Subject Access Request

Patient	Mr Paul Haggarty
Date of birth	07-Sept-1971 (age 54)
Gender	M
NHS number	
Patient's address	148 Templeland Road GLASGOW G53 5LZ
Date range selected	07-Sept-1971 - 29-July-2026
Organisation	
Policy number	

Problems

Active

04-Dec-2025 Mrs Kelly Jardine (KJ)
Computerised tomograph scan
confirms a 1mm non structing stone of the left ureter

16-Jan-2025 Ms Lynn McLachlan (LYNN)
Renal calculus NOS

20-July-2021 Ms Lynn McLachlan (LYNN)
Closed fracture finger metacarpal (Right)
thumb

13-Feb-2018 Ms Susan Reid (SR)
Closed fracture metatarsal
foot

07-Feb-2017 Dr Jill Cowie (JC)
Migraine NOS

17-Jun-2015 Ms Susan Reid (SR)
Paperless Records

10-Jun-2015 Dr Graham Whitham (GRAHAM_18954)
Notes summary on computer

07-Jun-2012 Dr Graham Whitham (GRAHAM_18954)
Asthma NOS

Significant Past

03-Jun-2015 Dr Graham Whitham (GRAHAM_18954)
Notes summary on computer

29-Apr-2014 Dr Graham Whitham (GRAHAM_18954)
Bilateral vasectomy for contraception

21-Mar-2008 Dr Graham Whitham (GRAHAM_18954)
Evacuation of perianal haematoma

16-July-2003 Dr Graham Whitham (GRAHAM_18954)
[X]Stabbing

12-July-1995 Dr Graham Whitham (GRAHAM_18954)
Pilonidal sinus operations

10-July-1995 Dr Graham Whitham (GRAHAM_18954)
Misuse of Opiates unspecified (Primary)

10-July-1995 Dr Graham Whitham (GRAHAM_18954)
Suicide + selfinflicted poisoning by solid/liquid substances

18-Jan-1986 Dr Graham Whitham (GRAHAM_18954)
Closed fracture ankle, lateral malleolus (Left)

Minor Past

29-Aug-2025 Dr David Logie (DJNL)
Prevention/screening admin.

11-July-2024 Dr Oona Tanner (OT)
Anxiety with depression

18-Aug-2022 DR Sarah Vernel (SV)
Anxiety states

Consultations

23-July-2026 Psw Meghan McGrotty (MEGA) Data Entry

Read Code	Batch prescription amended MCR - Patient assessed as currently not suitable for a serial prescription at this time
Read Code	Rep.presc. monitoring NOS
Read Code	Drug compliance checked

17-July-2026 Dr Dale Coghill (DC) Braidcraft Medical CentreMain Surgery

Comment	Comment Urine dip - NAD - no blood. ref urgent urology post U+E
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ML 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.
Medication	Medication Diclofenac Sodium E/c tablets 50 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 60 sachet 1-3 PER DAY
Medication	Medication Tamsulosin Hydrochloride M/R capsules 400 micrograms 56 CAPSULE ONE TO BE TAKEN EACH DAY

17-July-2026 Dr Dale Coghill (DC) Braidcraft Medical CentreMain Surgery

History	History T/C. Hx of renal calculi. Constant pain x 2/12, no relief. Worse on holiday in Egypt. Tried anti-inflammatory injection abroad - no effect. Stone clinic re-referred May - no response yet. Previous hospital admission few months ago - stone on contralateral side. Previous urine dip showed blood. No urinary sx currently. No haematuria. Not on Tamsulosin since April. Plan: Bloods for renal function today at 11am. Urine sample. Urgent referral to urology re worsening pain. Tamsulosin Rx. urine dip.

09-July-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History HAGGARTY, Paul 07/09/1971 askmyGP 43273658 [09/07/2026 10:06] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 09/07/2026 10:06 by Paul Haggarty * New/Existing/Other: Existing problem * About: Ongoing back pain/kidney stones * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Currently in Egypt had constant pain used all pain relief due home Monday morning was wondering if I could request a prescription to be ready for my return for oramorph and co codamol thank you. Cant phone to order * Prefer contact by: Email message [09/07/2026 10:06] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [09/07/2026 12:01] (David Logie (Dr Logie)) (Message to patient) Hi, YEs I can organise this. Please contact when back in the country to discuss the issue as well
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ml 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Jun-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 42915677 [23/06/2026 08:04] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 23/06/2026 08:04 by Paul Haggarty * New/Existing/Other: Existing problem * About: Ongoing pain * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Pain had got better for a week or so but since Friday been severe again. Require more pain relief and also going on holiday at weekend for 2 weeks. * Prefer contact by: Telephone * Preferred call time: As soon as possible [23/06/2026 08:04] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
History	History T/C: Follow-up re severe renal colic. Referred to urology on 19/05/2026. Awaiting scan and urology review. Severe right-sided back pain, kidney area, shooting across, sometimes under right ribcage. Pain phenomenal. Some days unable to move at all. Currently managing with morphine and co-codamol. Takes minimal analgesia due to dislike of how it makes them feel. Travelling to Egypt on Monday for two weeks. Diagnosis or impression: Suspected kidney stone. Plan: Prescription for oromorph and co-codamol issued (additional supply for travel). Sent to Pharmacy. Advised if pain worsens over next 24-48 hours, attend A&E for CT scan. A&E attendance would expedite urology review and management plan. Advised best time to attend A&E is around 8am.
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 300 ml 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

09-Jun-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem amgp - oramorph and cocod - braidcraft SAYS URGENT RUN OUT
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ml 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

09-Jun-2026 Miss Savannah Galbraith (SG) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 42623639 [09/06/2026 09:32] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 09/06/2026 09:32 by Paul Haggarty * New/Existing/Other: Existing problem * About: Back pain * Would like help from: Anyone * Details B: Hi there just looking to get pain relief same as before oramorph and cocodamol * Prefer contact by: Email message [09/06/2026 09:32] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [09/06/2026 09:39] (Savannah Galbraith) (Message to patient) Good morning I have passed your request to the GP. It should be ready at your pharmacy in the next couple of days.

29-May-2026 Dr Jane Dickson (JD) Data Entry

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 42403083 [29/05/2026 08:49] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 29/05/2026 08:49 by Paul Haggarty * New/Existing/Other: Existing problem * About: Back pain. * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Just looking for pain relief. Oramorph * Prefer contact by: Email message [29/05/2026 08:49] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [29/05/2026 08:55] (Jane Dickson (Dr Dickson)) (Message to patient) Script issued - will go to pharmacy today. Thank you
Problem	Problem Sr
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ML 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

18-May-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History T/C: Back pain, ongoing for couple of weeks. Constant lower right-sided pain with shooting pains from back to front below rib cage on coughing/sneezing. Variable course - some days manageable, some days excruciating. Weekend particularly severe. Cocodamol not controlling pain. Liquid morphine previously helping. PMHx: kidney stones - one remaining, larger, unchanged for couple of years. Previously seen at the Royal by urology. Diagnosis or impression: Back pain. Query kidney stone flare. Plan: Referral to urology for scan in next few weeks. Stronger cocodamol prescribed. Liquid morphine prescribed as top-up. Advised to try cocodamol first, use liquid morphine if not helping. Medications can be collected after 2pm today. Safety netting: if pain becomes too severe, may need hospital admission.
Medication	Medication Co-Codamol 30/500 Tablets 50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ML 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

18-May-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History TC - no answer. msg left

15-May-2026 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr
Medication	Medication Co-Codamol 15/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

14-May-2026 Mrs Laura Pierce (LP) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 42125651 [14/05/2026 10:49] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 14/05/2026 10:49 by Paul Haggarty * New/Existing/Other: Medication query * Subject: Co-codamol request * Would like help from: Anyone * Details C: I have been getting cocodamol 15/500 for kidney stones. I have only got enough left for today could I please get prescription for these as pain still bad. Also could I have my inhalers the powder one. Thank you * Prefer contact by: Email message [14/05/2026 10:49] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [14/05/2026 10:51] (Basma Paulina (Dr Paulina)) (Internal Note) acute request [14/05/2026 10:54] (Laura Pierce) (Message to patient) Your request has been passed to the GP and will be sent to Braidcraft Pharmacy by Monday

29-Apr-2026 Dr Noah Fallahi (NF) Braidcraft Medical CentreMain Surgery

Problem	Problem Abdo pain
History	History 54M known 1mm left MU stone and 3mm right renal mid-pole non-obstructing stone. Still passing urine without issue. No fevers. Reports pain has migrated superiorly past 3 weeks and progressively worsening - still alleviated by PRN morphine but co-codamol 8/100 not helping pain. Reports constant dull pain right flank and sharp shooting pain radiating from right renal angle across right flank to RUQ when coughing. No SOB, no central chest pain. Also had 2 episodes today and yesterday in keeping with vasovagal - first episode yesterday lasted 20 minutes (pt. felt lightheaded - self resolved), second episode today at work - standing then developed tunnel vision, resolved after 5 minutes.
Examination	Examination T37.0C, Sats. 97% RA, HR 97bpm, PEARL, no acute focal neurological deficit. Abdomen soft. Mild tenderness right flank but no peritonism. Right renal angle tender. Urine dip: Non-haemolysis blood ++, all else negative. Well's score for PE: 0. No unilateral lwoer limb swelling, calves SNT.
Result	Result D/w Dr Tanner. IMP ? MSK pain - need to rule out upper UTI. PLAN: 1. MSSU. 2. Prescribed co-codamol 15/500 for pain relief and morphine for breakthrough pain relief. 3. Bloods including U&Es/CRP. 4. Worsening advice given. 5. Pt. to send repeat urine in 1 week to check for resolution of haematuria.
Medication	Medication Co-Codamol 15/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ml 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

29-Apr-2026 Miss Jenna Foley (JF) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP *****24045 [29/04/2026 09:53] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 29/04/2026 09:53 by Paul Haggarty * New/Existing/Other: Existing problem * About: Ongoing pain ?kidney stone * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Pain has changed it is now travelling to abdomen and yesterday I was very lightheaded thought I was going to pass out. Feel generally unwell also. * Prefer contact by: Face to face appointment * Preferred appointment time: As late as possible in afternoon would be great as I am at work [29/04/2026 09:53] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [29/04/2026 09:53] (Oona Tanner (Dr Tanner)) (Internal Note) to bring urine please [29/04/2026 10:00] (Jenna Foley) (Message to patient) Good morning a face to face appointment has been made for you to see the GP today at 3.40pm with Dr Fallahi. Please bring in a urine sample. Reply to confirm you can attend [29/04/2026 10:12] (Paul Haggarty) Thats great thank you

02-Apr-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 41293462 [02/04/2026 08:05] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 02/04/2026 08:05 by Paul Haggarty * New/Existing/Other: Existing problem * About: Renal pain * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Over last 2 days had pain in lower back same as kidney stone. Got some medication previously not sure whether I should take this or not and need some pain relief to help when its bad. * Prefer contact by: Telephone * Preferred call time: As soon as possible [02/04/2026 08:05] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
History	History T/C: Recurrent right-sided kidney stone pain. Started Sunday, worsened significantly yesterday. Known right-sided kidney stone. Attended stone clinic in February - stone unchanged, not moved. Previous hospital admission with morphine. Requesting analgesia in anticipation of bank holiday weekend. Diagnosis or impression: Right-sided kidney stone (known). Plan: Tamsulosin, diclofenac, Oromorph prescribed. Prescription available for collection from front desk after 2pm.

05-Jan-2026 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History D/W JOC
Medication	Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING

05-Jan-2026 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

History	History HAGGARTY, Paul 07/09/1971 askmyGP 39384866 [05/01/2026 08:43] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 05/01/2026 08:43 by Paul Haggarty * New/Existing/Other: New medical problem * About: Flu/viral infection has went into chest * Would like help from: Anyone * How long?: 2 days * Details A: Have flu/viral infection that is going about this has badly effected my chest due to COPD, breathless all time persistent cough pain when coughing. * Prefer contact by: Telephone * Preferred call time: As soon as possible [05/01/2026 08:43] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. If you have omitted to give a reason for your request today please be aware that we need a brief reason for your request - This helps our GPs triage requests safely and fairly. Why we ask for a reason: 1) It helps GPs identify urgent issues quickly; 2) Ensures you're directed to the right clinician or service; 3) Prevents delays and keeps the system fair for everyone. What we need (just a short summary): 1) Examples: 'worsening cough for 1 week', 'medication query', 'skin rash'; 2) A sentence or two is enough, no detailed history needed. Thank you for helping us help you.

05-Jan-2026 Sister Jackie O'Callaghan (JO) Phone Encounter

Comment	Comment Happy for steroids today and advised follow up with chest clinic. Keen for antibiotics - advised on what to look for.
History	History AMGP: Dry, unproductive cough and more SOB. Takes fostair x4 a day as well as incruse. and not helping. Nil SOB on the phone. Tells me has emphysema too.

11-Dec-2025 Nurse Sam Warsop (SWRS) Braidcraft Medical CentreMain Surgery

Comment	Comment Failed telephone encounter - called re DNA to asthma review and to offer a telephone consultation or F2F appointment tomorrow - VM left

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

09-Dec-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 38965849 [09/12/2025 14:58] (Sammy Middleton) (Message to patient) Form: Consult a clinician Consult a clinician Form submitted at 09/12/2025 14:58 by Sammy Middleton * New/Existing/Other: Existing problem * About: Kidney stones * Would like help from: Anyone * Details B: Px has known kidney stones and one of these have become stuck, was admitted to hospital for 1 day last week. Called an ambulance this morning but by the time they called back the stone had moved and the pain had eased. They recommended contacting us for stronger analgesia. They did not call this morning as pain only started around lunch time. * Prefer contact by: Telephone * Preferred call time: As soon as possible [09/12/2025 14:58] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
History	History Telephone consultation regarding pain management. Reports severe pain requiring stronger analgesia. Dihydrocodeine eventually provided some relief previously. Called ambulance today due to worsening pain, possibly related to kidney stone movement. PMHx: Kidney stones. Intolerance to tramadol (causes significant nausea). Previous treatment: Oramorph used successfully during recent hospital admission (Thursday/Friday). Plan: Oramorph prescribed for pain management. Prescription available for collection at front desk or can be taken to pharmacy.
Medication	Medication Morphine Sulfate Oral solution 10 mg/5 ml 100 ML 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

08-Dec-2025 PharmTech Sarah McAlister (SMA) Discharge

Problem	Problem IDL 8/12/25. Admitted 4-5/12/25. QEUH 11D. Due to testicular pain radiating to the back.
Comment	Comment Please see IDL for full clinical summary and below entry. Awaits Stone MDT follow up. GP has spoken with patient today and issued scripts as below.
Read Code	Post hospital dischrge med reconciliation with medical notes
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

08-Dec-2025 Dr Dale Coghill (DC) Braidcraft Medical CentreMain Surgery

History	History T/C: Reports severe pain from a 1mm kidney stone stuck in the ureter. Pain described as horrendous. Urologist advised the stone will pass spontaneously, but timing is uncertain. Currently taking diclofenac 50mg TDS, co-codamol 30/500mg QDS, and dihydrocodeine 30mg QDS for pain. Reports these are not providing adequate relief. Has previously tried tramadol but experienced significant nausea. Hospital did not provide tamsulosin on discharge. Plan: Advised to stop co-codamol and dihydrocodeine as they are similar in action - offered to continue one but he doesn't want to do so as finds neither working. To continue diclofenac 50mg TDS. Prescribed Buscopan to be added to the regimen. A new prescription for diclofenac will be issued. Restart tamsulosin.
Medication	Medication Diclofenac Sodium E/c tablets 50 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY (DO NOT TAKE WITH ETODOLAC)
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication	Medication Tamsulosin Hydrochloride M/R capsules 400 micrograms 30 capsule ONE DAILY

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

25-Nov-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History D/W JOC

25-Nov-2025 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

History History HAGGARTY, Paul 07/09/1971
askmyGP 38653*****
[25/11/2025 09:01] (Paul Haggarty) Form: Consult a clinician
 Consult a clinician
 Form submitted at 25/11/2025 09:01 by Paul Haggarty
 * New/Existing/Other: New medical problem
 * About: ? Chest infection
 * Would like help from: Anyone
 * How long?: 3 days
 * Details A: Have emphysema and have been struggling last few weeks with breathing, increasing breathlessness constant cough especially through night, feeling dizzy at times.
Over weekend started to feel unwell got viral infection sore throat, sore head, temperature generally unwell this has now moved into chest and feels like I now have a chest infection on top of already poor breathing.
 * Prefer contact by: Telephone
 * Preferred call time: As soon as possible
[25/11/2025 09:01] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.
Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.

25-Nov-2025 Sister Jackie O'Callaghan (JO) Phone Encounter

Comment Comment Add in fostair and issue steroids. Observe for sputum changes with worsening advice.

History History AMGP: Constant cough with clear sputum, no fever. Chest feels very tight. Has been srtuggling for a while now. Nil breathing concerns on the phone. Has been taking incruse only and has known asthma on spirometry.

13-Nov-2025 Mrs Diane Robertson (DIANE_18954) Data Entry

Comment Comment if pt calls back pls advise tomorrows asthma clinic has been cancelled (S Warsop)

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

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

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

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

30-Oct-2025 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History rx line ***** - etodolac - 1

16-Sept-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History Presents with a four-week history of new-onset pain. The pain began in the left buttock and has progressively worsened, now radiating down the left leg and across the lower back. This is a different character of pain to previous episodes of back pain, which were related to kidney stones and felt more in the front. There has been no history of falls or trauma. Reports no numbness in the legs, buttocks, or genital area. Pain is exacerbated by sitting and rising from a seated position. Walking seems to ease the pain after a period of warming up. Current analgesia with paracetamol and etodolac is providing minimal relief. Has a history of issues with codeine and dihydrocodeine. Declined nerve pain modulators like amitriptyline due to concerns about side effects and addiction potential observed in others. Inhaler use was reviewed. States they have stopped Lufrobec and are now only using Incruse, which was started in June. Reports finding Incruse effective as a once-daily treatment. Agreed to stop Lufrobec for now but understands it may be recommended again in the future. Examination: On examination, there was no tenderness to palpation of the lumbar spine. Straight leg raise of the left leg was positive, causing pain in the buttock. Resisted hip flexion and abduction of the left leg were also painful. Right leg movements were pain-free. Diagnosis or impression: Sciatica. Plan: Recent blood tests were all normal, including checks for diabetes and cholesterol. Prescribed a short course of diazepam to act as a muscle relaxant, for nighttime use. Also prescribed co-codamol 30/500 for severe pain. Counselled that diazepam is not a long-term solution and further prescriptions will be met with resistance. Advised not to take paracetamol in addition to the co-codamol. Advised to search for and perform sciatica-specific stretches and exercises daily. Encouraged to ask their employer about accessing physiotherapy, as the National Health Service waiting list is approximately four months. Self-referral is an option but will not be quick. Safety netting advice given regarding no numbness. Incruse inhaler has been added to the repeat prescription list. The prescription is available at the front desk or has been sent to Braidcraft Pharmacy.
Medication	Medication Diazepam Tablets 2 mg 10 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED
Medication	Medication Co-Codamol 30/500 Tablets 30 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-Sept-2025 Miss Samantha Middleton (SM) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 37212723 [16/09/2025 08:35] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 16/09/2025 08:35 by Paul Haggarty * New/Existing/Other: Existing problem * About: Severe back pain * Would like help from: Anyone * Details B: Back pain has been worsening for last few weeks now travelling right down leg. Also have requested powder inhaler 2 times now and both times has been wrong inhaler sent over I had attached a photo of correct one. Need this badly cough is awful since not having and breathless. * Image/Attachment: IMG_5350.jpeg * Prefer contact by: Face to face appointment * Preferred appointment time: Afternoon due to work [16/09/2025 08:35] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [16/09/2025 08:42] (Sammy Middleton) (Message to patient) Good morning A face to face appointment has been booked for 3.45pm this afternoon. Please reply to confirm you can attend. [16/09/2025 08:56] (Paul Haggarty) Thats great thank you

04-Sept-2025 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History pt req etodolac - 1
Medication	Medication Etodolac M/R tablets 600 mg 1*30 TABLET ONE TO BE TAKEN EACH DAY

29-Aug-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Prevention/screening admin.	
Examination	Assessing cardiovascular risk using SIGN score	9.6 %
Examination	Diabetes UK diabetes risk score	17
Read Code	Cardiovascular disease risk assessment done	
Read Code	Lifestyle counselling	

28-Aug-2025 Sister Marie Dickson (MD) Braidcraft Medical CentreMain Surgery

Comment	Prevention/screening admin. Rolls own cigarettes - signposted to smokefree services. Chat about lifestyle. Feels tired all the time. Manages exercise with work full time and goes to the gym every day. Diet poor - misses meals and eats fast foods and sweets. Doesn't take any alcohol.	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	81 mm Hg
Examination	O/E - height	171 cm
Examination	O/E - weight	88 Kg
Examination	Body Mass Index	30.09
Examination	Waist circumference	101 cm
Social	Current smoker	

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

22-Aug-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 36771078 [22/08/2025 08:38] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 22/08/2025 08:38 by Paul Haggarty * New/Existing/Other: New medical problem * About: Back pain * Would like help from: Someone by name * Clinician: David Logie (m) * How long?: 1 week * Details A: Severe back pain travelling down left buttock. Have tried for over a week with moving and taking paracetamol pain worsening. * Prefer contact by: Telephone * Preferred call time: As soon as possible [22/08/2025 08:38] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
History	History T/C: Paul Haggerty. Reports severe lower back pain for two weeks, which is worsening. The pain radiates down the left buttock and into the left leg. No history of similar radiating pain, although has had previous lower back pain and kidney stones. No recent injury or fall. Has tried stretching at the gym without relief. Currently taking paracetamol. Declines opiate analgesia. Tried ***** etodolac and helped so wishes a short course to see if helps Plan: Prescribed naproxen for two weeks. Safety netting advice given to get back in touch if symptoms worsen for review and examination. Booked for a routine health check with the nurse on 29/08/2025 at 2pm for blood tests, height and weight measurement.
Medication	Medication Etodolac M/R tablets 600 mg 14 tablet ONE TO BE TAKEN EACH DAY
Medication	Medication Luforbec Inhaler 100 micrograms + 6 micrograms/dose 120 DOSE TWO PUFFS TWICE DAILY

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

11-July-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem rx line - incruse ellipta inhaler - 1
Medication	Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF TO BE INHALED ONCE DAILY

16-Jun-2025 Dr Dale Coghill (DC) Braidcraft Medical CentreMain Surgery

History — History History: Persistent cough for 9 months, worse than previous episodes. Dry cough with sensation of something stuck in throat. Sharp shooting pains between shoulder blades. Dizziness when coughing. Unable to lie down. Sleep disruption. Cough present all day. Reports cough affecting all areas of life. Had reassuring CT chest by resp team - had mild emphysema though.
Examination: Lungs clear on auscultation. Oxygen saturations 98%.
Diagnosis or impression: Chronic cough. COPD with emphysema confirmed on CT scan. Previous asthma diagnosis as adult.
Plan: Prescribed Incruse inhaler to use alongside current Lurforbec inhaler. Advised primary cause of cough likely smoking-related. Currently smokes 7-10 rollies daily. Discussed smoking cessation - advised against vaping as previously made cough worse. Recommended nicotine replacement options (gum, patches, sublingual spray). Advised to speak with pharmacist about smoking cessation service. Provided information about Quit Your Way service. Will review effectiveness of Incruse after 2 months.

Medication — Medication Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose 30 DOSE ONE PUFF TO BE INHALED ONCE DAILY

16-Jun-2025 Mrs Laura Pierce (LP) Braidcraft Medical CentreMain Surgery

Comment — Comment HAGGARTY, Paul 07/09/1971
askmyGP 35508629
 [16/06/2025 09:09] (Paul Haggarty) Form: Consult a clinician
 Consult a clinician
 Form submitted at 16/06/2025 09:09 by Paul Haggarty
 * New/Existing/Other: New medical problem
 * About: Breathlessness cough chest tightness
 * Would like help from: Anyone
 * How long?: 2 days
 * Details A: I have COPD think I have chest infection. Chest very tight persistent cough, sharp pain in back of shoulder blades when coughing. Feel dizzy, breathless and weak throat sore but think thats from coughing so much.
My inhaler got changed few weeks ago but have gradually been feeling more breathless over few weeks.
 * Prefer contact by: Face to face appointment
 * Preferred appointment time: After 11.30 if possible
 [16/06/2025 09:09] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.
Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
[16/06/2025 09:16] (Laura Pierce) (Message to patient) An appointment has been arranged for you to see the GP this morning at 11.15am. Please reply to confirm you can attend.
[16/06/2025 09:49] (Paul Haggarty) Yes I can attend

06-Jun-2025 Dr Jane Dickson (JD) Data Entry

Problem — Problem Sr

Medication — Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE TO BE TAKEN EACH DAY

09-Apr-2025 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

Comment — Comment HAGGARTY, Paul 07/09/1971
askmyGP 34292665
 [09/04/2025 08:45] (Paul Haggarty) Form: Consult a clinician
 Consult a clinician
 Form submitted at 09/04/2025 08:45 by Paul Haggarty
 * New/Existing/Other: Medication query
 * Subject: Advised to make appointment to discuss medication
 * Would like help from: Anyone
 * Details C: Requested prescription for zopiclone 2 weeks ago was given 7 days advised to make appointment to discuss.
 * Prefer contact by: Telephone
 * Preferred call time: As soon as possible
[09/04/2025 08:45] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.
Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.

31-Mar-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem — Problem not triage needs fluoxetine propranolol zopiclone -1 pt rxline

28-Mar-2025 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr	
Medication	Medication Luforbec Inhaler 100 micrograms + 6 micrograms/dose 120 DOSE TWO PUFFS TWICE DAILY	

27-Mar-2025 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

Comment	Comment &gt 6/2 - Note increase in PF from 300 to 510 today. feels almost 100% better. Nocturnal cough gone, less SOBOE, still dryish cough in cars and meeting rooms. Happy to continue with 2 P BD of luforbec and prefers to use MART. Given card also. less panicky as well. Encouraged to consider vaccinations.	
Examination	Peak flow rate before bronchodilation	510 litres/min
Read Code	Asthma medication review	
Read Code	Asthma annual review	
Read Code	Asthma never causes night symptoms	
Read Code	Asthma never causes daytime symptoms	
Read Code	Asthma not limiting activities	
Read Code	Current smoker	
Read Code	Smoking cessation advice	
Read Code	Inhaler technique - good	
Read Code	Referral to smoking cessation advisor	
Read Code	Asthma management plan given	
Read Code	Asthma medication review	
Read Code	Asthma annual review	

27-Mar-2025 Miss Savannah Galbraith (SG) Braidcraft Medical CentreMain Surgery

Comment	Comment Moved to acutes as per BP

27-Mar-2025 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History not triage needs fluoxetine propranolol zopiclone for tomorrow -1 pt rxline, please move these to acute request

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

13-Mar-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 33781017 [13/03/2025 10:21] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 13/03/2025 10:21 by Paul Haggarty * New/Existing/Other: Medication query * Subject: Zopiclone * Would like help from: Anyone * Details C: Could I please get another few weeks of Zopiclone I know you arent keen for them to be used long term I just feel Im coping so much better back at work due to getting a sleep.***** has oncologist at end of month and I feel once we get results my anxiety will die down. Thank you * Prefer contact by: Email message [13/03/2025 10:21] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm. [13/03/2025 10:54] (David Logie (Dr Logie)) (Message to patient) Hi, Thanks for the message. I have done another script for 2 weeks. If any issues please let us know
Medication	Medication Zopiclone Tablets 7.5 mg 14 tablet ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 33520288 [28/02/2025 08:59] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 28/02/2025 08:59 by Paul Haggarty * New/Existing/Other: Medication query * Subject: Told to contact for review of sleeping pills * Would like help from: Anyone * Details C: Was given prescription for zopiclone I requested these again last week and was told to make appointment to discuss. Been struggling with anxiety and sleep for last few months since ***** passed away and ***** was going through treatment for cancer the sleeping pills really helped would I be able to get them for a bit longer please? * Prefer contact by: Telephone * Preferred call time: As soon as possible [28/02/2025 08:59] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 1:30 pm.
History	History TC - Subjective: - Reports poor sleep due to anxiety and day/night shift work - Currently finding benefit from zopiclone Assessment & Plan: 1. Insomnia and anxiety - Treatment: zopiclone prescription provided - Counselled regarding: - Medication will eventually lose effectiveness - Risk of dependence - Not for long-term use - Advised to limit use where possible - Prescription ready for collection from front desk after 14:00 today (28/02/2025)

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

Read Code	SMS text sent to patient Summary of smart message sent to patient / Dear Mr Paul Haggarty Your prescription has been issued. Before you need to make another request, please make an appointment for a telephone consultation to review your medication using askmyGP on the day you wish to speak with a doctor. https://my.askmygp.uk/?c=S52043# Thank you Braidcraft Medical Centre

20-Feb-2025 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr - less zopiclone and review needed before next issue
Medication	Medication Zopiclone Tablets 7.5 mg 7 TABLET ONE TO BE TAKEN AT NIGHT
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE TO BE TAKEN EACH DAY

07-Feb-2025 Dr Jane Dickson (JD) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 33116609 [07/02/2025 10:43] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 07/02/2025 10:43 by Paul Haggarty * New/Existing/Other: Existing problem * About: ? chest infection * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Had cough for months but since having flu got a constant (worse than normal) persistent cough, coughing up sputum feel I may need an antibiotic or steroid to help coughing that much my head and ribs are sore. Also feel I stopped taking propranolol too quickly. Had appointment at asthma clinic yesterday nurse advised I would have to discuss these issues with dr. Thank you * Prefer contact by: Telephone * Preferred call time: As soon as possible [07/02/2025 10:43] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 2 pm.
Result	Result Treat as exac asthma, wishing to re-start sterimar and short course zopiclone for sleep. See as needed
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Zopiclone Tablets 7.5 mg 14 tablet ONE TO BE TAKEN AT NIGHT

07-Feb-2025 Dr Oona Tanner (OT) Acute Presciptions

Comment	Comment Not triage - from CDM, apologies, luforbec 100 pMDI, 2 P BD
Medication	Medication Luforbec Inhaler 100 micrograms + 6 micrograms/dose 120 dose TWO PUFFS TO BE INHALED TWICE A DAY

07-Feb-2025 Sister Jackie O'Callaghan (JO) Data Entry

Comment	Comment Needs aerosol inhaler, luforbec 100, 2 P BD instead of nexthaler (DPI).

07-Feb-2025 Dr Oona Tanner (OT) Acute Presciptions

Problem	Asthma NOS
Comment	Comment From CDM - Fostair 100, pMDI, two P BD and aerochamber (*****)
Medication	Medication Aerochamber Plus Flow-Vu Anti-Static Spacer device 1 device Use with inhaler As directed
Medication	Medication Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose 120 dose 2 PUFFS TWICE A DAY

06-Feb-2025 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

Comment	Comment Acute request for fostair 100,pMDI (aerosol) inhaler, 2 P BD and aerochamber.

06-Feb-2025 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

Comment	Comment Asthma Review - taking saba x6 a day, SOBOE, coughs throughout the day, worse at night. Cough is dry and minimally productive. Can't remember receiving a spirometry invite. Note drop in PF - has to practice technique and only one previous reading. Dislikes sensation of inhaler at throat, feels it catches. Panic attacks ongoing - gets support from *****. Chat re lifelink.Smokes 50g of tobacco a week. Accepts referral to spirometry again. Chat re emergency management. Trial of fostair to also cover likely COPD. keen for propanol, helped before and states no worsening of his chest previousy - should discuss with GP. Has had a difficult year. Reinforced need to use preventer therapy.	
Examination	Peak flow rate before bronchodilation	300 litres/min
Examination	Asthma daytime symptoms	7 times/week
Examination	Asthma limiting activities	7 times/week
Read Code	Asthma medication review	
Read Code	Asthma annual review	
Read Code	Asthma never causes night symptoms	
Read Code	Current smoker	
Read Code	Inhaler technique - poor	
Read Code	Respiratory / Chest monitoring	
Examination	O/E - height	171 cm
Examination	O/E - weight	81 Kg
Examination	Body Mass Index	27.7
Read Code	Smoking cessation advice	

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

31-Jan-2025 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History TC - looking for scan results as cough ongoing. CT shows mild COPD and nil else of note. Advised strong chance cough is COPD related. Is SOB on exertion but not a rest. P - for 1st COPD clinic to start inhaler to see if can help symptoms

31-Jan-2025 Sister Marie Dickson (MD) Phone Encounter

History	History HAGGARTY, Paul 07/09/1971 askmyGP 32974251 [31/01/2025 09:51] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 31/01/2025 09:51 by Paul Haggarty * New/Existing/Other: Existing problem * About: Cough * Would like help from: Someone by name * Clinician: ***** (m) * Details B: Persistent cough for months had a Ct Scan end of December, got flu beginning of January d cough has worsened gradually since then using inhalers they dont seem to be helping cough is constant. I missed a call yesterday Im sorry about that . * Prefer contact by: Telephone * Preferred call time: As soon as possible [31/01/2025 09:51] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. Please be advised that we are unable to offer face-to-face or telephone appointments between the hours of 12 noon and 2 pm.
Examination	Examination S/b GP months ago re persistent cough. Had CXR - nad and scan but not received any scan results. Taking inhalers but no resolve or change in cough.
Comment	Comment Appointed for GP TC

30-Jan-2025 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History HAGGARTY, Paul 07/09/1971
askmyGP 32949370
[30/01/2025 09:36] (Paul Haggarty) Form: Consult a clinician
 Consult a clinician
 Form submitted at 30/01/2025 09:36 by Paul Haggarty
 * New/Existing/Other: Existing problem
 * About: Persistent cough worsening since flu
 * Would like help from: Anyone
 * Details B: Was attending prior to Xmas for persistent cough. Had CT scan on 24/12/24. Got flu beginning of January cough has worsened again. Cough is constant day and night.
 * Prefer contact by: Telephone
 * Preferred call time: I need to explain my availability
 * Availability: Would need to be after 11.30 due to work
[30/01/2025 09:36] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.
[30/01/2025 10:56] (Marie Dickson (Sr Dickson)) (Message to patient) Hi. I've tried calling both mobile numbers but they are ringing out then going to voicemail

30-Jan-2025 Sister Marie Dickson (MD) Phone Encounter

Comment Comment AMGP. Tried calling again - going to voicemail. Had sent email message to Paul advising him that I tried calling. Did not respond to email message

30-Jan-2025 Sister Marie Dickson (MD) Phone Encounter

Comment Comment AMGP Tried calling both mobile numbers on AMGP. Ringing out then going to voicemail

20-Dec-2024 Dr Daniel MacKinnon (DAN) Telephone Call

History History TC - chat with Paul regarding respiratory referral. He was aware we were referring to respiratory for ongoing investigation, however was concerned that he had received his apt for CT so quickly and wanted clarification that CXR was normal. Explained that CXR indeed showed no abnormalities, however in accordance with national guidelines his persistant symptoms required urgent referral despite normal CXR. He is understanding of this and happy with plan. Also requesting extension of sick note due to anxiety and depression, particularly in relation to recent bereavement of *****, no thoughts of self harm or suicide - fit note issued.

Attachment eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 20/12/2024 - 20/01/2025)*

20-Dec-2024 Dr Daniel MacKinnon (DAN) Telephone Call

History History TC - tried to contact mobile x2 but rang out both times. I will try again later today.

20-Dec-2024 Dr Oona Tanner (OT) Braidcraft Medical CentreMain Surgery

History History Form submitted at 20/12/2024 09:31 by Paul Haggarty
New/Existing/Other: Existing problem
About: Call regarding urgent CT SCAN
Would like help from: Anyone
Details B: Have had a long standing persistent cough. Was sent for X-ray was advised Xray was normal attended practice last week seen by locum I have now had a call advising Ive to attend for urgent CT scan on 24th of this month. The dr mentioned cancer pathway Im very confused and concerned regarding this as I was told my chest X-ray was normal I also had an appointment sent few months ago for lung function tests but had no idea why I hadnt even spoken with a dr. Unfortunately my ***** was dying at time and I was unable to attend that appointment. Could I please speak to someone to clear up some of the miscommunication especially around cancer pathway. Also could I get a further sick line dated from the 16/12/24 for at least another 4 weeks please.
Prefer contact by: Telephone
Preferred call time: As soon as possible

Comment Comment would u mind calling him to re-discuss. thanks.

11-Dec-2024 Dr Daniel MacKinnon (DAN) Braidcraft Medical CentreMain Surgery

History	History Over 12/52 history of persistent cough, no haemoptysis, no sputum. Long smoking history, currently 12 roll ups per day, has cut down from 20. Keen to cut down further, (smoking cessation advice given and directed to services). Noticed some weight loss a few weeks ago, feels was related to a bereavement and unsure if put weight back on. Associated shoulder pain at times. Still feels fatigued. CXR 29/10 - normal. Bloods at time also normal other than low folate.
Examination	Examination Chest clear, no supraclavicular/cervical lymphadenopathy, sats 97%. No finger clubbing.
Comment	Comment Imp - ongoing cough, ?cause - Plan - USOC referral as persistent symptoms &gt12 weeks despite normal CXR. WSG.
New Referral	New Referral 8H...: Referral for further care (SCI Gateway Referral)
History	History Ongoing trouble with middle finger dermatitis and skin fissures. No evidence of bacterial infection or blistering. Felt relief with Betnovate, did not feel epaderm or zerobase helped.
Comment	Comment Plan - betnovate and zeroderm ointment, WSG
Medication	Medication Zeroderm Ointment 125 gram APPLY TO AFFECTED AREAS AS REQUIRED

11-Dec-2024 Miss Savannah Galbraith (SG) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 32098348 [11/12/2024 10:36] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 11/12/2024 10:36 by Paul Haggarty * New/Existing/Other: Existing problem * About: Continuing cough, rash on finger * Would like help from: Someone by name * Clinician: David Logie (m) * Details B: Has chest X-ray end of October, cough not improving at all also getting discomfort when coughing. Also had an ongoing g skin condition on hand and finger creams I ha e used everyday do not seem to be working * Prefer contact by: Telephone * Preferred call time: Any time, not urgent [11/12/2024 10:36] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.

