle.

NHS Lothian Unscheduled Care Service

adastra.

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 48211**

(Gender: Male) (DOB: 17/05/1983) (Age: 41 years) (CHI: 1705831133)

Case No 48211 **Case Date** 03/04/2025 20:50

Emergency Care Summary viewed on case

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ

Home Address (If Different)

Current Phone 07498 397014 **Home Phone (If Different)**

Case Type MIU Appointment

Call Origin NHS24 **Tel** **Name** John

Reported Condition

NHS 24 Advice by Jody Black (Call Taker Sl) ()
HURT ANKLE - 8 HOURS

Triage Start 20:50
Triage End 21:20

MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange

Clinical summary created by: Jody Black (Call Taker Sl) () [03/04/2025 21:20:50]
Reason for call: HURT ANKLE - 8 HOURSConfirmed Symptom(s):
Wrist injury
Ankle injury
Ankle looks at an odd angle
Increasingly bruised or swollen or increasingly painful despite painkillers

Additional details of problem(s):
How ankle injury happened: HAPPENED WHILE COMING OFF A ROCK
Clinical Supervisor: Injuries up to 5 - 7 days can be referred to MIU if required
Analgesia taken: NONE
Ankle pain score of 10

Symptom(s) not found:
Able to walk
No heavy bleeding or bleeding currently controlled
No current fever

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Change Keyword selected
03:04:2025 20:56:27 BLACKJ1.. ROLLED ANKLEHEARD TWO POPS FROM THE ANKLEFELT CLOSE TO PASSING OUT WHEN DOING SOCANT WEIGHTBEAR - USING WALKING STICKS TO GET AROUNDPAIN GETTING WORSE WITH SLIGHTEST TOUCHPAIN SCORE 50/10SWELLING AND BRU[redacted]NG TO FEEL COLD DESPITE BEING WRAPPED UP WITH HEATING ON DURING CALL.. DW[redacted] - ANKLE

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 03/04/2025 21:47:46

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 48211**

(Gender: Male) (DOB: 17/05/1983) (Age: 41 years) (CHI: 1705831133)

INJURY, PAIN SEVERE, SWOLLEN, HOT TO TOUCH, SENSATION NORMAL, ADVISED MIU 4 FLOW HUB TO ARRANGE - PAIN RELIEF CONTINUE WITH ICE PACK..
Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

Pocket Aremote Consult by **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by **Consult Start**
Start Type **End Type** **Consult End**
History
Examination
Diagnosis
Treatment
Prescriptions

Informational Outcome(s)
UC- F2F MIU Appt (Adults) -

Scanned Document
21-July-2026 *****
Additional: Scanned Document

Filename: sharon.robertson12202607211111210.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Lothian

St John's Hospital at Howden
Accident and Emergency Department
Howden Road West
Livingston
West Lothian EH54 6PP

Accident and Emergency

Dr Black
Ashgrove Group Practice
Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

Date: 04/04/2025

Outpatient Clinic Letter

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (41 years)
		UHPI	800573588M
Attendance Date	04/04/2025		
Consultant	SJH MIU		

Dear Dr Black

41 year old

HPC
inversion injury to l ankle 1/7 ago
can w.b with limp
has taken analgesia
PMH
none
Medication
none
Allergies
none

Social hx
unemployed
O/E
non tender to l knee, head of fibula, achilles, medial malleolus, calcaneum
tender to lateral malleolus and base of 5th mt
swelling++ bruising+
nvi distally
decreased movement due to pain and swelling
X-ray
no # seen

Impression
ankle and foot sprain

Plan
tubigrip advised to remove at night
elbow crutches and advice given
rest from sport
analgesia advised

Worsening statement given
to return if further problems

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NHS Lothian - St John's Hospital at Howden - Radiology Clinical Report

Patient	John Brown 115 Beechwood Road Blackburn Bathgate West Lothian EH47 7PJ	**CHI** **Date of Birth** **Sex** **UHPI**	**1705831133** 17/05/1983 Male 800573588M
Requestor	JE McNutt Ashgrove Group Practice	**Visit Number** **Date of Examination**	51950546 08/05/2025

XR Pelvis

Clinical History
Right knee x-ray too pleasemotor bike accident when 16, long standing right knee pain and shin pain. knee locks and gives way daily. also has hip pain as well.Ligaments intact right knee, flexion limited by painext rotation hip painful / Pelvis/Hips

9155164 08/05/2025 XR Pelvis
No bone or joint abnormality.
Hip joints are preserved.

9155203 08/05/2025 XR Knee Rt
AP weightbearing view of both knees together and lateral weightbearing view of the right.
No bone or joint abnormality.

Sarah Carrigan. HCPC: RA67003
Reporting Radiographer.

Reporting Radiologist: [redacted] Carrigan

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St John's Hospital at Howden
Howden Road West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Mr John Brown
115 Beechwood Road
Blackburn
West Lothian
EH47 7PJ

Date First Created 05/08/2025
Date Authorised
Date/Time Printed 05/08/2025 08:03
Our Ref 800573588M
CHI 1705831133

Patient:	Mr John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**UHPI:**	800573588M
		Date of Birth:	17/05/1983
		Attendance Date:	22/07/2025
Clinic Code:	Week 2 (of 2) - M4 Assessment		
Specialty:	Psychological Therapy West		
Consultant:	Jennifer C Strachan		

Dear Mr John Brown,

Thank you for coming to meet with me in Bathgate House on 22nd July. We met to discuss your mental health, and to consider whether our service can offer you anything helpful.

You and I had actually met before. You had some initial sessions of therapy with me in 2022-3, but you were unable to continue these. That meant that we did not have to speak in our appointment about your early history, and could focus instead and how life is for you now.

You told me that it's a long term pattern with you that things can be 'OK for months, then they all fall apart'. Just now there are a number of stressful situations which are causing a significant deterioration in your mental health.

Your [redacted] - who has abused and bullied you throughout your life - has dementia and has suffered strokes. He now needs your support because no other family member is willing or able to step up. You are awaiting court proceeding in relation to drugs charges. You are in a relatively new relationship, and have a [redacted] due in a matter of days. Because of past accusations of violence, your [redacted] is on the Child Protection Register. You are trying hard to comply with their recommendations, but are also frustrated that they aren't taking into account the context of your history. The relationship with the [redacted] is a strained one, but you want to be

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Howden Road West
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NHS Lothian

involved with the [redacted] as you have been with your other children. There's extreme financial pressure on you at this time, as your [redacted] has no income at all.