11-Dec-2024 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr - recently seen; can cont
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Clenil Modulite Cfc-free inhaler 200 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED TWICE A DAY
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

04-Nov-2024 Mrs Kelly Jardine (KJ) Data Entry

Comment	Comment Acute Flucloxacillan script ran in error, destroyed KJ

31-Oct-2024 Dr Syeda Manahil Fatima (SMF) Braidcraft Medical CentreMain Surgery

Comment	Comment low folate, script issued. for repeat in 4 months
Medication	Medication Folic Acid Tablets 5 mg 112 tablet ONE TO BE TAKEN EACH DAY

25-Oct-2024 Dr Syeda Manahil Fatima (SMF) Braidcraft Medical CentreMain Surgery

Problem	Problem low mood
History	History SSRI r/v- was on citalopram 20mg but picked up ***** script (same name) and has accidentally been taking 20mg fluoxetine for last 4 weeks. feels mood improving on this. denies thoughts of self harm and suicide. still anxious, gets racing thoughts and sleep somwhat disturbed but feels mood improving on fluoxetine. was a ***** who passed earlier this year, feels he has been prioritsing others and not paying attention to own self.
Comment	Comment very keen to continue fluoxetine, will r.v in 1-2 weeks
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 16/09/2024 - 16/12/2024)*
History	History TATT, low in energy, feels appetite reduced (wonders if due to low mood). unintentional weight loss- feels face appears slimmer, clothes not as well-fitting. Bowels- qfit negative 2 months ago, but has loose stools. no blood in stool. no dysphagia/ vomits. Persisting dry cough for many months. smokes 15 hand rolled cigs/ day. no haemoptysis. no problems passing urine/ blood in urine.
Examination	Examination HR 98 reg, SpO2 98% on air (has PMH asthma). BP 138/78/. Chest clear on auscultation.
Comment	Comment agreed plan for bloods and CXR then r/v.
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 capsule ONE TO BE TAKEN EACH DAY

25-Oct-2024 Miss Samantha Middleton (SM) Braidcraft Medical CentreMain Surgery

Comment	Comment HAGGARTY, Paul 07/09/1971 askmyGP 31275829 [25/10/2024 09:52] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 25/10/2024 09:52 by Paul Haggarty * New/Existing/Other: New medical problem * About: Persistent cough, generally feeling unwell * Would like help from: Anyone * How long?: Months * Details A: Over last few months been suffering from depression following ***** started on antidepressants then changed to a new one I feel they are helping mood however I have been experiencing dizziness, lethargy, tremors in hand, upset stomach unsure if it could be fluoxetine causing this and if it will settle. I have had persistent cough for months was meant to have LFTs I didnt know about them as it was while ***** was dying. Overall Ive lost weight feel tired dizzy and just not right I know this could be depression but feel I should get checked physically also as I dont normally suffer from poor health. * Prefer contact by: Face to face appointment * Preferred appointment time: Afternoon [25/10/2024 09:52] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. [25/10/2024 10:06] (Sammy Middleton) (Message to patient) Good morning A face to face appointment has been booked for 2.20 this afternoon. Please reply to confirm you can attend.

26-Sept-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 30773149 [26/09/2024 09:38] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 26/09/2024 09:38 by Paul Haggarty * New/Existing/Other: New medical problem * About: Possible boil/abcess buttocks area * Would like help from: Male clinician * How long?: 7 days worsening past 2 * Details A: Previously I think around 2000 had a perineal abscess caused by in growing hair at this time I ignored unsure what to do ended up needing surgery and packing in wound for weeks. It is very small at moment feels very hard, painful to touch or some ways sit. * Prefer contact by: Telephone * Preferred call time: As soon as possible [26/09/2024 09:38] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request.
History	History TC - see hx above. No discharge or pus yet. Can feel hard lump. wishes to try avoid it getting worse. P - for fluclox and WSG
Medication	Medication Flucloxacillin Capsules 500 mg 20 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

13-Sept-2024 Dr Oona Tanner (OT) Telephone Consultaion

History	History middle finger - dermatis with skin fissures. painful++ no evidence of bacterial infection. no blisters.
Comment	Comment councelled re above and tx as per Px's below. WSG
Comment	Comment co-codmaol not effective. not liking take DHC but effective. agreed to GP review 2/52.
Medication	Medication Epaderm Ointment 125 gram APPLY 4 TIMES DAILY
Medication	Medication Betnovate Cream 0.1 % 30 GRAM APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS
Medication	Medication Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm 20 cm CAUT TO LENGTH OF SKIN FISSURE- APPLY FOR 12 HOURS AND REMOVE - REPEAT EVERY 24HRS TILL HEALED
Medication	Medication Zerobase Cream 11 % 500 GRAM(S) APPLY THREE TO FOUR TIMES DAILY - AND AFTER WASHING HANDS.
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY

09-Sept-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem HAGGARTY, Paul 07/09/1971 askmyGP 30457304 [09/09/2024 08:30] (Paul Haggarty) Form: Consult a clinician Consult a clinician Form submitted at 09/09/2024 08:30 by Paul Haggarty * New/Existing/Other: Medication query * Subject: Change to less strong pain killers * Would like help from: Anyone * Details C: Currently on digydrocodeine finding I do not need them now too strong was wondering if I could change back down to 30/500 co-codamol do not like being on such strong if not needed * Prefer contact by: Telephone * Preferred call time: Any time, not urgent [09/09/2024 08:30] (Braidcraft Medical Centre) (Message to patient) Thank you for submitting your request. [09/09/2024 08:31] (David Logie (Dr Logie)) (Message to patient) We can do this for you. Script will be at chemist in 2 days
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Aug-2024 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr - early as working away and needs before he goes
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE TO BE TAKEN EACH MORNING
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY

05-Aug-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem rx line dhc, propranolol and citalopram - braidcraft
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE TO BE TAKEN EACH MORNING
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY

29-July-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem	Problem cont - 22.7.24 -5.8.24 - collect
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety; Duration: 23/07/2024 - 05/08/2024)*

11-July-2024 Dr Oona Tanner (OT) Braidcraft Medical CentreMain Surgery

History	History struggling with his mental health - since ***** died - diagnosied with lung cancer in Jan and passed away in May. Paul cared for ***** during this illness. worsening anxiety and panic attacks. not really wanting to go out and wishing to be back home. mood low. no TOSSH / plans. protective factors: family.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety; Duration: 08/07/2024 - 22/07/2024)*
Comment	Comment ? re ref to urology. update bloods. to hand in urine for dipstick.
Problem	Anxiety with depression
Examination	Examination hands shaky. appears a little distracted and anxious., good eye contact. normal speech and thoughts. no psychotic sx
Examination	Examination BP 160/78 HR 80SR
Social	Social no drugs / alcohol. *****.
Comment	Comment discussed mx options - keen to restart propanolol - very effective previously - no SE's - start TDS and grad wean to PRN.
Comment	Comment given ongoing deteriroatin explored option on SSRI - wishng to try - councelled re same; role/ dose / timing / time to effect / SE's esepc on initiation. review 2/52. WSG
History	History ongoing back pain radiating around side. prev renal stones. CT kidneys 2021 - small right kidney stone
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE TO BE TAKEN EACH MORNING

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

09-July-2024 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

13-Jun-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History TC - discussed pain - similar pain to kidney stones. Was seen until 2021 but then settled and over last 3 years has come and went. IN last few months pretty constant and co-codamol not really helping. Looking for DHC but agrees needs seen. On holiday for 3 weeks so booked in for routine when he comes back. P - DHC and F2F r/v

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

06-Jun-2024 Mrs Diane Robertson (DIANE_18954) Data Entry

Comment	Comment LMA re below

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

05-Jun-2024 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History Rx line co-codamol Rob,will only issue small amount , been getting ull dose all the time but not clear why, need GP R/V
Medication	Medication Co-Codamol 30/500 Effervescent tablets 1*32 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

29-May-2024 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History pt req cocod - braidcraft
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

23-May-2024 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History PX/RX Co-Codamol - 1

16-May-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem Problem pt req cocod - braidcraft
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

03-May-2024 Dr Jane Dickson (JD) Data Entry

Problem Problem Sr
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

29-Apr-2024 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History TC had been off work since 6/4/24, ***** is stage four cancer and is very ill dying he is end of life stage not been to work since then asking for a sick line
Attachment eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: family related stress; Duration: 06/04/2024 - 31/05/2024)*

28-Apr-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

26-Apr-2024 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for Smart Message Details.

19-Apr-2024 Dr Jane Dickson (JD) Data Entry

Problem Problem Sr
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

02-Apr-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem Problem PX/RX Co-Codamol - 1
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

22-Mar-2024 Dr Jane Dickson (JD) Data Entry

Problem Problem Sr
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

19-Mar-2024 Mrs Kelly Jardine (KJ) Data Entry

Comment Comment LMA to make an appt for the asthma clinic on Thus or Fri with Kelly Stedman KJ

19-Mar-2024 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History History sr rx line co-cod - braidcraft
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

14-Mar-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History TT - had COVID for 9 days - ***** members in hospital with it. COugh and no sputum. Tight chest and mild wheeze. Smoker. Needed pre din past. IMP _ recovery from COVID. P - for pred and WSG
Attachment eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Chest infection; Duration: 11/03/2024 - 24/03/2024)*

26-Feb-2024 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem Problem rx line pt - co-cod - needs today
Medication Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY

23-Jan-2024 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History	History TT: dispersible co-codamol (Robt)	
Medication	Medication Co-Codamol 30/500 Effervescent tablets 50 tablet TWO TO BE TAKEN UP TO FOUR TIMES A DAY	

23-Jan-2024 Sister Jackie O'Callaghan (JO) Phone Encounter

Comment	Comment Keen for dispersible co-codamol 30/500. Struggles with tablets. Worsening advice.	
History	History TT: Constant severe lower back pain. Known kidney stones. No urinary symptoms, no fever. Had for the last 4 days.	

04-Sept-2023 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History see hx below - last under urology in 2021 for renal calculi and had a 3mm stone at that time. Pain is constant and not coming in waves. Does not like tramadol or DHC. can do NSAIDs. No fever. Says feels like kidney stones. IMP - treat as renal colic. P - for co-codamol and diclofenac. MSSU. WSG	
Examination	Examination HR - 74, sats- 98% T - 36.1, abdo - SNT	
History	History used steroids illegally in *****9 and since then feels lack of libido, some ED and mood lower. P - wishes for testosterone level	
Medication	Medication Diclofenac Potassium Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY	
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	

04-Sept-2023 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History TT - very similar pain again to when he had kidney stones. Flank pain over weekend. using co-codamol 30/500 not helping. P - r/v with urine	

05-May-2023 Sister Jackie O'Callaghan (JO) Phone Encounter

Comment	Comment &gt24/3 - Forgot I was phoning but preferred to chat today. Cough much better on clenil. AM cough with spit. Happy for spirometry referral. Chat re step up as needed.	

24-Mar-2023 Sister Jackie O'Callaghan (JO) Data Entry

Comment	Comment Chest Clinic - Much better. AM spit. Still coughs on lying flat at night, but better than before. Previous constant cough for last 2 months. No reflux or rhinitis. Taking saba BD but feels not really needing. Fairly good understanding. Very active. Diagnosed after a breathing test? triggers are colds and winter weather. Has a non allergic dog. Continue clenil, chat re step up. Smokes 30g of tobacco a week. Review in 6 weeks. Smoked from the age of 13 years. Active with gym. Chat re risk of COPD and real need to stop smoking.	
Examination	Peak flow rate before bronchodilation	490 litres/min
Examination	Asthma daytime symptoms	2 times/week
Read Code	Asthma annual review	
Read Code	Asthma never causes night symptoms	
Read Code	Asthma not limiting activities	
Read Code	Current smoker	
Read Code	Smoking cessation advice	
Read Code	Asthma management plan given	
Read Code	Asthma annual review	
Read Code	Respiratory / Chest monitoring	

15-Mar-2023 Dr Jane Dickson (JD) Braidcraft Medical CentreMain Surgery

Problem	Problem Chronic cough and worse in last 2 wks. COntinues ot smoke - will consider stopping. NOt had prev order of inherls I can see, but pt reports he uses them	
Examination	Examination Sp2o 97% OA P86 Resp Fairly clear THroat Red No rash	
Result	Result Treat with pred and amox for flare (prev hleped)&gt ENscouraged to stop smoking. Chest clinic for asthma review - ?improve cough. CXR NAD	
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	
Medication	Medication Clenil Modulite Cfc-free inhaler 200 micrograms/actuation 2 inhaler ONE PUFF TO BE INHALED TWICE A DAY	

20-Jan-2023 Dr Laura Green (LG) Braidcraft Medical CentreMain Surgery

History — History t/c - on 2/1/23 car was petrol bombed and family was threatened so had to move out of house temporarily but is back in now. understandably has been extremely stressed and worried about the safety of his family. has had to take time off work to deal with things, looking for fitnote which I have provided. Also mentioned that he has had a persistent cough for about 6months now, note seen in Sept 2022 and still hasn't resolved. dry cough, no haemoptysis. is a smoker. I think arrange for CXR and review f2f once done to come up with plan. knows to attend QEUH.

Attachment — eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Stress and Anxiety; Duration: 09/01/2023 - 23/01/2023)

16-Sept-2022 Dr Jane Dickson (JD) Phone Encounter

Problem — Problem Triage - cough for few wks. Not settlnig - prev asthma disgnosis. Smokes 10 roll ups daily. NO heamoptysis or chest pain

Result — Result Treat with amox and pred - strong WS if not improving with same

Medication — Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING

Medication — Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

18-Aug-2022 DR Sarah Vernel (SV) Braidcraft Medical CentreMain Surgery

Problem — Anxiety states

New Referral — New Referral 8HIK.: Referral for cognitive behavioural therapy (SCI Gateway Referral)

Attachment — eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 18/08/2022 - 04/09/2022)

16-Aug-2022 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History — History issued but should have GP review.

Attachment — eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety; Duration: 08/08/2022 - 21/08/2022)

25-July-2022 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem — Problem 2 weeks - ran out 24th - COLLECT

Attachment — eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 25/07/2022 - 07/08/2022)

11-July-2022 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Problem — Problem 2 weeks from today. collect

Attachment — eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 11/07/2022 - 24/07/2022)

07-July-2022 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History — History TT - worsening anxiety. Gettign worse over last few months. Now struggling to leave house. Not really sleeping, no enjoyment in life. Had simialr in *****9/20 and propranolol helped and is wondering if can try again. On no medication. No aclohol or drugs. P - for propranolol. fit note. WSG

31-Jan-2022 Mr Anonymous User (ANON)

26-Jan-2022 Vaccination — Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Hunter Street Mop Up) *FN4817/ PF/IM/Left Arm//C-19 Booster Pfizer (Hunter Street Mop Up)*

31-Jan-2022 Mr Anonymous User (ANON)

26-Jan-2022 Vaccination — Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (H Moffat) *FN4817/ PF/IM/Left Arm//C-19 Booster Pfizer (H Moffat)*

07-Sept-2021 Dr Naomi Whiteford (NW) Special request

Medication — Medication Co-Codamol 30/500 Capsules 112 capsule TWO TO BE TAKEN FOUR TIMES A DAY

07-Sept-2021 Mr Anonymous User (ANON)

06-Sept-2021 Vaccination — Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By A Kilit) *PV46701/ AZ/IM/LUA//C-19 (By A Kilit)*

21-Apr-2021 Mr Anonymous User (ANON)

20-Apr-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By S Considine) *PW40041/ AZ/IM/RUA//C-19 (By S Considine)*

15-Apr-2021 Dr Kate Chapman (KATE) Braidcraft Medical CentreMain Surgery

Attachment eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement; Duration: 09/04/2021 - 19/04/2021)

01-Apr-2021 Dr Kate Chapman (KATE) Telephone Consultation

History History ***** died 4th, heart disease. previously to this was having panic attacks every now and again, usually helped by propranolol. Worse since his death. Struggling to leave the house, using porpranolol with limited benefit.
History History Feels DHC is having an effect on his mental health- feels some dependancy on this- taking 8/day every.
Attachment eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement; Duration: 10/03/2021 - 08/04/2021)
Medication Medication Co-Codamol 30/500 Capsules 112 capsule TWO TO BE TAKEN FOUR TIMES A DAY

30-Mar-2021 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History TC - no answer. msg left

19-Mar-2021 Dr Jane Dickson (JD) Data Entry

Problem Problem Sr - fine to issue (PRN use)
Medication Medication Propranolol Hydrochloride Tablets 40 mg 84 TABLET ONE TO BE TAKEN THREE TIMES A DAY

17-Mar-2021 Dr Jane Dickson (JD) Data Entry

Problem Problem Sr - note recent review. Note on script should not exceed 8 DHC daily - if pain uncontrolled needs phone review
Medication Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY
Medication Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

09-Mar-2021 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History TC - no answer. msg left

22-Feb-2021 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History TT - pain from kidney stones still bad. Awaiting urology f/u. Pain so severe had to come back from work today. Takes up to 8 DHC per day. Cyclizine due to nausea of paina nd DHC. P - for cyclizine and DHC issued
Medication Medication Dihydrocodeine Tablets 30 mg ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY
Medication Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

18-Feb-2021 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History req dhc + cyclizine - robertsons. Will issue 1 wks supply only see previous note , need TC
Medication Medication Dihydrocodeine Tablets 30 mg 28 TABLET ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY
Medication Medication Cyclizine Tablets 50 mg 21 tablet ONE TO BE TAKEN THREE TIMES A DAY

27-Jan-2021 Dr Naomi Whiteford (NW) Special request

History History issued with note for tel review. note was taking for renal pain but seems to be taking regularly now. if ongoing renal pain likely needs erview
Medication Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

19-Jan-2021 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History SR-req dhc + cyclizine - robertsons - NEEDS FOR TODAY
Medication Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

23-Dec-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment cycloizine, and DHC - forTODAY? - got 100 DHC a week ago. With bank holidays it will next be due on 29/12/20 so can order now.
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

16-Dec-2020 Dr Naomi Whiteford (NW) Special request

Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

16-Nov-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Medication	Medication Dihydrocodeine Tablets 30 mg 200 tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY
Medication	Medication Cyclizine Tablets 50 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY

04-Nov-2020 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History COVID TC asking for more DHC , earlier because he is self isolating an dtoday has someone that can pick prescriptipon up .He say he continues to suffer renal pain he has Lt renal stone he was under urology care but then got discharged because missed CT scan appointment, he was surprised when I read to him last letter from urology he is keen to be re-referred to urology again and need more DHC we discuss addiction witrh DHC he said he only takes it when pain is sever
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

03-Nov-2020 Ms Lynn McLachlan (LYNN) Braidcraft Medical CentreMain Surgery

Comment	Comment tried to call re message below, opp hangup on phone,no option to leave message

03-Nov-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment cyclizine and DHC P - 300 DHC tabs in the last month. not issued. D/W GP

26-Oct-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment cyclizine and DHC
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

15-Oct-2020 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History SR-Cyclizone - ROBERTSONS

12-Oct-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment see below
Medication	Medication Clarithromycin Tablets 500 mg 10 TABLET ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

12-Oct-2020 Sister Jackie O'Callaghan (JO) Phone Encounter

Comment	Comment Currently self isolating following trip abroad. Acute request. Call back if not resolving.
History	History Covid-19: TT - Ongoing R ear pain and swelling of face and neck since last week. No discharge, cough or fever. Taking regular brufen, dihydrocodeine and PCM. Constant nausea despite meds and sore eating and chewing. Dizzy ++ and fell in the shower when he tilted his head back. No injury. Not keen to E or D.

09-Oct-2020 Dr Naomi Whiteford (NW) Telephone Consultation

History	History triage - just back from Turkey yesterday, started to developed sore ear a couple of days before leaving. sore, reduced hearing. no discharge. not normally bothered with ear infection, no fever, no cough, now on 2 weeks quarantine. agreed for abx, worsening statement given,
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Prochlorperazine Maleate Tablets 5 mg 28 tablet ONE TO BE TAKEN THREE TIMES A DAY

06-Oct-2020 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History	History sr req DHC - Robertsons
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

18-Sept-2020 Dr Naomi Whiteford (NW) Special request

Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

01-July-2020 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History req dhc - robertsons
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

12-Jun-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment req dihydrocodeine
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

04-Jun-2020 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History COVID TC , asking for more DHC say he takes it for renal colic and kidney stones and usually when pain is bad he takes PCM instead but when pain is sever then he takes DHC he run out of it 2 wks ago asking for more
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

13-May-2020 Dr Jane Dickson (JD) Data Entry

Problem	Problem (COVID) Sr - slightly early for proranolo. Monitor
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

05-May-2020 Dr Jane Dickson (JD) Data Entry

Problem	Problem (COVID) See request - says ***** forgot to order DHC. Was issued with last acute - not done

05-May-2020 Dr Jane Dickson (JD) Phone Encounter

Problem	Problem (COVID) Spoke to pt - currently using DHC instead of co-cod due to flare back pain. Using 8 per day. Aware they affect his mood, aso will cut down when feels he can
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

23-Apr-2020 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History SR-dhc,propanolol, cyclizine
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

15-Apr-2020 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History History Traige: pt reports flare up of back pain as below. nil systemic uoset or urinary symp or haematuria. nil evidence of urinary infection. wonderin gif can switch back to DHC for short spell. Using cocodamol 8 tabs per day at present.
Comment Comment Given short supply. review as required. pt aware of addictive nature and to be cautious with useage.
Medication Medication Dihydrocodeine Tablets 30 mg 100 tablet 2 TAB UP TO FOUR TIMES DAILY

24-Mar-2020 Dr Jane Dickson (JD) Data Entry

Comment Comment (COVID) co-cod
Problem Problem Sr - last script 10/2/20. Can issue

23-Mar-2020 Dr Naomi Whiteford (NW) Special request

History History request for cocodamol but full month supply issued less than 2 weeks ago.

10-Feb-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment Comment co-codamol
Medication Medication Co-Codamol 30/500 Tablets ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY

28-Jan-2020 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History History SR propanolol
Medication Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

17-Jan-2020 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History Mood very low. Not leaving house. not interacting with anyone. Panic attacks increasing. poor sleeping. No enjoyment in life. Thinks all of this is due to DHC as making him feel numb. Would like to stop them. No illegal drugs or alcohol. IMP - I think likely depression but patient thinks SE of Dihydrocodeine. P - switch to co-codamol as did not have same issues on this. Aware may have withdrawal. if not helping with mood will return and look at ADs
Medication Medication Co-Codamol 30/500 Tablets ***** tablet TWO TO BE TAKEN FOUR TIMES A DAY

24-Dec-2019 Dr Douglas Lindsay (DOUG) Braidcraft Medical CentreMain Surgery

History History In to explain DHC circumstances. On for renal colic and next due to see urology early 2020. got a month supply DHC on 17/12, took to relatives in Invergarry and left 3 weeks supply. Unable to get It back for 7-10 days. Pt works with young people with addictions issues in transition out of prison. 1 previous issue requesting early in August when lost on suitcase.
Comment Comment Additional 10 days issued just now. Explained cannot issue early. Next due 24th Jan and will not issue before this. If there are any furtehr issues with DHC, will be moved to weekly disp
Medication Medication Dihydrocodeine Tablets 30 mg 80 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Medication Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

23-Dec-2019 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History SR-req dehydrocodine and propranalol says left medi in inverness.No his medications should be changed to weekly dispense and he need to speak to Dr

17-Dec-2019 Dr Douglas Lindsay (DOUG) Data Entry

Comment Comment SR
Medication Medication Dihydrocodeine Tablets 30 mg ***** tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

22-Nov-2019 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History History Attended for meds as below. Awaiting urology appt in 4 weeks.. back up at 8 tabs a day of DHC. Hads issued.

15-Nov-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment Comment SR propranolol

04-Nov-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment Comment req dihydrocodeine - cocodamol not helping

24-Oct-2019 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

History History SR req cocodamol as dihydrocodeine too strong

02-Oct-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History History In for analgesia. Averaging 6 per day at present as some days manages 4 and others needs 8. Naproxen not helping. Discussed addiction again and how DHC can be difficult to come off. Patient does though have good resons for pain with kidney stone (to phone up and get date for scan) and left upper back and shoulder pain following accident 4 weeks ago. Waiting for physio through insurance for this. P - 1/12 script of 6 per day issued. Will try take less.
Examination Examination Left cervical neck tender along with thoracic para-vertebrals and deltoid. Restricted internal rotation in left shoulder. Full abduction
Medication Medication Dihydrocodeine Tablets 30 mg 168 tablet TWO TO BE TAKEN THREE TIMES A DAY

18-Sept-2019 Dr Douglas Lindsay (DOUG) Braidcraft Medical CentreMain Surgery

History History As below, trying to reduce DHC. On 6 per day now and struggling with abdo pain. Has been referred urology, ?renal colic - awiting appt. No change bowel habit/blood PR.
Comment Comment Agreed to reduce DHC to 4 per day. Use NSAID also and will buy paracetamol, discussed side effects. 1 month supply given and can rv at this time. Undserstanding risks of addiction etc.
Medication Medication Dihydrocodeine Tablets 30 mg 112 tablet ONE TO BE TAKEN FOUR TIMES A DAY
Medication Medication Naproxen Tablets 250 mg 56 tablet ONE TO BE TAKEN TWICE A DAY
Medication Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY

06-Sept-2019 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History TC asking for more DHC said that he still have got some tablets(has 60 left) but is starting a new job on monday and has to go to Manchester for training for a week and will run out of tablets while he is thare, he said that he is in a lot of pain an dis still taking 2 tab 4 times daily. my advise is that he should be on 1 tab. four times a day and he should start weaning off them because they are very addictive, and he should not be on them for long time also he need to learn ti live with some pain,He said he will try but he is in a lot of pain an dthey help him he agreed to try to cut an dcome for R/V when he is back. he was given appointment today for R/V in 10/7
Medication Medication Dihydrocodeine Tablets 30 mg 60 TABLET ONE TO BE TAKEN FOUR TIMES A DAY

05-Sept-2019 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History History SR-been taking 2 dhc NOT one - looking for anotehr rx.NO should be taking one tab only an dhe need to come for face to face consultation to discuss his DHC

27-Aug-2019 Dr Douglas Lindsay (DOUG) Data Entry

Comment Comment SR
Medication Medication Propranolol Hydrochloride Tablets 40 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY

27-Aug-2019 Ms Lynn McLachlan (LYNN) Braidcraft Medical CentreMain Surgery

Comment Comment Pts ***** called asking for an 'emer ' script for propanolol as pt has none left and was up 3 x during the night with panic attacks.Dr DL has said in consultation to be taken when feels panic attack coming on but ***** states is taking 3 x daily therefore has finished script given on 15/8.***** feels cannot wait till tmrw for a script.

23-Aug-2019 Dr Douglas Lindsay (DOUG) Braidcraft Medical CentreMain Surgery

History	History Suitcase hasn't turned up yet. Discussed weaning down gradually, and plans to do so. Using 8 per day currently.
History	History Ongoing intermittent abdo pain. Both flanks radiating to groin. variable. Discussed USS report, likely renal stone.
Examination	Examination Abdo soft, mild bilateral flank tenderness, no masses, no guarding.
Comment	Comment Ongoing symptoms, refer urology.
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

15-Aug-2019 Dr Douglas Lindsay (DOUG) Telephone Consultation

Comment	Comment D/w *****, SR as requested below. Only 5 days of DHC given, should be enough tiem for case to be returned. If needing further supply until next month, would need letetr from airline stating case lost.
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg 40 tablet ONE TO BE TAKEN FOUR TIMES A DAY

15-Aug-2019 Ms Jackie Kennedy (JACKIE_18954) Data Entry

Comment	Comment ***** called re Paul's meds - she said she is just back from holiday & she had put all the families medication into 1 case, however the case with the medication never came off the plane - she therefore needs scripts for the following medication; Cyclizine, Buscopan, DHC & Propranolol plse?

30-July-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History Discussed LFTs improved but not normal yet. Is going to get further bloods this week. US abdo tomorrow. Still needs DhC for abdo pain but is improving and is looking to come off them. Aware to cut down slowly to avoid withdrawal. Away on holiday next week until 16/8/19 so will need DHC early. P - script issued. if still abdo pain after holiday will return for r/v.
History	History When on steroids he had 2 panic attacks. Since coming off has had one which lasted a few hours. finds heart is racing, difficulty breathing, thoughts running through his mind. Never had any panic attacks prior to the steroids. Also does not feel anxious at any other times. IMP - Panic attacks linked to steroid use. P - can try propranolol to take when feels panic attack coming on. Aware of SEs.
Medication	Medication Propranolol Hydrochloride Tablets 40 mg 28 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

12-July-2019 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History SR-req DHC.will issue this time but need to come for R/V if ask for more
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

24-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment LFTs improving. P - for rpt in 3-4 weeks to make sure fully resolved

20-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History Not all bloods done last week so rpt LFTs done. Has appt for US after holiday. Dihydrocodeine helping pain but making him nauseas and asking for anti-emetic. Also has piles. P - scripts issued. bloods taken and r/v after he comes back from holiday
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: abdominal pain under investigation; Duration: 16/06/*****9 - 17/06/*****9)*
Medication	Medication Dihydrocodeine Tablets 30 mg ***** tablet ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY
Medication	Medication Cyclizine Tablets 50 mg 30 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 112 tablet ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Anusol Ointment 25 GRAM APPLY AS DIRECTED

13-Jun-2019 Ms Heather Long (HL) Braidcraft Medical CentreMain Surgery

Comment	Comment Bloods taken as requested 12/06/*****9.

12-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History In to admit he has been injecting steroids for the gym. P - advised he should stop which he has done. Also advised could well be the reason why bloods are off. For repeat including full liver screen and await US abdo. Please 2 separate blood requests at FTB
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: abdominal pain under investigation; Duration: 12/06/*****9 - 16/06/*****9)*
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

10-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History TT - dihydrocodeine making him vomit, tramadol also did the same. Bloods show WCC - 14 but normal CRP. LFTs abnormal with rasied ALT and AST. Pain worse when not taking analgesia. IMP - ?galstones plus hernia. P - repeat bloods on Thursday, Refer for US, refer for hernia, co-codmaol but aware he is getting 2 weeks worth and will not be issued any before. WSG
Medication	Medication Co-Codamol 30/500 Tablets 112 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

10-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History In for TT - trying to call but number not recognised.

07-Jun-2019 Sister Jackie O'Callaghan (JO) Braidcraft Medical CentreMain Surgery

Comment	Comment Travel Clinic - See sheet. Well controlled asthma, not required use of ventolin for years but always takes on holiday.
Vaccination	Low dose diphtheria, tetanus and inactivated polio vaccinati *(GMS)*
Read Code	Smoking cessation advice
Read Code	Current smoker

06-Jun-2019 Sister Marie Dickson (MD) Braidcraft Medical CentreMain Surgery

Comment	Comment Blood taken as requested 30/5/19 reminded to hand in stool sample for qfit. Says happier with dihydrocodeine for pain - "much better". Of note - takes high protein drinks for the gym.

06-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment cont s/line for 1 wk
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: abdominal pain; Duration: 04/06/*****9 - 11/06/*****9)*

05-Jun-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History See below - ***** and not for any paracetamol at present. Can have Dihydrocodeine 8 tabs a day for a week. Not to have any issued prior to this.
Medication	Medication Dihydrocodeine Tablets 30 mg 56 tablet TWO TO BE TAKEN FOUR TIMES A DAY

05-Jun-2019 Sister Marie Dickson (MD) Phone Encounter

Comment	Comment Telephone triage. Says taking 8 co-codamol during day time + 2-4 tabs throughout the night. Advised and is aware that this is above the recommended dose. Will come for bloods and make GP follow up appointment with results.

05-Jun-2019 Sister Marie Dickson (MD) Phone Encounter

Comment	Comment Telephone triage. C/o "in a lot of pain" from hernia. S/b GP recently re same and been taking regular co-codamol. Says ran out of these (last taken during the night) but didn't help with pain anyway. Says been referred to hospital (nil in notes). Didn't make it for bloods . agrees to attend tomorrow for FTB and will collect script for analgesia after 2pm if GP agrees.

30-May-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History Abdo pain not improved. Still constant across lower abdomen. Also now vomiting for the past week. No change in bowel habit and no urinary symptoms. Right inguinal hernia will pop out whenever he is sick but always reduces straight away. No PR bleeding. Never had any abdo pain prior to these past few weeks. IMP - right inguinal hernia. ?cause of abdo pain. P - Bloods at FTB tomorrow. QFit. WSG. Fit note.
Examination	Examination HR - 82, sats - 98%, T - 36.4, abdo - soft but tender right inguinal region and epigastric region. no hernias felt.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: abdominal pain; Duration: 27/05/*****9 - 03/06/*****9)*
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

30-May-2019 Sister Jackie O'Callaghan (JO) Data Entry

Comment	Comment Travel Clinic - See sheet.
Medication	Medication Revaxis Injection 0.5 ml pre-filled syringe 1 pre-filled disposable injection FOR INJECTION

23-May-2019 Dr Victoria Young (VY) Braidcraft Medical CentreMain Surgery

History	History Ongoing lower abdo pain. No improvement with buscopan. Bowels normal but slightly increased wind. No blood/mucus. Taking co-codamol, unsure if helping. No further episodes of lump/hernia appearing. Smelly dark urine, no dysuria or freq. No back pain or vomiting. E&D normally. ***** is nurse - dipped urine: leucocytes + prot
Examination	Examination sats 98% HR 100 T 37 abdo soft, tender lower abdo particularly suprapubic, bs normal. Apyrexial. Looks well, comforable, undistressed. Urine dip leucocytes + prot + blood trace
Comment	Comment ?UTI - rx as below, send mssu. strong worsening advice for over bank hol wknd
Medication	Medication Trimethoprim Tablets 200 mg 14 tablet ONE TO BE TAKEN TWICE A DAY
Medication	Medication Co-Codamol 30/500 Tablets 168 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

20-May-2019 Dr Victoria Young (VY) Braidcraft Medical CentreMain Surgery

History	History Hx as below. Last couple of days having episodes of severe abdo pain intermittently - feels like severe cramp/colic - and notices a swelling comes out L lower abdo groin - also happened R lower abdo 1 time too. Vomited x2 with pain last night but then settled. E&d since then, no nausea/vomiting. Bowels normal. D&V in the house - had diarrhoea last week but back to normal. Gyms ++ with heavy weights - last went on friday. No swelling present now - "reduced" back in at the time and pain resolved
Examination	Examination T 36.5 HR 98 sats 97% Looks well, undistressed. abdo snt, no sign of hernia either groin. Slightly tender LIF/groin but nil to see on lying or standing. BS normal
Comment	Comment ?hernia ?bowel spasm - try as below, uses co-codamol for pain already. Strong worsening advice. if recurs - needs to attend A&E for exam. Pt happy with plan
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 56 tablet TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

20-May-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History In for TT - 24 hours of groin pain on bending over. Felt like something popped out and noticed lump. Then managed to push it back it. Happened 4 times yesterday and always managed to reduce swelling. IMP - sounds like Hernia. P - r/v today

01-May-2019 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

Comment	Comment co-codmaol as hurt back playing football

16-Oct-2018 Dr Leah Bisset (LB) Braidcraft Medical CentreMain Surgery

Medication	Medication Simple Linctus sugar free 200 ML ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY
History	History 2 week hx dry cough . worse over night but coughing during the day too. no wheeze or SOB. nil relief with salbutamol. nil URTI symptoms of note.
Examination	Examination looks well warm, well perfused apyrexial throat clear. nil cervical LN, chest clear.
Comment	Comment I think worth trying simple linctus and see if settles over next 2 weeks... if ongoing to seek rereview ?? asthma related and ?should try steroid trial. Try linctus first isntance. .. pt happy with plan.

07-Sept-2018 Dr Jill Cowie (JC) Braidcraft Medical CentreMain Surgery

Comment	Comment SR
Medication	Medication Co-Codamol 30/500 Tablets 168 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 60 capsule TWO TO BE TAKEN AT NIGHT TIME. DO NOT TAKE WITH CO-CODAMOL

27-Aug-2018 Dr Basma Paulina (BP) Data Entry

History	History SR
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 2 AT NIGHT
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Aug-2018 Dr David Logie (DJNL) Braidcraft Medical CentreMain Surgery

History	History Pain in left shoulder for 18 months. Seen by GP here and at work and told has rotator cuff problem. Not been to physio. P - Self refer physio
Examination	Examination Not examined as seen by GP before and doctor at work and diagnosed with problem
History	History 2/12 lower back pain which does not radiate. No red flags. Very stiff in the morning and eases up during the day. Currently taking 6 co-codmaol a day and finds pain worse at night. Ibuprofen hurt stomach so not taking. P - Self refer physio. Trial of 2 tramadol at night to see if helps. Can have more if benefit. Return if not
Examination	Examination Tender lower left lumbar bac. Very stiff in all movements
Medication	Medication Tramadol Hydrochloride Capsules 50 mg 30 capsule 2 AT NIGHT
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

05-July-2018 Dr Jane Dickson (JD) Data Entry

Problem	Problem Sr co-cod - back still painful. Needs review for next - note on script

25-Jun-2018 Dr Basma Paulina (BP) Phone Encounter

History	History was at OOH last week advised he has strept. infection was given antibiotics and send home . he finished antibiotics still feels tiured no energy ,throat infection is better but lack of energy. he is managing to eat an ddrink but in small amount. advised that he had a bad infection and is taking time to recover need sick line
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: SEVER THROAT INFECTION; Duration: 25/06/*****8 - 09/07/*****8)*

14-Jun-2018 Dr Basma Paulina (BP) Phone Encounter

History	History was playing football last week and hurt his back pain gradually got worse he had some co-codamol left but run out of it asking for more

02-Mar-2018 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: broken Rt foot; Duration: 12/02/*****8 - 02/03/*****8)*

24-Jan-2018 Dr Imran Ilyas (II) Braidcraft Medical CentreMain Surgery

History	History pain L shoulder for 2 months, pain worse when doing exercise at gym. not taken any analgeis for it yet. o/e--looks well, L shoulder--no swelling, no tender, no bruising, no deformity. pain from 60o to 140o but managable, full ROM otherwise. no neurology.
Comment	Comment painful arc syndrome, explained in detail, avoid shoudler exercise, rest, analgesia (ok for nsaids and takes ibuprofen sometimes). try analgesia, rest and review if not settling, WSG,a greed.

24-Nov-2017 Dr Jill Cowie (JC) Braidcraft Medical CentreMain Surgery

History	History Injured foot playing football at start of Sept. Seen in AE at time, no fracture on x-ray and was given analgesia and walking boot to use. Felt foot was completely better and went back to playing football on Wed but pain came back again after a tackle during the game. Getting pain in same part of foot, down lateral aspect of forefoot. No swelling, erythema or bruising, able to weightbear normally. ? too much too soon with going back to full football game. Try analgesia and further rest again, suggested after 4-6/52 if foot feeling better to gradually build up exercise rather than going straight back into football. To see GP again if pain not settling.
History	History Itchy patches of skin on foot. Has 3 well demarcated patches with light brown pigmentation and slight scale on them. ? fungal. Skin scrapings taken and try daktacort.
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Hydrocortisone And Miconazole Cream 1 % + 2 % 15 gram APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

12-Sept-2017 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Needs analgesia for football injury - soft tissue injury right forefoot.
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Ibuprofen Tablets 400 mg 42 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

14-Jun-2017 Dr Jill Cowie (JC) Braidcraft Medical CentreMain Surgery

History	History c/o L sided lower back pain. Had same pain a couple of weeks ago after playing football, thinks may have twisted and hurt muscle in back. Pain improved but woke up yesterday and was sore again. Non-radiating pain. no bladder or bowel symps. No weakness or sensory disturbance in legs. Pain aggrevated by certain movements. has tried co-codamol 8/500 but not helping. IMP - msk pain, try stronger co-codamol and given stretches to do for back, advised to use reg co-codamol and ibuprofen for next couple of days and then PRN use, advised may take 6-8/52 to settle down fully.
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet 2 TABLETS TO BE TAKEN EVERY 4-6 HOURS AS REQUIRED FOR PAIN MAX 8 TABLETS DAILY

06-Jun-2017 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Feeling unsupported at work, stressed out with regulations and feeling as though he is unable to support the most vulnerable clients. Affecting home life - arguing with *****, not sleeping. As a consequence has a new job as Criminal Justice *****. Starts in 4 weeks. Req sickline until new job starts.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Acute stress; Duration: 06/06/*****7 - 04/07/*****7)*

01-Jun-2017 Dr Alan McArthur (ALAN_18954) Braidcraft Medical CentreMain Surgery

Comment	Comment Sore throat for 3/7 with some cough. No fever. Imp: pharyngitis. Using PCM. Can use ibuprofen too.
Examination	Examination 35.2C HR 76 SR Neck OK, mild pharyngitis, no tonsillitis, chest clear.

24-May-2017 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History developed back pain and Lt loin foafter playing football 3 days ago he did not injur himself while playing and pain starte dsoon after the game fionished he is having sharp pain when moving
Examination	Examination in pain loss of lumber lordosis limited back movement in all direction due to pain tender lumber paravertebral muscles no pain in ranal area
Comment	Comment musculoskeletal pain
Medication	Medication Co-Codamol 8/500 Tablets 100 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Ibuprofen Tablets 400 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD
Medication	Medication Piroxicam Gel 0.5 % 60 GRAM Rub into the affected site three to four times daily

16-May-2017 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Cough - purulent sputul, inh not working so well.
Medication	Medication Amorolfine Hydrochloride Medicated Nail Lacquer 5 % 5 ml APPLY TWICE A WEEK
History	History Fungal great toenail left foot.

15-Mar-2017 Dr Sarah McGlory (SMCG) Braidcraft Medical CentreMain Surgery

History	History someone in work has hand foot and mouth- thinks he might have it. temperature, feeling bit run down and sore throat/mouuth. nil on hands or feet
Examination	Examination temp 36.5 nil to see in mouth- slight redness of throat. lesion on left lower lip- not typical of hf&m. nil on hands/feet chest clear
Comment	Comment ***** homeless people. explained if is hf&m likely to have already been infectious. aksing for sick line if not feeling up to work- can self cert. encouraegd hygiene measures/washing hands etc.

07-Feb-2017 Mrs Rose McCann (ROSE_18954) Data Entry

Comment	Comment Consultant - Nile Hughes from QEH Stroke Clinic asked to speak to GP as letter sent to us had the wrong information on it. Tel- *****. Rose

07-Feb-2017 Dr Jill Cowie (JC) Braidcraft Medical CentreMain Surgery

Comment	Comment Phone call from consultant Dr Hughes. Explains that Mr Haggarty was seen by his registrar during last admission and record in notes states ? TIA but then patient reviewed by Dr Hughes who thinks presentation was migraine and not TIA but consultant record in notes was missed by FY1 when d/c letter being done so d/c letter states possbile TIA, clopidogrel 75mg and stroke clinic f/u. Dr Hughes has contacted Mr Haggarty to say that he has not had a TIA, does not need to be on clopidogrel and does not need stroke clinic f/u. Simvastatin was also started on basis of secondary prevention so stop this also.

20-Jan-2017 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Wants to go back to full duties at work as of Monday, mainy desk based and feels as though he would be capable of this - letter supplied to this effect.

18-Jan-2017 Dr Sarah McGlory (SMCG) Braidcraft Medical CentreMain Surgery

History	History has had problems with toe for last couple of months. half of it came off when injured playing football. over last few days red/swollen and some smelly discharge. felt systemically unwell yday but better today.
Examination	Examination temp 36 only half toenail on left great toe. sensation intact. warm foot. infected nail bed
Comment	Comment poabs. worsening advice given with warning signs to watch out for. review if any develop/not settling.
Medication	Medication Flucloxacillin Capsules 500 mg 28 capsule ONE TO BE TAKEN FOUR TIMES A DAY

16-Jan-2017 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History DIscussed recent likely TIA and further investigations planned. Discussed importance of smoking cessation now and given number for services. Aware meds will be lifelong. Keen to get back to work. Suggest discuss with work re phased return and issued with sickline and fitnote accordingly.
Attachment	eMED3 (*****0) new statement issued, may be fit for work *FitNote.pdf, (Diagnosis: Transient ischaemic attack; Duration: 16/01/*****7 - 13/02/*****7)*
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Transient ischaemic attack; Duration: 05/01/*****7 - 22/01/*****7)*

12-Dec-2016 Dr Paula Hendrie (PH) Data Entry

History	History Wants to hand back old sickline and get new one to cover festive period. Please destroy old line when handed back.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Nervous condition; Duration: 12/12/*****6 - 28/12/*****6)*

09-Dec-2016 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History 1. Asking for further sickline, not quite ready to return to strerssful workplace yet but hopeful over next few weeks. 2. Dry cough for 3+ months, Smoker (20 roll ups per day). Previous spirometry suggested asthma but never used any treatment. 3. Right great tonail broken following trauma.
Examination	Examination Well O2 sats 98% air P 80reg CVS:HS pure Resp: Chest completely clear
Comment	Comment Plan: Trial of salbutamol inh and CXR. Reassured re toenail and watch for signs of infection.
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler TWO PUFFS PRN
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Nervous condition; Duration: 09/12/*****6 - 23/12/*****6)*

28-Nov-2016 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Asking for sickline - numerous life stressors at present and needs time to sort these before being able to contemplate work. Supprt worker for vulnerable adults - homeless and addicts.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Nervous condition; Duration: 28/11/*****6 - 12/12/*****6)*

31-Oct-2016 Ms Denise Logie (DL) Data Entry

Comment	Comment Swab ordered 27/09/16. Swab not rec'd. Dr McG ? further action - none. F6 and scan. DL

27-Sept-2016 Dr Sarah McGlory (SMCG) Braidcraft Medical CentreMain Surgery

History	History itchiness/redness at end of penis. now small lesion on glans. wanted to get checked out. sexually active- *****- sexually active over weekend. ***** has no symptoms- not particularly worried about stis
Examination	Examination o/e declined chaperone. testicle exam nad. slight redness to glans with tiny scab like elsion ?sec to itching. nil other lesions.
Comment	Comment try rx for thrush- given kit for urine for chlamydia/gonorrhoea. review if worsens/persists.
Medication	Medication Clotrimazole Cream 1 % 20 gram APPLY TWICE A DAY

03-Jun-2016 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History Dry cough for a few days, smoker, discomfort in ant chest on coughing.
Examination	Examination Well o2 sats 98% air CVS:HS pure Resp: Chest completely clear
Comment	Comment Impr: Viral resp tract infection. Plan: Advice, simple linctus and review if worsening.
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Viral respiratory tract infection.; Duration: 01/06/*****6 - 08/06/*****6)*

18-Nov-2015 Dr Basma Paulina (BP) Braidcraft Medical CentreMain Surgery

History	History was playing football last week after that developed sever Rt sided lumber back pain worse when moving or bending radiate to Rt leg
Examination	Examination can not sit ,limping loss of lumber lordosis some scoliosis ,limited back movement in all direction due to pain. tender Rt paravertebral muscles
Comment	Comment musculoskeletal back pain
Medication	Medication Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Medication	Medication Ibuprofen Tablets 400 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD
Medication	Medication Piroxicam Gel 0.5 % 60 GRAM Rub into the affected site three to four times daily
Attachment	eMED3 (*****0) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: muscular back pain; Duration: 18/11/*****5 - 02/12/*****5)*
History	History dry irritating cough for 3-4/52 no fever generally well
Examination	Examination chest clear
Comment	Comment will try cough suppressant
Medication	Medication Simple Linctus sugar free 200 ML ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

09-Oct-2015 Dr Paula Hendrie (PH) Braidcraft Medical CentreMain Surgery

History	History seen at OOHs with headache / otalgia. Now worsening despite analgesia. Getting married tomorrow and off to Egypt. Pain deep in ear now on right.
Examination	Examination Well T 36 LEft ear NAD Right ear: Canal a little moist, TM erythematous.
Comment	Comment ? early OM - Abx and advice.
Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE THREE TIMES A DAY

Medications (inc. issues)

Acute

17-July-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free
60 sachet - 1-3 PER DAY

17-July-2026 Co-Codamol 30/500 Tablets
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED

17-July-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY

17-July-2026 Diclofenac Sodium E/c tablets 50 mg
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-July-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

17-July-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

17-July-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms
56 CAPSULE - ONE TO BE TAKEN EACH DAY

09-July-2026 Co-Codamol 30/500 Tablets
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

09-July-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

23-Jun-2026 Morphine Sulfate Oral solution 10 mg/5 ml
300 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

09-Jun-2026 Co-Codamol 30/500 Tablets
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

09-Jun-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

09-Jun-2026 Co-Codamol 30/500 Tablets
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-Apr-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

29-Apr-2026 Morphine Sulfate Oral solution 10 mg/5 ml
100 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN

16-Sept-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

Repeat

17-July-2026 Morphine Sulfate Oral solution 10 mg/5 ml
300 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

17-July-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY

17-July-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free
60 sachet - 1-3 PER DAY

17-July-2026 Diclofenac Sodium E/c tablets 50 mg
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-July-2026 Co-Codamol 30/500 Tablets
100 tablet - ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED

23-Jun-2026 Morphine Sulfate Oral solution 10 mg/5 ml
300 ml - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

18-May-2026 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

20-Mar-2026 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose
2*120 dose - 2 PUFFS TWICE A DAY

20-Mar-2026 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

13-Jan-2026 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

25-Nov-2025 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose
2*120 dose - 2 PUFFS TWICE A DAY

25-Nov-2025 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose
2*120 dose - 2 PUFFS TWICE A DAY

28-Oct-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

16-Sept-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

Past

23-Jun-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Jun-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-May-2026 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

18-May-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-May-2026 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

18-May-2026 Co-Codamol 30/500 Tablets Acute Medication (Past)
50 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-May-2026 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

15-May-2026 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

29-Apr-2026 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

29-Apr-2026 Co-Codamol 15/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

02-Apr-2026 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

02-Apr-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 capsule - ONE DAILY

02-Apr-2026 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 capsule - ONE DAILY

02-Apr-2026 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY (DO NOT TAKE WITH ETODOLAC)

02-Apr-2026 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY (DO NOT TAKE WITH ETODOLAC)

02-Apr-2026 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

05-Jan-2026 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

09-Dec-2025 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

09-Dec-2025 Morphine Sulfate Oral solution 10 mg/5 ml Acute Medication (Past)
100 ML - 2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.

08-Dec-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - 2 TAB UP TO FOUR TIMES DAILY

08-Dec-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 capsule - ONE DAILY

08-Dec-2025 Tamsulosin Hydrochloride M/R capsules 400 micrograms Acute Medication (Past)
30 capsule - ONE DAILY

08-Dec-2025 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY (DO NOT TAKE WITH ETODOLAC)

08-Dec-2025 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY (DO NOT TAKE WITH ETODOLAC)

08-Dec-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - 2 TAB UP TO FOUR TIMES DAILY

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

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

30-Oct-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
1*30 TABLET - ONE TO BE TAKEN EACH DAY

30-Oct-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
1*30 TABLET - ONE TO BE TAKEN EACH DAY

16-Sept-2025 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

16-Sept-2025 Diazepam Tablets 2 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED

16-Sept-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-Sept-2025 Co-Codamol 30/500 Tablets Acute Medication (Past)
30 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Sept-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
1*30 TABLET - ONE TO BE TAKEN EACH DAY

04-Sept-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

22-Aug-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
1*30 TABLET - ONE TO BE TAKEN EACH DAY

22-Aug-2025 Etodolac M/R tablets 600 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN EACH DAY

22-Aug-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)
120 DOSE - TWO PUFFS TWICE DAILY

11-July-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Acute Medication (Past)
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

16-Jun-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Acute Medication (Past)
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

16-Jun-2025 Incruse Ellipta Dry Powder Inhaler 55 micrograms/dose Acute Medication (Past)
30 DOSE - ONE PUFF TO BE INHALED ONCE DAILY

06-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

06-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

09-Apr-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN AT NIGHT

09-Apr-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN AT NIGHT

31-Mar-2025 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

31-Mar-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

31-Mar-2025 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

31-Mar-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

31-Mar-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

31-Mar-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

28-Mar-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)
120 dose - ONE PUFF TWICE DAILY

28-Mar-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)
120 DOSE - TWO PUFFS TWICE DAILY

28-Mar-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Repeat Medication (Past)
120 DOSE - TWO PUFFS TWICE DAILY

13-Mar-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

28-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

20-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

20-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

20-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

20-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
7 TABLET - ONE TO BE TAKEN AT NIGHT

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

07-Feb-2025 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
120 dose - 2 PUFFS TWICE A DAY

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

07-Feb-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
14 tablet - 1 Tab At night

07-Feb-2025 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-Feb-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

07-Feb-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY

07-Feb-2025 Aerochamber Plus Flow-Vu Anti-Static Spacer device Acute Medication (Past)
1 device - Use with inhaler As directed

07-Feb-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

07-Feb-2025 Aerochamber Plus Flow-Vu Anti-Static Spacer device Acute Medication (Past)
1 device - Use with inhaler As directed

07-Feb-2025 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-Feb-2025 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
14 tablet - 1 Tab At night

07-Feb-2025 Fostair Nexthaler Dry Powder Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
120 dose - 2 PUFFS TWICE A DAY

07-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

07-Feb-2025 Zopiclone Tablets 7.5 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN AT NIGHT

07-Feb-2025 Luforbec Inhaler 100 micrograms + 6 micrograms/dose Acute Medication (Past)
120 dose - TWO PUFFS TO BE INHALED TWICE A DAY

06-Jan-2025 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

11-Dec-2024 Zeroderm Ointment Acute Medication (Past)
125 gram - APPLY TO AFFECTED AREAS AS REQUIRED

11-Dec-2024 Betnovate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

11-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

11-Dec-2024 Betnovate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

11-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

11-Dec-2024 Clenil Modulite Cfc-free inhaler 200 micrograms/actuation Acute Medication (Past)
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

11-Dec-2024 Zeroderm Ointment Acute Medication (Past)
125 gram - APPLY TO AFFECTED AREAS AS REQUIRED

11-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

11-Dec-2024 Clenil Modulite Cfc-free inhaler 200 micrograms/actuation Acute Medication (Past)
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

11-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

31-Oct-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN EACH DAY

31-Oct-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN EACH DAY

25-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

25-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 capsule - ONE TO BE TAKEN EACH DAY

26-Sept-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

26-Sept-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

13-Sept-2024 Betnovate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

13-Sept-2024 Betnovate Cream 0.1 % Acute Medication (Past)
30 GRAM - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

13-Sept-2024 Epaderm Ointment Acute Medication (Past)
125 gram - APPLY 4 TIMES DAILY

13-Sept-2024 Zerobase Cream 11 % Acute Medication (Past)
500 GRAM(S) - APPLY THREE TO FOUR TIMES DAILY - AND AFTER WASHING HANDS.

13-Sept-2024 Zerobase Cream 11 % Acute Medication (Past)
500 GRAM(S) - APPLY THREE TO FOUR TIMES DAILY - AND AFTER WASHING HANDS.

13-Sept-2024 Epaderm Ointment Acute Medication (Past)
125 gram - APPLY 4 TIMES DAILY

13-Sept-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

13-Sept-2024 Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm Acute Medication (Past)
20 cm - CAUT TO LENGTH OF SKIN FISSURE- APPLY FOR 12 HOURS AND REMOVE - REPEAT EVERY 24HRS TILL HEALED

13-Sept-2024 Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm Acute Medication (Past)
20 cm - CAUT TO LENGTH OF SKIN FISSURE- APPLY FOR 12 HOURS AND REMOVE - REPEAT EVERY 24HRS TILL HEALED

09-Sept-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

09-Sept-2024 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

23-Aug-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

23-Aug-2024 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH MORNING

23-Aug-2024 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

05-Aug-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

05-Aug-2024 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH MORNING

05-Aug-2024 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

11-July-2024 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

11-July-2024 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

11-July-2024 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH MORNING

11-July-2024 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EACH MORNING

09-July-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

13-Jun-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

13-Jun-2024 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

05-Jun-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
1*32 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

05-Jun-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
1*32 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

29-May-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

23-May-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

16-May-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

03-May-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

19-Apr-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

02-Apr-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

22-Mar-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

19-Mar-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

14-Mar-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

14-Mar-2024 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

26-Feb-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

23-Jan-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

23-Jan-2024 Co-Codamol 30/500 Effervescent tablets Acute Medication (Past)
50 tablet - TWO TO BE TAKEN UP TO FOUR TIMES A DAY

04-Sept-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Sept-2023 Diclofenac Potassium Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

04-Sept-2023 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Sept-2023 Diclofenac Potassium Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Mar-2023 Clenil Modulite Cfc-free inhaler 200 micrograms/actuation Acute Medication (Past)
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

15-Mar-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

15-Mar-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

15-Mar-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY

15-Mar-2023 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

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15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

15-Mar-2023 Clenil Modulite Cfc-free inhaler 200 micrograms/actuation Acute Medication (Past)
2 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

15-Mar-2023 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

16-Sept-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

16-Sept-2022 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

16-Sept-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

16-Sept-2022 Prednisolone Tablets 5 mg Acute Medication (Past)
40 TABLET - EIGHT TO BE TAKEN IN THE MORNING

07-July-2022 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-July-2022 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

07-Sept-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

07-Sept-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

15-Apr-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

15-Apr-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

01-Apr-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

01-Apr-2021 Co-Codamol 30/500 Capsules Acute Medication (Past)
112 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

19-Mar-2021 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

19-Mar-2021 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

17-Mar-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

17-Mar-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Feb-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

22-Feb-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Feb-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

22-Feb-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

18-Feb-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

18-Feb-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

18-Feb-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

18-Feb-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

27-Jan-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

27-Jan-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

19-Jan-2021 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

19-Jan-2021 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Dec-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Dec-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

16-Dec-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

16-Dec-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

16-Nov-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN THREE TIMES A DAY

16-Nov-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN THREE TIMES A DAY

16-Nov-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
200 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

16-Nov-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
200 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

04-Nov-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

26-Oct-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

26-Oct-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Oct-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Oct-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Oct-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

12-Oct-2020 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

12-Oct-2020 Clarithromycin Tablets 500 mg Acute Medication (Past)
10 TABLET - ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS

09-Oct-2020 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

09-Oct-2020 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

09-Oct-2020 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

09-Oct-2020 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

06-Oct-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

18-Sept-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

18-Sept-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

01-July-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

12-Jun-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

04-Jun-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

13-May-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2020 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

13-May-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

05-May-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

05-May-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

23-Apr-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Apr-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

23-Apr-2020 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Apr-2020 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Apr-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

15-Apr-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Apr-2020 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
100 tablet - 2 TAB UP TO FOUR TIMES DAILY

15-Apr-2020 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

24-Mar-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24-Mar-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

10-Feb-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

28-Jan-2020 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-Jan-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

17-Jan-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
224 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24-Dec-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24-Dec-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
80 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24-Dec-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-Dec-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

22-Nov-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

22-Nov-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

15-Nov-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Nov-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

04-Nov-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
168 tablet - TWO TO BE TAKEN THREE TIMES A DAY

04-Nov-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
168 tablet - TWO TO BE TAKEN THREE TIMES A DAY

24-Oct-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Oct-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

02-Oct-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
168 tablet - TWO TO BE TAKEN THREE TIMES A DAY

02-Oct-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
168 tablet - TWO TO BE TAKEN THREE TIMES A DAY

18-Sept-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

18-Sept-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

18-Sept-2019 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

18-Sept-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

18-Sept-2019 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

06-Sept-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
60 TABLET - ONE TO BE TAKEN FOUR TIMES A DAY

27-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

27-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY

23-Aug-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

15-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Aug-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
60 TABLET - ONE TO BE TAKEN FOUR TIMES A DAY

15-Aug-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Aug-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Aug-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

15-Aug-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
40 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

15-Aug-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

30-July-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

30-July-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

30-July-2019 Propranolol Hydrochloride Tablets 40 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

30-July-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

30-July-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

12-July-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

20-Jun-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

20-Jun-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

20-Jun-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

20-Jun-2019 Anusol Ointment Acute Medication (Past)
25 GRAM - APPLY AS DIRECTED

20-Jun-2019 Anusol Ointment Acute Medication (Past)
25 GRAM - APPLY AS DIRECTED

20-Jun-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - ONE TO BE TAKEN FOUR TIMES A DAY

20-Jun-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
224 tablet - ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY

20-Jun-2019 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

12-Jun-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

10-Jun-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

10-Jun-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

05-Jun-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

05-Jun-2019 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

30-May-2019 Revaxis Injection 0.5 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - FOR INJECTION

30-May-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

30-May-2019 Revaxis Injection 0.5 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - FOR INJECTION

23-May-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
168 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

23-May-2019 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

23-May-2019 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY

20-May-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

20-May-2019 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN THREE TIMES A DAY AS REQUIRED

01-May-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
168 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

01-May-2019 Co-Codamol 30/500 Tablets Acute Medication (Past)
168 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

16-Oct-2018 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

16-Oct-2018 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

07-Sept-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - TWO TO BE TAKEN AT NIGHT TIME. DO NOT TAKE WITH CO-CODAMOL

07-Sept-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
168 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

07-Sept-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
168 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED UP TO THREE TIMES DURING DAY. DO NOT TAKE WITH TRAMADOL

07-Sept-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
60 capsule - TWO TO BE TAKEN AT NIGHT TIME. DO NOT TAKE WITH CO-CODAMOL

27-Aug-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

27-Aug-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 2 AT NIGHT

17-Aug-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 2 AT NIGHT

17-Aug-2018 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
30 capsule - 2 AT NIGHT

17-Aug-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Aug-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

05-July-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2018 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

14-Jun-2018 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

14-Jun-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2018 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2018 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

14-Jun-2018 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

24-Nov-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Nov-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
15 gram - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

24-Nov-2017 Hydrocortisone And Miconazole Cream 1 %+ 2 % Acute Medication (Past)
15 gram - APPLY THINLY TO THE AFFECTED AREA TWICE DAILY FOR 7 DAYS

24-Nov-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

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

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

12-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-Jun-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 2 TABLETS TO BE TAKEN EVERY 4-6 HOURS AS REQUIRED FOR PAIN MAX 8 TABLETS DAILY

14-Jun-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - 2 TABLETS TO BE TAKEN EVERY 4-6 HOURS AS REQUIRED FOR PAIN MAX 8 TABLETS DAILY

24-May-2017 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

24-May-2017 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

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

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

24-May-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-May-2017 Co-Codamol 8/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

16-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS PRN

16-May-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES A DAY

16-May-2017 Amorolfine Hydrochloride Medicated Nail Lacquer 5 % Acute Medication (Past)
5 ml - APPLY TWICE A WEEK

16-May-2017 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES A DAY

16-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS PRN

16-May-2017 Amorolfine Hydrochloride Medicated Nail Lacquer 5 % Acute Medication (Past)
5 ml - APPLY TWICE A WEEK

18-Jan-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

18-Jan-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN FOUR TIMES A DAY

09-Jan-2017 Simvastatin Tablets 40 mg Acute Medication (Past)
28 tablet - 1 Tab At night

09-Jan-2017 Clopidogrel Tablets 75 mg Repeat Medication (Past)
56 TABLET - 1 Tab Daily

09-Jan-2017 Simvastatin Tablets 40 mg Repeat Medication (Past)
56 TABLET - 1 Tab At night

09-Jan-2017 Clopidogrel Tablets 75 mg Acute Medication (Past)
28 tablet - 1 Tab Daily

09-Dec-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS PRN

09-Dec-2016 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS PRN

27-Sept-2016 Clotrimazole Cream 1 % Acute Medication (Past)
20 gram - APPLY TWICE A DAY

27-Sept-2016 Clotrimazole Cream 1 % Acute Medication (Past)
20 gram - APPLY TWICE A DAY

03-Jun-2016 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

03-Jun-2016 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

18-Nov-2015 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

18-Nov-2015 Simple Linctus sugar free Acute Medication (Past)
200 ML - ONE 5ML SPOONFUL TO BE TAKEN THREE TO FOUR TIMES A DAY

18-Nov-2015 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-Nov-2015 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

18-Nov-2015 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-Nov-2015 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

18-Nov-2015 Ibuprofen Tablets 400 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD

18-Nov-2015 Piroxicam Gel 0.5 % Acute Medication (Past)
60 GRAM - Rub into the affected site three to four times daily

09-Oct-2015 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES A DAY

09-Oct-2015 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - ONE THREE TIMES A DAY

Allergies

This section is empty.

Vaccinations

26-Jan-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (Hunter Street Mop Up)
FN4817/ PF/IM/Left Arm//C-19 Booster Pfizer (Hunter Street Mop Up)

26-Jan-2022 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (H Moffat)
FN4817/ PF/IM/Left Arm//C-19 Booster Pfizer (H Moffat)

06-Sept-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By A Kilit)
PV46701/ AZ/IM/LUA//C-19 (By A Kilit)

20-Apr-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By S Considine)
PW40041/ AZ/IM/RUA//C-19 (By S Considine)

07-Jun-2019 Sister Jackie O'Callaghan (JO)
Low dose diphtheria, tetanus and inactivated polio vaccinati
(GMS)

Referrals

23-July-2026 Dr Dale Coghill (DC)
EMISSPR101: Urology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

19-May-2026 Dr David Logie (DJNL)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

06-Feb-2025 Dr David Logie (DJNL)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

11-Dec-2024 Dr Daniel MacKinnon (DAN)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

09-May-2023 Dr Basma Paulina (BP)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Aug-2022 Dr Jane Dickson (JD)
8HIK.: Referral for cognitive behavioural therapy (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

05-Nov-2020 Dr Basma Paulina (BP)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

26-Aug-2019 Dr Jane Dickson (JD)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

13-Jun-2019 Dr David Logie (DJNL)
8H...: Referral for further care (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

17-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.1 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**7.8 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	281 x10^9/l	(Range: 150 - 410)
MCH	30.6 pg	(Range: 27 - 32)
Mean Cell Volume	91 fl	(Range: 83 - 101)
Haematocrit	0.494 l/l	(Range: 0.4 - 0.54)
Haemoglobin	166 g/l	(Range: 130 - 180)
Red Cell Count	5.43 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**10.7 x10^9/l**	**(Range: 4 - 10)**

17-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	44 g/L	(Range: 35 - 50)
Alkaline Phosphatase	95 U/L	(Range: 30 - 130)
AST	31 U/L	(No range available)
ALT	38 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

17-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 40 - 130)
Urea	5.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)

17-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

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

17-July-2026 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	95 U/L	(Range: 30 - 130)
Albumin	44 g/L	(Range: 35 - 50)
Phosphate	0.9 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.34 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.26 mmol/L	(Range: 2.2 - 2.6)

18-Sept-2025 Mrs Amanda Galbraith (AG)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

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

Albumin	45 g/L	(Range: 35 - 50)
Alkaline Phosphatase	91 U/L	(Range: 30 - 130)
AST	36 U/L	(No range available)
ALT	37 U/L	(No range available)
Total Bilirubin	9 umol/L	(No range available)

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

Estimated GFR > 60		(No range available)
Creatinine	67 umol/L	(Range: 40 - 130)
Urea	6.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium NA		(No range available)
Sodium	141 mmol/L	(Range: 133 - 146)

28-Aug-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	6.2	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	1 mmol/L	(No range available)
LDL-Cholest (calc'd)	3.7 mmol/L	(No range available)
HDL Cholesterol	0.9 mmol/L	(No range available)
Triglycerides	2.2 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	5.6 mmol/L	(No range available)

28-Aug-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - HbA1C (IFCC))

HbA1c (IFCC)	39 mmol/mol	(Range: 20 - 41)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - HbA1C (IFCC))

HbA1c (IFCC)	37 mmol/mol	(Range: 20 - 41)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Folate)

Serum Folate	**2.7 ug/l**	**(Range: 3.1 - 20)**

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	273 ug/l	(Range: 15 - 300)

29-Oct-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Active B12)

Active B12 (Non Coded Event - Active B12)	83 pmol/L	(No range available)

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

Total T3		(No range available)
Free T4	12.7 pmol/L	(Range: 9 - 21)
TSH	1.03 mU/L	(Range: 0.35 - 5)

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

Albumin	45 g/L	(Range: 35 - 50)
Alkaline Phosphatase	87 U/L	(Range: 30 - 130)
AST	23 U/L	(No range available)
ALT	23 U/L	(No range available)
Total Bilirubin	10 umol/L	(No range available)

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

Estimated GFR > 60		(No range available)
Creatinine	60 umol/L	(Range: 40 - 130)
Urea	5.2 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	142 mmol/L	(Range: 133 - 146)

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

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.14 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.8 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.7 x10^9/l	(Range: 2 - 7)
Platelet Count	263 x10^9/l	(Range: 150 - 410)
MCH	30.5 pg	(Range: 27 - 32)
Mean Cell Volume	91.3 fl	(Range: 83 - 101)
Haematocrit	0.44 l/l	(Range: 0.4 - 0.54)
Haemoglobin	147 g/l	(Range: 130 - 180)
Red Cell Count	4.82 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	8.4 x10^9/l	(Range: 4 - 10)

26-Sept-2024 Ms Sarah Lee Johnston (SLJ)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

23-July-2021 Mr Anonymous User (ANON)
Result: *****9-nCoV (novel coronavirus) not detected

*****9-nCoV (novel coronavirus) not detected		(No range available)

16-Jun-2020 Mr Anonymous User (ANON)
Result: (Non Coded Event - SARS-CoV-2)

SARS-CoV-2 (Non Coded Event - SARS-CoV-2)		(No range available)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.13 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	1 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	6 x10^9/l	(Range: 2 - 7)
Platelet Count	346 x10^9/l	(Range: 150 - 410)
MCH	29 pg	(Range: 27 - 32)
Mean Cell Volume	91.9 fl	(Range: 83 - 101)
Haematocrit	0.513 l/l	(Range: 0.4 - 0.54)
Haemoglobin	162 g/l	(Range: 130 - 180)
Red Cell Count	5.58 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	9.9 x10^9/l	(Range: 4 - 10)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	79 umol/L	(Range: 40 - 130)
Urea	4.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium NA		(No range available)
Sodium	136 mmol/L	(Range: 133 - 146)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - ESR)

ESR	2 mm/hr	(No range available)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.13 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	1 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	2.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	6 x10^9/l	(Range: 2 - 7)
Platelet Count	346 x10^9/l	(Range: 150 - 410)
MCH	29 pg	(Range: 27 - 32)
Mean Cell Volume	91.9 fl	(Range: 83 - 101)
Haematocrit	0.513 l/l	(Range: 0.4 - 0.54)
Haemoglobin	162 g/l	(Range: 130 - 180)
Red Cell Count	5.58 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	9.9 x10^9/l	(Range: 4 - 10)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	39 g/L	(Range: 35 - 50)
Alkaline Phosphatase	84 U/L	(Range: 30 - 130)
AST	70 U/L	(No range available)
ALT	106 U/L	(No range available)
Total Bilirubin	8 umol/L	(No range available)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - GGT)

Gamma-GT	82 U/L	(No range available)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein < 1		(No range available)

20-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	79 umol/L	(Range: 40 - 130)
Urea	4.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium NA		(No range available)
Sodium	136 mmol/L	(Range: 133 - 146)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Acute Hep Screen)

Hep E screen request (Non Coded Event - Hep E screen request)	(No range available)
Hep A IgM request (Non Coded Event - Hep A IgM request)	(No range available)
HCV antigen request (Non Coded Event - HCV antigen request)	(No range available)
HCV antibody request (Non Coded Event - HCV antibody request)	(No range available)
HBsAg request (Non Coded Event - HBsAg request)	(No range available)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - HIV antibody/antigen)

HIV antibody/antigen	(No range available)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Hepatitis C antibody)

HCV antibody :	(No range available)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - HBSAG)

HBsAg :	(No range available)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Acute Hep Screen)

Hep E screen request (Non Coded Event - Hep E screen request)	(No range available)
Hep A IgM request (Non Coded Event - Hep A IgM request)	(No range available)
HCV antigen request (Non Coded Event - HCV antigen request)	(No range available)
HCV antibody request (Non Coded Event - HCV antibody request)	(No range available)
HBsAg request (Non Coded Event - HBsAg request)	(No range available)

13-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - I ANA/Centromere Abs)

ANA screen Negative		(No range available)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils	0.1 x10^9/l	(No range available)
Eosinophils	0.21 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	**1.1 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	2.6 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**10.3 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	350 x10^9/l	(Range: 150 - 410)
MCH	29 pg	(Range: 27 - 32)
Mean Cell Volume	90.4 fl	(Range: 83 - 101)
Haematocrit	0.508 l/l	(Range: 0.4 - 0.54)
Haemoglobin	163 g/l	(Range: 130 - 180)
Red Cell Count	5.62 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**14.2 x10^9/l**	**(Range: 4 - 10)**

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	13.1 pmol/L	(Range: 9 - 21)
TSH	1.11 mU/L	(Range: 0.35 - 5)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	82 U/L	(Range: 30 - 130)
AST	88 U/L	(No range available)
ALT	174 U/L	(No range available)
Total Bilirubin	7 umol/L	(No range available)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urea & Electrolytes)

Estimated GFR > 60		(No range available)
Creatinine	75 umol/L	(Range: 40 - 130)
Urea	4.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein < 1		(No range available)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	82 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	1.2 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.31 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.32 mmol/L	(Range: 2.2 - 2.6)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Amylase)

Amylase	57 U/L	(No range available)

06-Jun-2019 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	36 ug/l	(Range: 15 - 300)

Other Items

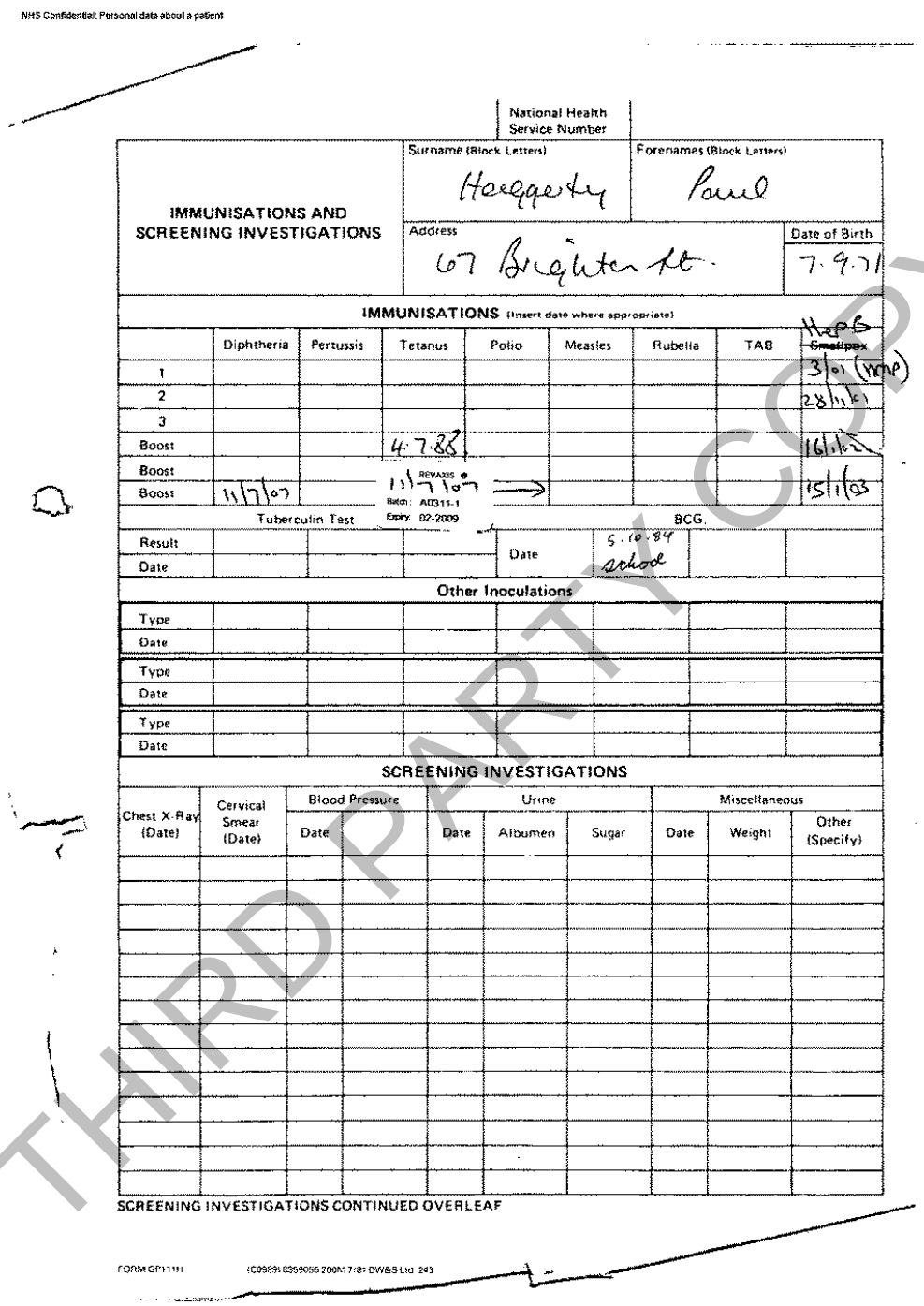
29-Apr-2026	Recall	Medication review
04-Dec-2025	Read Code	Computerised tomograph scan confirms a 1mm non structing stone of the left ureter
28-Oct-2025	Read Code	Medication review done
16-Jan-2025	Read Code	Renal calculus NOS
06-Dec-2023	Read Code	No response to bowel cancer screening programme invitation Non-Responder
07-Sept-2023	Recall	No response to bowel cancer screening programme invitation *Bowel Cancer Screening Exclusion*

06-Dec-2021	Read Code	No response to bowel cancer screening programme invitation Non-Responder
20-July-2021	Read Code	Closed fracture finger metacarpal (Right) thumb
23-Oct-2019	Read Code	Excepted from asthma quality indicators: Informed dissent
13-Feb-2018	Read Code	Closed fracture metatarsal foot
07-Feb-2017	Read Code	Migraine NOS
10-Jan-2017	Read Code	Equivalent quantities for all medication checked MM LES
10-Jan-2017	Read Code	Rep.presc. monitoring NOS MM LES
17-Jun-2015	Read Code	Paperless Records
10-Jun-2015	Read Code	Notes summary on computer
03-Jun-2015	Read Code	Notes summary on computer
19-May-2015	Read Code	Scottish - ethnic category 2001 census
29-Apr-2014	Read Code	Bilateral vasectomy for contraception
07-Jun-2012	Read Code	Asthma NOS
21-Mar-2008	Read Code	Evacuation of perianal haematoma
16-July-2003	Read Code	[X]Stabbing
12-July-1995	Read Code	Pilonidal sinus operations
10-July-1995	Read Code	Misuse of Opiates unspecified (Primary)
10-July-1995	Read Code	Suicide + selfinflicted poisoning by solid/liquid substances
18-Jan-1986	Read Code	Closed fracture ankle, lateral malleolus (Left)

Attachments

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

National Health Service Number

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters): Haggerty

Forenames (Block Letters): Paul

Address: 67 Brighton St.