There is a theme throughout these situations of you feeling used to meet other people's needs, with no regard for your own. Indeed if you do try to take care of yourself, you are case as 'the bad [redacted]. For example you described having been advised if there were an argument with your [redacted] to 'walk way', but if you try to do this, your [redacted] blocks you from leaving, or tells friends and family that you have left her alone.

When we had met before, I'd begun to explain that many of your difficulties can be viewed as a response to Complex Trauma. This doesn't mean that you aren't responsible for your actions, only that some of the patterns in how you think, feel and behave have been formed in response to experiences that you couldn't control. Psychological therapy can be helpful in managing the impact of complex trauma, and since we thought it was appropriate to try three years ago, it may be appropriate to try again now. I've added you to our waiting list to meet with me again. It's likely that the waiting time will be a further 9-10 months.

But I need to caution you that therapy isn't easy. It involves thinking and talking about things which may be difficult and distressing, and that we've avoided for a long time. It involves taking responsibility for the choices we make, working hard to make different choices, and tolerating how uncomfortable that can be. A person needs to be able not just to come to sessions regularly, but to think about and act on those discussions in between appointments. With everything that is going on for you just now, and may still be going on when therapy starts, you will need to think carefully about whether it is the right time for you to start that. So when we do meet again, we'll be thinking carefully before we make any longer term plans for therapy.

I hope this feels like a fair summary of our conversation. If you have any comments or questions, please just call the office on 01506 523615 and I'll return your call as soon as I am able.

Best wishes.

Yours sincerely

E-signed

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St John's Hospital at Howden
Howden Road West
Livingston
West Lothian
EH54 6PP

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Cont'd... **Ref:** 800573588M **Patient Name:** Mr John Brown

Dr [redacted] Strachan
Consultant Clinical Psychologist

c.c. Dr Black, Ashgrove Group Medical Practice, Blackburn

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NHS Lothian - St John's Hospital at Howden - Radiology Clinical Report

Patient	John Brown 115 Beechwood Road Blackburn Bathgate West Lothian EH47 7PJ	**CHI** **Date of Birth** **Sex** **UHPI**	**1705831133** 17/05/1983 Male 800573588M
Requestor	JE McNutt Ashgrove Group Practice	**Visit Number** **Date of Examination**	51950639 08/05/2025

XR Knee Rt

Clinical History
Right knee x-ray too pleasemotor bike accident when 16, long standing right knee pain and shin pain. knee locks and gives way daily. also has hip pain as well.Ligaments intact right knee, flexion limited by painext rotation hip painful / Pelvis/Hips

9155164 08/05/2025 XR Pelvis
No bone or joint abnormality.
Hip joints are preserved.

9155203 08/05/2025 XR Knee Rt
AP weightbearing view of both knees together and lateral weightbearing view of the right.
No bone or joint abnormality.

Sarah Carrigan. HCPC: RA67003
Reporting Radiographer.

Reporting Radiologist: [redacted] Carrigan

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NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, Royal Infirmary of Edinburgh
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 1705831133 / 1705831133	**D.O.B:** 17/05/1983	**Tel:**	0131 536 3373 Internal 633373
Patient: BROWN, JOHN	**Sex:** Male		
Report to: Dr [redacted] K Black		**Taken:**	31/07/2025 17:03
Address: Ashgrove Group Practice		**Received:**	01/08/2025 15:32
	Clinical Details:	**Date Reported:**	02/08/2025
Senders ref:	dysuria.		

Lab. Ref. No.:MU647410A Spec.:Mid stream urine

Urine culture
No growth
Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.

Authorised by : Background Authorisation for Dr I F Laurenson

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NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, Royal Infirmary of Edinburgh
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 1705831133 / 1705831133	**D.O.B:** 17/05/1983	**Tel:**	0131 536 3373 Internal 633373
Patient: BROWN, JOHN	**Sex:** Male		
Report to: Dr [redacted] K Black		**Taken:**	26/07/2025 18:00
Address: Ashgrove Group Practice		**Received:**	27/07/2025 15:37
	Clinical Details:	**Date Reported:**	28/07/2025
Senders ref:	R. flank pain		

Lab. Ref. No.:MU644262R Spec.:Mid stream urine

Urine culture
No significant growth
Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.

Authorised by : Background Authorisation for Dr I F Laurenson

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NHS Lothian Unscheduled Care Service

adastra.

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 37413**
(Gender: Male) (DOB: 17/05/1983) (Age: 42 years) (CHI: 1705831133)

Case No 37413 **Case Date** 26/07/2025 14:16
Emergency Care Summary viewed on case

Current Address
115 Beechwood Road Blackburn Bathgate

EH47 7PJ
Current Phone 07498 397014

Home Address (If Different)

Home Phone (If Different)

Case Type Attend OOH Appointment
Call Origin NHS24 [redacted] **Name** John
Reported Condition

NHS 24 Advice by Maimoonah Abbas (Call Taker SI) ()
ABDOMINAL PAIN - 5 DAYS

Triage Start 14:20
Triage End 14:45

PCC4 PCEC within 4 Hrs

Clinical summary created by: Maimoonah Abbas (Call Taker SI) () [26/07/2025 15:45:30]
Reason for call: ABDOMINAL PAIN - 5 DAYS
26:07:2025 14:20:06 ABBASM.. SEVERE PAIN FROM RIB TO HIP, WORSE WHEN LAYING OR SITTING. . PAIN ON PASSING URINE AND STRONG SMELL. THINKS KIDNEY STONE AS HAD SAME SYMPTOMS IN PAST. NOT PASSING SODIT STOOL JUST FROTH.. FELT LIKE PASSED A STONE..
26:07:2025 14:42:26 EASTONS.. FEVER INTERMITTENT & RHS ABDOMINAL PAIN 5 DAYS PAIN RADIATES TO RUQ RAIATES TO HIP . FELT LIKE PASSED RENAL STONE 2 DAYS AGO. PASSING DARK YELLOW URINE FOUL SMELLING . STINGS.. WHEN PASSING URINE. PARACETAMOL TAKEN WITH SHORT RELIEF. PT HAS A HX OF IBS PASSING FROTHY STOOL. MANAGING FLUIDS. OUTCOME PCEC 4 HRS..
Outcome: PCEC within 4 Hrs