Date of Birth: 7.9.71

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	~~Smallpox~~ Hep B
1								3/01 (HMP)
2								28/11/01
3								
Boost			4.7.88					16.1.02
Boost								
Boost	11/7/07		11/7/07 REVAXIS Batch: A0311-1 Expiry: 02-2009					15/1/03

Tuberculin Test — BCG

Result				Date	5.10.84		
Date					school		

Other Inoculations

Type							
Date							
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure Date	Urine Date	Urine Albumen	Urine Sugar	Miscellaneous Date	Miscellaneous Weight	Miscellaneous Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H (C09899 B359056 200M 7/87 DW&S Ltd 243)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

DR MARY MF SHIELDS
RUTLAND SURGERY
GLASGOW
G51 1TA

[redacted]

Southern General Hospital
1345 Govan Road
Glasgow G51 4TF
Accident & Emergency Dept

[redacted]

Dear Dr MARY MF SHIELDS

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 310 LINTHAUGH ROAD
GLASGOW
G53 5QY

Consultant : DR MALCOLM W G GORDON

Account # : AE0005244/05 Unit # : SG00712787 CHI # : [redacted]

Attended at : 0811 on 14/02/05
Left A&E at : 0956 on 14/02/05

Reason for Visit : RTA BACK INJURY

Diagnosis : Muscular Strain : LEFT : Back

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS
Co-codamol	1-2 Tabs 6 Hrly

16/2/05

DATE RECEIVED	
NAD	
ACTION	
RX	
COMPUTER	
P/N	
DIARY	
CARD	
INITIALS	

Tetanus Given:

Additional Notes:
NO WORRYING FEATURES ON HISTORY AND EXAMINATION. REASSURED AND DISCHARGED
Follow Up : N

Yours Sincerely,
MARTIN OOI
If you require any futher information please quote this attendance number: AE0005244/05

NHS Confidential: Personal data about a patient

DATE RECEIVED 2/10/03
NAD
ACTION
RX
COMPUTER
P/N
DIARY
CARD
INITIALS

Southern General Hospital
1345 Govan Rd
Glasgow G51 4TF
Accident & Emergency Dept
Phone [redacted]

DR MARY MF SHIELDS
RUTLAND SURGERY
GLASGOW
G51 1TA
[redacted]

Dear Dr MARY MF SHIELDS

Your Patient
Name : PAUL HAGGERTY
DOB : [redacted]
Address : 40 TARFSIDE OVAL HOUSE 8
GLASGOW
G52 3AF

Consultant : DR TIM PARKE

Account # : AE0034078/03 Unit # : SG00712787 CHI # : [redacted]

Attended at : [redacted] on 26/09/03
Left A&E at : 0020 on 27/09/03

Reason for Visit : ASSAULT

Diagnosis			
: Incised Wound	: RIGHT	: Face
: Laceration	: NOT APPLICABLE	: Scalp
: Minor Head Injury with LOC	: NOT APPLICABLE	: ---
: Abrasion	: BILATERAL	: Hand
: Contusion	: BILATERAL	: Shoulder
: Contusion	: RIGHT	: Chest

Investigations : Skull X-Ray
: Chest X-Ray

Treatment : Suture
: Tissue Adhesive

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: N

Additional Notes:
ASSAULTED - POSS LOC
NO #/FB ON XRAYS - OBS AND NEURO EXAM FINE
10 SKIN SUTURES TO WOUND BESIDE R EYE (GP REMOVAL IN 5/7)
HIWC GIVEN
Follow Up : HOME

Yours Sincerely,

NHS Confidential: Personal data about a patient

1345 Govan Road
Glasgow
G51 4TF
Accident & Emergency Dept
Phone [redacted]

23/7/03

DATE RECEIVED
NAD
ACTION
RX
COMPUTER
P/N
DIARY
CARD
INITIALS DM

DR MARY MF SHIELDS
RUTLAND SURGERY
GLASGOW
G51 1TA
[redacted]

Dear Dr MARY MF SHIELDS

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 40 TARFSIDE OVAL
GLASGOW
G52 1BD

Consultant : MR PHIL MUNRO

Account # : AE0024451/03 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1804 on 16/07/03
Left A&E at : 2144 on 16/07/03 → TM 21/7/03.

Reason for Visit : STAB WOUNDS TO CHEST AND BUTTOCKS

Diagnosis : Puncture Wound : LEFT : Chest
: Puncture Wound : LEFT : Buttocks

Investigations : Chest X-Ray

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:

STAB WOUNDS, 1 TO CHEST, 1 TO BUTTOCK BOTH ON LEFT. ALSO HEAD INJURY WITH IMPLEMENT, CAUSING WOUND TO OCCIPUT AND WOUND TO RIGHT SIDE OF CHIN. CT CHEST, ABDO AND HEAD SHOWED ONLY LEFT SIDED PNEUMOTHORAX, CHETS DRAIN INSERTED. ADMITTED TO SURGICAL.
Follow Up : WARD 3

Yours Sincerely,
SIMON DENLEY
If you require any futher information please quote this attendance number: AE0024451/03

NHS Confidential: Personal data about a patient

ACCIDENT / EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF

AE No. 5936035

[redacted] 12

SURNAME	MAGGERTY
FORENAMES	PAUL
ADDRESS	40 TARFSIDE OVAL.
POST CODE	G52 1JD
TELEPHONE No.	
DATE OF BIRTH	7.9.71
SEX	M
MARITAL STATUS	S.
RELIGION	RC.
NEXT OF KIN NAME	HUGH
RELATIONSHIP	UNC. (28)
FAMILY DOCTOR SURNAME	SHIELDS
INITIALS	
ADDRESS	12 OLIVA ST
ADDRESS	RUTLAND PL.
POST CODE	G51
TELEPHONE No.	
POST CODE	
TELEPHONE No.	
ACCIDENT/EMERGENCY DATE OF ATTENDANCE	7.10.99.
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	YES
IN/OUT PATIENT	
YEAR	
TIME OF ATTENDANCE	8-25
MODE OF TRANSPORT	AMBULANCE ____ PUBLIC ____ OWN ____ NONE ____
DATE OF INJURY OR ILLNESS	7th PM
TIME OF INJURY	
TYPE (CODE)	
SOURCE OF REFERRAL	GP A&E ____ GP SPEC. ____ SSS ____ SELF ____ POLICE ____ OTHER (CODE) ____
ROAD TRAFFIC ACCIDENT PLACE	
DETAILS	FSP ____ DRIVER ____ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____

REASON FOR ATTENDANCE: Chest Infection

	TIME
TRIAGE	08.26
DOCTOR	
NURSE	
LEFT DEPT.	22.8

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis ? Viral Illness + Chest Infection

X-Ray film / ECG shows _____

Treatment given _____

DATE RECEIVED	12
PAD	
ACTION	
RX	
COMPUTER	
PIN	
DIARY	
CARD	
INITIALS	

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. ~~Admission~~ 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
20		Fraw -

Follow Up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (in Block Letters) WATKINS

Cons SR Reg SHO (JHO) Clin Assist Staff Grade (please circle)

Signature of Medical Officer

SGH 458 04315S1

NHS Confidential: Personal data about a patient

ACCIDENT / EMERGENCY FORM — **G.P. COPY**

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL.
SWIT[redacted]
FAX:

(12)

AE No. 992140.

SURNAME: HAGGERTY	FORENAMES: PAUL				
ADDRESS: 40 TARFSIDE OVAL					
POST CODE: G42.	TELEPHONE No.	DATE OF BIRTH: 7.9.71	SEX: M	MARITAL STATUS: S	RELIGION: RC.
NEXT OF KIN NAME: ELIZABETH	RELATIONSHIP: friend.	FAMILY DOCTOR SURNAME: JAGGS			INITIALS
ADDRESS: S/A.		ADDRESS: RUTLAND PC			
POST CODE	TE[redacted]	POST CODE		TELEPHONE No.	
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 1.7.99.	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES.	IN/OUT PATIENT		YEAR	
TIME OF ATTENDANCE: 5.18	MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ____ NONE ____				
DATE OF INJURY OR ILLNESS: 1/7/99	TIME OF INJURY: 17.00	TYPE (CODE)	SOURCE OF REFERRAL: GP A&E ____ GP SPEC. ____ 999 ____ SELF ____ POLICE ____ OTHER (CODE) ____		
ROAD TRAFFIC ACCIDENT PLACE: RTA. GOVAN	DETAILS: FSP ____ DRIVER ✓ M/C DRIVER ____ OTHER ____ BSP ____ PED. ____ M/C PASSENGER ____				

REASON FOR ATTENDANCE: Head injury (L)arm injury

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

	TIME
TRIAGE	1718
DOCTOR	18.05
NURSE	
LEFT DEPT.	18:57

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: HEAD INJURY 2'O RTA

X-Ray film / ECG shows: N. Xrays ✓

Treatment given: HEAD INJURY ADVICE LEAFLET ✓ ST/N

M. MacFadyen

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (If admitted)	Transfer to Hospital	Consultant (If admitted)

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (In Block Letters): [illegible]

Cons SR Reg SHO JHO Clin Assist Staff Grade (please circle)

Signature of Medical Officer

SGH 458 0431551

URGENCY NAD ACTIONS COMPUTER PIN DIARY CARD

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ACCIDENT / EMERGENCY FORM — G.P. COPY

ACCIDENT & EMERGENCY DEPT
SOUTHERN GENERAL HOSPITAL NHS TRUST
[redacted]

AE No. 97/25306

SURNAME: Haggerty. FORENAMES: Paul.

ADDRESS: 12 Olva Street Glasgow.

POST CODE: G52 1DL. [redacted] DATE OF BIRTH: 7/9/71. (25) SEX: M. MARITAL STATUS: M. RELIGION: R/C

NEXT OF KIN NAME: [redacted] RELATIONSHIP: wife. FAMILY DOCTOR SURNAME: Wolfe. INITIALS:

ADDRESS: s/a ADDRESS: Rutland Cres.

POST CODE: TELEPHONE No.: POST CODE: TELEPHONE No.:

ACCIDENT/EMERGENCY DATE OF ATTENDANCE: 13/8/97 PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO IN/OUT PATIENT YEAR

TIME OF ATTENDANCE: 13.12 MODE OF TRANSPORT: AMBULANCE ___ PUBLIC ___ OWN ___ NONE ___

DATE OF INJURY OR ILLNESS: TIME OF INJURY: TYPE (CODE): SOURCE OF REFERRAL: GP A&E ___ GP SPEC. ___ 999 ___ SELF ___ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE: DETAILS: FSP ___ DRIVER ___ M/C DRIVER ___ OTHER ___ RSP ___ PED. ___ M/C PASSENGER ___

REASON FOR ATTENDANCE: Inj (R) hand

	TIME
TRIAGE	13.16
DOCTOR	1328
NURSE	1406
DEPT	1410

Date Received: 13/8 — NAD — For Action — For Prescription — Card Please — INITIALS

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended the Accident & Emergency Department today.

Diagnosis: Bruising (R) hand

X-Ray film / ECG shows: NAD.

Treatment given: Buddy strap. Mobilise

Drugs 7 days supply of Brufen 600mg TID has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission — 3. Refer to G.P. — 5. Died — 7. Irregular Discharge
2. Discharge — 4. Transfer to other hospital (see below) — 5. Refer to O.P. Clinic (see below) — 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ___ Arranged ___ To be arranged ___

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

Medical Officers Name (in Block Letters): Laughton

Signature of Medical Officer

Cons SR Reg SHO JHO Clin Assist Staff Grade (please circle)

SGH 458 04231551

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ACCIDENT / EMERGENCY FORM — **G.P. COPY**

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
[redacted]

8

AE No. 96 24678.

SURNAME: HARGUEY	FORENAMES: PAUL					
ADDRESS: 6 HUTTON DR (24)						
POST CODE: G51 4RN	TELEPHONE No.	DATE OF BIRTH: 7.7.71	SEX: M	MARITAL STATUS: M	RELIGION: RC	
NEXT OF KIN NAME: DIANE	RELATIONSHIP: WIFE	FAMILY DOCTOR SURNAME: WOLFE	INITIALS			
ADDRESS: S/A		ADDRESS: RUTLAND PL				
POST CODE	TELEPHONE No.	POST CODE				
ACCIDENT/EMERGENCY DATE OF ATTENDANCE: 7-8-96	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES	IN/OUT PATIENT				
TIME OF ATTENDANCE: 5 PM	MODE OF TRANSPORT: AMBULANCE ____ PUBLIC ____ OWN ____					
DATE OF INJURY OR ILLNESS: 7.8.96.	TIME OF INJURY: 7.30	TYPE (CODE)	SOURCE OF REFERRAL: GP A&E ____ GP SPEC ____ SELF ____ POLICE ____			
ROAD TRAFFIC ACCIDENT PLACE	DETAILS: FSP ____ DRIVER ____ M/C DRIVER ____ BSP ____ PED. ____ M/C PASSENGER ____					

DATE RECEIVED — TELEPHONE No. — INITIALS — TIME — HOME — OTHER (CODE)

REASON FOR ATTENDANCE: Head injury 1/7

	TIME
TRIAGE	1716.
DOCTOR	1725
NURSE	
LEFT DEPT.	1808

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor, WOLFE

The above-named patient attended the Accident & Emergency Department today.

Diagnosis head injury

(X-Ray film) ECG shows no fractured seen

Treatment given advised re analgesia
given head injury instruction sheet

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____ TT Booster____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand Injury	Fracture	Pop Check	Ortho	Medical	Surgical	ENT	Others Specify

SGH 458 0431551

Medical Officers Name (in Block Letters): GORDON

Cons SR Reg (SHO) JHO Clin Assist Staff Grade (please circle)

Signature of Medical Officer: [signature]

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Department of Accident & Emergency Medicine

Southern General Hospital NHS Trust

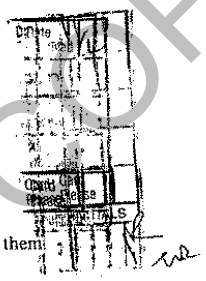
MWGG/MG

Direct Line [redacted]

[redacted]

11th April 1996

Dr Wolff
21 Rultland Place
GLASGOW



Dear Dr Wolff

RE: PAUL HAGGERTY 6 HUTTON DRIVE GLASGOW G51 4RN
DOB: 07/09/71
REASON FOR ATTENDANCE: BURN RIGHT HAND

The above named patient has failed to attend the review appointment made for them
No further follow up has been arranged.

Further information can be obtained by contacting the Accident & Emergency Reception.

Yours sincerely

pp M. Gibson

Malcolm W G Gordon
ACCIDENT & EMERGENCY MEDICINE

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ACCIDENT / EMERGENCY FORM — **G.P. COPY**

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF

AE No. C/ 96/9869

[redacted]

HOSPITAL CODE

SURNAME: Haggerty | FORENAMES: Paul | BIRTH SURNAME:

ADDRESS: 6 Hutton Dr | PATIENT'S OWN OCCUPATION:

POSTCODE: G51 4BN | TELEPHONE No: — | DATE OF BIRTH: 7/9/71 (24) | SEX: M | MARITAL STATUS: M | RELIGION:

NEXT OF KIN NAME: Diane | RELATIONSHIP: Wife | FAMILY DOCTOR SURNAME: Wolff | INITIALS:

ADDRESS: S/A | ADDRESS: Rathand Place

POSTCODE: | TELEPHONE No: - | POSTCODE: | TELEPHONE No:

ACCIDENT/EMERGENCY: A/E | DATE OF ATTENDANCE: 6/4/96 | PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: Yes | IN/OUT PATIENT: | YEAR:

TIME OF ATTENDANCE: 16.31 | HOME ACCIDENT PROBABLE CAUSE:

DATE OF INJURY OR ILLNESS: | TIME OF INJURY: | TYPE (CODE): | SOURCE OF REFERRAL: GP ___ SELF ✓ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE: | DETAILS:

REASON FOR ATTENDANCE: Burn (R) Hand

	TIME
TRIAGE	16.40
DOCTOR	16.40
NURSE	16.48
LEFT DEPT.	16.50

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis PT BURN (R) HAND

~~X-Ray film/ECG shows~~

Treatment given FLAMAZINE GLOVE
ANALGESIA

Drugs ___ days supply of CODDAMOL has been gi

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please

Would you please arrange

DISCHARGE CODES: *Please Circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted) | Transfer to Hospital | Consultant (if admitted)

Follow Up: Not arranged | 5/4/96 | Arranged | To be arranged

Clinic Referred to: (AE) | Hand Injury | Fracture | Ortho | Medical | Surgical | Dress. A & E | ENT | Gyn. | Others Specify

Medical Officers Name (In Block Letters)

Signature of Medical Officer

Cons SR Reg SHO/JHO Clin Assist — Staff Grade (please circle)

SGH 458 0431651

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ACCIDENT / EMERGENCY FORM

G.P

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF

[redacted]

7112\N

AE No. C/ 95 27983

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
HAGGARTY	PAUL.	

ADDRESS: 6 HUTTON DR — PATIENT'S OWN OCCUPATION:

POSTCODE	TELEPHONE No	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51.		7-9-71	M		

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
		ADAM - STRAND	

ADDRESS	ADDRESS
	MID LOCK HSE.

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
13-7-95.			

TIME OF ATTENDANCE	HOME ACCIDENT PROBABLE CAUSE
14-00	

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP ___ SELF ___ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE — DETAILS

REASON FOR ATTENDANCE

	TIME
TRIAGE	1345
DOCTOR	1350.
NURSE	
LEFT DEPT.	1420.

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis Pilonidal Abcess

X-Ray film/ECG shows

Treatment given

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange...

DISCHARGE CODES: Please Circle

(1. Admission) 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
17		

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A & E	ENT	Gyn.	Others Specify

SGH 458

Medical Officers Name (In Block Letters)

Signature of Medical Officer

Cons SR Reg SHO (JHO) Clin Assist Staff Grade (please circle)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	0[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.26.1849135.J
Specimen Type	Blood
Date/Time Collected	17.07.26 / 11:10
Date/Time Received	17.07.26 / 17:53
Requested By	Dr Dale Coghill
GP Practice	52043
Date/Time Reported	17.07.26 / 18:27
Details	renal calculi

Results

Full Blood Count - Authorised on 17.07.26 at 18:23

White Blood Count	+	10.7	x10^9/l	(4.0-10.0)
Red Cell Count		5.43	x10^12/l	(4.50-6.50)
Haemoglobin		166	g/l	(130-180)
Haematocrit		0.494	l/l	(0.400-0.540)
Mean Cell Volume		91.0	fl	(83.0-101.0)
MCH		30.6	pg	(27.0-32.0)
Platelet Count		281	x10^9/l	(150-410)
Neutrophils	+	7.8	x10^9/l	(2.0-7.0)
Lymphocytes		2.0	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.10	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	0[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,25.2270408.E
Specimen Type	Blood
Date/Time Collected	28.08.25 / 14:31
Date/Time Received	29[redacted] 13:33
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	29.08.25 / 16:27
Details	cvd les

Results

Lipid profile - Authorised on 29.08.25 at 14:15

Cholesterol	5.6	mmol/L	
Triglycerides	2.2	mmol/L	(0.2-2.3)
HDL Cholesterol	0.9	mmol/L	
LDL-Cholest (calc'd)	3.7	mmol/L	
VLDL-Chol (calc'd)	1.0	mmol/L	
Chol/HDL ratio	6.2		

Urea & Electrolytes - Authorised on 29.08.25 at 16:25

Sodium	141	mmol/L	(133-146)
Potassium	MA	mmol/L	
Chloride	102	mmol/L	(95-108)
Urea	6.7	mmol/L	(2.5-7.8)
Creatinine	67	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Comments:
Results from day old sample, treat with caution.
sample 1 day old MCV will be increased with sample age

Liver Function Tests - Authorised on 29.08.25 at 16:25

Total Bilirubin	9	umol/L	(<20)
ALT	37	U/L	(<50)
AST	36	U/L	(<40)
Alkaline Phosphatase	91	U/L	(30-130)
Albumin	45	g/L	(35-50)

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

4145 Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	0[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1510648.Y
Specimen Type	Blood
Date/Time Collected	06.06.19 / 11:57
Date/Time Received	06.06.19 / 16:35
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	07.06.19 / 12:32
Details	abdo pain

Results

Authorised on 07.06.19 at 12:28

Serum Ferritin	36	ug/l	(15-300)

Comments:

Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential; Personal data about a patient

Braidcraft Medical Centre

200 Braidcraft Road Glasgow G53 5QD

[redacted]

Dr A McArthur, Dr P Hendrie, Dr J Cowie
*Practice No: **52043***

Paul Haggarty,
148 Templeland Road,
Glasgow
G53 5LZ

20/01/17

To Whom It May Concern;

Having seen and discussed Mr Haggarty's health with him today I feel he would be capable of returning to work as of Monday 23rd Jan 2017.

We had planned a phased return however, having discussed the nature of his work with him I feel he is able to return to full duties.

Yours sincerely,

Dr P Hendrie

Copy for Notes.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access Spirometry

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry
GGC Direct Access Spirometry

Consultant / receiving practitioner and/or specialty clinic

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

Hospital and hospital address

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 09-May-2023 **Date sent** 09-May-2023

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s)
[redacted]

1010295254983 Unique Care Pathway Number: 1010295254983

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s)
[redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: 0709716257 DoB: 07-Sep-1971

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

BASMA PAULINABraidcraft Medical Centre,200 Braidcraft Road,Glasgow, G53 5QD

Main Switchboard:
Date of Completion: 08-Dec-2025

Dear BASMA PAULINA,

Name	CHI	DoB	Address
Paul Haggerty	[redacted]	07-Sep-1971	148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

Admitted	Type	Discharged	Destination
04-Dec-2025 19:42	IP	05-Dec-2025	

Specialty	Consultant	Ward	Telephone
Urology	Qureshi	QEUH Ward 11D Vascular-General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Lochlan Kennedy (Lochlan Kennedy - FY1 AUGUST 2025) on 08 Dec 2025 10:44

Discharge Medication:

Page 1 of 3

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted] DoB: 07-Sep-1971

Active Drug Name	Route	Dose	Disp	Reason	Further Details	EC6	Since Admission
There is no data to display.							

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

Dispensing Comments
There is no data to display.

Withheld Medication:

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

Stopped Medication:

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

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

Clinical Comments:	Dear Doctor, Paul was admitted on [redacted] due to testicular pain radiating to the back. CTKUB confirmed a 1mm, non-structing stone of the left ureter. He was treated with regular diclofenac and tamsulosin. Bloods were unremarkable and remained afebrile. He has been referred to the stone MDT and is medically fit for discharge. Kind regards, Ward 11D
Discharge Comments:	
Follow Up:	Yes Stone MDT
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: 0709716257 DoB: 07-Sep-1971

Yours sincerely,

Lochlan KENNEDY

Prescription Review
Discharged by: Olivia BRYANT-SHAW (Staff Nurse)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 119 MUIRDRUM AVENUE
GLASGOW
G52 3AW

Consultant : DR PHIL MUNRO

Account # : AE0003707/10 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1727 on 13/01/10
Left A&E at : 1820 on 13/01/10

Reason for Visit : R SIDED RIB INJURY

Diagnosis : Contusion : RIGHT : Rib(s)

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS
Co-codamol	1-2 Tabs 6 Hrly
Ibuprofen 600mg	(8Hrly) 7 Days
Amoxycillin	Amcap250mg

Tetanus Given:

Additional Notes:
RIB INJURY 4DAYS AGO. C/O PAIN ON INSPIRATION AND COUGH. HAS COUGH PRODUCTIVE OF GREEN SPUTUM, NO FEVERS. CHEST CLEAR AND SATS 98% ON AIR. TENDER RIGHT ANTERIOR CHEST WALL. ADVISED REGULAR ANALGESIA AND GIVEN SHORT COURSE OF ANTIBIOTICS. TO RETURN IF CONCERNS
Follow Up : HOME

Yours Sincerely,
KIRSTY DUNCAN
If you require any futher information please quote this attendance number: AE0003707/10

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

4145 Confidential: Personal data about a patient

Queen Elizabeth University Hospital: Diagnostic Imaging Report

Patient	PAUL HAGGERTY	**Address**	148 TEMPLELAND RD, GLASGOW, LANARKSHIRE, G53 5LZ
DOB	07/09/1971	**CHI No.**	[redacted]
Ref. Source	Braidcraft Medical Centre	**Practice Code**	52043
Referrer	Dr Syeda Manahil Fatima (FY)	**Exam Date**	29/10/2024 10:52

Report Summary

Clinical History :
persistent cough for >6 weeks, long smoking history, current smoker

XR Chest

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant focal lung lesion identified.

Last verified by: 3488188 (Dr Sean Kelly)
Reported by: 3488188 (Dr Sean Kelly) and CPC (None)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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CHI: 0709716257 07/09/1971 F
HAGGARTY, Paul
148 Templeland,G53 5LZ

DR J COWIE, 7072492
Braidcraft M.C, G53 5 QD
29/11/2017 12:46, Practice: K20047

LT TRACKING SLIP (RTS)

DOB | GP | Date Ordered | Date Taken 29/11/M

Biochemistry	Haematology	Radiology
U & E	FBC	X-ray
LFT	ESR	Ultrasound
GGT	Ferritin	
TFT	B12/Folate	
Total Lipid Profile **Fasting/Random**	GFST (Monospot)	
Random TG Chol		
Glucose **Fasting/Random**	**Bacteriology/Virology/Immunology**	**Cardiology**
HbA1C	MSSU	ECG
Urate	Stool Culture	Echocardiogram
Ca/Phos	Bact Swab	
	Bact Swab Low Vaginal	
CRP	Bact Swab – Endocervical	
	Chlamydia Swab/Urine	
	Sputum	
	Helicobacter Pylori	**Other**
Immunoglobulin	Hepatitis Screening (please specify	Skin scrapings
ANF/RF		
PSA/HCG/Ca125	HIV	
FSH/LH	Pregnancy Test	
Prolactin		
Testost/SHBG/FAI		
Amylase		
Coeliac Screening		
Albumin: Creatinine		
CK		
Drug Levels		
Urine Drug Screen		

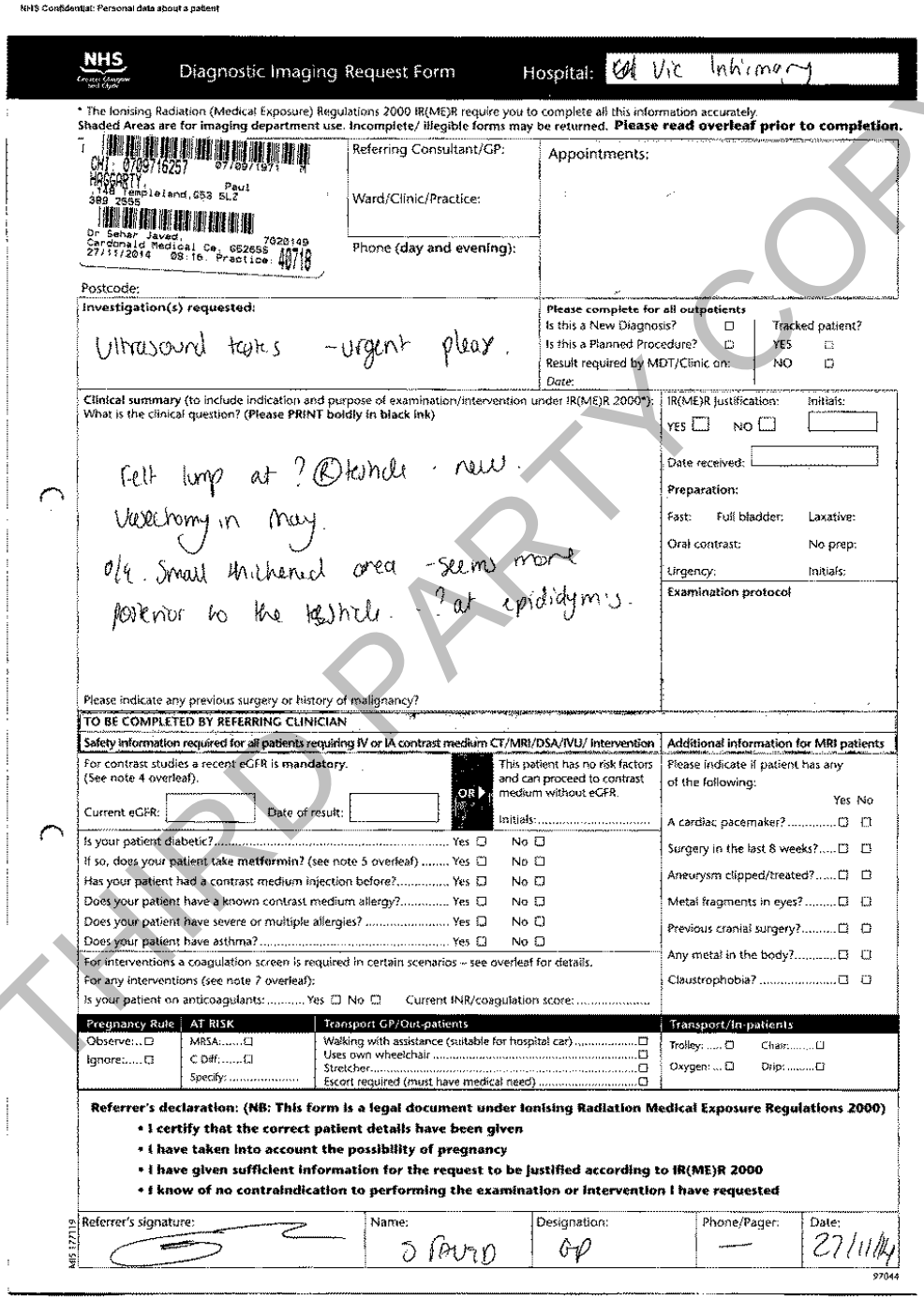
Clinician's Comments on Results | **Staff Comments for Doctors**

Action

Tell Patient: Normal/Make Appt (or something else-write below) FUNGAL SKIN INFECTION, SEE GP IF NOT IMPROVING WITH CREAM GIVEN		Date
Send letter for appointment to see Doctor – Routine/Urgent		Patient Informed
Prescription left by doctor – Collect/Post		Receptionists Initials
Letter sent to Patient		

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



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NHS Greater Glasgow and Clyde

Diagnostic Imaging Request Form

Hospital: Vic Infirmary

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately.
Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please read overleaf prior to completion.

CHI: 0709716257 07/09/1971 M
HOGGARTY Paul
148 Templeland,G53 5LZ
389 2555
Dr Sehar Javed, 7028149
Cardonald Medical Ce, 052655
27/11/2014 08:16 Practice: 40718

Referring Consultant/GP:

Ward/Clinic/Practice:

Phone (day and evening):

Appointments:

Postcode:

Investigation(s) requested:

Ultrasound testes - urgent please.

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on: ☐
Date:
Tracked patient? YES ☐ NO ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*):
What is the clinical question? **(Please PRINT boldly in black ink)**

Felt lump at ? R testicle - new.
Vasectomy in May.
O/E. Small thickened area - seems more posterior to the testicle. ? at epididymis.

Please indicate any previous surgery or history of malignancy?

IR(ME)R justification: YES ☐ NO ☐ Initials:

Date received:

Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:

Examination protocol

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ intervention

For contrast studies a recent eGFR is mandatory. (See note 4 overleaf).
Current eGFR: Date of result:

OR

This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials:

Is your patient diabetic? Yes ☐ No ☐
If so, does your patient take metformin? (see note 5 overleaf) Yes ☐ No ☐
Has your patient had a contrast medium injection before? Yes ☐ No ☐
Does your patient have a known contrast medium allergy? Yes ☐ No ☐
Does your patient have severe or multiple allergies? Yes ☐ No ☐
Does your patient have asthma? Yes ☐ No ☐

For interventions a coagulation screen is required in certain scenarios – see overleaf for details.
For any interventions (see note 7 overleaf):
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score:

Additional information for MRI patients

Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	☐	☐
Surgery in the last 8 weeks?	☐	☐
Aneurysm clipped/treated?	☐	☐
Metal fragments in eyes?	☐	☐
Previous cranial surgery?	☐	☐
Any metal in the body?	☐	☐
Claustrophobia?	☐	☐

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: ☐	MRSA: ☐	Walking with assistance (suitable for hospital car) ☐	Trolley: ☐ Chair: ☐
Ignore: ☐	C Diff: ☐	Uses own wheelchair ☐	Oxygen: ☐ Drip: ☐
	Specify:	Stretcher ☐	
		Escort required (must have medical need) ☐	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- **I certify that the correct patient details have been given**
- **I have taken into account the possibility of pregnancy**
- **I have given sufficient information for the request to be justified according to IR(ME)R 2000**
- **I know of no contraindication to performing the examination or intervention I have requested**

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:
	S Ford	GP	—	27/11/14

MIS 127119

97044

Additional document
30-July-2026
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Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1736223.C
Specimen Type	Blood
Date/Time Collected	20.06.19 / 16:13
Date/Time Received	21.06.19 / 13:48
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	21.06.19 / 16:22
Details	abnormal LFTS and raised ...

Results

Authorised on 21.06.19 at 14:43

Sodium		136	mmol/L	(133-146)
Potassium		NA	mmol/L	
Chloride		103	mmol/L	(95-108)
Urea		4.9	mmol/L	(2.5-7.8)
Creatinine		79	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Comments:

(NA) Old specimen: result invalid.

Authorised on 21.06.19 at 16:16

C Reactive Protein		<1	mg/L	(0-10)

Authorised on 21.06.19 at 16:16

Gamma-GT	+	82	U/L	(<70)

Authorised on 21.06.19 at 16:17

Total Bilirubin		8	umol/L	(<20)
ALT	+	106	U/L	(<50)
AST	+	70	U/L	(<40)
Alkaline Phosphatase		84	U/L	(30-130)
Albumin		39	g/L	(35-50)

Comments:

Blood Sciences Biochemistry Report

Please note change in Abbott Total Bilirubin method from 18/01/18

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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ID SEEN

Braidcraft Medical Centre

NEW PATIENT REGISTRATION FORM

Name Paul Haggarty

Date of Birth 7/9/71

Address 148 Templeland Rd Pollock

Tel No [redacted]

Previous Address .....

Marital Status...S / M/ W / D/ Other

Children 5

YOUR MEDICAL HISTORY

Serious illness or Operations
none

Medicines you are taking
yanaus creams skin condition on hands

Allergies to medicines etc none

Have you ever smoked? (Yes)/No

If yes how much do you smoke on a daily basis?
20 cpd

Alcohol consumption (weekly)
n.l.

[redacted] HISTORY

Please tick appropriate boxes if any of your immediate [redacted] or [redacted] have had any of the following?

Heart Disease .....( )
Stroke.....( )
Diabetes.....( )
High Blood Pressure.....( )
Cancer.....(✓)

Previous Doctor's Name and Address Dr Kennedy Cardonald medical Centre

VACCINATIONS: Which vaccinations have you had and when?.....

FOR FEMALE PATIENTS ONLY

Date of last smear test?.....

NEXT OF KIN
Name Dawn Skivington
Relationship Partner
Address/Tel No.
S/A
07446821155

Your Occupation Support Worker

Do you do take any regular exercise? Yes

Are you a [redacted] Yes/(No)
(do you look after a [redacted] relative or friend who cannot manage without help because of illness, frailty or disability?)

OR Do you have a [redacted] Yes/(No)

If Yes, please ask at Reception for further information.

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Ethnic Group

A. White
- ☑ Scottish (9S13)
- ○ Other British (9S14)
- ○ Irish (9S11)
- ○ Any other White background (specify) (9S12)

B. Mixed
- ○ Any mixed background (specify) (9SB)

C. Asian, Asian Scottish, Asian British
- ○ Indian (9S6)
- ○ Pakistani (9S7)
- ○ Bangladeshi (9S8)
- ○ Chinese (9S9)
- ○ Any other Asian background (specify) (9SH)

D. Black, Black Scottish or Black British
- ○ Caribbean (9S2)
- ○ African (9S3)
- ○ Any other Black background (specify) (9SG)

E. Other ethnic Background
- ○ Any other background (specify) (9SJ)

F. Other
- ○ Prefer not to say (9SD)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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jobcentreplus

Website: www.dwp.gov.uk

PAUL HAGGERTY
20 JURA COURT
GLASGOW
G52 1BS

[redacted]

Our address **Jobcentreplus Office**
GOVAN JCP
GOVAN RD
GLASGOW

Our phone number
Direct line [redacted]

If you have a textphone

Date **22/07/09**

Dear Sir/Madam,

Please note that Mr Haggerty is currently on a Training for work course that has benn arranged through our jobcentre. He attends this from 9am to 5.00pm daily. This will be for at least another 6 weeks.
Any queries about this please call me on 800 6410

Yours sincerely

Allan Stewart
Lone parent adviser

GOVAN JCP
GLASGOW

INVESTORS IN PEOPLE

Opening Times

Phones:	Monday-Friday	09.00 am – 5.00 pm
Office:	Monday-Tuesday Wednesday	09.00am-5.00pm 10.00am-5.00pm
	Thursday-Friday	09.00am-5.00pm

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Glasgow City
Community Health Partnership
North West Sector

SANDYFORD
caring about sexual, reproductive and emotional health

Tuesday February 25, 2014

Dr Mary F Shields
Drs Wolfe, Shields & Dale
Rutland Surgery
24 Govan Road
G51 1HS

Dear Dr Shields

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Date of birth: 07/09/1971
CHI: [redacted]

The above named patient attended here today for vasectomy counselling.

After full discussion this appears to me to be a reasonable request and the man will now be considered for a vasectomy operation.

Please would you inform me within the next two weeks if you know of any reason why vasectomy should not be performed in this case.