Pocket Aremote Consult by
Start Type **End Type**
Consult Start
Consult End

Adastra Consult by [redacted] (Doc) **Consult Start** 18:24
Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 18:43

History
42YOM seen at SJH Base
[redacted] waited in WR

Reports a 5 day history of right flank pain
2 days ago noticed a 'pop' when passing urine and believes he passed a kidney stone
Has since had intermittently severe R sided flank pain and nausea
Pain radiates to RUQ and down to groin
Subjective fevers yesterday, none since

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics: Report produced by Adastra Version 3 - 26/07/2025 19:00:50

NHS Confidential: Personal data about a patient

Patient : John Brown **Case No 37413**

(Gender: Male) (DOB: 17/05/1983) (Age: 42 years) (CHI: 1705831133)

No vomiting
Appetite ok
Has tried paracetamol with some relief
At times the pain is "20/10" severity when area is pressed
Urine frothy and sometime slight sometimes very dark but not noticed any visible haematuria
Urethral discomfort on and off when PU
Has had renal tract calculi in past
Currently pain a bit better 5/10 with pcm
Stools loose at baseline - reports background IBS - no PR bleeding or mucus or changes

PMH- IBS

SH- lives with [redacted] smoker, says been trying to come off regular weed use but 'relapsed' with 1 joint yesterday. Otherwise not using any other drugs, pt says. Unemployed
Meds- loperamide, mebeverine
Allergies- codeine and dihydrocodeine- rash and severe headache. Says coating of ibuprofen not good for him, but naproxen ok and can see this recently prescribed on ECS for joint issue

Examination

Appears in discomfort, holding R loin but mobilising independently
T 36.8 HR 64 Sats 96% BP 132/83 RR 18
Tender R flank, abdo soft
Suggested testicular exam- pt declines, says normal and only urethral meatus is painful when PU
No guarding nor peritonism

Urine dipstick: trace pro only, no haematuria. No leucocytes or nitrites

CT KUB 2021 from Trak- "No cause of symptoms identified. Evidence of right sided tiny parenchymal calculi. Possibly recently passed right sided calculus".

Diagnosis

?Renal colic (previous 'possible' stone-former, though negative dipstick for blood today)
Not systemically unwell currently

Treatment

Offered admission for further investigation, especially as there is some diagnostic uncertainty. Reassuring obs and infective cause clinically unlikely.
Pt declines going to Edinburgh- [redacted] due to give birth any moment and not much money to get there. Called Flow Centre who advised d/w A+E Cons at SJH. Went round to speak to Consultant who felt Edinburgh referral better given likelihood is surgical cause. Explained this to pt.
He declines referral currently and instead requests to try naproxen which has helped with pain for him before, and seeing how things go at home. Agreed naproxen 250mg TDS with food - has omeprazole at home and will take, pt says. Then advised own GP follow up next week for review and consideration of imaging (CTKUB).
Robust safety netting advice given meanwhile- if unwell, feverish, vomiting, severe pain not helped by reg pcm and naproxen, to seek urgent attention via A+E - ideally at RIE - or 111. (Other analgesia not given due to allergies).
Pt seems happy with plan and clear on strong wsg advice. Will be with [redacted]

MSU sent for completeness though low suspicion infective cause.

Prescriptions

Naproxen 250mg gastro-resistant tablets 1 three times a day for pain 56.00 - prescribed from stock and marked as no longer required

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Informational Outcome(s)
Discharged With Medication & Safety Netting -

Report Statistics: Report produced by Adastra Version 3 - 26/07/2025 19:00:50

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NHS Lothian

St John's Hospital at Howden
Howden Road West
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West Lothian
EH54 6PP

Physiotherapy - MSK

Dr Black
Ashgrove Group Practice
Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

Date: 02/07/2026

Outpatient Clinic Letter

Patient	John Brown 115 Beechwood Road Blackburn Bathgate EH47 7PJ	**CHI**	**1705831133**
		Date of Birth / Age	17/05/1983 (43 years)
		UHPI	800573588M
Attendance Date	02/07/2026		
Consultant	Piro Aleksi		

Dear Dr Black

PHYSIOTHERAPY DISCHARGE SUMMARY DNA 02/07/2026

CLINICAL IMPRESSION:
Chronic low back pain and potential L spine related leg symptoms (?L4 radicular pain)
Pt reported 3-4/12 of urinary incontinence, use of pads and erectile disfunction; discussed with A&E in SJH who advised duty GP review.
SUMMARY OF TREATMENT:
Patient presents with chronic low back pain and left lateral thigh burning pain. He reported urinary incontinence after bladder movements which have led to use of pads in his underwear in the last 3-4 months (after his MRI scan) and reported difficulties achieving an erection in the last 6 months these were discussed with A&E in SJH who advised contacting duty GP. His lower limb neurological assessment was unremarkable.
We had arranged a follow-up for today.

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Unfortunately, the patient did not attend todays appointment and has therefore been discharged. If they wish to continue with the MSK physiotherapy service, they must make contact within 4 weeks; otherwise, a new referral will be required.

Name: Piro [redacted]
Designation: Band 6 MSK Physiotherapist

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NHS Lothian - Western General Hospital - Radiology Clinical Report

Patient	John Brown 115 Beechwood [redacted] Blackburn Bathgate West Lothian EH47 7PJ	**CHI** **Date of Birth** **Sex** **UHPI**	**1705831133** 17/05/1983 Male 800573588M
Requestor	SK Black Ashgrove Group Practice	**Visit Number** **Date of Examination**	54184006 22/01/2026

MRI Spine Lumbar/Sacral

Clinical History
3 months hx back pain and pain radiating down left thigh which in burning, has been worse in past week, has been trying to improve fitness by walking regularly up to 18k, also pain left groin. longstanding back pain and right sided sciatica in past, says not had physio. takes paracetamol,. not on regular meds but takes bowel antispasmodic and antacid for heart burn which has been bad recentlyO/E power both legs normal and equal, reflexes dull but symmetricalabdo exam, seems to have quite an obese abdo but soft no massesimp back pain with left sided sciatica. as has had for 3/12 already with no improvement I will refer for MRItry amitriptyline for leg pain and NSAIDreview if worsening, could see APP / MRI Lumbar Spine

9761237 22/01/2026 MRI Spine Lumbar/Sacral
No previous.

Normal vertebral body heights, intervertebral disc space heights and AP spinal alignment. Benign bone marrow signal is maintained.

There is no significant degenerative disc change or disc bulging. On the T1 axial sequence there is what appears to be focal flaval hypertrophy in the left juxta-articular location which contacts the left L4 without clear compression. This is not clearly seen on sagittal sequences. The facet joints appear unremarkable. The imaged vertebral canal and exit foramen are otherwise widely patent with no neural compression demonstrated. The included distal spinal cord / conus returns normal signal. The conus terminates at L1. Paraspinal soft tissues are unremarkable.

Opinion:
Focal flaval hypertrophy contacting the left L4 without clear compression.
Appearances are otherwise within normal limits.

Dr [redacted] McKenzie. GMC: 7329062
Consultant Radiologist

Reporting Radiologist: Dr [redacted] S [redacted]

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20-Apr-2026 Dr Patricia Lali
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SCI Referral Letter :

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NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy West Lothian - St John's Hospital [redacted] Physiotherapy WL
Urgency of referral	Urgent
Date of referral	20/04/2026
Date submitted	20/04/2026
UCPN	101039703293K

PATIENT DETAILS

CHI number:	1705831133
Name:	MR JOHN BROWN
Date of birth:	17/05/1983
Sex:	Male

Contact Details

115 BEECHWOOD ROAD
BLACKBURN
BATHGATE
WEST LOTHIAN
EH47 7PJ

Voice (Mobile) : 07498 397014

REFERRING PRACTITIONER DETAILS

Name:	Dr [redacted] Lali (GMC: 7581990)
Practice:	Ashgrove Group Practice (78330)
Phone:	Voice : 01506 657130

Practice address

Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

CLINICAL INFORMATION

Reason for Referral: LBP and sciatica

Main Referral Text: I would be grateful if this man could be reviewed for his longstanding back pain and recent MRI

10/03/2026 Consultation Discussed MRI result, shows 'focal flaval hypertrophy at L4', matches pain he is experiencing. Reports irritation that he has had to wait 4 weeks for this appt, states ran out of Amitriptyline 2 weeks ago, wasn't working, pain impacts ability to care for his 7 month old, and poor sleep. Discussed PT and switch to another medication for nerve pain, discussed tolerance develops with all analgesics, trial of gabapentin.Dr [redacted] Lali

Examinations and Investigations

Description **Result** **Date**

Middle name : W[redacted]

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Has the patient Severe unremitting pain? :	true	
Is the patient off work as a result of the present condition? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	

Pre-existing conditions (High & Medium Priority)

Description	??	Modifier	??	Extension	??	Start Date	??	Date Recorded
Consultation	??		??	[TRUNCATED]Discussed MRI result, shows 'focal flaval hypertrophy at L4', matches pain he is experiencing. Reports irritation that he has had to wait 4 weeks for this appt, states ran out of Amitrity	??	10/03/2026	??	10/03/2026
Administration	??		??	[TRUNCATED]child protection report. since the last child protection report, John has been seen in GP surgery twice and has had one telephone appointment. He was seen on 6/10/25 with severe abdominal	??	09/03/2026	??	09/03/2026
SMS text message sent to patient	??		??	Please make a routine GP telephone sppointment to discuss MRI. Kind regards. Ashgrove Group Practice.	??	13/02/2026	??	13/02/2026
SMS text message sent to patient	??		??	[TRUNCATED]The Practice is running a new project in partnership with the Scottish Government and we would like to offer you an appointment to take part in this. The Project plans to help detect and	??	27/01/2026	??	27/01/2026
Lumbago with sciatica	??		??	[TRUNCATED]written retrospectively because vision crashed. 3 months hx back pain and pain radiating down left thigh which in burning, has been worse in past wekk, has been trying to improve fitness	??	17/12/2025	??	17/12/2025
Consultation	??		??	[TRUNCATED]LHS abdo pain last 3days,known IBS,pain worse difficult to even walk the stairs denies any nausea/vomiting today 6xBO PU ok previous renal calculus,feels pain ot similar had some back mus	??	06/10/2025	??	06/10/2025
SMS text message sent to patient	??		??	[TRUNCATED]The Practice is running a new project in partnership with the Scottish Government and we would like to offer you an appointment to take part in this. The Project plans to help detect and	??	02/10/2025	??	02/10/2025
SMS text message sent to patient	??		??	[TRUNCATED]The practice will be closed today from 12:30pm for staff training. Please only contact the practice for medical emergencies only. If you already have an appointment booked then please do	??	24/09/2025	??	24/09/2025
SMS text message sent to patient	??		??	[TRUNCATED]The Practice will be closed Monday 15th of September for the public holiday. During this time we ask that you contact NSH24 - 111 for any medical emergencies that cannot wait until we ope	??	12/09/2025	??	12/09/2025
SMS text message sent to patient	??		??	[TRUNCATED]Patient notice - Due to IT upgrades taking place tomorrow (Wednesday 10th September), the practice will experience a delay in our normal service between 1pm and 2pm. We ask that, if possi	??	09/09/2025	??	09/09/2025