Yours sincerely

Dr Kay F McAllister MRCOG DFSRH
Consultant Gynaecologist in Sexual & Reproductive Healthcare
Sandyford Sexual Health Services
GMC: 3314522

Vasectomy Direct Line [redacted]

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, [redacted] www.sandyford.org

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Fax sent by : [redacted] RESP MED @ G.R.I 16-06-12 04:55 Pg: 2

Direct Access Spirometry

Pre vs. Post Report

Patient Information

Name: Haggarty, Paul	ID: 0709716257	Birthdate: 07/09/1971
Height at test (cm): 176.0	Sex: Male	Smoking history (pk-yrs): 47
Weight at test (kg): 86.0	Age at test: 40	Predicted set: ECCS 1983, Polgar (Peds) 1971

Comments: Dr Dale Rutland Surgery
Diagnosis:
Interpreted by:

Interpretation

Mild airflow obstruction on dynamic testing. Bronchodilator administration eliminates airflow obstruction. Post bronchodilator results do not support a diagnosis of COPD but are consistent with asthma. Suggest reinforcement of smoking cessation advice and continuation with appropriate anti-asthma medication. SpO2 98%, MRC Grade 1: Dr R Carter

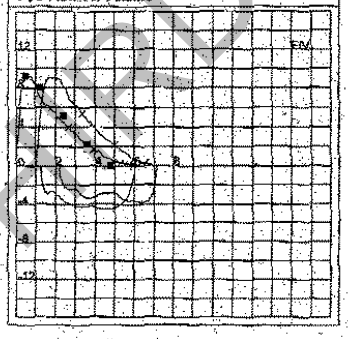
Site: Southern General
Physician:
Technician: Claire
Effort protocol: ATS 1987
Bronchodilator:
Test date/time: 07/06/12 13:33:19
Pre-BD Number of efforts performed: 3
Post-BD Number of efforts performed: 3

Results

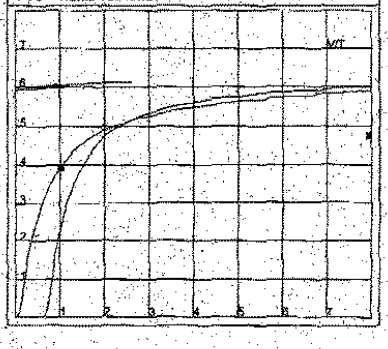
Result	Pred	Pre	%Pred	Post	%Pred	%Chg
FVC (L)	4.75	6.03	127%	6.12	129%	1%
FEV1 (L)	3.92	4.08	104%	4.36	111%	7%
FEV1/FVC	0.80	0.68	84%	0.71	89%	6%
FEF25-75% (L/s)	4.40	2.57	58%	3.10	70%	20%
PEFR (L/s)	9.25	9.27	100%	9.11	98%	-2%
Vext %	—	1.61	—	2.42	—	51%

Test comments (Pre):
Test comments (Post):

FVC Flow vs. Volume



FVC Volume vs. Time



Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS Greater Glasgow & Clyde OOH Services

Call No: **2485239** Date: **05 May 2009** Time of Call: **21:14**

Patient's Name: **Paul Haggarty** DOB: **07/09/1971** Age: **37** **Y**

Address Today: **119 Muirdrum Avenue**
Cardonald

Glasgow
Main Door

Post Code: **G52 3AW**

Home Address If different: **119 Muirdrum Avenue**
Cardonald

Glasgow
Main Door

Post Code: **G52 3AW**

Phone Number Today: [redacted] -

Home Phone If different: **() -**

NHS24 Call ID : 7193644

Callers Name: Relationship to patient:

Name of GP: **Wolfe R** Practice No: **421**

Surgery: **421Rutland Surgery** Cipher No: **G0642 4**

Address: **Dr R Wolfe & Partners Rutland Surgery 21 Rutland Place Glasgow G51 1TA**

Fax No: [redacted]

Speed Dial: **017**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** Time Passed: **22:39**

Receptionist's Name:**IF** Time Arrived: **05/05/2009** Time Complete: **05/05/2009 22:38:55**

Patient's Complaint:

HASNT PASSED STOOLS IN PAST WEEK. BLACK/BLUE ABCESS FROM BACK PASSAGE. PAINFUL. HAD SAME THING 3 TIMES IN PAST YEAR WHICH HAS REQUIRED OPERATIONS TO RESOLVE. ABDO PAIN. FEELS NAUSEOUS AND NOT EATING. ((Non-Clinical User) (Cardonald))

ABCESS IN BACK PASSAGE 3 DAYS SEE A/V

Clinical summary created by: (Nurse Advisor) (Cardonald) [05/05/2009 21:27:30]
RECTAL PAIN FOR 3 DAYS AND LOWER ABDOMINAL PAIN-BLOATED-BOWELS NOT MOVED FOR ALMOST A WEEK-TESTICULAR PAIN- BELIEVES SYMPTOMS ARE DUE TO RECURRENCE OF ABCESS IN BACK PASSAGE-NO RELIEF FROM CURRENT MEDICATIONS- WILL ATTEND SOUTHERN GENERAL PCEC FOR REVIEW - WORSENING STATEMENT GIVEN

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D848** Follow Up: GP Follow Up

Consultation(s):

By: Moughal M. Shoaib **Start:** 05/05/2009 22:29:43 **Finish** 05/05/2009 22:38:40

Clinical Assessment Details
Started-05/05/2009 22:29:43
Finished-05/05/2009 22:38:40

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History
last abscess 8 months ago no analgesia taken today not normally constipated (H Macmillan) painful lump, anal area, unable to pass motion
Examination
solitary thrombosed pile, tender
Diagnosis

Treatment
advice given, instilligel and co-codamol, if no motoin passed then to attend A&E for lancing
Clinical Coding
Question: Pulse [242..] - 78
Question: Temperature [2E3..] - 37.1
Clinical code: J573. (Haemorrhage of rectum and anus)
Prescription Details

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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7

DISCHARGE MEDICATION TO BE CHECKED

CHI: 0109716257 07/09/1971 M
HAGGARTY, Paul
148 Templeland,G53 6LZ

ONCILE MEDS IF PATIENT OVER 65 *

Patient

DR P HENORTE,
Braidcraft M.C. G53 5 QD 6056026
09/01/2017 08:58 Practice: 52043

..Staff Member...Jackie..... Date 9 / 1 / 17

Changes to patient's current medication (YES) NO

NEW Medication/Dosage Change –see below

ADD NEW DRUG/CHANGE DOSE

		YES	NO
1.	CLOPIDOGREL 75mg OD (2 WKS AFTER STOPPING ASPIRIN)	✓	
2.	SIMVASTATIN 40mg at night	✓	
3.			
4.			
5.			
6.			
7.			
8.			

BUT CONTRAINDICATED TO START 1HR. AFTER ASPIRIN. ON WITH IMMEDIATE EFFECT.

Medication NOT on discharge letter – see below

TO STAY ON REPEATS

		YES	NO
1.			
2.			
3.			
4.			
5.			

ADDITIONAL INFORMATION/QUERIES

MEDICATION DISCONTINUED

GP SIGNATURE..... DATE 09/1/17

Chemist to be informed -YES/(NO) Chemist Name/Telephone No Person Advised-

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Haggerty Paul CHI: [redacted]

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
[redacted]

Dr. PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Dear Dr PF Hendrie,

Name	CHI	DoB	Address
Paul Haggerty	[redacted]	07/09/1971	148 TEMPLELAND RD Glasgow G53 5LZ

Admitted	Type	Discharged	Destination
05/01/2017 20:36	In Patient	06/01/2017	

Specialty	Consultant	Ward	Telephone
Geriatric Medicine	Dr Niall Hughes	QEUH Ward 1C	[redacted]

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side
Sequelae of stroke, not specified as haemorrhage or infarction (ICD10: I69.4)		

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor
This 45 year old gentleman, who is generally well, presented with sudden onset left eye visual disturbance (flashing lights and 'snow' appearance) and left facial numbness of several hours duration; he also reported transient left arm paraesthesia. His ymptoms have completely resolved.
Bloods: No abnormality
ECG: NSR, rate 63
CT head showed no abnormalities.
US Doppler Carotid Artery:
Mr Haggarty will return to QEUH within next two weeks to have US Carotid Artery Doppler carried out.
He has been commenced on 2/52 of aspirin 75mg once daily, after an initial stat dose of 300mg. Thereafter he should be switched to clopidogrel 75mg

once daily. He has also been prescribed simvastatin 40mg once daily. A 72 hr ambulatory ECG has been requested and Mr Haggerty will be seen in the stroke follow-up clinic in due course.
He has been advised to refrain from driving for a period of 4 weeks.
Yours sincerely
Dr Helen Urquhart
FY2 (Stroke)

Treatments: *None recorded.*

Follow-up arranged: Stroke clinic to be arranged

Planned Outpatient Investigations: *72 hr tape US Doppler Carotid Artery*

Final Discharge letter to follow: yes

Medication Info:

Allergies: No Allergy

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Aspirin Dispersible Tablets	Oral	75	mg	ONCE a Day	2 Weeks	then stop
Clopidogrel Tablets	Oral	75	mg	ONCE a Day	Indefinite	start in 2 weeks after course of aspirin complete
Simvastatin Tablets	Oral	40	mg	At Night	Indefinite	

New Medication Started: Aspirin temp/clopidogrel

Medication Comment: *2/52 aspirin 75mg, then switch to clopidogrel 75mg.*

Medication compliance aid: no

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Helen Urquhart
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Brenda Davies, Pharmacist
Dispensed Medications Checked by Pharmacy: Louise McWilliams, Technician
Nurse discharging patient: *Helen Urquhart, Doctor*

Additional document
30-July-2026
Additional: Additional document

Filename:
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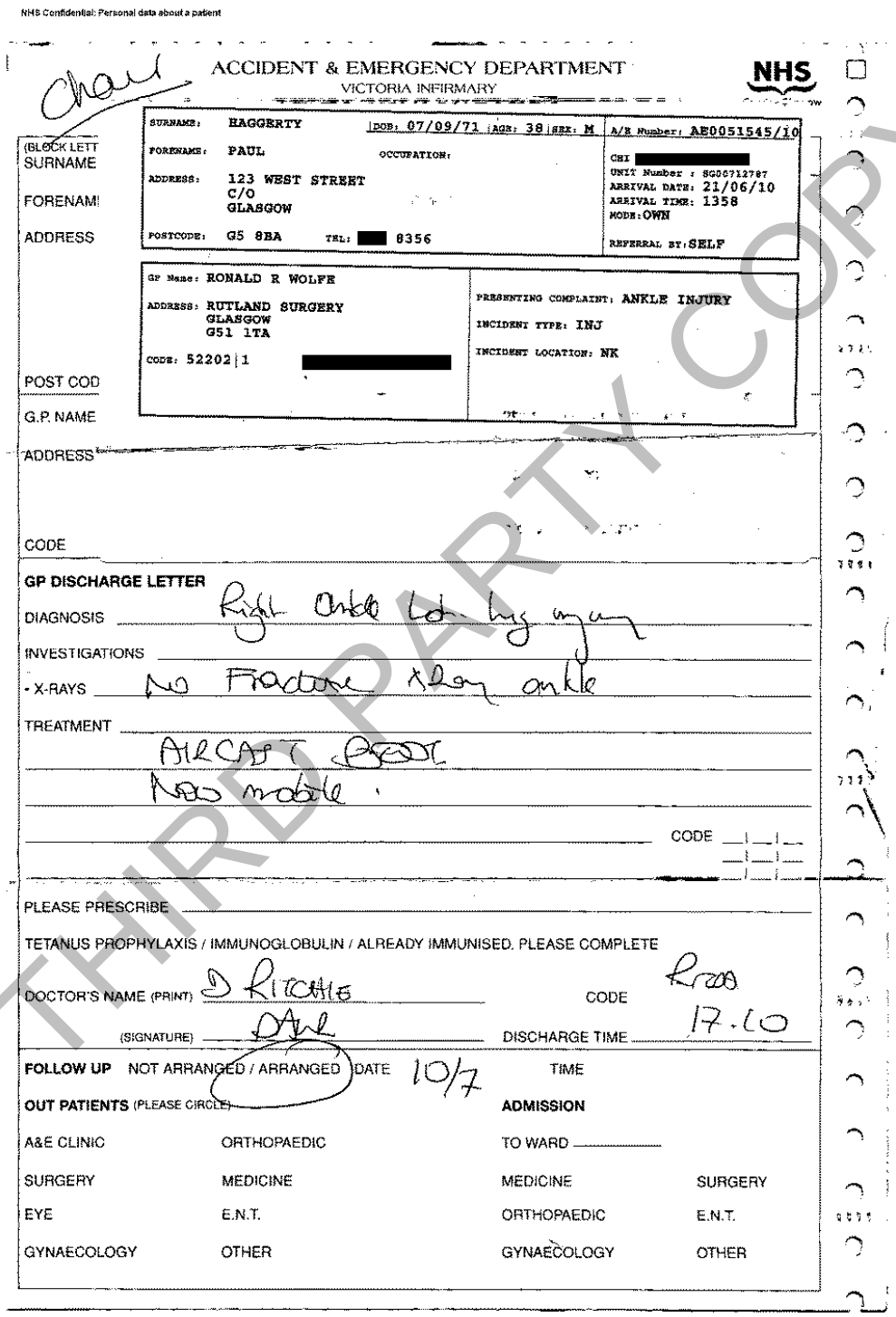
Pages:



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ACCIDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY

NHS

SURNAME: HAGGERTY DOB: 07/09/71 AGE: 38 SEX: M A/E Number: AE0051545/10
FORENAME: PAUL OCCUPATION:
ADDRESS: 123 WEST STREET C/O GLASGOW
POSTCODE: G5 8BA TEL: [redacted] 8356
CHI [redacted]
UNIT Number : SG0712787
ARRIVAL DATE: 21/06/10
ARRIVAL TIME: 1358
MODE: OWN
REFERRAL BY: SELF

GP Name: RONALD R WOLFE
ADDRESS: RUTLAND SURGERY GLASGOW G51 1TA
CODE: 52202|1 [redacted]
PRESENTING COMPLAINT: ANKLE INJURY
INCIDENT TYPE: INJ
INCIDENT LOCATION: NK

(BLOCK LETT
SURNAME
FORENAM
ADDRESS
POST COD
G.P. NAME
ADDRESS
CODE

GP DISCHARGE LETTER

DIAGNOSIS Right Ankle Ligament injury
INVESTIGATIONS
- X-RAYS No Fracture X-Ray ankle
TREATMENT AIRCAST BOOT
Now mobile
CODE

PLEASE PRESCRIBE
TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) D RITCHIE CODE R200
(SIGNATURE) DR DISCHARGE TIME 17.00

FOLLOW UP NOT ARRANGED / ARRANGED DATE 10/7 TIME

OUT PATIENTS (PLEASE CIRCLE)

		ADMISSION	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details: [redacted]

Date Completed: 02/09/2017

Consultant: Dr Katy McCarthy

PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear PF Hendrie

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: [redacted]
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **02/09/2017 at 19:28 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
toe inj

Nursing Assessment:
Playing football today injured right foot in clash with another player

Investigations in ED:
1. XR Foot Rt

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Contusion of foot	Right	Foot

Procedures: 1. Advice card - ICE & mobilisation
2. Written advice given

Immunisations: None

Dispensed Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment	Requesting Clinician
Cocodamol 30/500 2 tabs QID PREPACKED ONLY	Oral	2	TABS	FOUR Times a Day	No duration defined		Nurse Kim McNeil
Ibuprofen tabs 400mg TID PREPACKED ONLY	Oral	400	MG	THREE Times a Day	No duration defined		Nurse Kim McNeil

Clinician Notes:
Playing football today and kicked base of other players boot by accident. X-ray of right foot shows no fracture. Walking boot and above advice and medications. Discharged.

Followup : none
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Kim McNeill
Nurse

Copies to:
1. PF Hendrie (GP)
School Address:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
[redacted]
Fax:
Email:

Date Completed: 07/01/2017

Consultant: Dr Fraser Denny

PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear PF Hendrie

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: **0709716257**
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **05/01/2017 at 18:41 hrs.** Departed on: **05/01/2017 at 20:36 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
numbness down left side

Nursing Assessment:
? facial/ L sided weakness starting aprox 18:00, had just finished work felt unwell dizzy jumbled words up and witnessed facial droop, [redacted] states droop has now started to resolve

Investigations in ED:

1. CT Head	**2. Bone Profile**	**3. CRP**
4. Glucose	**5. LFT**	**6. Urea and Electrolytes**
7. Coagulation screen	**8. Full Blood Count**	**9. Magnesium**
10. Chol / Triglyceride		

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Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Sequelae of stroke, not specified as haemorrhage or infarction		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
adm stroke

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Joe Hodgson
Doctor

Copies to:
1. PF Hendrie (GP)
School Address:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5404739**	Receive Date:	**19-Jun-2018 18:37**
Patient's Name:	**Paul Haggarty**		
Date of birth:	**7-Sep-1971 (46 years)**	Gender:	**M**
Address:	**148 Templeland Road Glasgow G53 5LZ**	Current Address:	**148 Templeland Road Glasgow G53 5LZ**
Return Contact No:			
Tel No:	[redacted]		[redacted]
Mobile No:			
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**19-Jun-2018 18:37**	Calltype:	**No Action Required By Co-op**
Advised:	**18:57**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**R Wolfe**

CHI Number: [redacted]

NHSD details:

Receptionist:
HIGH TEMP - 24HRS
EMGI 999 contacted - For information only
Clinical summary created by: Charlene Mcconville (Call Taker Si) () [19/06/2018 18:57:14] Reason for call: HIGH TEMP - 24HRS Confirmed Symptom(s): Fever associated with urinary symptoms Symptoms are preventing patient from going about their daily activities Urinary problem with fever Signs or symptoms of systemic illness Fever 19:06:2018 18:38:30 MCCONVILLEC.. TEMP WORSENING 19.5HRS AGO - TEMP THE NOW IS 39.8 - HALLUCINATING - NOT PASSED URINE FOR 16.5HRS - SHIVERING AND MUSCLE ACHES - BLOOD PRESSURE IS LOW AND PULSE AND RESP HAVE SHOOT UP... CALL TAKING OVER BY NP H BLYTHE - PATIENT CANT PHYSICALLY GET OUT OF BED - NECK STIFFNESS - ADVISED 999 AMBULANCE..
Outcome: 999 contacted - For information only

NHS Confidential: Personal data about a patient

Followups:
None

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Name HAGGARTY Paul D.O.B. Hospital GP Ward RUT1

Address 310 linthaugh road Consultant Dr.R.Wolfe. Reg. Number ZC0616437

Received 24.12.07 14:55

Prov. Diagnosis On Methadone Lab. Number R,07.1297798.K

URINE DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.09.06	13:00	Undetected	Detected		Undetected		
10.01.07	15:00	Detected	Detected		Detected		
11.07.07	15:00	Detected	Detected		Detected		
24.12.07	11:00	Detected	Detected		Detected	Undetected	

COMMENT The positive opiate immunoassay was due to morphine
Both methadone and its metabolite detected indicating ingestion.

mm

DATE RECEIVED | MSK | AF | RX | COMPL | PJN | DIAR | CARE

Report authorised by Computer Validation

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Date 28.12.07 Time 11:22

Report Run No. 69

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT — SOUTHERN GENERAL HOSPITAL GLASGOW — C

Name HAGGARTY Paul | Sex M | D.O.B. 07.09.71 | Hospital GP | Ward RUT1

Address 310 linthaugh road | Consultant Dr.M.F.Shields | Reg. Number ZC0616437

Received 11.07.07 16:38

Prov. Diagnosis On Methadone | Lab. Number R,07.1135456.F

URINE DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.09.06	13:00	Undetected	Detected		Undetected		
10.01.07	15:00	Detected	Detected		Detected		
11.07.07	15:00	Detected	Detected		Detected		

COMMENT The positive opiate immunoassay was due to morphine
Both methadone and its metabolite detected indicating ingestion.

Report authorised by Computer validation

rence ranges may vary with age and sex. Quoted ranges are for guidance only. Date 16.07.07 Time 11:28

rt Run No. 43

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY Paul | Sex M | D.O.B. 07.09.71 | Hospital GP | Ward RUT1

Address 310 linthaugh road | Consultant Dr.M.F.Shields | Reg. Number ZC0616437

Received 10.01.07 16:58

Prov. Diagnosis On Methadone | Lab. Number R,07

URINE DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.09.06	13:00	Undetected	Detected		Undetected		
10.01.07	15:00	Detected	Detected		Detected		

COMMENT The positive opiate immunoassay was due to morphine
Both methadone and its metabolite detected indicating ingestion.

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by Computer validation
Date 15.01.07 Time 16:45

Report Run No. 33

NHS Confidential: Personal data about a patient

Name [redacted] D.O.B. 07.09.71 Hospital GP Ward RUT1

Address 310 linthaugh road Consultant Dr.M.F.Shields Reg. Number ZC0616437

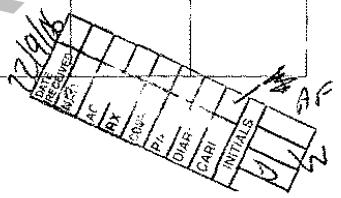
Received 21.09.06 14:00

Prov. Diagnosis On Methadone Lab. Number R,06.1171106.K

URINE DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.09.06	13:00	Undetected	Detected		Undetected		

COMMENT



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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY PAUL | Sex M | D.O.B. 07.09.71 | Hospital GPS | Ward RUT1

Address 12 ULVA ST | Consultant Dr.M.F.Shields | Reg. Number ZC0192308

Received 14.06.06 16:38

Prov. Diagnosis On methadone | Lab. Number R,06.1106945.A

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
10.08.05	14:00	Present	Present		Present		
05.10.05	13:00	Not Found	Present		Not Found		
31.05.06	14:00	Present	Present		Present		
14.06.06	09:00	Present	Present		Present		

DATE RECEIVED | AMD | RX | COMPLETED | R/D | DIARY | CAR | INITIALS

COMMENT

positive opiate immunoassay due to morphine

22/6/06 - photocopy to

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

Received 31.05.06 16:33

Prov. Diagnosis On methadone Lab. Number R,06.1097585.H

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
13.08.03	13:00	Present	Present		Present		
10.08.05	14:00	Present	Present		Present		
05.10.05	13:00	Not Found	Present		Not Found		
31.05.06	14:00	Present	Present		Present		

DATE RECEIVED
MXD
ACTION [redacted]
PX
COMPUTER
PIN
DIARY
CARD
INITIALS

COMMENT positive opiate immunoassay due to morphine

Report authorised by Tom Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 06.06.06 13:20

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW **C**

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

Received 05.10.05 16:51

Prov. Diagnosis On methadone Lab. Number R,05.1173845.L

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
12.03.03	15:00	Not Found	Present		Present		
13.08.03	13:00	Present	Present		Present		
10.08.05	14:00	Present	Present		Present		
05.10.05	13:00	Not Found	Present		Not Found		

7/10/05

DATE RECEIVED | NAF | APP | RX | CONSULT | PH | DIARY | CARE | INITIALS

AF

COMMENT

Report authorised by Tom Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 06.10.05 14:13

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

Received 10.08.05 16:39

Prov. Diagnosis On methadone Lab. Number R,05.1137532.T

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
15.01.03	15:00	Present	Present		Present		
12.03.03	15:00	Not Found	Present		Present		
13.08.03	13:00	Present	Present		Present		
10.08.05	14:00	Present	Present		Present		

COMMENT positive opiate immunoassay due to morphine also tve 6/05

Report authorised by Tom Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 16.08.05 13:01

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 310 LINTHAUGH ROAD GLASGOW Consultant NOT KNOWN Reg. Number SG00712787

Received 02.06.05 13:57

Prov. Diagnosis On methadone Lab. Number R,05.1094728.S

DRUGS OF ABUSE

Reference range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
29 01.03	09:00	Not Found	Present		Present		
08 10.03	16:00	Present	Present		Present		
19 11.03	16:00	Not Found	Present		Not Found		
01 06.05	14:00	Present	Present		Present		

COMMENT POSITIVE OPIATE IMMUNOASSAY WAS DUE TO MORPHINE

8/6/05

DATE RECEIVED | INITIALS

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by John Allison

Issued: 07.06.05 09:11

NHS Confidential Personal data about a patient

NHS Confidential: Personal data about a patient

BIOC

Name HAGGER

Address 40 TARFSIDE OVAL HOUSE 8
GLASGOW

Consultant Dr.M.F.Shields
Received 20.11.03 12:54

Reg. Number SG00712787

Prov. Diagnosis On methadone

Lab. Number B.03.0178990.Z

DRUGS OF ABUSE

Reference Range / Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date Time						
31.07.02 15:00	Present	Present		Present		
29.01.03 09:00	Not Found	Present		Present		
08.10.03 16:00	Present	Present		Present		
19.11.03 16:00	Not Found	Present		Not Found		

DATE RECEIVED
MAD
ACTION
RX
COMPUTER
R/N
DIARY
C/ARD
INITIALS

COMMENT

Report authorised by Tom Allison
Issued: 25.11.03 09:06

ranges are for guidance only.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Queen Elizabeth University Hospital: Diagnostic Imaging Report

Patient	PAUL HAGGERTY	**Address**	148 TEMPLELAND RD, GLASGOW, LANARKSHIRE, G53 5LZ
DOB	07/09/1971	**CHI No.**	[redacted]
Ref. Source	Braidcraft Medical Centre	**Practice Code**	52043
Referrer	Dr Guy Rughani	**Exam Date**	26/01/2023 14:46

Report Summary

Clinical History :
persistent cough > 6 months. smoker. exc intrathoracic path thanks

XR Chest

XR Chest :
Normal cardiac and mediastinal contour. No focal active lung lesion or substantial change from the film dated 05/01/2017.

Last verified by: 7133559 (Dr Douglas Black)
Reported by: 7133559 (Dr Douglas Black)

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report	
Patient Details	
Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Address	148 Templeland Road GLASGOW G53 5LZ
Specimen Details	
Specimen Number	M,17.1094198.V
Specimen Type	Skin scrapings
Date/Time Collected	29.11.17 / 12:46
Date/Time Received	30.11.17 / 18:00
Requested By	Dr Jill Cowie
GP Practice	52043
Date/Time Reported	01.12.17 / 16:13

Results

Report Issued by Microbiology, Glasgow North Sector
* FINAL REPORT *

Senders ref. no.:

Mycology Invest.
Specimen: Skin scrapings
Foot,left

Direct Microscopy: Positive

GRI Mycology is a Non Reference Laboratory Service.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report

Patient Details	
Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	[illegible]
Address	148 Templeland Road GLASGOW G53 5LZ

Specimen Details	
Specimen Number	M.26.5140507.T
Specimen Type	Mid Stream Urine
Date/Time Collected	29.04.26 / 16:41
Date/Time Received	30.04.26 / 12:56
Requested By	Dr Noah Fallahi
GP Practice	52043
Date/Time Reported	01.05.26 / 08:17

Results

```
Report issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Noah Fallahi      Order No:IS29540165
LOCATION: Braidcraft Medical Centr
_____________________________________________________

RESULT:    No growth

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

_____________________________________________________
Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 01.05.2026  08:16
** END OF REPORT **
```

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

PATIENT

Surname: HAGGERTY | Forename: PAUL | Age: 29 | Date of Birth: 07 Sep 1971 | Arr Date: 14/08/01 | Time: 18:30 | [redacted]

Address: C/O LOWMOSS, CROSSHILL ROAD, GLASGOW | Sex: MALE | Religion: | Date of Inc: 14/08/01 | Time:

Marital Status: SINGLE | Occupation/School: | Type of Inc.: OTHER | Mode of Arrival: WALKING

PC: G64 | Tel:

GP

Name: M SHIELDS | Address: RUTLAND SURGERY, 21 RUTLAND PLACE, GLASGOW, G51 1TA | Referred by: POLICE REFERRAL

NEXT OF KIN

Name: [redacted] | [redacted] | Complaint: LACERATION

Relat.: FATHER

Tel No.: 419 0174

DATE RECEIVED	14/8/01
NAP	
ACC	
RX	
COMPUTER	
P/N	
DIARY	
CARD	
INITIALS	[signature]

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS ______ INVESTIGATION SHOWS ______

TREATMENT GIVEN

19:15 14/8/01

pc – laceration

Hpc – 29 yr ♂ inmate in HMP, slashed his ® foot on a [illegible] [illegible] [illegible] object, produced a laceration.
– up to date OTT.

PMH – IVDA – on methadone [illegible]

O/E – about 2cm laceration web space, between 1st + 2nd Toe ®
– FROM
– sensation, ligament [illegible]

WOULD YOU PLEASE ARRANGE

→ sutures x 5 – dressing – [illegible] D/C [illegible] officers

Investigations	X-Ray	Lab	ECG	Match	Bact

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
	✓				✓

Pop | Resusc | Nurse's Signature: [signature]

Admitted to ward: | Consultant:

Hospital Transferred:

Comments:

Medical Officers Signature: [signature] | Medical Officers Name (BLOCK): [illegible]

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
135m	✓									

STAFF GRADE: REG SHO JHO CA (PLEASE CIRCLE)

Drugs ____ days supply of ____ has been given

Drugs ____ days supply of ____ Written Advice Issued:

Drugs ____ days supply of ____

Tetanus Prophylaxis has / has not been administered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick) Patients Name

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

National Health Service Number

Surname, Forenames (Block Letters)

Paul Haggarty
F 1-L 310 Linthaugh Road
Pollok
GLASGOW
G53 5QY

CLINICAL NOTES

Date of Birth: 7/9/71

Date	*	Clinical Notes	Diagnosis
31/10/07	(1)	Still using x3 / week ... 80/d x 14 = (1120)	
		Attended job centre yesterday ... ? for fork lift or delivery driver	
		? URINE NEXT TIME	
		... still present ...	
14/11/07		M: 80/d x 14 = (1120) URINE	
14/11/07		Admits to smoking heroin ≈ approx x2 a week urine	2/7 ago D/W GP
13/11/07		LAST CHANGE ON M = 80/d. = (1120)	
28/11/07		M: 80/d x 14 = (1120) — URINE —	Using!!
12/12/07	C	M 80 (1120) Sup OD	
24/12/07	NS	~~M 80 (1120) Sup OD~~	
12/12/07	NS	Still using H ∴ no urine	
		↑ M 90 (1080) Sup OD ↑review 24/12/07.	
	NB	Need to have a strategy to stop H or reconsider script	
14/12/07		... from chemist ...	
		...	
24/12/07		see GPass	
24/12/07.		Supervised urine done. Script given.	
7/1/08		See GPASS	methadone
9/1/08	S	See GPass	benzos
23/1/08	S	See GPass	opiates

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B41219 4/05 (017302)

355 2095

PAUL Haggarty 7/9/71
1L 310 Linthaugh Rd

Date	*	Clinical Notes	Diagnosis
22/8/07 Cont		(2) Still problems c (L) testicular pain, dysuria + frequency °haematuria	
		Pain c ejaculation	
		O/E testes - (L) sl. tender °swelling/redness	
		(R) ✓	
		Penis ✓	
		→ currently MSSU + urinalysis	
		→ if -ve ?refer ? 2/52 course ofloxacin	
22/8/07 NS		Urinalysis - NAD MSSU ✓	
	5/9/07	NC M = 70/d x 14 = (980)	
		Counsellor - has used a couple of times	
	19/9/07	NC M = 70/d x (14) - DOES HE STILL HAVE TESTIS PAIN	
	3/10/07	NC M = 70/d x (14) = 980	
3/10/07		Admits to smoking heroin 2+3 days ago.	
		Prior to this last used 6/52 ago	
		Not wishing to see counsellor. AH	
	17/10/07	Still using heroin. Blames multiple and recent	
		bereavements. Counsellor will send him for counselling.	
		Agrees to provide CLEAN URINE next week.	
		M = 70/d x 7 = (490).	ONE WEEK EARLIER THAN USUAL.
		~~(2) NO FURTHER TESTIS PAIN.~~	
	24/10/07	NC M = 70/d x 7 = (490)	
24/10/07		Admits to using (smoking) heroin 2/7 ago.	
		Used 1/52 prior to this. AH	
		O/E CP	
		(2). Rash over upper body over past 4/52 - appears to be getting worse.	
		Itchy. CP AH	
	24/10/07	(1) Rash all over for 4 weeks, worse at night. ? M/E fungal.	
		Try SKSVN	
		(2) Still using - tried. LAST CHANCE TO PROVIDE CLEAN URINE NEXT WEEK.	

* This column has been provided for doctors to enter A, V or C at their discretion

(3) Pain on ejaculation and (L) testis pain
No benefit from CIPROXACIN 500mg 8/07. - REFER UROLOGY. - ADVISED TO DC FHS 3/12 AGO BY (SEE 8/11/07) SANDYFORD.

5/2000 204722

NHS Confidential: Personal data about a patient

	National Health Service Number		
CLINICAL NOTES	Surname (Block Letters) HAGGARTY	Forenames (Block Letters) PAUL.	
	Address 310 LINTHAUGH RD		Date of Birth 7/9/71

Date	*	Clinical Notes	Diagnosis
11/7/07	C	M 70 (980) supDD	
		for Sup. urine	
25/7/07	C	M 70 (980) supDD	
11/7/07		No record of tetanus imm. since 1988.	
		REVAXIS ® Batch: A0311-1 Expiry: 02-2009 IM (L) deltoid. No CI.	
		Verbal consent.	
	(2)	Supervised urine	AH
19/7/07		NT MORPHINE BENZOS METHADONE in urine	
8/8/07	C	M 70 (980) supDD	
8/8/07		Has attended Sandyford for routine tests. All swabs negative. On course of antibiotics ? why. ? papular lesions → to see GP next visit.	
	–	Discussed positive urine 7/07. Admits to smoking heroin approx x1 a month. Last used 1½ weeks ago. Does not feel need for ↑ methadone. ? UTI – for ript MSSU (container given)	AH
22/8/07	C	(1) Using 1-2 x week – family selling it no effect from it. Smoking H. 2/7 ago Not working just now Doesn't want to ↑. M 70 (980) supDD. advs to tell partner struggling etc	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B47693 7/06 (017302)

355 2095

NHS Confidential: Personal data about a patient

Paul Haggarty 7/9/71 310 Linthaugh Rd

Date	*	Clinical Notes	Diagnosis
21/3/07	S	Used £10 x 2 Smoky H. C Laser	9/52
		No effect from it.	
		M 60 (840) supDD	
		Chas re returning to work Wire next time MS	
4/4/07	C	M 60 (840) supDD	
	T	working in Edin – requesting q/fined to correct, agreed but must come in for wire test next wk	
18/4/07	C	M 60 (840) supDD MS	
3/5/07	S	Should have been in yesterday but caught in traffic on motorway. As soon as he knew he wasn't getting M. that day felt giddy/sweaty etc + went av + brought H. Hadn't used for 9/52 previously Adv this is psychological not physical + like suggested if he knows this will happen he doesn't take work a the pm. of his appt (an agency worker) M 60 (840) supDD Wire next time MS	
16/5/07	C	M 60 (840) supDD	
30/5/07 ↑M	S	No work past 2/52 + started to use after 10/52 off it. Smoked H. x 4 + had an effect ↑M – 70ml (980) supDD MS	
13/6/07	C	~~M 60 (840) supDD~~ M 70 (980) supDD	
26/6/07	NS	M 70 (980) supDD – requesting q/fined picks up script – this is the last time – must come in himself – requires urine	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
HAGGARTY	PAUL

Address	Date of Birth
310 Linthaugh Rd	7/9/71

Date	*	Clinical Notes	Diagnosis
25/1/07	S	Usual whereabouts - tried valium, DHC + some heroin Now realised he needs to go back on → chat re options → to get reg. counsellor → M 30ml 3/7 then 20ml 5/7 (840) SupCo	
7/2/07	S	Settled down again also not quite hold on 50ml 8M 60 (840) SupDD - working for an agency + managing to get some time off just now. Really like driving job + hopes to do more of it.	1/52
21/2/07	C	M 60 (840) SupDD	
28/2/07		Admits to smoking heroin most days No urine obtained. (2) c/o haziness around peripheral vision over past 4/12 ↑ in frequency to approx x 1 a week, to attend optician for eye check BP 138/70 CP + pastes. Urinalysis - neg	
6/3/07 PA NS		M 60 (840) SupDD Admits to smoking heroin. Urine obtained. Counsellor informed. NOT keen to ⇑.	No Acu.

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B47693 7/05 (817302)

355 2095

NHS Confidential: Personal data about a patient

Paul Maggarty 7/9/71 310 LITTLEALOW RD

Date	*	Clinical Notes	Diagnosis
1/11/06	NS	M 90 (700) SUPDD	
15/11/06	C	M 50 (700) SUPDD (Has had 5 dose of ATT if go 3 as a baby + preschool – last one noted 1988.)	
29/11/06	C	M 50 (700) SUPDD	
29/11/06	T	ONA counsellor – phoned at 3.30pm to say Couldn't get away from work – Script give to family member. Warned	
13/12/06	T	11.30am – new job Reid furniture driver asks if g/friend can pick up Script + dose for today – agreed but not again.	
27/12/06	C	M 50 (700) SUPDD	
10/1/07	C	M 50 (700) SUPDD	
10/1/07		Supervised wife ✓ methadone morphine benzos	Alh
24/1/07	S	Admits to using every 2nd day. Not working at present + what gets him down. Sister's b/friend selling H. + : easily available Smoking £10 H. every 2nd day	
TM		G/friend doesn't know. → TM 60 (840) supDD → ↓ to 21s2 → advised see Colin C re counselling etc	
30/1/07	S	Rang he later me, he decided to try + came off M completely and has had none for 1/52	MS

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): HOGGARTY	Forenames (Block Letters): PAUL
	Address: 310 Linthaugh Rd.	Date of Birth: 7/9/71

Date	*	Clinical Notes	Diagnosis
27/6/06	c	2 last urines, both +ve	
		∴ suspended DD (GRANDMA) CANCEL	
		~~M 33 (462) SUP DD~~	
12/7/06	MT	Discussed with counsellor. Regimen on reduced dose	
↑M		Rx M = 40/d x 7 = 280	
		Ch M = 45/d x 7 = 315	SUP DD
		595	
26/7/06	c	M 45 (630) SUP DD	
9/8/06	S	Still using ~ 2-3 x week. Smoking H.	
		"a couple of lines" Boys at his work give	
		it to him. Realises it needs to be SUP DD	
		- about to lose his job - verbal + written	
		warning. Adv to speak to them - I will write	
		a letter of rec. Doesn't want to ↑ M	
23/8/06	c	M 45 (630) SUP DD	
6/9/06	c	M 45 (630) SUP DD	
20/9/06	S	Doing better - refusing to take H. from	
		pals at work. No H. for 16/7 but	
		quite agitated	
↑M		↑ M to 50mg (700) - SUP DD.	
		No valium for "ages"	
		unsupervised urine — CLEAR	
4/10/06	c	M 50 (700) SUP DD	
18/10/06	MS	M 50/d x 14 = 700	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B43522 9/05 (017302)

355 2095

NHS Confidential: Personal data about a patient

Paul Haggarty 7-9-71 310 LINTHAUGH RD

Date	*	Clinical Notes	Diagnosis
		see me next time	
		Not to get unsup M if can't use it.	
3/5/06	NS	DNA Not due	
17/5/06	S	2 uncles + aunt recently † — father not coping + he's been off work to keep him. Used H x 3 ↳ last 6/52 — gave to him by carer. → lay chat → back at work now → warned next time using → back to DD M 33 (462) supDD wed only 6/7 away	
24/5/06	NS	missed chemist yesterday + may want give today → cancel script M33 (198) supDD today + 5/7 away	
31/5/06	AC	M33 (462) supDD c wed + 6/7 away	
31/5/06		Smoker — advised. Supervised urine. — morphine benzos methadone	AH
		get back to supDD. *	
14/6/06	S	Completely denies this — says he's doing well + not used for weeks. Sup. urine ✓ If he → supDD	
14/6/06		M 33 (462) & sup wed + 6/7 away Supervised urine ✓ - denies using.	NK AH morphine benzos methadone

* This column has been provided for doctors to enter A, V or C at their discretion

Never script supDD

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): Maggarty

Forenames (Block Letters): Paul

CLINICAL NOTES

Address: F/L 310 LINTHAUGH ROAD

Date of Birth: 7-9-7

Date	*	Clinical Notes	Diagnosis
2/11/05	S	Stressful time - 9/12 old child - ITU at Yorkhill & Rhearnana. In hosp. Yr. - out now. Didn't use alth' tempted. M 35 (980) Sup Wed + away rest of wk Rep C -ve ∴ doesn't need flu V MS	
30/11/05	C	M 35 (1470) Sup. Wed + away rest of wk	
11/1/06	S	M 35 (1470) Sup Wed + away rest of wk Doing well. Denies any other drugs wants to ↓ to 3mg next time -> ok wants to come off M this year working, family life ok for Vrue next time MK	
22/2/06 JM	NS	M 30 (1260) Sup — can't get away from work. Sunday partner can pick up	
5/4/06	C	M 30 (1260) supplied + away rest of wk for Sup. urine.	
5/4/06 TM		now tells us he's struggling + wants to ↓ — only use "once a couple of times" ∴ ↑ to M 33 (1386) Lets get a urine as he is denying heroin use.	
5/4/06		Admits to smoking heroin 2/7 ago. Initially denied. No urine obtained.	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2096

PRINTED FOR ASTRON, [redacted] 4/05 (617302)

Additional document
30-July-2026
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NHS Confidential: Personal data about a patient

Registration Details - Patient No: 1626

Personal details...		Address details...	
Date of birth	07/09/1971	Post Code	G53 5LZ
Sex	M	House Name Flat No	
Surname	Haggarty	No and Street	148 Templeland Road
Previous Surname		Village	
Forenames	Paul	Town	GLASGOW
Calling Name	Paul	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr R Wolfe	Work Tel No	
Usual GP	Dr R Wolfe	Mobile Tel No	[redacted]
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	[redacted]		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Rutland Surgery	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	23/01/2014		

AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems		Authorised By	Code
23/01/2014	Misuse free - drug free for 3 years - NA	Dr Shields	EMISNQMI186
19/06/2012	Spirometry	Dr Wolfe	5882
16/06/2012	Asthma	Sister Costello	H33
21/03/2008	Evacuation of perianal haematoma priority=1	Dr Shields	77360
16/12/2005	Notes summary on computer priority=1	Dr Wolfe	9344
16/07/2003	Pneumothorax left priority=1	Dr Wolfe	H52
16/07/2003	Assault by cutting and stabbing instruments priority=1	Dr Wolfe	TL6
12/04/2000	Hepatitis C PCR negative priority=1	Dr Wolfe	43h3
13/09/1996	Drug addictn therap-methadone STOPPED 2010	Dr Shields	8B23
12/07/1995	Excision of pilonidal sinus NOS priority=1	Dr Wolfe	773Bx
09/07/1995	Attempted suicide CO priority=1	Dr Wolfe	TK
01/01/1989	[X]Heroin addiction	Dr Wolfe	Eu112

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Haggerty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

[redacted]

Paul Haggerty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Mr Haggerty,

The X-ray Department has been in contact with me to inform me that you have not attended for a CT urinary tract with contrast scan on the 30 December 2020 which I had requested for you. If you wish to attend for this scan please get in touch with my secretary on the above number so it can be re-arranged.

Yours sincerely

M N Akhtar

Consultant Urological Surgeon

Electronically Signed:

cc. Dr Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Printed on 14/01/2021 14:30 by Anna Toner Page 1 of 1

Additional document
30-July-2026
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Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	[redacted]
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,24.8191323.J
Specimen Type	Blood
Date/Time Collected	29.10.24 / 09:31
Date/Time Received	29.10.24 / 13:34
Requested By	Dr Syeda M Fatima
GP Practice	52043
Date/Time Reported	30.10.24 / 15:57
Details	TATT, weight loss

Results

Urea & Electrolytes - Authorised on 30.10.24 at 15:36

Sodium	142	mmol/L	(133-146)
Potassium	4.1	mmol/L	(3.5-5.3)
Chloride	105	mmol/L	(95-108)
Urea	5.2	mmol/L	(2.5-7.8)
Creatinine	60	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 30.10.24 at 15:36

Total Bilirubin	10	umol/L	(<20)
ALT	23	U/L	(<50)
AST	23	U/L	(<40)
Alkaline Phosphatase	87	U/L	(30-130)
Albumin	45	g/L	(35-50)

Thyroid funct test - Authorised on 30.10.24 at 15:55

TSH	1.03	mU/L	(0.35-5.00)
Free T4	12.7	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

GP Links Microbiology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Address	148 Templeland Road GLASGOW G53 5LZ

Specimen Details

Specimen Number	M,19.5253643.W
Specimen Type	Mid Stream Urine
Date/Time Collected	23.05.19 / 16.05
Date/Time Received	24.05.19 / 11:53
Requested By	Dr Victoria Young
GP Practice	52043
Date/Time Reported	25.05.19 / 11:17

Results

```
Report Issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Victoria Young    Order No:IS10308043
LOCATION: 200 Braidcraft Rd Glasgow
-------------------------------------------------------------

RESULT:    No growth

Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Automatic release by system
Date/Time Authorised: 25.05.2019  11:15
** END OF REPORT **
```


Additional document
30-July-2026
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Pages:

NHS Confidential: Personal data about a patient

Braidcraft Medical Centre
Braidcraft Medical Centre
200 Braidcraft Road
Pollok
Glasgow
G535QD

Date 29/07/2026

Our Ref: DSAR-20260729-FF3983
Client Ref: 100963

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:100963

Client Name: Mr Paul Haggarty
Client Reference: 100963
Client Address: 148 Tempeland Road , Glasgow, G53 5LZ
Date of Birth: 07/09/1971
Name in Care: N/A
Previous Address: 67 Brighton Street, Moorpark, Glasgow, G51 2EN
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers

Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at [redacted] Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

James Taylor
Investigations Team

NHS Confidential: Personal data about a patient

INS Law

[redacted]

NHS Confidential: Personal data about a patient

INS LAW
Your Case, our Priority

Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Paul Haggarty
Date of Birth	07/09/1971
Previous Names (if any)	N/A
Current Address	67 Brighton Street Moorpark Glasgow G51 2RL
Previous Address (relevant to care placements)	67 Brighton Street Moorpark Glasgow G512
[redacted]	

Authorised Representative

Firm Name	INS Law
Address	Building B, 23 Goodlass Road, Speke, Liverpool, England, L24 9HJ
Email	[redacted]
Telephone	
Matter Reference	100963

1

Dear Sir/Madam,

I, Paul Haggarty , confirm that I have instructed INS Law to act on my behalf in relation to the exercise of my data protection rights, including my right of access under the UK General Data Protection Regulations and the Data Protection Act 2018. This authority is provided specifically in relation to my application to The Scottish Redress Scheme, providing authority to INS Law to obtain any and all information they deem necessary to progress my application.

I authorise INS Law, including its partners, directions, employees, consultants, agents, and authorised representatives, to:

1. Prepare, submit, and pursue Data Subject Access Requests on my behalf;
2. Correspond with you and communicate with you on my behalf in relation to any Data Subject Access Request or associated data protection matter;
3. Request confirmation as to whether you process my personal data;
4. Request access to, and copies of, my personal data and any supplementary information to which I am entitled under applicable data protection law;
5. Request information concerning the purposes of processing, categories of personal data processed, recipients or categories of recipients, retention periods, sources of data, and any automated decision-making or profiling, where applicable;
6. Provide, confirm, or clarify information reasonably required to identify me and locate my personal data;
7. Receive correspondence, disclosures, copies of personal data, explanations, schedules, electronic files, paper records, and any other response or material provided in connection with the request;
8. Correspondence with you regarding the scope, timing, format, completeness, or adequacy of any response;
9. Raise queries, challenge omissions, request clarification, request further searches, and pursue follow-up correspondence where necessary; and
10. Where appropriate, assist me in making complaints or representations to the Information Commissioner's Office or in taking any further steps arising from your response or failure to respond.

This authority applies to personal data held by you in any form, including paper records, electronic records, correspondence notes, call recordings, account records, internal records, case files, databases, emails, messages, audio recordings, CCTV footage, and any other records continuing my personal data.

This authority extends to all personal data concerning me that you hold.

I request all correspondence and disclosure materials relating to any Data Subject Access Request be sent directly to INS Law using the contact details above, quoting reference

I further authorise INS Law to disclose any records, personal data, special category personal data, witness statements and application materials obtained on my behalf to independent Scottish solicitors or legal advisers where reasonably required for the purpose of advising me on any offer, award, review, reconsideration or statutory waiver under the Scottish Redress Scheme.

This authority remains valid from the date of signature, unless revoked by me in writing.

Signature	
Print Name	Paul Haggarty
Date	30/06/2026

Additional document
30-July-2026
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Filename:
Extension:
Pages:

GP Links Microbiology Report

Patient Details	
Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Address	148 Templeland Road GLASGOW G53 5LZ

Specimen Details	
Specimen Number	M.23.5180131.J
Specimen Type	Mid Stream Urine
Date/Time Collected	04.09.23 / 15:39
Date/Time Received	05.09.23 / 12:43
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	06.09.23 / 08:52