Administration	??	??	[TRUNCATED]for child protection meeting. Since the last medical report, John Brown was seen by a psychologist on 22/7/25 regarding his history of complex trauma and the effects on him. He was added	?? 03/09/2025 ?? 03/09/2025
SMS text message sent to patient	??	??	Please arrange a telephone appointment with our practice pharmacist regarding the medications requested. Many thanks.	?? 25/08/2025 ?? 25/08/2025
Dysuria	??	??	[TRUNCATED]seen at w/e by OOH with ?renal calculi, they wanted him to go to RIE A&E but he didnt go, used naproxen for pain. today having some dysria at the urethral meatus, and noticed tht foreskin	?? 31/07/2025 ?? 31/07/2025
Suspected condition	??	?? - renal colic		?? 26/07/2025 ?? 26/07/2025
Seen in out of hours centre	??	??		?? 26/07/2025 ?? 26/07/2025
Seen in psychology clinic	??	??		?? 22/07/2025 ?? 22/07/2025
SMS text message sent to patient	??	??	[TRUNCATED]Patient notice - Due to IT upgrades taking place today (Friday 18th July), the practice will experience a delay in our normal service today between 1pm and 2pm. We ask that, if possible,	?? 18/07/2025 ?? 18/07/2025
SMS text message sent to patient	??	??	[TRUNCATED]Patient notice - Due to IT upgrades taking place this Friday 4th July, the practice will experience a delay in our normal service between 1pm and 2pm. We ask that, if possible, please avo	?? 03/07/2025 ?? 03/07/2025
Administration	??	??	[TRUNCATED]John has been registered with Ashgrove surgery since January 2025 but I have access to his previous medical records. He was a victim of childhood abuse from his [redacted] and was in care be	?? 02/06/2025 ?? 02/06/2025
SMS text message sent to patient	??	??	[TRUNCATED]The Practice has now reached its capacity to safely run an on the day service and will be dealing with medical emergencies only. If your request is not urgent please contact the practice	?? 08/05/2025 ?? 08/05/2025
Consultation	??	??	[TRUNCATED]Called to review medication, coded as codeine allergy, unclear source, OOH 4/6/25 pt reported nil allergies. Nil answer x2 calls, vm left to make routine appt to discuss meds, nil codeine	?? 28/04/2025 ?? 28/04/2025
Consultation	??	??	[TRUNCATED]Quite distracted story telling during consultation, has a lot of competing stressors at the moment, his [redacted] is pregnant, doesn't speak any english, John feels the translators are lyin	?? 27/03/2025 ?? 27/03/2025
Consent given for communication by SMS text messaging	??	??		?? 27/03/2025 ?? 27/03/2025
Notes summary on computer	??	?? - summarised from 1/08 only as previously registered		?? 27/01/2025 ?? 27/01/2025
Patient MRE received from HB	??	??		?? 20/01/2025 ?? 20/01/2025
Notes summary on computer	??	??		?? 16/12/2024 ?? 16/12/2024
Seen in hospital casualty	??	??		?? 29/05/2023 ?? 29/05/2023
Suspected drug abuse	??	?? History of - cannot see where first diagnosed		?? 28/05/2023 ?? 28/05/2023
Dental abscess	??	??		?? 28/05/2023 ?? 28/05/2023
Seen in hospital casualty	??	??		?? 09/01/2023 ?? 09/01/2023
Other ankle injury	??	??		?? 13/03/2022 ?? 13/03/2022
Seen in hospital casualty	??	??		?? 13/03/2022 ?? 13/03/2022
Eye injury	??	?? swollen eye lid		?? 06/02/2022 ?? 06/02/2022
Seen in hospital casualty	??	??		?? 06/02/2022 ?? 06/02/2022
Calculus of kidney and ureter	??	??		?? 19/11/2021 ?? 19/11/2021
Open wound of finger(s) NOS	??	?? cut with kitchen knife		?? 10/05/2021 ?? 10/05/2021
Seen in hospital casualty	??	??		?? 10/05/2021 ?? 10/05/2021
Maltreatment syndromes	??	?? - disclosure of childhood sexual abuse		?? 04/07/2019 ?? 04/07/2019
Anxiety states	??	??		?? 04/07/2019 ?? 04/07/2019
Suicidal - symptom	??	??		?? 04/07/2019 ?? 04/07/2019
Depressed mood	??	??		?? 04/07/2019 ?? 04/07/2019
Gynaecomastia	??	??		?? 22/01/2015 ?? 22/01/2015
Open wound of thumb	??	??		?? 03/04/2013 ?? 03/04/2013
Seen in hospital casualty	??	??		?? 03/04/2013 ?? 03/04/2013
Misuse of drugs NOS	??	?? - cannabis		?? 09/11/2012 ?? 09/11/2012
Ankle sprain	??	??		?? 12/07/2012 ?? 12/07/2012
Other ankle injury	??	?? left		?? 01/01/2008 ?? 01/01/2008
Ankle sprain	??	?? left		?? 01/01/2008 ?? 01/01/2008
Other hand injury, excluding finger	??	??	painin R thumb after fight . able to move thumb no swelling imp soft tissue injury advise symptomatic measures and review prn	?? 28/09/2007 ?? 28/09/2007
Fungal infection of skin	??	?? in anal cleft		?? 28/09/2007 ?? 28/09/2007
Other cellulitis and abscess	??	??		?? 18/03/2007 ?? 18/03/2007
Migraine	??	??		?? 07/09/2006 ?? 07/09/2006
Knee pain	??	??		?? 27/10/2005 ?? 27/10/2005
Refer to physiotherapist	??	??		?? 27/10/2005 ?? 27/10/2005
Seen in hospital casualty	??	??		?? 10/06/2003 ?? 10/06/2003
Ankle sprain	??	??		?? 30/05/2002 ?? 30/05/2002
Seen in hospital casualty	??	??		?? 30/05/2002 ?? 30/05/2002
Closed fracture nose	??	??		?? 14/08/1999 ?? 14/08/1999
Open wound of face	??	?? lacerations to nose and chin		?? 13/08/1999 ?? 13/08/1999
Seen in hospital casualty	??	??		?? 13/08/1999 ?? 13/08/1999
Seen in hospital casualty	??	??		?? 04/09/1998 ?? 04/09/1998
Looked after child	??	??		?? 10/04/1998 ?? 10/04/1998
Dental abscess	??	??		?? 19/03/1997 ?? 19/03/1997
Other finger injuries, unspecified	??	?? trapped 2nd, 3rd and 4th digits right hand in door		?? 06/02/1997 ?? 06/02/1997
Seen in hospital casualty	??	??		?? 06/02/1997 ?? 06/02/1997
Behaviour disorder	??	?? accused of sexually assaulting to 8 year old boys		?? 19/02/1996 ?? 19/02/1996
Burn - unspecified	??	?? burnt thigh on exhaust pipe		?? 17/06/1994 ?? 17/06/1994
Child in care	??	??		?? 01/01/1994 ?? 01/01/1994

Scabies	??	?? whole house needs treated	?? 15/11/1991	?? 15/11/1991
Open wound of head NOS	??	??	?? 27/10/1991	?? 27/10/1991
Nocturnal enuresis	??	??	?? 01/01/1991	?? 01/01/1991
Seen in hospital casualty	??	??	?? 18/11/1990	?? 18/11/1990
Open wound of head NOS	??	??	?? 18/11/1990	?? 18/11/1990
Seen in hospital casualty	??	??	?? 31/12/1989	?? 31/12/1989
Open wound of head NOS	??	??	?? 31/12/1989	?? 31/12/1989
Open wound of eyebrow	??	??	?? 07/06/1988	?? 07/06/1988
Seen in hospital casualty	??	??	?? 07/06/1988	?? 07/06/1988
Head injury	??	??	?? 24/03/1986	?? 24/03/1986
Seen in hospital casualty	??	??	?? 24/03/1986	?? 24/03/1986
Date records held from	??	??	?? 23/06/1983	?? 23/06/1983
Constipation	??	??	?? 23/06/1983	?? 23/06/1983
Seen in hospital casualty	??	??	?? 23/06/1983	?? 23/06/1983

Past procedures (High and Medium Priority)

Procedure	?? Comment	?? Modifier	?? Date Performed	?? Date Recorded
Nuclear magn.reson. abnormal	?? - spine - large report - see docman	??	?? 22/01/2026	?? 22/01/2026
Referral for further care	?? MRI	??	?? 21/12/2025	?? 21/12/2025
Medication requested	?? 0+1...diclofenac sodium 25 pharmacy doesnt stock these anuymore can he have an alternate pls	??	?? 17/12/2025	?? 17/12/2025
Medication requested	?? 0+2 Omeprazole / loperamide	??	?? 22/08/2025	?? 22/08/2025
Pelvic X-ray	?? - normal	??	?? 08/05/2025	?? 08/05/2025
Knee X-ray	?? - right - normal	??	?? 08/05/2025	?? 08/05/2025
Knee X-ray	?? - left - no # seen	??	?? 04/04/2025	?? 04/04/2025
Patient given telephone advice out of hours	??	??	?? 03/04/2025	?? 03/04/2025
Simple extraction of tooth	??	??	?? 30/05/2023	?? 30/05/2023
Refer for X-Ray	??	??	?? 31/05/2022	?? 31/05/2022
Refer to community physiotherapist	?? Back pain due to crash, knee pain due to crash, ankle due to muscle damage	??	?? 15/08/2012	?? 15/08/2012
Simple extraction of tooth	??	??	?? 04/05/2011	?? 04/05/2011
Diagnostic psychology	?? Self help assessment form	??	?? 22/09/2006	?? 22/09/2006
Speech remedial therapy NOS	??	??	?? 30/06/1988	?? 30/06/1988
Refer to speech therapist	??	??	?? 09/12/1987	?? 09/12/1987

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

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
Fexofenadine 180mg tablets	?? tablet	?? 1 TABLET ONCE A DAY	??	?? 10/03/2026	??	?? 31/03/2026

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

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
Fexofenadine 180mg tablets	?? tablet	?? 1 TABLET ONCE A DAY	??	?? 10/03/2026	??	?? 10/03/2026
Gabapentin 300mg capsules	?? capsule	?? TAKE ONE CAPSULE ON DAY 1, TA[more]	??	?? 10/03/2026	??	?? 10/03/2026
Naproxen 500mg tablets	?? tablet	?? TAKE ONE TABLET TWICE DAILY. [more]	??	?? 27/01/2026	??	?? 27/01/2026
Amitriptyline 10mg tablets	?? tablet	?? TAKE THREE OR FOUR TABLETS AT NIGHT	??	?? 27/01/2026	??	?? 27/01/2026

Clinical warnings

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
H/O: drug allergy	?? Drug code for allergy: Codeine 15mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	??	?? 25/04/2025	?? 25/04/2025

Additional information

Smoking history (Screening):Cigarette smoker	Date Recorded:13-Dec-2024
Smoking history (Encounters):Cigarette smoker	Date Recorded:13-Dec-2024
Alcohol history (Screening):Teetotaller	Date Recorded:13-Dec-2024
Alcohol history (Encounters):Teetotaller	Date Recorded:13-Dec-2024
Exercise history (Screening):Exercise grading	Date Recorded:13-Dec-2024
Exercise history (Encounters):Exercise grading	Date Recorded:13-Dec-2024

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21-Dec-2025
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SCI Referral Letter :
Filename: 00C7R006.html
Extension:.tif
Pages:

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology [redacted] SJH Neuroradiology
Urgency of referral	Routine
Date of referral	21/12/2025
Date submitted	21/12/2025
UCPN	1010385847911

PATIENT DETAILS

CHI number:	1705831133
Name:	MR JOHN BROWN
Date of birth:	17/05/1983
Sex:	Male

Contact Details

115 BEECHWOOD ROAD
BLACKBURN
BATHGATE
WEST LOTHIAN
EH47 7PJ

Voice (Mobile) : 07498 397014

REFERRING PRACTITIONER DETAILS

Name:	Dr. [redacted] Black (GMC: 3682054)
Practice:	Ashgrove Group Practice (78330)
Phone:	Voice : 01506 657130

Practice address

Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

INVESTIGATION REQUESTED

Test Requested: **MRI Lumbar Spine**

Reason for Request: 3 months hx back pain and pain radiating down left thigh which in burning, has been worse in past week, has been trying to improve fitness by walking regularly up to 18k, also pain left groin. longstanding back pain and right sided sciatica in past, says not had physio. takes paracetamol,. not on regular meds but takes bowel antispasmodic and antacid for heart burn which has been bad recently O/E power both legs normal and equal, reflexes dull but symmetrical abdo exam, seems to have quite an obese abdo but soft no masses imp back pain with left sided sciatica. as has had for 3/12 already with no improvement I will refer for MRI try amitriptyline for leg pain and NSAID review if worsening, could see APP

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : W[redacted]		

Investigations

Description	Result	Date
Side of symptoms :	Left	
Side of symptoms :	Yes	
Cardiac Pacemaker :	No	
Intracranial Surgery / Aneurysm Clip :	No	
Cochlear Implants :	No	
Ferrous metal in the body/orbits :	No	
Could the patient be pregnant? :	No	

Additional information

Smoking history (Screening):Cigarette smoker	Date Recorded:13-Dec-2024
Smoking history (Encounters):Cigarette smoker	Date Recorded:13-Dec-2024
Alcohol history (Screening):Teetotaller	Date Recorded:13-Dec-2024
Alcohol history (Encounters):Teetotaller	Date Recorded:13-Dec-2024
Exercise history (Screening):Exercise grading	Date Recorded:13-Dec-2024
Exercise history (Encounters):Exercise grading	Date Recorded:13-Dec-2024