Results

```
Report issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr David Logie       Order No:IS21261430
LOCATION: Braidcraft Medical Centr
------------------------------------------------------------

RESULT:    No significant growth

Tests included in UKAS Accreditation (8078) Scope.

------------------------------------------------------------
Senders ref. no.

Authorised by: Automatic release by system
Date/Time authorised: 06.09.2023  08:48
** END OF REPORT **
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Additional document
30-July-2026
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Filename:
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NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul

CLINICAL NOTES

Address: 6 Hutton Dr
Date of Birth: 7.9.71.

Date	*	
25.10.95		Very distressed. Brother in law died with AIDS yesterday. Uses IV. Lesions for 24hrs - discussed ↑ methadone to 70mls (260) - 980. stop nitrazepam 5mg od change to diazepam 10mg BD (28)
		Prognosis for compliance poor. Urine screen not sent
8.11.95		A great deal better since ↑ methadone to 70mls daily (980) + diazepam 10mg BD (28)
22 NOV 1995		Denies use of street drugs for 4 wks. M = 70/d (980). D = 10mg x 2/d (28)
6.12.95		M.M 70 mls dd diazepam 10mg II daily (28)
20 DEC 1995		Denies use of street drugs. Pleased.
W=76kg		M = 70/d. (470). D = 10mg x 2/d (52)
10.1.96		Well. Feels stable on methadone 70mls daily + diazepam 10mg B.D. (28).
24 JAN 1996		ISA M = 70/d = (980) D = 10mg x 2/d = (28)
7/2/96		M 70/d (980), D 10mg x 2/d (28) WDD, seeks TR.
21/2/96		Wants to ↓ methadone ↑ diazepam because not sleeping at night - ↓ to 60mls. Advised to try and take methadone earlier in day from 6.00pm. methadone 70mls. (980) + diazepam 10mg BD (28) To try at max one note of reduction

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters): HAGGARTY	Forenames (Block Letters): Paul
	Address: 6 HUTTON DRIVE G51	Date of Birth: 7-9-71

Date	*	
28/8/95		New Reg CP signed DR WD
28/8/95	Y/N	U/A NAD. Opiate screening ✓ M.C.
13 SEP 1995		Smoking heroin at present £/day (£70) – financed by theft + post. No warrants outstanding. Injected since age 18yrs – last 2 months ago – Always used new equipment – never shared. Also uses jellies last 3 days ago. Lives c wife + 3 children (not a user). Youngest child is his own. Used to drive fork lift. Mother died 9½ yrs ago Ca. Father has Ca. Brother uses heroin. Sisters non users. Good relations with sister.
		Start M: 70/A supervised (210)
20 SEP 1995		Still smoking heroin. Increase to M = 40/d (280)
W-68		% Heart I + II + 0
		Lungs ✓
		Abdom – Liver 2 cm non tender.
		CNS – ✓ Review 1 week
27.9.95		Still smoking heroin at night. Not sleeping. OK during the day. ↑ methadone to 50mls daily 700mls + nitrazepam 5mg nocte (14)
6/10/95		Wanting drink prescription for methadone HS (Lord)
	GTL	PM TOLD TO COME ONLY ON CLINIC DAYS (etc) LIED ABOUT BEING ILL – TO RECEIVE LAST WARNING
11/10/95		Didn't go away. Taking ↑ Nitrazepam + Methadone 5mls daily (700) Nitrazepam 5mg (14) Use heroin discussed does not want to ↑ Methadone HS (Lomax)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

Date	*	
7/7/96		DHC 60 x 42; Diazepam 5 x 16.
		supposed to be going to rehab in 6/52 - reduction 21/7/96
		see last week
[illegible] JUL 1996		Has drug counsellor @ SGH. Known as 'Mags'
		Counsellor is hoping for Red Towers.
		Hopefully within 8 weeks.
		Wanted me to deviate from Dr Shumps pattern of prescribing
		"It would only be for 8 weeks'
		ie until cured!
		Told he cannot have anything until 14/7.
		Told I would not be deviating from the regime no matter what facilities were available in the offing.
		Complaining that he is not believed/understood by Dr BJAS.
		Implied that drug counsellor agreed with him (Paul) that current approach was useless.
		I pointed out ~~he the~~ that BJAS had put in considerable time/consideration to provide a meaningful programme for him here.
14/7/96		Discuss
		↑ DHC [illegible] x [illegible] [illegible] Diazepam ([illegible] [illegible] [illegible] [illegible])
		[illegible] 2/52 — [illegible] 14/7 [illegible]
		Discuss 'with [illegible] [illegible]'
27/7/96		[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

[illegible] [illegible] [illegible] [illegible] —

hy [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

hy history [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]

DHC Co[illegible] [illegible] 5/[illegible]

D[illegible]

FORM GP111F
355 2095

Date	*	
3.8.94		Rpt Rx DHC Cont 6/day
		... 1/52 ... x 7/day
10/8/94		Says ... mill ... 2/52
		Says [redacted] ... his father ...
		R DHC 60 x 56 x 2
25.8.94		Fork lift Driver ...
		DHC Cont 65 7/day > 50%
		Optimistic
8/9/94		... 7/day
		... 6/day
		[redacted]
9/9/94		... 20 ...
		(30mins ...)
		... [redacted]
		mental dysphoria ...
21/9/94		DHC Cont 6/day ...
5/10/94		dnw
		came back at 11.50am
		DHC Cont 6 daily X 84
20.10.94		Rpt ... DHC ... 5 daily, 7/7
2.11.94		...
		...
		DHC Cont 4/day x (112)
24.11.94		in ...
		...
		DHC Cont 5/day . 70 . 14/7

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↳ next visit

7.12.94 — DHC Cont 65 5/day 7/7 ...

23.12.94 DHC Cont 65 4/day ...

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Date	*	
28-3-94		DHC 60×56 - 8/day ; Diazepam 5×14
		no supplements.
		Mother reaching terminal stage
5-4-94		Out over w/e - going back in today.
		DHC 60×56 - 8/day ; Diazepam 5×14 - 2 [illegible]
		to maintain this level during mother's illness
11-4-94		DHC 60×56 - Diazepam 5×14
18-4-94		" " mum home but going downhill
		looking after her - [illegible] sorting her [illegible]
25-4-94		DHC 60×64 - Diazepam 5×16
3-5-94		DHC 60×56 - Diazepam 5×14
5-5-94		Back for more
		Willing to try methadone.
		Said he would have [illegible] now.
		Stating that I/doctors have not willing to help.
		- Walked out so I was going [illegible] Drug
		rehabilitation service no
10-5-94		Long discussion re [illegible] / [illegible] / [illegible]
		cold turkey / also the buying & selling of drugs /
		- DHC 60×56 - Diazepam 5×14 - for 2 further
		weeks.
16-5-94		Drugs managed OK - wife hands out tabs
		DHC 60×56 - Diazepam 5×14
		Doing well - wife handing out tabs - says 'brilliant' ???
23-5-94	[illegible]	DHC 60×[illegible] - Diazepam 5×16.
31-5-94	[illegible]	DHC 6×49 - Diazepam 5×12.
6-6-94		DHC 60×49 Diazepam 5×14 - 'OK'
		father dealing
13-6-94		DHC 60×49 ; Diazepam 5×14
20-6-94		DHC 60×49 ; Diazepam 5×14 - reduction next week,
		denies supplementation.
24-6-94		DHC 60×18 ; Diazepam 5×6. - attending counsellor
		in SGH.
30/6/94		DHC 60×62 ; Diazepam 5×14 - [redacted]
		next reduction date 21/7/94 when DHC should
		again be reduced.

*This column has been provided for doctors to enter A, V or C at their discretion

Dd 8360945 500M 2/82 Ed (18573)(Q3)

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CLINICAL NOTES

National Health Service Number

Surname (Block Letters): HAGGORTY

Forenames (Block Letters): PASL

Address

Date of Birth: 4.9.71

Date		
14/11/85		amoil caps
		cracked chin
14/6/88		fungal infection - penis - canestan cream
		adv. G-U Clinic
		- synflex tabs
20/6/88.		S swelling of penis
		O Paraphimosis - phimosis
		P. → Cll ldsm
25 7 88		VaD.
12/6/89		Haemoptysis
		...
		family hx TB
		...
		chest clear
		oropharynx injected
		Amoxycillin 250 TID
		CR
24/8/89		CHICKEN POX
25.7.92		Stomach pain ...
7.3.94		Drug addict. formerly Heroin: stopped 7/12 ago
		now using Dihydrocodeine 60 12/day + Diazepam 5
		2 mode ✓ ... 3/52 ago became
		wouldn't go ... without ...
		...
		DHC 60 × 8/day = 56/day. Diazepam 5mg 14 - 2/week
14.3.94		no supplementation - had difficulty sleeping at night
		DHC 60 × 8/day = 56 Diazepam + 16 - 2 week
21-3.94		Again no supplementation - still sleep problem
		DHC 60 × 8/day = 56; Diazepam 5 + 14 - 2 week -

*This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	
		BP 120/60 temp 37°
		pulse 80/min reg
		both pupils reacting sluggishly
		but equal
		fundi ✓
		neck somewhat stiff
		Duration of headpain ~18 hrs
		→ SGH.
7/4/95	—	DHC [illegible] BD [illegible]
14/4/95		DHC [illegible] PD (90) – going to Hungary
13.7.95	V	Seen A+E yesterday [illegible] obs
		– [illegible] today → [illegible]
14.7.95	[illegible]	Abscess at back passage severe pain.

*This column has been provided for doctors to enter A, V or C at their discretion

Dd 8435606 1980M 12/92 Ed(20650S)

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

Date	*	
30.12.94/		[illegible] will accept D&S T in Inverness →
		[illegible] [illegible] Rx [illegible] will [illegible] c [illegible] →
		DHC [illegible] 4/day . 84/
2.1.95/		[illegible] getting D&S T @ [illegible]
		DHC [illegible] 4/day . 56
		[illegible]
2.2.95/		[illegible] now has [illegible] →
		DHC [illegible] . 3/day . 42/
16.2.95.		[illegible] →
		Dixon
3.3.95 →		[redacted] [illegible]
		[illegible] c [illegible]
		[illegible] DHC [illegible] 3/day . 42/
10.3.95 →		[redacted] [illegible] Inverness → sister-in-law [illegible]
		[illegible]
		[illegible] 3/daily . 3/52 [illegible] DHC [illegible]
		[illegible] 3/daily . 1/52 — [illegible] (77)
		[illegible]
		[illegible]
16/3/95	V	Seen at 34 Iona St. [illegible] Brown
		Severe headpain
		O/E Appears photophobic
		Conscious.
		Lying out flat on bed PTO

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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Additional: Additional document

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Haggerty Paul CHI: 0709716257

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
[redacted]
Email:

Date Completed: 13/02/2018

Consultant: Dr Claire McGroarty

B Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear B Paulina

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: [redacted]
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **12/02/2018 at 14:36 hrs.** Departed on: **12/02/2018 at 17:19 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
foot and leg injury

Nursing Assessment:
tackle at f/ball yesterday, pain lateral thigh and mtpj big toe, wt bearing, has taken brufen & paracetamol

Investigations in ED:
1. XR Foot Rt

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Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Fracture of foot - metatarsal bone, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Isolated small fracture of 1st metatarsal head. Given crutches to help with mobility to gradually return back to normal activities as pain settles.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Joanne Eagleson
Doctor

Copies to:
1. B Paulina (GP)
School Address:

Additional document
30-July-2026
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Extension:
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1736543.A
Specimen Type	Blood
Date/Time Collected	20.06.19 / 16:13
Date/Time Received	21.06.19 / 13:57
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	21.06.19 / 15:27
Details	abnormal LFTS and raised ...

Results

Authorised on 21.06.19 at 14:15

White Blood Count	9.9	x10^9/l	(4.0-10.0)
Red Cell Count	5.58	x10^12/l	(4.50-6.50)
Haemoglobin	162	g/l	(130-180)
Haematocrit	0.513	l/l	(0.400-0.540)
Mean Cell Volume	91.9	fl	(83.0-101.0)
MCH	29.0	pg	(27.0-32.0)
Platelet Count	346	x10^9/l	(150-410)
Neutrophils	6.0	x10^9/l	(2.0-7.0)
Lymphocytes	2.6	x10^9/l	(1.1-5.0)
Monocytes	1.0	x10^9/l	(0.2-1.0)
Eosinophils	0.13	x10^9/l	(0.02-0.50)
Basophils	0.1	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

Authorised on 21.06.19 at 15:24

ESR	2	mm/hr	(0-10)

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Results

Additional document
30-July-2026
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Extension:
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,24.8191323.J
Specimen Type	Blood
Date/Time Collected	29.10.24 / 09:31
Date/Time Received	29.10.24 / 13:34
Requested By	Dr Syeda M Fatima
GP Practice	52043
Date/Time Reported	30.10.24 / 16:07
Details	TATT, weight loss

Results

Active B12 - Authorised on 30.10.24 at 15:55

Active B12	83	pmol/L	(>25)

Comments:
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 30.10.24 at 15:55

Serum Ferritin	273	ug/l	(15-300)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

Serum Folate - Authorised on 30.10.24 at 16:01

Serum Folate	- 2.7	ug/l	(3.1-20.0)

Report comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sick

End of Report

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30-July-2026
Additional: Additional document

Filename:
Extension:
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Result Details

Page 1 of 1

Printed from SCI 9/3/17

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
Paul Haggerty	[redacted]		45	HENDRIE, PAULA	Braidcraft Medical Centre	
Name Changed						

Report

XR Chest Taken 5/1/17

Paul Haggerty
Clinical History :

sob ? cap

XR Chest :
AP erect radiograph.
The lungs are clear. The heart is not enlarged. The mediastinal and hilar contours are normal.

Reported by: Dr Edit Gyorbber
Verified by: Dr Edit Gyorbber

Last 1 users to access this result

Name	System	Location	Time
WS Test App	Test App	SG033827	02/02/2017 04:35:12

https://www.ggc-sci-store.scot.nhs.uk/StoreWeb/Restricted/Results/Result.aspx?Patie... [redacted]

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Pages:

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SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL,1345 GOVAN ROAD,GLASGOW,G51 4TF
DIRECT LINE: [redacted] FAX: [redacted]

Accident & Emergency Department

CONSULTANTS
Malcolm W G Gordon MB ChB FRCS FFAEM
Jason Long MB ChB MRCP(UK) FFAEM
Phillip Munro MB ChB MRCP(UK) FFAEM
Peter Davis MRCS LRCP MRCGP FACEM

3 March 2008

DR WOLFE
RUTLAND SURGERY
21 RUTLAND PLACE
GLASGOW
G51 1TA

Dear DR WOLFE,

PAUL HAGGERTY
310 LINTHAUGH ROAD,GLASGOW,G53 5QY
HOSP NO:SG00712787
DOB: 07/09/71

Your patient failed to attend their follow up appointment today.
No further follow up appointment has been arranged.

Yours sincerely

Consultant in Accident & Emergency Medicine

CHI [redacted]

Additional document
30-July-2026
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Filename:
Extension:
Pages:

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Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
[redacted]
Email:

Date Completed: 18/02/2019

Consultant: Dr Jason Long

BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear BS Paulina

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: **0709716257**
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **17/02/2019 at 21:25 hrs.** Departed on: **18/02/2019 at 01:15 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
foot inj

Nursing Assessment:
Football - stood on with studs.

Investigations in ED:
1. XR Toe great Rt **2. XR Foot Rt**

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Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Other specified injuries of ankle and foot		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Pain in foot after being stood on by another player whilst playing football. Able to weight bear. Pain and swelling on medial aspect of R foot. Neurovascularly intact. XR foot & great toe - small bone chip off 1st metatarsal. Discharged with advice for symptomatic control and simple analgesia.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Hitarth Bhatt
Doctor

Copies to:
1. BS Paulina (GP)
School Address:

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 119 MUIRDRUM AVENUE

GLASGOW
G52 3AW

Consultant : DR CIERAN MCKIERNAN

Account # : AE0079561/08 Unit # : SG00712787 CHI # : [redacted]

Attended at : 0104 on 06/09/08
Left A&E at : 0416 on 06/09/08

Reason for Visit : HI

Diagnosis : Laceration : NOT APPLICABLE : Face
: Head Injury Minor Without LOC : NOT APPLICABLE : ---

Investigations :

Treatment : Self-Adhesive Dressing

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:
PATIENT ADMITTED UNDER ORTHO FOR NEURO OBSERVATION.
Follow Up : ADMITTED WD 2

Yours Sincerely,
SHOWMEN BARDHAN
If you require any futher information please quote this attendance number: AE0079561/08

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Paul Haggarty 7.9.71

		Clinical Notes	Diagnosis
		M 35 (1470) Sup Wed + away to 6/7	
7/3/05		In from work only gets ½ hour for break Has just voided urine prior to attending surg Denies misuse of drugs Advised to attend with full bladder for future random sample Adv OK	
20/4/05	NS	M 35 (1470) Sup Wed + away 6/7	
25/5/05		Unable to void urine. re: above.	Advised again Adv
1/6/05	S	M 35 (1470) Sup Wed ~~+ fri~~ away 6/7. Supervised urine ✓ methadone ~~benzos~~ opiates	
8/6/05	C	Methadone meant to be V to 30mls but c view of the urine → stay at 35ml + give 4 weeks	
13/7/05		M = 35/d x 28 = (980) supervised on Wednesdays. MUST GIVE CLEAN URINE NEXT TIME	
10/8/05	C	M 35 (980) Wkly sup a Wed. Sup. Urine ✓ Adm. methadone morphine benzos.	
18/8/05		letter printed TCI ✓	
7/9/05	S	Denies any heroin, however take Subutex + DHC for toothache + otc valium adv stop all except paracetamol a bunk → Urine next ~~week~~ time → M 35 (980) Wkly, Sup a Wed	
5/10/05	C	M 35 (980) ~~supervised~~ Wkly, Sup a Wed	
3/11/05		Supervised urine — CLEAR	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul
Address: 40 Tarfside Oval
Date of Birth: 7/9/71

Date	*	Clinical Notes	Diagnosis
		got forklift driving licence	
		got new house in Pollok	MS
25/8/04	S	Bad month - felt cravings + withdrawals	
		c 30ml. Chat. missed work etc.	
↑M.		Rx ↑ to M 40ml (1120) sup Wed +	
		Sat only.	
		to return 1/52 if not better	NS
22/9/04	S	DNA → late.	
		M. 40 (1120) Sup Wed + Sat.	
20/10/04		Wishes to reduce M to 35/d X (980) -	~~weekly pharmacy~~ supervised on Wed
		LOSING - CAN'T PROVIDE	~~take home~~ ~~four~~ five
17/11/04	T	M 35 (980) supervised Wed + Sat	
		+ urinary test.	
		working late tonight ∴ g/friend can pick	
		up script	
15/12/04	NS	M 35 (980) Sup ~~Wed +~~ Sat. away rest of wk	
		(turned up without appt.)	
16/12/04	S	M 35 (70) - dated 16/12	
		M 35 (385) Sup Sat 18/12 + Fri 24/12	
			MS
29/12/04	S	M 35 (980). Wkly sup on Sat only	
		Doing great working in soap yard ~50+	
		hours a week. G/friend due baby 2/52	
		Next time 6/52 script	
26/1/05	S	Doing well. Working hard.	
	·	Son born 21/1/05 (Reiss)	
		M 35 (1470) Sup Wed + 6/7 take home	
			MS

26/1/05 * This column has been provided for doctors to enter A, V or C at their discretion
LOA NOTED

FORM GP111F

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355 2095

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Paul Haggarty 7.9.71.
40. Tarfside Oval.

Date	*	Clinical Notes	Diagnosis
28/1/04		COA noted.	
11/2/04	S	Doing very well. Working hard. Didn't find any problem 70 → 65ml Wants to ↓ again. M 60ml (840) SupDD or g/friend pick up	
25/2/04	S	Doing well. Wants to ↓ again M 55 (770) SupDD or g/friend	
10/3/04	S	① She doing well. working 8a - 4.30p. Sometimes poor sleep. M 50 (700) SupDD or g/friend	
		② lump a hard palate - ? from plate - adv to see dentist.	
24/3/04	S	Continues to do well but sleep affected by last ↓ : hold at 50ml (700) SupDD or girlfriend.	
7/4/04	S	feels fine at M 50ml now + wants to ↓ M 45ml (1260) SupDD or g/friend.	4/52
5/5/04	S	Again doing V. well, wants to ↓ again no problem last time M 40 (1120) SupDD or g/friend	4/52
2/6/04	S	M 35ml (980) SupDD or g/friend Doing very well. No drugs	4/52
30/6/04	NS	M 35 (980) SupDD or g/friend.	
28/7/04	S	M 30 (840) Twice weekly Sup New job 9-5 at "Untouchables"	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul.
Address: 40 Torside Oval
Date of Birth: 7/9/71.

Date	*	Clinical Notes	Diagnosis
22/10/03	S	Can't believe his urine was positive !! Still working. Getting out of toryside oval, got a new car. Benefit of the doubt. M 80 (1120) SupDD or gfriend DD Urine next time	MS
7/11/03	ER	p.n. DNA	
19/11/03	S	Chemist has been giving him his methadone for last 2½ despite Script having run out! M 80 (1120) — dated 5/11/03 for chemist M 80 (1120) SupDD or gfriend DD Supervised urine ✓ CLEAR!	MS
3/12/03	S	M 80 (1120) Congratulated a urine Doing well at work — thinks they might send him to College	BP = 127/74 MS
17/12/03	S	M 80 (1120) SupDD — to partner if needed Still working	
31/12/03	S	M 80 (1120) DD	
14/1/04	S	M 70 (980) SupDD. Doing really well. Plumbers mate, going to college.	
VM		Not using at all! Gets a land-rover!	
		Chase quick detox + 2 live adv against it	
28/1/04		Doing well. Struggled for 1st week ↓ M to 80/d = (910)	wants 5 or 6 days/week NOT SUFFICIENT?
↓M			

* This column has been provided for doctors to enter A, V or C at their discretion

x2 SDU for [redacted]

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

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Haggerty 7.9.77
12 Ulva St

Date	*	Clinical Notes	Diagnosis
13/8/03	C	M 80 (1120) SupDD ✓	
		For Sup. Urine ✓ Ger	tve morphine
			tve methadone
			tve benzos
27/8/03	S	Not been right since assault 4/52 ago -	
		anxious + paranoid + going out	
		Phoning Victim Support.	
		Last used H 2/7 ago. D - 50mg/DD.	
		adv if not stopping H, ↑ M, although he doesn't	
		want to.	
		M 80 (1120) SupDD.	
10/9/03	C	M 80 (1120) SupDD	
	S	Got a job! - plumber's mate.	* MS
	(Ex)	P/T 8a - 4.30a. Most of the	
		time will make it to clinic -	
		wrote a script for partner to take it away	
		if not. Need proof of job.	
		Supervised urine - was to come 11/9	
		↓ DNA!	
21/9/03		~~DNA!!~~	
24/9/03	S	(1) Warned at 5.50p. Has payslip ✓	
		~~Warned~~	
		Used H 2/7 ago.	
		Doesn't want M to ↑.	
		M 80 (1120) SupDD.	
		Urine next time	
		(2) dark urine → fa MSSU + analysis	
		?not drinking enough - advised	
8/10/03	S	(1) M 80 (1120) SupDD.	
		(2) Beaten up at w/e by a bunch of youths	
		15 stitches in face + rib injury - getting	
		sorer ↑SOB / cough	
		O/E Bai (R) chest wall on movement +	
		breathing, tender # (R) ribs 7-10	
		axillary + ant. RIS clear	

* This column has been provided for doctors to enter A, V or C at their discretion

tve methadone
tve morphine
tve benzos

Diclofenac 50mg TID (21)
Supervised urine ✓

5/2000 204722

MJ

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty

Forenames (Block Letters): Paul

Address: 12 Ulva Street

Date of Birth: 7/9/1971

Date	*	Clinical Notes	Diagnosis
17/6/03	C	M 80 (1120) Sup 00	
↓M			
2/7/03	C	M 80 (1120) Sup 00	
10/7/03	NS	M 80 (1120) sup 00 → did not collect	
24/7/03	S	Assaulted last wed + in hosp. till Sat. took unegular discharge Was on M 80, until till Sat. None since but smoked some H. (L) Pneumothorax - chest drain out just prior to discharge → no fu Xray stitches to face, head to be removed Pain from buttock laceration. OE small 1-1½ cm wound & no surrounding erythema NVS clear. → for stitches out + new dressing → M 40mg 00 7/7 → 60mg 00 (320) 00 sup → Co-prex x 5/52. → re-xray CXR	MS
		Sutures removed from (R) chest wall Scalp well healed. Puncture wound to (L) buttock. Scabbing old blood. painful. sutures taken. NO redness Sutures wound to (L) chest - no redness Bit bruise pus noted. sutures taken. Rx given for augmentin 250 X 21 1 TDS or 500mg bd	
30/7/03	S	M 80 (1120) Sup 00	
		swabs → sensitive to augmentin	
31/7/03	T	request that wife picks up Script today → he's not feeling so well. OK today	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F — T — only chemist → needs new script. ∴ destroy present script M 80 (1040) Sup 00 except 31/7/03

PRINTED FOR ASTRON, B24563 3/02 (053791)

355 2095

Paul Haggarty 7.9.71.
12 Ulva Street

Date	*	Clinical Notes	Diagnosis
19/12/02	S	M 90 (1260) SupDD	
		1/1/03 — M 90 (1260) supDD	
		Denies all drugs now for > 4/52	
		wants to ↓ next time — adv. not yet	
15/1/03	C	M 90 (1260) SupDD	MS
		for sup. urine	
		Due 4th Hep B. ✓	
15/1/03		Supervised urine ✓	
	②	Booster Hep B given IM (L) deltoid	
		(ERG5326A) 03/05	AM
24/1/03		NT MORPHINE IN URINE	
29/1/03	S	denies this utterly, can't understand why	
		it would be positive	
		Denies H. for >8/52 last D > 3/52	
		supervised urine ✓ on time	
		M 90 (1260) supDD.	methadone benzos MS
12/2/03	C	M 90 (1260) SupDD	
26/2/03	C	M 90 (1260) SpDD	
12/3/03	S	M 90 (1260) SupDD Denies all drugs	meth. benzos.
		last D > 4-5/52 ago	
		Supervised urine. ✓ AM	
		Going on a 4/7 First Aid course	MS
26/3/03	C	M 90 (1260) SupDD	
9/4/03	C	M 90 (1260) SupDD	
23/4/03	NS	~~M 90 (1260) supDD~~ DNA	got supr 24/4
24/4/03		① Mixed up with dates.	
		② Further drug of [illegible] lump on (R) forearm. ≈ 1½ cm	
		[illegible], non tender, mobile, subcutaneous mass – NO local	
		LNs NO local heat or erythema	?? FIBROMA
			CONSERVE 2/52 refer.
7/5/03	NS	M 90 (1260) SupDD	
21/5/03	C	M 90 (1260) SupDD	
4/6/03	S	M 90 (1260) SupDD	
		Doing great. No H. for 5/12.	
		Took pipe of cocaine last wk	→ didn't

* This column has been provided for doctors to enter A, V or C at their discretion

like it. Took diazepam x1

For urine next time
For ↓ to M 80 next time — MS

5/2000 204722

National Health Service Number

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	HAGGARTY	PAUL	
	Address		Date of Birth
	12 ULVA ST		7.9.71

Date	*	Clinical Notes	Diagnosis
10/10/02	NS	80 (1120) SupDD	
23/10/02	C	M 80 (1120) SupDD	
		to get urine but using	
		763321 30 06 2003 In(C) beclo/D ∴ NOT taken	
		Nickel allergy → Eumovate x1op	MG
6/11/02	S	late – recognises that his use is	
		escalating – looks for it every day he has	
TM		money – some effect £10 H smoked	
		M 90 (1260) SupDD	
		long – has appt. a fri c̄ counsellor	
20/11/02	C	~~M 90 (1260) SupDD~~ DNA	MG
		LATE on WED. (forgot)	
		Could not attend in am – kids to school	
		– father to speech therapy	
		No M since 19/11. Now smoky [illegible]	
		Felt [redacted] on M = 90/d	
		Restart M = 60/d = (180) See in new am 23/11.	
		(STATES SAW COUNSELLOR LINDA AT SCA on FRI 15/11)	
		Father will see his act dummy	
25/11/02	S	* last clear urine 1999	LAST WARNING
		* late again	
		Detox next time unless → clear urine	
		+ on time	MG
		M 90 (810) Sup DD	
4/12/02	C	M 90 (1260) SupDD	
		for sup. urine	
methadone dental ←	PN	Supervised urine collected.	VMJ (locum)
		Bilateral soft [redacted] wax.	
		TCB for syringing.	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B24563 3/02 (053791)

355 2095

Paul Heggarty (7.9.71) 12 ULVA St.

Date	*	Clinical Notes	Diagnosis
19/12	H	Supervised wee	tve morphine tve methadone
16/1/02	NS	M 80 (1120) supDD	
16/1/02	3rd	ENGERIX-B Lot = ENG516ZCB Exp. 02-2006 1m (L) deltoid n. C1. Verbal consent	
30/1/02	S	M 80 (1680) supDD Shld using acc — last warning — clean wee next time or ↓	
20/2/02	NS	M 80 (1120) supDD	
6/3/02	S	M 80 (1120) supDD denies other dumps — supervised wee ✓ last keep B immun. due.	tve methadone tve benzos
20/3/02	NS	M 80 (2800) supDD. DNA	
2/3	NS	M 80 (2720) supDD ↓	
24/4/02	NS	M 80 (2240) supDD	
28/5/02	NS	M 80 (1120) supDD	
5/6/02	S	M 80 (1680) supDD	late — last warning
25/6/02	S	M 80 (720) supDD	
3/7/02		M 80/d = (1120)	
17/7/02	NS	M = 80/d = (1120)	
31/7/02	NS	M 80/day (1120) supDD for supervised wee * discuss wee result when in *	tve methadone tve morphine tve benzos
14/8/02	AS	Adavant only uses occasionally Lap chat I've made a 6/12 contract ē him → he needs reg. clean urine → ger counselling help → ? computer course.	Lauren 203
28/8/02	NS	M 80 (1120) supDD. sup wee →	tve methadone tve morphine tve benzos
11/9/02	NS	M 80 (1120) supDD	
11/9/02		supervised urine no LATs seen	
25/9/02	S	Brother found dead at WE from O/D. Says he's clean at present but sees himself using over next 1-2 wks	

*This column has been provided for doctors to enter A, V or C at their discretion

M 80 (1120) supDD.

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): HAGGARTY.

Forenames (Block Letters): PAUL.

Address: 12 ULVA St. GLASGOW.

Date of Birth: 7/9/7[illegible]

Date	*	Clinical Notes	Diagnosis
29/8/07	S	DNA	
13/9/07	NS	just out of prison — confirmed a STOP M 50 (300) SupOD	
19/9/07	NS	DNA	
21/9/07	T	MIX UP re APPOINTMENT [illegible] M = 50/d x 5 = (250) - will run out in DIE. NEEDS WED APPOINTMENT	
26/9/07	S	Out of prison 2/52 ago — used every day ↳ prison + every 2nd day since ↑ M to 60 (1260) SupDD	
TM		Many into new home ↳ partner (non-drug user) + Childre 8, 6 + 9/12 ↳ Order Up declaration it - excited.	
17/10/07	N	M = 70/d (980)	
31/10/07	S	Still using x2 a week ↳ effect M 80 (1120) SupDD	
TM		* Due to Start Hep B vacc. *	
~~14/11/07~~	~~NS~~	~~M 80 (1120) SupDD~~ DNA.	
		S/S M 80 (1120) SupDD	
28/11/07	S	M 80 (1680) SupDD Attending 'Arex' 2/7 a week — enjoying it + get computer skills Used yesterday — urine next time	
28/11/07		[illegible] Hepatitis B Recombinant Vaccine, adsorbed Lot: EN5516206 Expiry: 02-7004 1M (L) deltoid. No Cl. MJ Verbal consent obtained AH	
19/12/07	NS	M 80 (2240) SupDD	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Printed by Tactica Solutions, 11/00, 816745, E9331, R.P. (53791)

Additional document
30-July-2026
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Telephone No. [redacted]

DEPARTMENT OF GENITO-URINARY MEDICINE
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF

JRR/HML.
100279.

6th July, 1988.

Dr. J.B. Adams-Strump,
Midlock Medical Centre,
7 Midlock Street,
Glasgow, G51.1SL.

Dear Dr. Adams-Strump,

Paul Haggerty,
67 Brighton Street, Glasgow, G51.

Thank you for referring this patient who had swelling of his prepuce which had settled by the time he was seen at the Clinic.

On examination he had mild balanitis and a routine urethral culture revealed a positive result for chlamydia trachomatis.

This is unlikely to have caused the swelling of his prepuce but we shall treat him with Erythromycin when he returns to the Clinic. He has never had any problem before retracting the foreskin.

We will continue to review the situation until we are satisfied that there are no further problems.

Yours sincerely,

J.R.Rentoul

7/12/1 A

J.R.Rentoul,
Clinical Assistant.

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30-July-2026
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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code: G405H

Email address: -

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

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s): [redacted]

1010189162610 Unique Care Pathway Number: 1010189162610

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s): [redacted]

REFERRING GP DETAILS

Name	Dr. David Logie		
GMC code	7264794	GP code	06441
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s): [redacted]

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30-July-2026
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Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1HS
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 14 KILMARTIN PLACE

GLASGOW
G46 8DS

Consultant : DR CIERAN MCKIERNAN

Account # : AE0029844/12 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1732 on 06/04/12
Left A&E at : 1818 on 06/04/12

Reason for Visit : RIGHT GREAT TOE

Diagnosis : Closed Fracture : RIGHT : Great Toe

Investigations :

Treatment :

Prescribed Drugs :

DRUG	DIRECTIONS
Co-codamol	1-2 Tabs 6 Hrly
Ibuprofen	600mg (8Hrly) 7 Days

Tetanus Given:

Additional Notes:
INJURED RIGHT BIG TOE WHEN PLAYING FOOTBALL 3 DAYS AGO. XRAY SHOWS AVULSION # OF PROXIMAL PHALYNX OF BIG TOE. TOE SPICCA APPLIED ADN GIVEN ANALGESIA. WORSENING STATEMENT. # CLINIC REVIEW
Follow Up : NXT #

Yours Sincerely,
NICOLA DUNCAN
If you require any futher information please quote this attendance number: AE0029844/12

Additional document
30-July-2026
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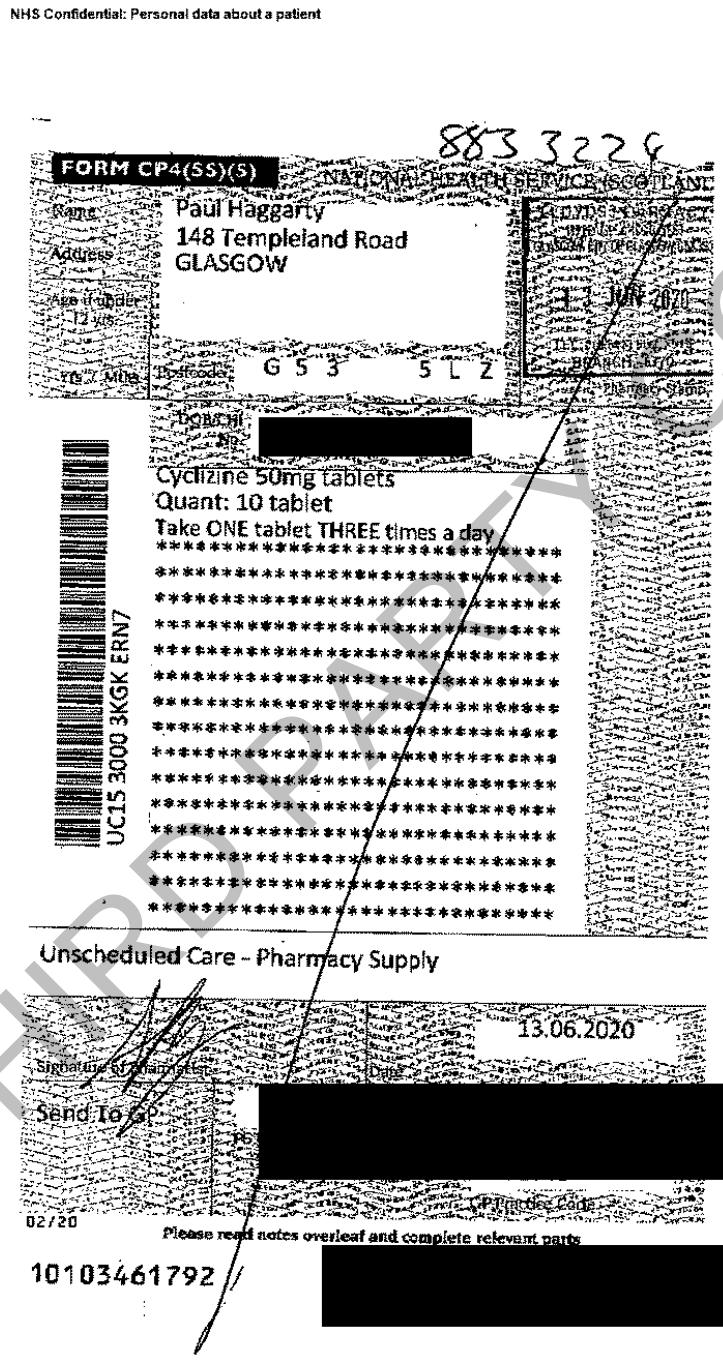
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8833226

FORM CP4(SS)(S) NATIONAL HEALTH SERVICE SCOTLAND

Name: Paul Haggarty
Address: 148 Templeland Road
GLASGOW

Age if under 12 yrs:

Yrs Mths

Postcode: G53 5LZ

1 JUN 2020

BRANCH

Pharmacy Stamp

CHI No: [redacted]

Cyclizine 50mg tablets
Quant: 10 tablet
Take ONE tablet THREE times a day

UC15 3000 3KGK ERN7

Unscheduled Care - Pharmacy Supply

13.06.2020

Signature of Practitioner

Date

Send To GP

[redacted]

GP Practice Code

02/20

Please read notes overleaf and complete relevant parts

10103461792

[redacted]

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5404874**	Receive Date:	**19-Jun-2018 20:20**
Patient's Name:	**Paul Haggarty**		
Date of birth:	**7-Sep-1971 (46 years)**	Gender:	**M**
Address:	**148 Templeland Road Glasgow**	Current Address:	**148 Templeland Road Glasgow**
	G53 5LZ		**G53 5LZ**
Return Contact No:			
Tel No:	[redacted]		
Mobile No:			
Priority:	**PCEC Within 4 Hrs**	Call Origin:	
Received:	**19-Jun-2018 20:20**	Calltype:	**PCEC Within 4 Hrs**
Advised:	**20:34**	Arrived PCC:	**19-Jun-2018 21:20**
Cons start:	**19-Jun-2018 21:46**	Cons End:	**19-Jun-2018 22:02**
Consulting Doctor:	**Alia Javaid**	Own doctor:	**R Wolfe**

CHI Number:
[redacted]

NHSD details:

Receptionist:
HIGH TEMP 38.0, HEADACHE, SORE THROAT , ACHING, 1 DY CALLED EARLIER NHS24 AND HAD AMBULANCE 999 BOOKED BUT PT CANCELLED IT , PT CAN NOW SIT UP BUT FEELS STILL NEEDS SEEN RETURN CALLER
PCC4 PCEC within 4 Hrs
Clinical summary created by: Lesley Adams (Clinical Nurse) () [19/06/2018 20:38:54] Reason for call: HIGH TEMP 38.0, HEADACHE, SORE THROAT , ACHING, 1 DY CALLED EARLIER NHS24 AND HAD AMBULANCE 999 BOOKED BUT PT CANCELLED IT , PT CAN NOW SIT UP BUT FEELS STILL NEEDS SEEN RETURN CALLER 19:06:2018 20:23:28 WILSOND.. PT HAS CONFUSION.. NAUSEA, NOT PASSED URINE ALL DAY SINCE 2AM HAS BEEN DRINKING BUT HAS NO URGE TO GO.. 19:06:2018 20:38:25 ADAMSL.. SORE THROAT.FEVER.ACHES ALL OVER.HEADACHE.STARTED YESTERDAY.TODAY SLEEPING MOST OF DAY.LITTLE FLUID INTAKE.HAS HAD MAX PARACETOMOL.[redacted] CONCERNED.OUTCOME PCEC 4.. Outcome: PCEC within 4 Hrs

Consultation details:

History - **TEMP 39.9, TOOK PARACETAMOL AND TEMP CAME DOWN, NAUSEA, PAIN ALL OVER BODY, PASSED URINE TWICE TODAY, NOT DRINKING MUCH FLUIDS, NO DIARRHOEA, NO RASH, SORE THROAT**
NIL MEDICAL HISTORY
NIL SURGICAL HISTORY
NIL ALLERGIES
MEDICATION- CO-CODAMOL 1800

URINE TESTED

URINE REQUESTED

HISTORY AS PREVIOUSLY DETAILED, VITAL SIGN SBY L.HANSHAW STAFF NURSE

no rash . painful swallowing but able to swallow, breathing okay, no cough
no allergies to medications known

Examination - **TEMP 38.5 DEGREES**
SATS 97%
PULSE 92
BP 116/75

throat red and inflamed , pus on tonsils
Lns in neck enlarged and tender
Chest clear and good air entry
no rash
no meningeal signs

URINE:
PROTEIN +
BLOOD ++
SG 1.030

Diagnosis - **Tonsillitis**
feverPain score 5

Treatment - **Abx issued pen V 250 mg x 14 tab from stock (exp 2020)**
also to take ibuporfen or paracetamol, max / day doses discussed
safety netted for worsening , swallwoing issues, fever , breathing prob, new symp

Prescriptions:

Phenoxymethylpenicillin 250mg tablets 2 tablets - every 6 hours - an hour before

food or on an empty stomach - oral 66.00

Followups:
GP Follow Up

Clinical Codes:
H03.. Acute Tonsillitis

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30-July-2026
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[redacted] APT 3/7/14 8.50AM

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* [X] Female* [ ] Is this your first registration with a GP Practice in the UK?* Yes [ ] No [X] Will you be in the area for more than 3 months?* Yes [X] No [ ]
(If 'No', please ask for form GMSTRF001)

Date of Birth* 07-09-1971

Address* 118 TEMPLELANDS ROAD, POLLOCK, GLASGOW

Title* MR

Surname* HAGGARTY

Forenames* PAUL

Postcode* G53 5LZ

Previous Surname*

Telephone # [redacted]

email address # [redacted]

Mobile # [redacted]

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* GLASGOW

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) Glasgow

Mother's maiden name Hutchison

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

Rutherglen health centre, Govan Road, glasgow

Postcode*

Name and address of previous GP Practice in UK*

Flat 1=1, 160 Moss Heights Ave, Cardonald

Postcode* G52

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-MM-YYYY

Are you a Reservist?* [ ] Yes [ ] No

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* [ ] Yes [ ] No

Service Number

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue [ ] Or my

Kidneys [✓] Eyes [ ] Heart [✓] Lungs [✓] Liver [✓] Pancreas [✓] Small bowel [✓] Tissue [ ]

Patient signature [signature] Date 01-07-2014

GMSGPR001 v1 (05-2013)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT 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 NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [signature] Date 01 07 2014

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number 02518 GP name DR I. Kennedy

Practice code 40718 Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify Receptionist Initials KD

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date 04 07 2014

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD MM YYYY

Practice Stamp

GMSGPR001 v1 [redacted]

NHS Confidential: Personal data about a patient

New Patient Previous History

Welcome to Ashton House Medical Practice

This form has been designed to let your new GP get to know you and your previous medical history. The information you supply will be handled confidentially by your GP but if you are concerned about any of the questions please feel free to leave them blank. A member of staff will be happy to answer any queries you may have.

Personal Details

Name	PAUL HAGGARTY
Date of Birth	07/09/1971
Occupation	SUPPORT WORKER
Address	148 TEMPLELAND ROAD POLLOCK GLASGOW
Postcode	G53 5LZ
Tel No	[redacted]

Ethnicity (please tick)

1. **White:** Scottish ☑ Irish ☐ Other British ☐
   Any other white background ☐ Specify _____
2. **Mixed:** Any mixed background ☐ Specify _____
3. **Asian, Asian Scottish, Asian British:** Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐
   Any other Asian background ☐ Specify _____
4. **Black, Black Scottish, Black British:** Caribbean ☐ African ☐
   Any other black background ☐ Specify _____
5. **Other Ethnic Background:** ☐ Specify _____
6. **Other:** Prefer not to say ☐

Do you require an interpreter? Yes: ☐ specify language
No: ☑

Your History:

Previous/Current illness of note: _____

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Allergies: NONE

Current Medication: NONE

Are you a carer of a family member or friend: Yes ☐ No ☑

Do you smoke? Yes ☑ No ☐

If yes how many do you smoke per day? 20 cpd

Would you like information on smoking cessation Yes ☐ No ☑

Ex-smoker: ☐ **When did you stop?** _____

Never smoked: ☐

Alcohol: How many units of alcohol do you drink in a week? 0
e.g. (one unit in half a pint of beer, one glass of wine, measure of spirits)

Exercise: What exercise do you take in an average week?

Gym 2-4 times per week

Family History:

[redacted]	[redacted]	If yes which relative	Their approx age at diagnosis
Heart Disease	Yes ☐ No ☐		
High Blood Pressure	Yes ☐ No ☐		
Angina	Yes ☐ No ☐		
Diabetes	Yes ☐ No ☐		
Asthma	Yes ☑ No ☐		
Cancer	Yes ☑ No ☐	[redacted]	
Stroke/TIA	Yes ☐ No ☐		

****(Females Only)****
Date of last cervical smear test: _____

Thank you for your help

ASHTON MEDICAL PRACTICE

Ashton House 3 Ashton Road, Glasgow G12 8SP (
Cardonald 1831 Paisley Road West, Glasgow G52 3
Springburn H/C 200 Springburn Way, Glasgow G21 1

Dr. Iain Kennedy MRCGP MBChB
Dr. Julia Cree MRCGP MBChB BSc DRCOG DCH
Dr. Charlene Kennedy MRCGP DRCOG MBChB(Hons) BSc

Date: 01/07/2014

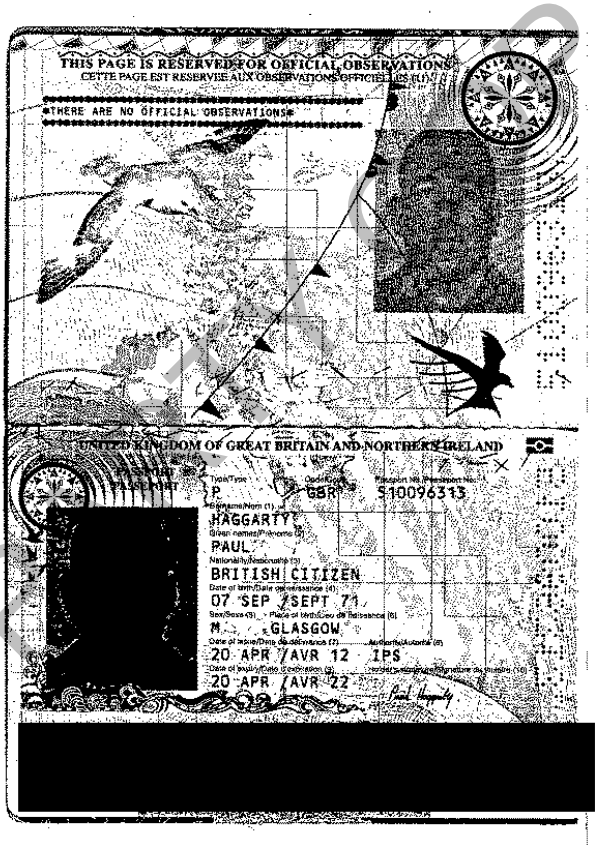
Full Name: Paul Haggarty

Address: 148 Templeland Road
Glasgow

DOB: 07/09/71

I certify that I am happy for Ashton Medical Practice to copy/keep my identification provided with my registration form for their records and to also confirm my identity.

Signature:



Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW G51 4TF
TEL: [redacted]

DEPARTMENT OF GENERAL SURGERY

WARD: S03 CONSULTANT: MR GRAEME SMITH
CONTACT TEL: [redacted]

IMMEDIATE DISCHARGE LETTER

PATIENT: PAUL HAGGERTY
310 LINTHAUGH ROAD
GLASGOW
G53 5QY

DOB: 07/09/71 UNIT NO: SG00712787
ACCT NO: IP0016636/08
CHI NO: [redacted]

GP: DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA

DATE OF ADMISSION: 21/03/08
DATE OF DISCHARGE: 21/03/08

ADMISSION TYPE: EMERGENCY
DISCHARGE TO: GP

REASON FOR ADMISSION: ? PERIANAL HAEMATOMA/ ABSCESS
MAIN DIAGNOSIS:

OTHER ACTIVE PROBLEMS: ANTIBIOTICS AND ANALEGSIA

OPERATIONS/PROCEDURES/ TREATMENT: NIL
RESULTS AWAITED: N
CURRENT MEDICATION: SEE PRESCRIPTION
DISCONTINUED DRUGS? N
COMMENT:

ALLERGIES: . NIL KNOWN

REVIEW? N DETAILS: TIMESCALE:

FURTHER LETTER TO FOLLOW? Y DETAILS: FORMAL HOSPITAL LETTER

SIGNED: FY1.PRISU PRICE,SUZANNE
DESIGNATION: FOUNDATION DR YEAR 1
PAGE NUMBER: 7025

Run: 21/03/08-14:42 by MURRAY,LESLEY

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2 of 2

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW G51 4TF
TEL: [redacted]

DEPARTMENT OF GENERAL SURGERY

WARD: S03 CONSULTANT: MR GRAEME SMITH
CONTACT TEL: [redacted]

IMMEDIATE DISCHARGE LETTER

PATIENT: PAUL HAGGERTY DOB: 07/09/71 UNIT NO: SG00712787
310 LINTHAUGH ROAD ACCT NO: IP0016636/08
GLASGOW CHI NO: [redacted]
G53 5QY GP: DR RONALD R WOLFE

D I S C H A R G E M E D I C A T I O N

Time Required? Immediate - within 1 hour Childproof Containers? Y
Compliance Aid Required? N
Patient's Weight (Kg): Comment:

Medication	Form	Dose	Frequency	Duration
COCODAMOL 30/500	OTAB	2 TABS	4 TIMES A DAY	1 WEEK
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
LACTULOSE	OTAB	15ML	BD	INDEF
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
SENNA	OTAB	2 TABS	NOCTE	INDEF
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
FLUCLOXACILLIN	OTAB	500MG	4 TIMES A DAY	7 DAYS
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
PENICILLIN V	OTAB	500MG	4 TIMES A DAY	7 DAYS
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:			Supply:

PHARMACY USE ONLY DISPENSED BY: DATE: CHECKED BY:
CLINICAL PHARMACIST CHECK: COLLECTED BY:

Medicine received on ward by: Issued by:

Named Nurse: Signature of Receipt: E Haggerty.

Report Number: 2103-0010 Date(Time): 21/03/08 (1322 Hours) Status: Signed

Run: 21/03/08-14:42 by MURRAY,LESLEY

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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NHS
Greater Glasgow and Clyde

SANDYFORD

caring about sexual, reproductive and emotional health

Ref: Vas/
Friday, March 20, 2015

14 APR 2015

Dr Mary F Shields
Drs Shields, Dale & Blackwood
Rutland Surgery

24 Govan Road
G51 1HS

9071
Kennedy

Dear Dr Shields

Paul Haggarty
148 Templeland Road

GLASGOW
G53 5LZ

Date of birth:07/09/1971
CHI:

This patient had a bilateral vasectomy.

The last specimen of semen continues to show the presence of sperm. However, all are immotile and the count is less than 100,000 per ml. Under guidelines the operation can be regarded as complete.

The patient has been informed of this.

Yours sincerely

Dr Kay F McAllister MRCOG DFSRH
Consultant Gynaecologist in Sexual & Reproductive Healthcare
Sandyford Sexual Health Services
GMC: [redacted]
Direct line: [redacted]

Vasectomy Direct Line [redacted]

2/6 Sandyford Place, Glasgow, G3 7NB, [redacted] www.sandyford.org
Hosted by North West Sector of Glasgow City CHP

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Spirometry
GG Direct Access Spirometry

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

Consultant / receiving practitionerand/or**specialty clinic**

Hospitaland **hospital address**

Hospital location code.
G035G

Email address
-

Urgency of referral ROUTINE
Date of referral 17-May-2012 **Date sent** 17-May-2012

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

70 Oxford St William H House
GLASGOW
G5 9EP

Contact number(s)
[redacted]

101003643319M Unique Care Pathway Number: 101003643319M

REGISTERED GP DETAILS

Name	Dr R Wolfe		
GMC code	2334484	GP code	06424
Practice name	Rutland Surgery (18965)		
Practice code	52202		

Practice address

24 Govan Road
Glasgow
G51 1HS

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. Robin Dale		
GMC code	4312765	GP code	04901
Practice name	Drs Wolfe, Shields & Dale (52202)		
Practice code	52202		

Practice address

Rutland Surgery
24 Govan Road
Glasgow
G51 1HS

Contact number(s)
[redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 10/12/2025

Private & Confidential

Dr Basma Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Allison Walls
[redacted]

Dear Dr Paulina,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Paul Haggarty **CHI:** [redacted] **CRN:**
Address: 148 Templeland Rd, Glasgow, G 535LZ

Consultant:

MDT Meeting: Endo-urology/Stone MDT

Date of MDT Review: 10/12/2025
Reason for Referral:
Outcome of MDT Review:
TRAK Review
Fleck of calcification left UU
3mm R Renal stone
eGFR CRP and Ca all normal
Should pass

Plan : -
CNS appointment 4 weeks assess Sx and fluid / dietary advice. Re image if Sx - would hope not necessary

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 10/12/2025

For further information please contact Allison Walls.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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P1/2

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW
G51 4TF

10 April 2012

DIRECT LINE: [redacted]

DR WOLFE
RUTLAND SURGERY
24 GOVAN ROAD
GLASGOW
G51 1HS

MR PAUL HAGGERTY
14 KILMARTIN PLACE
GLASGOW
G46 8DS

CHI: [redacted]
Hospital Number:SG00712787

Consultant: MR WALKER
Clinic: ORTHOPAEDIC OUTPATIENT DEPT
Southern General Hospital
Date and Time:10 April 2012 10:15 am, at ORTHOPAEDIC OUTPATIENT DEPT

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

No further appointment will be offered, your patient has been removed from the waiting list and we would require a new referral if you consider this necessary. This is in line with the Greater Glasgow and Clyde's Did Not Attend Policy.

Yours Sincerely

Gordon Crossan

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92/2.

Appointments Co-Ordinator

MR WALKER
Consultant Orthopaedic Surgeon

CHI [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Haggerty Paul CHI: [redacted]

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted]
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. BS Paulina,

Paul Haggerty; D.O.B: 07 Sep 1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

Attendance: Specialty - Urology; Clinic - SUNAUR1-MR AKHTAR URO ADMIN MON AM
Date and Time of Appointment - 25/11/2019 10:30

Follow Up: Awaiting CT scan

Clinical Comments:
I have reviewed your patients case notes at my virtual clinic today and information form TrakCare suggests that a CT scan, which was requested by myself on 11/09/2019, is still pending.

I shall review his case notes again in a couple of months and I will write to you again. I hope it will be done by that stage and I will have something to report to you. I shall be in touch within the next 6-8 weeks.

Yours Sincerely,

Naeem Akhtar

Consultant Urologist

Electronically Signed: Mr Naeem Akhtar, Consultant

cc.

Printed on 05/12/2019 09:04 by [redacted] Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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National Health Service Number

Surname (Block Letters): Haggarty

Forenames (Block Letters): Paul

Address: 12 Alva St

Date of Birth: 7/9/71

CLINICAL NOTES

Date	*	
1/4/98	S	Notes missing Confronted c urine test – denies using. Using! Used once a Ma, smoked. Told. (1) Needs to get Carstairs Jn clear urines (2) Needs to see Jane If not (1) + (2) —— ↓ + stop M. M 60ml (840) SupDD N S, ii00 (28) DD
15 APR 1998		Not getting enough M ∴ increase ↳ 70/d = (980) Continue N = 5g x 2 nocte (28) MUST PROVIDE CLEAN URINE NEXT TIME
29.4.98	S	Used once ↳ 2/52 because "friend" came up Has been ↳ touch c Jane + will attend PI M 70 ml (980) SupDD NS, ii (28) DD
13.5.98	S.	(1) Used x1 a Sat. night ? Why Supervised urine ✓ → + ve. ↓ M. M 70ml (980) SupDD N S, (28) DD (2) Fame out c [redacted] ? Getting chucked out
28/5/98	NS	Urine +ve again for morphine
27 MAY 1998		No heroin for 3½ weeks. CHECK URINE TODAY — VIA SELLIN. Agrees ↳ stop script if morphine found again. M: 70/d : 980 } DD N: 5g x 2/d 28 }
10/6/98	S	M 70 (980) SupDD Used x1 yesterday N S, ii00 (28) DD Smoked x1 — will be out next time unless heroin free.

OK

*This column has been provided for doctors to enter A, V or C at their discretion

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355 2095

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National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Haggarty	Paul	
Address		Date of Birth
6 Hutton Drive		7.9.71

Date	*	
4 MAR 1998		Missed chemist on 1/3 ∴ smoked £10 heroin.
		Continue M = 60/d (840)
		N = 5g x2/d (28) } TD.
		MUST PROVIDE CLEAN URINE NEXT TIME.
18/3/98		No illicit drugs for 2/52. Urine ✓
		Also c/o dysuria & frequency MSU
		R cephalexin 250mg (30)
		methadone 60mls D.S } 2/52
		Nitrazepam 5mg 2/daily (28) } 2/52
25/3/98		[redacted]

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty

Forenames (Block Letters): Paul.

Address: F1/1 6 HUTTON PLACE

Date of Birth

Date	*	
24 DEC 1997		Smoked 1 bag (10) yesterday. Can't see [redacted] ADVISED THAT CLEAN URINES REQUIRED Curine M = 60/d = (840) N = 5½ x 2/d = (28) } ALL DAILY.