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01-May-2025 Dr Jane Mcnutt
Additional: Scanned Document
SCI Referral Letter :
Filename: 00C7R003.html
Extension:.tif
Pages:

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology [redacted] Radiology Plain X-ray
Urgency of referral	Routine
Date of referral	01/05/2025
Date submitted	01/05/2025
UCPN	1010363457683

PATIENT DETAILS

CHI number:	1705831133
Name:	MR JOHN BROWN
Date of birth:	17/05/1983
Sex:	Male

Contact Details
115 BEECHWOOD ROAD
BLACKBURN
BATHGATE
WEST LOTHIAN
EH47 7PJ
Voice (Mobile) : 07498-397014

REFERRING PRACTITIONER DETAILS

Name:	Dr. [redacted] McNutt (GMC: 4315926)
Practice:	Ashgrove Group Practice (78330)
Phone:	Voice : 01506 657130

Practice address
Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

INVESTIGATION REQUESTED

Test Requested: **Pelvis/Hips**

Reason for Request: Right knee x-ray too please motor bike accident when 16, long standing right knee pain and shin pain. knee locks and gives way [redacted] also has hip pain as well. Ligaments intact right knee, flexion limited by pain ext rotation hip painful

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : [redacted]		

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Suspected :	Arthritis	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments ? to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	0131 536 6400
Lauriston Building	8:30am - 4:00pm	0131 536 6400
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	9:15am - 4:00pm	0131 536 6400
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 536 6400
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 536 6400
St John's Hospital	8:30am - 5:00pm	0131 536 6400
Western General Hospital	8:30am - 5:00pm	0131 536 6400

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01-May-2025
Additional: Scanned Document
SCI Referral Letter :

Filename: 00C7R002.html
Extension:.tif
Pages:

NHS Lothian - Referral Letter

Referral To	Mental Health West Lothian - Adult Psychiatry [redacted] Basic Sign Referral
Urgency of referral	Routine
Date of referral	01/05/2025
Date submitted	01/05/2025
UCPN	101036343126P

PATIENT DETAILS

CHI number:	1705831133
Name:	MR JOHN BROWN
Date of birth:	17/05/1983
Sex:	Male

Contact Details

115 BEECHWOOD ROAD
BLACKBURN
BATHGATE
WEST LOTHIAN
EH47 7PJ

Voice (Mobile) : 07498-397014

REFERRING PRACTITIONER DETAILS

Name:	Dr. John Lavery (GMC: 6145444)
Practice:	Ashgrove Group Practice (78330)
Phone:	Voice : 01506 657130

Practice address

Blackburn Partnership Centre
Ashgrove
Blackburn
EH47 7LL

CLINICAL INFORMATION

Reason for Referral: Psychology

Main Referral Text: Hello,

Please consider assessment for the above individual. He reports a lot of childhood abuse, at the hands of his [redacted] leading him into the care system, where he observed a lot of violence from a young age. At this point he would use cannabis to cope with how he was feeling, going onto then use cocaine. At present he is abstinent from all substances and feels that he is ready to process the trauma, in order to minimise symptoms.

At present he reports a lot of flashbacks, and difficulty handling his emotions at times. His [redacted] now has dementia and he is trying to care for his [redacted] as much as he can, but is struggling due to becoming triggered as his [redacted] is reverting back to how he was in childhood. He does have a stable relationship and friends around him. He reports being ready to undertake therapy, knowing this may make him feel worse during the process while he reflects on the trauma, but feels now is a good time to undertake the work, because of the support system he has built around him.

I am aware he was previously undergoing therapy and was discharged due to non attendance. This appears to have been back in 2023, and he reports that the reasoning for this was decline in his physical health while having covid. He acknowledges that not getting back in touch was not the best decision, but has assured me he is more ready for therapy at the present moment.

Many thanks, [redacted] Ogilvie
Practice mental health nurse

Examinations and Investigations

Description	Result	Date
Middle name : W[redacted]		

Pre-existing conditions (High & Medium Priority)

Description	??	Modifier	??	Extension	??	Start Date	??	Date Recorded
Consultation	??		??	[TRUNCATED]Called to review medication, coded as codeine allergy, unclear source, OOH 4/6/25 pt reported nil allergies. Nil answer x2 calls, vm left to make routine appt to discuss meds, nil codeine	??	28/04/2025	??	28/04/2025
Consultation	??		??	[TRUNCATED]Quite distracted story telling during consultation, has a lot of competing stressors at the moment, his [redacted] is pregnant, doesn't speak any english, John feels the translators are lyin	??	27/03/2025	??	27/03/2025
Consent given for communication by SMS text messaging	??		??		??	27/03/2025	??	27/03/2025
Notes summary on computer	??		??	- summarised from 1/08 only as previously registered	??	27/01/2025	??	27/01/2025
Patient MRE received from HB	??		??		??	20/01/2025	??	20/01/2025
Notes summary on computer	??		??		??	16/12/2024	??	16/12/2024
Seen in hospital casualty	??		??		??	29/05/2023	??	29/05/2023
Suspected drug abuse	??		??	History of - cannot see where first diagnosed	??	28/05/2023	??	28/05/2023
Dental abscess	??		??		??	28/05/2023	??	28/05/2023
Seen in hospital casualty	??		??		??	09/01/2023	??	09/01/2023
Other ankle injury	??		??		??	13/03/2022	??	13/03/2022
Seen in hospital casualty	??		??		??	13/03/2022	??	13/03/2022
Eye injury	??		??	swollen eye lid	??	06/02/2022	??	06/02/2022
Seen in hospital casualty	??		??		??	06/02/2022	??	06/02/2022
Calculus of kidney and ureter	??		??		??	19/11/2021	??	19/11/2021
Open wound of finger(s) NOS	??		??	cut with kitchen knife	??	10/05/2021	??	10/05/2021
Seen in hospital casualty	??		??		??	10/05/2021	??	10/05/2021
Maltreatment syndromes	??		??	- disclosure of childhood sexual abuse	??	04/07/2019	??	04/07/2019
Anxiety states	??		??		??	04/07/2019	??	04/07/2019

Suicidal - symptom	??	??	?? 04/07/2019	?? 04/07/2019
Depressed mood	??	??	?? 04/07/2019	?? 04/07/2019
Gynaecomastia	??	??	?? 22/01/2015	?? 22/01/2015
Open wound of thumb	??	??	?? 03/04/2013	?? 03/04/2013
Seen in hospital casualty	??	??	?? 03/04/2013	?? 03/04/2013
Misuse of drugs NOS	??	?? - cannabis	?? 09/11/2012	?? 09/11/2012
Ankle sprain	??	??	?? 12/07/2012	?? 12/07/2012
Other ankle injury	??	?? left	?? 01/01/2008	?? 01/01/2008
Ankle sprain	??	?? left	?? 01/01/2008	?? 01/01/2008
Other hand injury, excluding finger	??	?? painin R thumb after fight .able to move thumb no swelling imp soft tissue injury advise symptomatic measures and review prn	?? 28/09/2007	?? 28/09/2007
Fungal infection of skin	??	?? in anal cleft	?? 28/09/2007	?? 28/09/2007
Other cellulitis and abscess	??	??	?? 18/03/2007	?? 18/03/2007
Migraine	??	??	?? 07/09/2006	?? 07/09/2006
Knee pain	??	??	?? 27/10/2005	?? 27/10/2005
Refer to physiotherapist	??	??	?? 27/10/2005	?? 27/10/2005
Seen in hospital casualty	??	??	?? 10/06/2003	?? 10/06/2003
Ankle sprain	??	??	?? 30/05/2002	?? 30/05/2002
Seen in hospital casualty	??	??	?? 30/05/2002	?? 30/05/2002
Closed fracture nose	??	??	?? 14/08/1999	?? 14/08/1999
Open wound of face	??	?? lacerations to nose and chin	?? 13/08/1999	?? 13/08/1999
Seen in hospital casualty	??	??	?? 13/08/1999	?? 13/08/1999
Seen in hospital casualty	??	??	?? 04/09/1998	?? 04/09/1998
Looked after child	??	??	?? 10/04/1998	?? 10/04/1998
Dental abscess	??	??	?? 19/03/1997	?? 19/03/1997
Other finger injuries, unspecified	??	?? trapped 2nd, 3rd and 4th digits right hand in door	?? 06/02/1997	?? 06/02/1997
Seen in hospital casualty	??	??	?? 06/02/1997	?? 06/02/1997
Behaviour disorder	??	?? accused of sexually assaulting to 8 year old boys	?? 19/02/1996	?? 19/02/1996
Burn - unspecified	??	?? burnt thigh on exhaust pipe	?? 17/06/1994	?? 17/06/1994
Child in care	??	??	?? 01/01/1994	?? 01/01/1994
Scabies	??	?? whole house needs treated	?? 15/11/1991	?? 15/11/1991
Open wound of head NOS	??	??	?? 27/10/1991	?? 27/10/1991
Nocturnal enuresis	??	??	?? 01/01/1991	?? 01/01/1991
Seen in hospital casualty	??	??	?? 18/11/1990	?? 18/11/1990
Open wound of head NOS	??	??	?? 18/11/1990	?? 18/11/1990
Seen in hospital casualty	??	??	?? 31/12/1989	?? 31/12/1989
Open wound of head NOS	??	??	?? 31/12/1989	?? 31/12/1989
Open wound of eyebrow	??	??	?? 07/06/1988	?? 07/06/1988
Seen in hospital casualty	??	??	?? 07/06/1988	?? 07/06/1988
Head injury	??	??	?? 24/03/1986	?? 24/03/1986
Seen in hospital casualty	??	??	?? 24/03/1986	?? 24/03/1986
Date records held from	??	??	?? 23/06/1983	?? 23/06/1983
Constipation	??	??	?? 23/06/1983	?? 23/06/1983
Seen in hospital casualty	??	??	?? 23/06/1983	?? 23/06/1983

Past procedures (High and Medium Priority)

Procedure	?? Comment	?? Modifier	?? Date Performed	?? Date Recorded
Knee X-ray	?? - left - no # seen	??	?? 04/04/2025	?? 04/04/2025
Patient given telephone advice out of hours	??	??	?? 03/04/2025	?? 03/04/2025
Simple extraction of tooth	??	??	?? 30/05/2023	?? 30/05/2023
Refer for X-Ray	??	??	?? 31/05/2022	?? 31/05/2022
Refer to community physiotherapist	?? Back pain due to crash, knee pain due to crash, ankle due to muscle damage	??	?? 15/08/2012	?? 15/08/2012
Simple extraction of tooth	??	??	?? 04/05/2011	?? 04/05/2011
Diagnostic psychology	?? Self help assessment form	??	?? 22/09/2006	?? 22/09/2006
Speech remedial therapy NOS	??	??	?? 30/06/1988	?? 30/06/1988
Refer to speech therapist	??	??	?? 09/12/1987	?? 09/12/1987

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

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
Naproxen 250mg tablets	?? tablet	?? TAKE ONE TABLET THREE TIMES D[more]	??	?? 25/04/2025	??	?? 25/04/2025
Mebeverine 135mg tablets	?? tablet	?? TAKE ONE TABLET THREE TIMES D[more]	??	?? 27/03/2025	??	?? 27/03/2025
Loperamide 2mg capsules	?? capsule	?? TAKE TWO CAPSULES IMMEDIATELY[more]	??	?? 27/03/2025	??	?? 27/03/2025
Flucloxacillin 500mg capsules	?? capsule	?? TAKE TWO CAPSULES FOUR TIMES DAILY	??	?? 27/03/2025	??	?? 27/03/2025

Clinical warnings

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
H/O: drug allergy	?? Drug code for allergy: Codeine 15mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	??	?? 25/04/2025	?? 25/04/2025

Additional information

Smoking history (Screening):Cigarette smoker	Date Recorded:13-Dec-2024
Smoking history (Encounters):Cigarette smoker	Date Recorded:13-Dec-2024
Alcohol history (Screening):Teetotaller	Date Recorded:13-Dec-2024
Alcohol history (Encounters):Teetotaller	Date Recorded:13-Dec-2024
Exercise history (Screening):Exercise grading	Date Recorded:13-Dec-2024
Exercise history (Encounters):Exercise grading	Date Recorded:13-Dec-2024

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