7/1/98		Emily denies any further heroin. If denies same next time — urine methadone 60ab DS. (840) M 5 2 dihydrocodeine 5 po DD (28) S2
21/1/98	S	M 60 (840) SupDD Denies other drugs N5, 100 (28) DD In a hurry — appt c [redacted] has card) ∴ no urine this time MS
4/2/98	S	Big fall out c wife whom he was getting back together with — saw her c another guy in her house. Used (ad 2/7 (£20) + didn't pick up M 60 (840) SupDD N5, 100 (28) DD. Warned again re clean urines MS
18/2/98	S	Again charged c theft + vandalism after fighting at wife's house. Using heroin 2/7 ago — no effect. Buying lots of DF10's. M 60ml (840) SupDD N5ml 100 (28) DD to see Jane this wk (2) wants methadone away c him because doing community service Fri + Sat → when I phoned the's not been for 2/52 (2) choosing his own days (3) hours are 9–4pm ∴ Not to get M. away c him again MS

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FORM GP111F
355 2095

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National Health Service Number

Surname (Block Letters): HAGGARTY

Forenames (Block Letters): DAVID

CLINICAL NOTES

Address: 11 OLIVA ST

Date of Birth: 7/9/71

Date	*	
3/11/97		"spaced out" today. Still smuggling heroin + drinking - discussed. Reluctant to ↑ methadone 45mls to 50mls D.S. 350 units not sleeping wants Nitrazepam + dragepin one or other. Nitrazepam Sup (14)
7 NOV 1997		Greg Hughes closed at 1pm on Sat. Obtains & have Community Service now. Offered Methadone away today x2 - TO CONFIRM COMMUNITY SERVICE
12 NOV 1997		Still smoking heroin. Increase M to 60/1 (420) Continue D 45 x2/note (14). } ALL DAILY.
19 NOV 1997		Still smoking heroin - drinks down to attending hospital with [redacted]
26/11/97		Denies any further heroin - Does drink on a bit. Sleeping today. methadone 60mls D.S. Doesn't wish ↑ 840 units + nitrazepam Sup 2 note DD (28) 52
10.12.97	S	Denies other drugs - doing well does community service on Sat : vaguely M a Friday for Sat / Sun apparently Shaved RW the paperwork → ok. M 60ml (840) Sup DD Nitrazepam Sup (28) 1 nocte DD MS Supervised urine * Next line test start 1 N *
17/12/97		See urine result. Despite denial. Positive for morphine again

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

CLINICAL NOTES	National Health Service Number		
	Surname (Block Letters): HAGGARTY	Forenames (Block Letters): Paul	
	Address: 6 Hutton Rd		Date of Birth: 7.9.71

Date	*	
8/10/97	S	Not seen for 3/12
		Given £1000 housing grant + started on
		Heroin again – also selling it. Using
		£175 per day, only smoking, until money
		ran out – then ↓ £20/day + as much
		valium as he could get. Wants back on
		Methadone. Dad still ill, in middle
		of divorce – hopes he gets custody of child,
		Score UN me.
		Long chat.
		Urine specimen ✓ (1/52) MS
15/10/97	MS	MORPHINE + BENZOS + METHADONE IN URINE
15/10/97		"spaced out" today. Buying methadone
		occasionally. Still using large quantities
		of heroin + 15 x 5mg diazepam daily
		Start methadone 30mls D.S. 210mls – no
		weekly dispense
		diazepam 5mg (21) – for ↓ only. Rather
		if practice is to ↓ as soon as possible
22 OCT 1997		Admits to using £10 smoked yesterday – and also for 1/52
		(!?). INCREASE to M = 40/d : (280)
		Advised to keep Coke lane away from daughter.
		ALSO CHANGE TO DIAZEPAM ONLY
		D = 5mg x2/d + x1/nocte (21) DISPENSE DAILY
29 OCT 1997		Denies use of street drugs.
		CONTINUE M = 40/d = (280)
		D = 5mg x2/d + x1/nocte
		URINE TEST TODAY – not obtained

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FORM GP111F
355 2095

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): MAGGANTY

Forenames (Block Letters): PAUL

Address: 6 Hutton Dr

Date of Birth: 7.9.71

Date	*	
		M 65ml (1820ml) dispense D S$_7$ 400 (112) N S$_7$ 200 (56) change DID to D5 and ↓ next time. MC
3/6/97	S	M 65ml (1820) D S$_7$ T1100 (84) weekly unsupervised N S$_7$ T nocte (56) urine PAM
↓D		
	NS	In a day early because taking dad to hospital tomorrow — warned ↓D. and that re getting back a daily supervised methadone
4/6/97	NS	discussed c Jane - he's been up at PI once, not close contact. As dad is getting stabilised lets get back to sup DD m.
12/7/97	NS	MORPHINE IN URINE →
2/7/97	S	M 65ml (910) sup DD D S$_7$ T1100 (42) DD N S$_7$ T nocte (28) DD Says he took 3 bags of heroin (7.10) prior to urine sample — fall out c wife who now has daughter staying c her. MC
16/7/97	S	Wants to ↓ M cos feel under pressure at the moment, Still convinced he wants to ↓. ↓M M 60ml (840) sup DD D S$_7$ 1100 (42) DD N S$_7$ T nocte (28) DD. (210) MC

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FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul
Address: 6 Hutton Dr
Date of Birth: 7/9/71

Date	*	
22 JAN 1997		ISA M = 6/d = (910) D = 10g bd (28) N = 5g 2 nocte (28) } DISPENSE WEEKLY. Father still in + out of hospital.
5/2/97		Father reluctant to have gastrostomy. Still has NG tube in situ. Coping just. methadone 65 mls 910. Drug Rep 30 (28) Rohypnol 5g 2 nocte (28) } dispense weekly
18/4/97 pm		Father very ill in hospital. Unconscious - died with Jane. M = 65/d = 1820 D = 10g bd 56 N = 5g x 2 nocte 56 } weekly.
19/3/97	S	M 65ml (910) D 10g 400 (28) N 5g 4 nocte (28) } all dispensed weekly Father still getting oesophageal Strictures eyeing, 2 wks. NG
2/4/97		Well. Father has regd further hospitalisation methadone 65 mls 1820 diazepam 10g (56) nitrazepam 5g (56) } all dispense weekly 4/52
1/5/97	NS	should have been on 30/4/97 ✗ does he need to get M wkly ??
7/5/97	S	picked up by police on 26/4/97 for outstanding fine that he knew nothing about in Barlinnie until 4/5/97. Given [redacted] prison - had 4½ wks of methadone restarted at 65ml when he got out. I feel we should use LAAM despite fathers views as things have been a hold for 6/12 so far.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul.
Address: 6 Hutton Dr
Date of Birth: 7/9/71.

Date	*	
23/10/96		Exhausted looks tired looking after father at home (he attempted to sign himself out) Has 2 feeding tubes in situ after extensive surgery for Ca larynx. Sounds terminal. methadose 65mls supervised 850. diazepam 10mg (56) + lorazepam 5mg (56) } 1/12
13/11/96		Discussed with [redacted] Multiple problems at home. Feeding [redacted] parenterally 4hrly. [redacted] for weekly dispensing meantime. methadose 65mls 850. diazepam 10mg (56) + lorazepam 5mg (56) } 1/12
10/12/96	S	Already hosp tomorrow ? father :. can't make clinic. To discuss Peg-tube. M 65 x (910) D 10 TTOD (28) N 5 TTOD (28) } weekly dispensed. (4/52) MS
11/12/96		T chemist phoned - wants N+D all at once - but going in weekly for methadone :. pick up D+N weekly.
23 DEC 1996		9a Carly O/S a) GOING TO HOSPITAL WITH FATHER Tomorrow b) NEXT WED = X-MAS. M = 65/d = (910) D = 10mg 6d (28) N = 5g 2 mnthly (28) } DISPENSE WEEKLY APPT. Ltd 0/1.
8 JAN 1997		[redacted] doing a bit better. Denies use of street drugs. Continues M = 65/d (910) D = 10mg 6d (28) N = 5g x2 mnthly (28) } weekly

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

VALING TEST TODAY ✓ MB

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): HAGGARTY
Forenames (Block Letters): PAUL
Address: 6 HUTTON DRIVE
Date of Birth: 7/9/71.

Date	*	
19 JUN 1996		Still upset by split up with [redacted] – ? intervention of P.T. No use of illicit drugs.
		CONTINUE M = 70/d = (980) D = 10g x 2/d (28).
1 JUL 1996		Prescription to Jerry Hughes for 1 week from 3/7.
		M 70/d (1470), D 10 2/d (42) M Daily supervised ~~Mon~~ on Friday (Saturday job) 3/52
		Wants ~~to~~ ↓ to 65/d next time
31/7/96		Abit down. Not sleeping at all. Feels this is related to his methadone. Doesn't want to be on it but it will be a long process to get off it.
		Cut methadone to 55ml daily & 3 Friday (910) 2/52
		+ diazepam 10mg BD (28)
		To try mirtazapine 15mg (28) allbo' NA found them helpful in past.
14/8/96		Better but anxious about father who has extensive ~~cancer~~ surgery for recurrence of laryngeal Ca + prognosis.
		Sleeps better with mirtazapine 15mg x 2 (28)
		+ methadone 55ml daily x 3 Fri 9/10 2/52
		+ diazepam 10mg BD (28)
28 AUG 1996		Attending father. Denies use of street drugs.
		Continue M = 65/d (1820) D = 10g x 2/d (56) – reduce next time
		N = 5mg = (28) 2 nocte (28)
		URINE TEST TODAY MB
25 SEP 1995		ISO M = 65/d = (910) D = 10g x 2/d (28) N = 5mg 2 nocte = (28)
9 OCT 1996		Father still unwell in VICTORIA INFIRMARY – mgmt ongoing
		No use of street drugs.
		Continue M = 65/d = 910.

*This column has been provided for doctors to enter A, V or C at their discretion

D = 10g x 2/d (28)
N = 5mg x 2 nocte = (28)

FORM GP111F
355 2095

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): Haggarty	Forenames (Block Letters): Paul.
	Address: 6 Hutton Drive	Date of Birth: 07.09.71

Date	*	
6/3/96		M 70 ml (1470) D 10mg BD (42) Says got 42 diaz
		2/52 ago but see above (seems genuine) 3/52 ER
20 MAR 1996		Denies use of street drugs. Wants to reduce methadone
		CONTINUE M = 70/d (980). D = 10mg bd (28)
		URINE TEST TODAY ✓ MB.
3/4/96		Doing well - Weight now 13½ sts. Doesn't wish
		to ↓ methadone yet Continue methadone 70 ml (980)
		diazepam 10mg (28)
3/4/96	[illegible]	(1) to biochemistry for opiate result - Methadone and
		Benzodiazepines present nil else MB.
17/4/96		M 70/d 1470, D 5mg 2/d (42) Doing well, will
		think about ↓ M next time.
		Pamphlets both leaflets to [illegible] [illegible] [illegible]
8 MAY 1996		Denies use of street drugs.
		Continue M = 70/d (980) D = 10mg bd (28)
		Separated from wife last week
22/5/96		M 70/d (980), D 10mg BD (28). Bit upset re wife. No
		street drugs. Had ↓d M to 40 on own bat (requested
		change to ↓) - managed for ~3/7 then ↑d again
		Continue present dose meantime ER.
5/6/96	1	upset ed down since wife left - no reason
		given. Now staying with [illegible] at father's
		home. Sees wife every day though.
		Father has Ca larynx.
		Rx methadone 70mls daily (980)
		+ diazepam 10mg BD 28
		Has [illegible] job to have methadone x3 on Friday
	2	Paraesthesia on waking [illegible] only followed
		by headache ? migraine. To try [illegible]
		[illegible]

*This column has been provided for doctors to enter A, V or G at their discretion

FORM GP111F
355 2095

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
[redacted]
Email:

Date Completed: 20/02/2017

Consultant: Dr Amit Roy

PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear PF Hendrie

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: [redacted]
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **19/02/2017 at 18:45 hrs.** Departed on: **19/02/2017 at 20:54 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
right foot Ibjury

Nursing Assessment:
right foot injury 7/7

Investigations in ED:
1. XR Foot Rt

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Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of foot		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Alan Mackay
Doctor

Copies to:
1. PF Hendrie (GP)
School Address:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

CHI: 0709716257 07/09/1971 M
HAGGARTY, Paul
148 Templeland,G53 6LZ

OR S MCGLORY
Braidcraft M.C, G53 5 QD
27/09/2016 14:59 Practice: 52049

7090481

TRACKING SLIP (RTS)

DOB | GP: McGlory | Date Ordered: 27/9/16 | Date Taken:

Biochemistry	Haematology	Radiology
U & E	FBC	X-ray
LFT	ESR	Ultrasound
GGT	Ferritin	
TFT	B12/Folate	
Thyroid Auto antib	Red Cell Folate	
Fasting Lipid Profile	GEST (Monospot)	
Random TG Chol/ HDL-Chol		**Cardiology**
Glucose Fasting/Random		ECG
HbA1C		Echocardiogram
Urate		
Immunoglobulins		
ANF/RF		
PSA/HCG/Ca125	**Bacteriology/Virology/Immunology**	**Other**
FSH/LH	MSSU	Urinalysis (Surgery)
Prolactin	Stool Culture	IPT (Pathology)
Oestrogen/Progest	Bact Swab	
	Bact Swab high Vaginal	
	Bact Swab – Endocervical	
Testost/SHBG/FAI	Chlamydia Swab/Urine	
Cortisol	Sputum	
Amylase		
Ca/Phos	Helicobacter Pylori	
CRP		
	Virology –	
Albumin: Creatinine		
	Hep A Titres	
CK	Hep B Titres	
Drug Levels	Hep B Screen	
Urine Drug Screen	Rubella	
	HIV 31/10 – F6 + Scan DL	
FOB	Other:-	

INFA Dr McG 31/10.

31/10/16 Sample not received. Any Further Action?

Clinician's Comments on Results | **Staff Comments for Doctors**

Action

Tell Patient: Normal/Make Appt (or something else-write below)	Date
Send letter for appointment to see Doctor – Routine/Urgent	Patient Informed
Prescription left by doctor – Collect/Post	Receptionists Initials
Letter sent to Patient	

1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW | C

Name HAGGARTY Paul | Sex M | D.O.B. 07.09.71 | Hospital Ward 21 Rutland Place, G51 1

Address 310 linthaugh road | Consultant Dr.M.F.Shields | Reg. Number ZC0616437

Received 20.08.08 17:07

Prov. Diagnosis On Methadone | Lab. Number R,08.1263521.C

URINE DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
10.01.07	15:00	Detected	Detected		Detected		
11.07.07	15:00	Detected	Detected		Detected		
24.12.07	11:00	Detected	Detected		Detected	Undetected	
05.03.08	12:00	Undetected	Detected		Detected		
20.08.08	11:00	Undetected	Detected		Detected		

COMMENT

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by Computer validation
Date 21.08.08 Time 12:23

Report Run No. 119

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/08/2024

Consultant: Dr Fiona Hunter

BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear BS Paulina

Re: **Haggerty Paul** DOB: **07/09/1971** CH[redacted]
148 Templeland Rd
Glasgow G53 5LZ

Attended on: **28/08/2024 at 13:55 hrs.** Departed on: **28/08/2024 at 16:25 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
leg inj

Nursing Assessment:

Investigations in ED:
1. XR Tibia and fibula Rt

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Contusion of Other and Unspecified Parts of Lower Leg		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:
Pre-tibial haematoma to leg. NBI seen on x-ray. d/c with naproxen

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Samantha Robertson
Nurse

Copies to:
1. BS Paulina (GP)
School Address:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

My asthma triggers

Taking my asthma medicines every day means I'm less likely to react to these triggers. Avoiding them if I can may also help.

My triggers and what I do to manage them

For example: hay fever – I take antihistamines; pollution – I avoid busy roads

Exercise, weather changes

My asthma review

I should have at least one routine asthma review every year. I will bring:

- My MART asthma action plan to see if it needs updating
- Any inhalers and spacers I have to check I'm using them correctly
- Any other medicines I take for my asthma
- My peak flow meter if I use one
- Any questions about my asthma.

Next asthma review date: One year

GP/~~nurse/healthcare professional contact details~~

Name:
Phone number: 882 3396

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name:
Phone number: 111

Last reviewed and updated 2023; next review 2026

How to use this plan

1. **Put it somewhere easy to find** like your fridge door, noticeboard, or bedside table.
2. **Keep it on your mobile phone or tablet** so you can check it wherever you are.
3. **Share it with family, friends, or anyone you live with** so they know how to help you if you're unwell.
4. **Take it to every asthma appointment.** Ask your doctor, nurse, or healthcare professional to update your plan if their advice for you changes.

Get more advice + support from Asthma + Lung UK

Speak to a respiratory nurse specialist about managing your asthma: **0300 222 5800 (Mon-Fri, 9am-5pm)**

Message our respiratory nurse specialists on WhatsApp: **07999 377 775**

Find out more on our website: **AsthmaAndLung.org.uk**

Join one of our online or in-person support groups: **AsthmaAndLung.org.uk/groups-support**

Follow us on Facebook, Twitter and Instagram for news and tips about your asthma.

Watch our inhaler videos to learn how to use your MART inhaler: AsthmaAndLung.org.uk/inhaler-videos

Asthma questions?

Ask our respiratory nurse specialists
Call **0300 222 5800.** WhatsApp **07999 377 775.**
(Monday-Friday, 9am–5pm)

ASTHMA + LUNG UK

Your MART asthma action plan

Fill this in with your doctor, nurse or other healthcare professional.

CHI: 0709716257 07/09/1971 M
HAGGARTY, Paul
,148 Templeland,G53 5LZ

Name and date: 27/3/25

DR B PAULINA 5207616
Braidcraft M.C. G53 5 QD 52043
27/03/2025 16:31 Practice: 52043

PF = 510 Emphysema on CT Scan.

1 Every day asthma care:

With this daily routine:

- I should have few or no asthma symptoms during the day and none at night (wheeze, tight chest, feeling breathless, cough).
- I should be able to do everything I normally do in my day-to-day life (working, being active, socialising).
- My personal best peak flow score is: 510 ?
- Date taken 27/3/25

My Maintenance and Reliever Therapy (MART) inhaler is called (insert name):
LUFORBEC 100 PMDI

I need to take my MART inhaler every day even when I feel well.

I take 2 puff(s) in the morning
and 2 puff(s) at night.

I use my MART inhaler as my reliever inhaler if I get asthma symptoms.

I take one puff of my MART inhaler if:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

I can take up to a **maximum** of 8 puffs a day (including my morning and night puffs).

Other medicines and devices (for example, spacer, peak flow meter) I use for my asthma every day:

USE AEROCHAMBER.
GIVEN MART CARD ALSO.

2 When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are getting worse (wheeze, tight chest, feeling breathless, cough).
- My symptoms are waking me up at night.
- My symptoms are affecting my day-to-day life (working, being active, socialising).
- My peak flow score drops to below 400 or symptoms

If my asthma gets worse:
I can continue to take **one** puff of my MART inhaler as needed to deal with my asthma symptoms, up to a **maximum** of 8 puffs a day (including my morning and night puffs). (4 puffs are included in this)

URGENT! Contact your doctor, nurse or other healthcare professional if:

- You need to use the **maximum** daily dose of your MART inhaler and your symptoms are not improving **or**
- ~~You're regularly using extra doses of your MART inhaler most days for [ ] weeks (as advised by your healthcare professional)~~ **or**
- You're worried about your asthma.

Other advice from my doctor, asthma nurse or healthcare professional about what to do if my asthma is worse:

USE LUFORBEC DAILY AS PRESCRIBED
MART MAY NOT BE NEEDED.
RINSE MOUTH

3 When I have an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My MART inhaler is not helping.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow score is below: ~~[ ]~~

What to do in an asthma attack

1. Sit up straight – try to keep calm.
2. Take one puff of your MART inhaler **every 1 to 3 minutes up to six puffs.** 6 puffs.
3. If you feel worse at any point **or** you don't feel better after six puffs **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, **repeat step 2.**
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

After an asthma attack
Follow this advice to make sure you recover well and to prevent further asthma attacks:

- If you dealt with your asthma attack at home, see your doctor or nurse today.
- If you were treated in hospital, see your doctor or nurse within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your doctor, nurse or other healthcare professional urgently.

If you don't have your MART inhaler with you and need to use a blue reliever inhaler, take one dose every 30–60 seconds up to a maximum of 10 puffs and call 999 for an ambulance.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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New Victoria Hospital: Diagnostic Imaging Report Page 1 of 1

HAGGERTY, PAUL	DoB : **07-Sep-1971**
148 TEMPLELAND RD, GLASGOW, LANARKSHIRE, G53 5LZ	CHI. No. : **0709716257**
Ref. Locn. : **GP PRACTICE**	CRIS No. : **347475**
Referrer : **Dr David Logie**	Curr Ward: **G405HEDMAJ**

VERIFIED Verified By: Jennifer McQuaid (Sonographer) 31-Jul-2019 1550.
Clinical History :

Abnormal LFTs, ongoing Right flank pain, ? gallbladder causing pain.

US Abdomen :

The liver is of normal size and appearance, with no evidence of diffuse or focal pathology.

Normal gallbladder, biliary tree, pancreas, spleen & aorta.

There is a highly echogenic shadowing focus mid-pole within the right kidney, suggestive of a renal calculus. No hydronephrosis. There is also a 1.5 cm simple parapelvic cyst.

The left kidney exhibits a tiny parapelvic cyst, measuring 8.3 mm. This has a thin internal septation. Nil else of note.

No free fluid.

Examination performed & reported by Jennifer McQuaid (Sonographer)

Event Number : E-33790412 Examination Date : [redacted]
Ref. Source : Dr [redacted] Braidcraft Medical Centre, 200 Braidcraft Road, Glasgow, G53 5QD
Examinations : **US Abdomen**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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South Glasgow
University Hospitals
NHS Trust

1345 Govan Road
Glasgow G51 4TF
[redacted]

NHS
Greater
Glasgow

Southern General Hospital
Consultants : Mr JR Anderson
Mr JC Ferguson
Mr GC MacBain
Mr GT Sunderland

DW/AC

DR SHIELDS

28 Jul 2003

21 Rutland Place
Glasgow
Dear Dr Shields

Re: Paul Haggerty, dob: 07/09/71 UN: 00712787
40 Tarfside Oval , Glasgow

Admitted: 16/07/03 Discharged: 19/07/03

Diagnosis:
Penetrating Wound Of Chest # Tgy860.10 #
Laceration Of Face # Tgz879.81 #
Stab Wound Buttock
Laceration Of Scalp # Tgz879.82 #

Operation:
Insertion Of Under-water Seal Drain Into Pleural Cavity # Ogyt12.40 #

Consultant in Charge: Mr Jain

Emergency admission following alleged assault. Had incised wound to chest and left buttock and lacerations on face and scalp. CT scan showed left [redacted] and chest drain inserted. Abdomen normal on CT scan and no evidence of intracranial injury on CT head. No evidence of neurovascular deficit in left leg. Patient took irregular discharge soon after removal of chest drain on 19/7/03 and so no check chest x-ray performed.

Yours sincerely

Mr D Wright
Consultant Surgeon

30.7.03
DATE RECEIVED
MAP
ACTION
RX
COMPUTER
P.N.
DIARY
CARE
INITIALS

Department of General Surgery

Southern General Hospital
NHS Trust
1345 Govan Road Glasgow G51 4TF
[redacted]

JRA/CM/712787

Mr J R Anderson
Mr J C Ferguson
Mr G C MacBain
Mr G T Sunderland

[redacted]

R. Wolfe

seen: 28.12.95
dict: 28.12.95
type: 8. 1.96

Dr Oneill
Midlock Health Centre
7 Midlock Street
Glasgow
G51 1LU

Dear Dr Oneill

Re: Paul Haggarty - 6 Hutton Drive Glasgow G51 4RN
[dob.7.9.71]

This patient of yours has now failed to attend the clinic on two occasions and we can only assume that the pilonidal abscess that he had drained has completely settled. We do not intend to review him again.

Kind regards

Yours sincerely,

John Anderson

J R Anderson FRCS
Consultant Surgeon

Data Received	16/11
NAD	
For Action	
For Prescription	
Card Please	
INITIALS	

Received from Kist 14.10.95

Department of General Surgery

Consultants : Mr JR Anderson
Mr JC Ferguson
Mr GC MacBain
Mr GT Sunderland

SGH
Southern General Hospital
NHS Trust

1345 Govan Road Glasgow G51 4TF
[redacted]

AV/AMD

7/12/J

DR K F O'NEILL
The Surgery
7 Midlock Street
Glasgow
G51 1sl

09 Aug 1995

Dear Dr K F O'Neill

Re: Paul Haggerty, dob: 07/09/71 UN: 00712787
6 Hutton Drive , Glasgow

Admitted: 12/07/95 Discharged: 14/07/95

Diagnosis:
Pilonidal Abscess

OK

Operation:
Incision And Drainage Of Pilonidal Abscess # Ogih60.30 #

Consultant in Charge: Mr J R Anderson

For review at out-patient clinic in three weeks.

Yours sincerely

A. Vikram
Senior House Officer

Dict 8/8/95
Type 9/8/95

GREATER GLASGOW HEALTH BOARD

SOUTHERN GENERAL HOSPITAL

Our ref:
Your ref:
If 'phoning ask for –

1345 Govan Road
[redacted]

GMF/AMD/712787

10th March, 1992.

Admitted: 25.2.92.
Discharged: 25.2.92.
Consultant: Mr. A. Litton

Dr. Collins,
Midlock Health Centre,
Midlock Street,
Glasgow, G51 1SL.

Dear Dr. Collins,

Re: Paul Haggerty, 6 Hutton Drive, Glasgow (d.o.b. 7.9.71)

This 20 year old man was admitted as an emergency on 25.2.92. with a short history of colicky central abdominal pain associated with vomiting and diarrhoea. Abdominal examination on admission was unremarkable. The clinical impression was of a possible gastro-enteritis.

Unfortunately he decided to take his own discharge a short time after admission.

Yours sincerely,

G.M. FULLARTON, MD, FRCS
Senior Surgical Registrar

SOUTHERN GENERAL HOSPITAL UNIT

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Emergency Care and
Medical Services Directorate

Ref: JG/JW/0051545/10

30 June 2010

Emergency Department
Victoria Infirmary
Langside Road
GLASGOW
G42 9TY
Tel [redacted]

NHS
Greater Glasgow and Clyde

Enquiries to : *Dr J Gordon*
Direct Line : [redacted]
Fax :
E-mail :

Dr Ronald Wolfe
Rutland Surgery
GLASGOW
G51 1TA

Dear Dr Wolfe

PAUL HAGGERTY DOB 07/09/71
123 WEST STREET GLASGOW G5 8BA

This 38 year old failed to attend for review of an injury he sustained to his right ankle. I assume his symptoms have settled and have not reappointed him again.

Yours sincerely

J GORDON FRCS MSc FCEM MFSEM
Consultant in Emergency Medicine

Delivering better health

www.nhsggc.org.uk

40372

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.05.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,26.1849125.Q
Specimen Type	Blood
Date/Time Collected	17.07.26 / 11:10
Date/Time Received	17.07.26 / 17:55
Requested By	Dr Dale Coghill
GP Practice	52043
Date/Time Reported	18.07.26 / 10:12
Details	renal calculi

Results

Bone Profile - Authorised on 18.07.26 at 10:08

Calcium	2.26	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.34	mmol/L	(2.20-2.60)
Phosphate	0.90	mmol/L	(0.80-1.50)
Albumin	44	g/L	(35-50)
Alkaline Phosphatase	95	U/L	(30-130)

C-reactive Protein - Authorised on 18.07.26 at 10:08

C Reactive Protein	2	mg/L	(0-10)

Urea & Electrolytes - Authorised on 18.07.26 at 10:08

Sodium	139	mmol/L	(133-146)
Potassium	4.3	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Urea	5.9	mmol/L	(2.5-7.8)
Creatinine	66	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 18.07.26 at 10:08

Total Bilirubin	6	umol/L	(<20)
ALT	38	U/L	(<50)
AST	31	U/L	(<40)
Alkaline Phosphatase	95	U/L	(30-130)
Albumin	44	g/L	(35-50)

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1510664.S
Specimen Type	Blood
Date/Time Collected	06.06.19 / 11:57
Date/Time Received	06.06.19 / 16:59
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	06.06.19 / 17:27
Details	abdo pain

Results

Authorised on 06.06.19 at 17:24

White Blood Count	+	14.2	x10^9/l	(4.0-10.0)
Red Cell Count		5.62	x10^12/l	(4.50-6.50)
Haemoglobin		163	g/l	(130-180)
Haematocrit		0.508	l/l	(0.400-0.540)
Mean Cell Volume		90.4	fl	(83.0-101.0)
MCH		29.0	pg	(27.0-32.0)
Platelet Count		350	x10^9/l	(150-410)
Neutrophils	+	10.3	x10^9/l	(2.0-7.0)
Lymphocytes		2.6	x10^9/l	(1.1-5.0)
Monocytes	+	1.1	x10^9/l	(0.2-1.0)
Eosinophils		0.21	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS

Stobhill Hospital
HAGGERTY, Paul
148 Templeland Road, , Glasgow, Lanarkshire, G53 5LZ
Referrer: Dr Kirsty Mccallum - GP PRACTICE

Diagnostic Imaging Report
DoB: **07/09/1971**
Chi No: [redacted]
CRIS No: **347475**
Curr Ward: **GP**

22 DEC 2014

VERIFIED Verified By: Nicola Lyttle 18/12/14 1212.

Clinical History :
Lump felt at right testicle. New vasectomy in May. Small thickened area at examination which seems more posterior to the testicle, epididymis?

US Testes :
Examination performed and reported by Nicola Lyttle, sonographer.

The right testis is normal in size and echotexture and contains one microcalcification, no other focal abnormalities identified and there is normal vascularity throughout. The epididymal head contains a simple cyst (0.5 cm), the body and tail is unremarkable and there is normal vascularity throughout. No other focal abnormalities identified.

The left testis is normal in size and echotexture with no focal mass demonstrated and displays normal vascularity.
The left epididymal head contains a simple cyst (0.5 cm), body and tail is unremarkable and there is normal vascularity throughout.

North Glasgow Hospitals

Ref. Src: Cardonald Medical Centre, 1831 Paisley Road West, Glasgow, G52 3SS
Exams: US Testes
Exam Date: 18/12/14 Event: E-29046255

Page 1 of 1

08965

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Southern General Hospital
HAGGERTY, Paul
14 Kilmartin Place, Thornliebank, Glasgow, Renfrewshire, G46 8DS
Referrer: Dr Mary Shields - GP PRACTICE

Diagnostic Imaging Report
DoB: **07/09/1971**
Chi No: [redacted]
CRIS No: **347475**
Hosp No: **SG00712787**

VERIFIED Verified By: Dr Piotr Nowak 14/06/11 0948.
Clinical History : Sudden onset pain left side of the chest. No trauma. Cough and spit 2 months. ? Possible pneumothorax. Previous left pneumothorax 2003.

XR Chest :

Expiration and inspiration views.
No evidence of pneumothorax. The lungs are essentially clear. No hilar or mediastinal abnormality detected. The heart is not enlarged. No pleural fluid seen.

Ref. Src: Rutland Surgery, 21 Rutland Place, Glasgow, G51 1TA
Exams: XR Chest
Exam Date: 19/05/11 Event: [redacted]

Page 1 of 1

SGH 401 Cat 5290802

5290802

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Paul Haggerty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

[redacted]

Dear Mr Haggerty ,

Your doctor has referred you to the Urology Department for investigation of ongoing left loin pain. Based on the information provided I have arranged a scan for your kidneys. This scan has not been done before and shall give us useful information to move things further forward.

You should receive an appointment to attend one of the Glasgow hospitals to get this done in the next couple of weeks. I shall be in touch with the result of the scan as soon as it is available. Any further hospital appointments or investigations shall depend on the nature of the above report and I shall elaborate that in my next letter.

Thank you.

Yours sincerely

Naeem Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc. Dr BA Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Printed on [redacted] 08:26 by [redacted]

Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Urology Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC Urology

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

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

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

Hospital location code. G405H

Email address -

Urgency of referral Urgent
Date of referral 23-Jul-2026 **Date sent** 23-Jul-2026

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s) [redacted]

101040652768C Unique Care Pathway Number: 101040652768C

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s) [redacted]

REFERRING GP DETAILS

Name	Dr. Dale Coghill		
GMC code	7480997	GP code	01554
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s)

Voice: [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

FREE PHONE: [redacted]
Direct Line
Hours 8.45am - 5.00pm

28 January 2008 Hospital Number SG00712787

DR WOLFE
RUTLAND SURGERY
21 RUTLAND PLACE
GLASGOW
G51 1TA

Dear DR WOLFE

PAUL HAGGERTY 07/09/71
310 LINTHAUGH ROAD GLASGOW G53 5QY

You referred the above patient for an outpatient appointment at the Urology clinic.

We have written to your patient on two occasions asking that he/she telephone us to arrange a suitable date.

To date your patient has failed to contact us. We have therefore removed his/her name from the outpatient waiting list.

If the patient still requires an appointment please re-refer.

Yours sincerely

Mrs V Greenlees
Health Records Manager

CHI No. [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access Spirometry

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry
GGC Direct Access Spirometry

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

Respiratory Direct Access Services
NHS Greater Glasgow & Clyde

Hospital and **hospital address**

Hospital location code.
G035G

Email address
-

Urgency of referral Routine
Date of referral 06-Feb-2025 **Date sent** 06-Feb-2025

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s)
[redacted]

1010355300414 Unique Care Pathway Number: 1010355300414

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s)
[redacted]

REFERRING GP DETAILS

Name	Dr. David Logie		
GMC code	7264794	GP code	06441
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s)
Voice: [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/07/2021

Consultant: Dr Peter Davis

BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear BS Paulina

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: [redacted]
148 Templeland Rd
Glasgow G53 5LZ

Attended on: **16/07/2021 at 14:21 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
RIGHT THUMB INJURY

Nursing Assessment:

Investigations in ED:
1. XR Thumb Rt

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Thumb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended today after injuring right thumb while playing football 1/7 ago, xray shows distal phalanx #, mallet splint small amount of analgesia given due to shortage in department and vfc f/u, if further analgesia required can obtain from GP

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Sharon Campbell
Nurse

Copies to:
1. BS Paulina (GP)
School Address:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Haggarty
Forename	Paul
CHI	0709716257
Date of birth	1971-09-07
Sex	Male
Address	148 TEMPLELAND RD GLASGOW G53 5LZ

Specimen Details

Specimen Processed Date	24-07-2021 05:21
Test Start Date	23-07-2021 14:29
Test End Date	23-07-2021 14:30
GP Practice	52043
Specimen Number	KNA15540580
Administration Method	self

End of Report

Report Date: 24/07/2021

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. LL/YM/95339

Your Ref.

Telephone: [redacted] (direct line)

Dept. of Psychiatry
1345 Govan Road
Glasgow
G51 4TF
Fax: [redacted]

Dictated on: 21.7.95
Typed on: 24.7.95

7/12/W

Confidential

Dr O'Neill
Midlock Medical Centre
7 Midlock Street
GLASGOW
G51

Dear Dr O'Neill

re Paul Haggerty (7.9.71) 6 Hatton Drive, Glasgow, G51 4RN

This 23 year old man was admitted to Ward 32 at the Southern General Hospital as an urgent arranged admission for Dr Fraser on 19th July 1995 for assessment and drug detox. As you probably know he was seen by Dr Sutherland on 10th of this month in Ward 30 at the Southern General Hospital after attempting suicide by self poisoning with Carbon-monoxide. He has a one year history of heroin dependence since h[redacted] died of cancer and he smokes up to a gram of Heroin per day. He also occasionally abuses Temazepam on average 80mg three times a week. He denies abusing any other drugs or injecting and he also denies taking any alcohol.

He has remained reasonably well since his discharge from Ward 20 on 10th July 1995 and he feels embarrassed about what he did. He denies being low in mood and he has been eating and sleeping well at least until he underwent surgery for a pilonidal sinus 6 days ago. Since then he has been experiencing some discomfort and occasionally wakes up during the night. His medication on admission was Voltarol 50 mg tid, Co-proxamol prn and Flucloxacillin to 150 mg qds. He uses illegal drugs as above and also smokes 15 cigarettes per day. There is no other past psychiatric history apart from the drug abuse and he has been attending the drug project and was last there 3 weeks ago. There is no family psychiatric history of relevance.

He married 5 years ago and has 3 children, two of whom are step children aged 6 and 7 from [redacted] previous relationship and another child who is now 4. He worked as a manager for a forklift company but gave up work when [redacted] became ill over a year ago.

He presented as a slim, young man with short dark hair. He was casually dressed in a tee-shirt and jogging bottoms. He was well kempt and kept good eye contact throughout the interview. His speech was normal and his mood reactive and did not appear overly depressed. I found no evidence thought disorder, delusions or hallucinations and he denied any ongoing suicidal ideation. He was cognitively intact and he seemed to have a good insight into his

(2)
re Paul Haggerty (7.9.71)

problem and was willing to get help. Physical examination was unremarkable other than some few respiratory bronchi on both bases. He was then started on an initial dose of 25 mg of Chlordiazepoxide 4 times a day along with his course of antibiotics and painkillers. Daily dressings were carried out as it had been previously been done by a district nurse. Unfortunately he took his own discharge against medical advice on 20th July 1995 before being seen by Dr Fraser. I informed Dr Fraser of this and have not arranged any follow for him.

Yours sincerely

Laird

Dr L Laird
S H O to Dr R Caplan

c.c Dr Fraser, Consultant Psychiatrist, SGH

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. CS/TMcK/

Your Ref.

If phoning ask for Direct Line [redacted]

Department of Psychiatry
Southern General Hospital
1345 Govan Road
Glasgow G51 4TF

Fax: [redacted]

CONFIDENTIAL

Seen: 10.7.95
Dictated: 10.7.95
Typed: 11.7.95

Dr. R.D.H.Monie,
Consultant Physician,
Ward 20,
SGH

7/12/1 D.

Dear Dr. Monie,

re: Paul Haggerty (DOB 7.9.71) 6 Hatton Drive, Glasgow G51 4RN

Thank you for referring this young man whom I saw on Ward 20 on 10th July 1995 following his admission there the day before with an episode of self-poisoning with carbon monoxide.

He is a 23 year old man with a one-year history of Heroin dependence. He appears to have started smoking Heroin following the death of [redacted] when she died of cancer last year. Currently he smokes about 1gm of Heroin a day and denies any other drug misuse. [redacted] who is now 60 yrs old, is also recently diagnosed as having a recurrence of this throat cancer. He stays with him occasionally and [redacted] and he finds these visits difficult to cope with, especially his feelings of guilt about his drug habit and the difficulty in looking after his family and [redacted] He described feeling low in mood every day for some months now, finding smoking Heroin as an escape. His appetite has been poor with some weight loss since he started abusing Heroin, and also his sleep has been disturbed. Sometimes he described that his mood worsened especially after taking Heroin. He denied any previous suicidal ideas though described feeling very low in mood over the past few days. He had taken some Heroin and decided to kill himself. He connected a tube to his car exhaust, but he believes the car must have stopped running after he lost consciousness, and he was found by a passing taxi driver who telephoned for an ambulance.

When I went to see him in the ward he told me he had seen [redacted] and [redacted] and he felt that he had sorted some things out and regretted having attempted to take his life. He also told me that he is regularly counselled at the Drug Project, and was in fact due to see Dr.A.A.Fraser that afternoon with a view to possible inpatient detoxification.

Otherwise he is on no regular prescribed medication and he has had no previous psychiatric contact.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

R W046P 33/5220

Cardiology Unit(Wards 22 and CCU)
Discharge Letter

Southern General Hospital
NHS Trust

1345 Govan Road, Glasgow G51 4TF
[redacted]

Date: 29 October 1999

Dr O'NEILL
7 MIDLOCK STREET
GLASGOW

G51 1SL

Dear Dr O'NEILL

PAUL HAGGERTY, 40 TARFSIDE OVAL,, GLASGOW; (DOB:07/09/71); Hospital Number: 712787

Admitted: 07/10/99 **Discharged:** 09/10/99 **Mode of Admission:** Emergency

Primary Diagnosis: possible viral illness

Secondary Conditions:
possible chest infection

Comment: Admitted with general malaise, cough and vomiting. Chest x-ray was clear. Treated with antibiotic and allowed home.

Treatment on Discharge:
Ofloxacin - 200mg bd for days

Plan on Discharge: **Destination:** Home

Care Arrangements:
Information to Patient:
Review: None
Further Letter to Follow: No
Further Copies To:

26
DATE RECEIVED
NAD
ACTION
RX
COMPUTER
PAT
DIARY
INITIALS

Yours sincerely

DR D L MURDOCH (CONSULTANT PHYSICIAN & CARDIOLOGIST)
[redacted]

Discharge Letter: PAUL HAGGERTY 1/1

(Incorporating Cowglen Hospital and the West of Scotland Mobility and Rehabilitation Centre)
SGH 401
0368349
Continuing the Tradition of Developing NHS Services for the Community

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Immunology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	[illegible]
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,19.3593099.A
Specimen Type	Blood
Date/Time Collected	13.06.19 / 11:56
Date/Time Received	13.06.19 / 16:23
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	20.06.19 / 12:22
Details	abnormal LFTs

Results

Authorised on 20.06.19 at 12:20

ANTI-NUCLEAR ANTIBODY (ANA) / CENTROMERE ANTIBODY

ANA screen Negative

Comments:

Negative

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW | C

Name HAGGARTY Paul | Sex M | D.O.B. 07.09.71 | Hospital Ward 21 Rutland Place, G51 1

Address 310 linthaugh road | Consultant Dr.M.F.Shields | Reg. Number ZC0616437

Received 05.03.08 17:29

Prov. Diagnosis On Methadone | Lab. Number R,08.1074960.G

URINE DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.09.06	13:00	Undetected	Detected		Undetected		
10.01.07	15:00	Detected	Detected		Detected		
11.07.07	15:00	Detected	Detected		Detected		
24.12.07	11:00	Detected	Detected		Detected	Undetected	
05.03.08	12:00	Undetected	Detected		Detected		

COMMENT

Report authorised by Computer Validated
Date 06.03.08 Time 15:38

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report Run No. 32

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted]
Department: Ward 1C - Hyper Acute Stroke Unit
Contact Tel: [redacted]
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. PF Hendrie,

Paul Haggerty; D.O.B: 07/09/1971; CHI: [redacted]
148 TEMPLELAND RD, Glasgow, Lanarkshire, G53 5LZ

Admission: Specialty - Geriatric Medicine; Ward - QEUH Ward 1C
Consultant - Dr Niall Hughes; Date of Admission - 05/01/2017
Date of Discharge - 10/01/2017; Discharged to - Private Residence - no additional detail added

Diagnosis:
Sequelae of stroke, not specified as haemorrhage or infarction (ICD10: I69.4)

Clinical Comments:

Your patient presented to casualty on the5th January with some speech disturbance and left-sided neurological symptoms. The clinical fellow who saw him was suspicious of a lacunar TIA and treated him with aggressive medical management in the first instance.

He was seen by another registrar the following morning who also felt TIA was likely. When I saw him that afternoon and re-visited the history I didn't think the episode was cerebrovascular in aetiology, however. The symptoms began with distorted vision to his left side with a bright hazy wavy sensation reported. Shortly after that he developed a tingling feeling over the left side of his face. Shortly after that again he developed a spreading, tingling sensation down his left arm. [redacted] reports that he was "jumbling up his words" for a period of time although he himself wasn't aware of any problems with his speech. Some facial asymmetry was reported during the episode, it is not entirely clearly which side was affected. The whole episode lasted a couple of hours. During the episode he felt dizzy and generally not right so had gone to bed.

CT brain scan was normal as was ECG, baseline bloods including a normal glucose, total cholesterol of 5.0.

I told him that my clinical suspicion was of a migraine and not TIA. For completeness we did an MRI brain. This shows a couple of incidental white matter lesions which are entirely non-specific. To my

mind this is not at all unusual to see as an incidental finding, as things stand there is no indication for any further investigations or treatment on the basis of this scan. He also had a normal carotid and vertebral Doppler.

Were he ever to develop further neurological symptoms this might need to be re-visited and involvement of neurology might be appropriate at that point unless there was a more clear-cut stroke history.

Please accept my apologies, the IDL that was sent to you was completely inaccurate and terribly unhelpful. He should have appropriate primary prevention but there is no indication for secondary prevention, nor does he require any further tests or follow-up. I phoned Mr Haggerty this evening to explain the mix-up and apologise unreservedly for this. I have asked him to stop his simvastatin and clopidogrel and reassured him that there is no suspicion of TIA as things stand.

Yours sincerely

Dr Niall Hughes

Consultant in Stroke Medicine

Electronically Signed: Dr Niall Hughes, Consultant

cc.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

GP

1 of 2

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW G51 4TF
TEL: [redacted]

DEPARTMENT OF GENERAL SURGERY

WARD: S03 CONSULTANT: MR GRAEME SMITH
CONTACT TEL: [redacted] *IMMEDIATE DISCHARGE LETTER*

PATIENT: PAUL HAGGERTY
310 LINTHAUGH ROAD
GLASGOW
G53 5QY

DOB: 07/09/71

UNIT NO: SG00712787
ACCT NO: IP0016636/08
CHI NO: [redacted]

GP: DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA

DATE OF ADMISSION: 21/03/08
DATE OF DISCHARGE: 21/03/08

ADMISSION TYPE: EMERGENCY
DISCHARGE TO: GP

REASON FOR ADMISSION: ? PERIANAL HAEMATOMA/ ABSCESS
MAIN DIAGNOSIS:

OTHER ACTIVE PROBLEMS: ANTIBIOTICS AND ANALEGSIA

OPERATIONS/PROCEDURES/ TREATMENT: NIL
RESULTS AWAITED: N
CURRENT MEDICATION: SEE PRESCRIPTION
DISCONTINUED DRUGS? N
COMMENT:

ALLERGIES: NIL KNOWN

REVIEW? N DETAILS: TIMESCALE:

FURTHER LETTER TO FOLLOW? Y DETAILS: FORMAL HOSPITAL LETTER

SIGNED: FY1.PRISU PRICE,SUZANNE
DESIGNATION: FOUNDATION DR YEAR 1
PAGE NUMBER: 7025

Run: 21/03/08-13:23 by PRICE,SUZANNE

NHS Confidential: Personal data about a patient

2 of 2

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
SOUTHERN GENERAL HOSPITAL, 1345 GOVAN ROAD, GLASGOW G51 4TF
TEL: [redacted]

DEPARTMENT OF GENERAL SURGERY

WARD: S03 CONSULTANT: MR GRAEME SMITH
CONTACT TEL: [redacted] *IMMEDIATE DISCHARGE LETTER*

PATIENT: PAUL HAGGERTY DOB: 07/09/71 UNIT NO: SG00712787
310 LINTHAUGH ROAD ACCT NO: IP0016636/08
GLASGOW CHI NO: [redacted]
G53 5QY GP: DR RONALD R WOLFE

D I S C H A R G E M E D I C A T I O N

Time Required? Immediate - within 1 hour
Childproof Containers? Y
Compliance Aid Required? N
Patient's Weight (Kg):
Comment:

Medication	Form	Dose	Frequency	Duration
COCODAMOL 30/500	OTAB	2 TABS	4 TIMES A DAY	1 WEEK
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
LACTULOSE	OTAB	15ML	BD	INDEF
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
SENNA	OTAB	2 TABS	NOCTE	INDEF
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
FLUCLOXACILLIN	OTAB	500MG	4 TIMES A DAY	7 DAYS
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
PENICILLIN V	OTAB	500MG	4 TIMES A DAY	7 DAYS
New Drug? Y New Dose? Y	Comments:			
Patient's Own Supply? N	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:			Supply:

Medication	Form	Dose	Frequency	Duration
New Drug? New Dose?	Comments:			
Patient's Own Supply?	Pharmacy Notes:			Supply:

PHARMACY USE ONLY DISPENSED BY: DATE: CHECKED BY:
CLINICAL PHARMACIST CHECK: COLLECTED BY: _____

Medicine received on ward by: _____ Issued by: _____

Named Nurse: _____ Signature of Receipt: _____

Report Number: 2103-0010 Date(Time): 21/03/08 (1322 Hours) Status: Draft

Run: 21/03/08-13:23 by PRICE,SUZANNE Page 2 of 2

Additional document
30-July-2026
Additional: Additional document

Filename:
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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone [redacted]
Fax [redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 119 MUIRDRUM AVENUE
GLASGOW
G52 3AW

Consultant : DR NICOLA LITTLEWOOD

Account # : AE0056968/10 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1524 on 09/07/10
Left A&E at : 1809 on 09/07/10

Reason for Visit : ASSAULT

Diagnosis : Head Injury Minor Without LOC : LEFT : Head

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:
999 CALL.ALLEGED H/O ASSAULT WITH BASEBALL BAT +STABBED OVER LT TEMPLE.NO LOC.LACERATION OVER LT TEMPORAL AREA.OBS - STABLE.FACIAL VIEWS - NO # SEEN. WOUND SUTURED.DISCHARGED HOME WITH HEAD INJURY ADVICE.
Follow Up :

Yours Sincerely,
SANJAY RAO
If you require any futher information please quote this attendance number: AE0056968/10

Additional document
30-July-2026
Additional: Additional document

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ULVA ST Consultant Dr M F Shields Reg. Number ZC0192308

Received 12.07.01 13:24

Prov. Diagnosis NO METHADONE FOR 2 DAYS Lab. Number R,01.0098304.N

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
09.05.01	16:00	Present	Present		Present		
25.05.01	11:30	Present	Present		Not Found		
11.07.01	16:00	Not Found	Present		Present		

COMMENT

Report authorised by Jim Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 18.07.01 10:48

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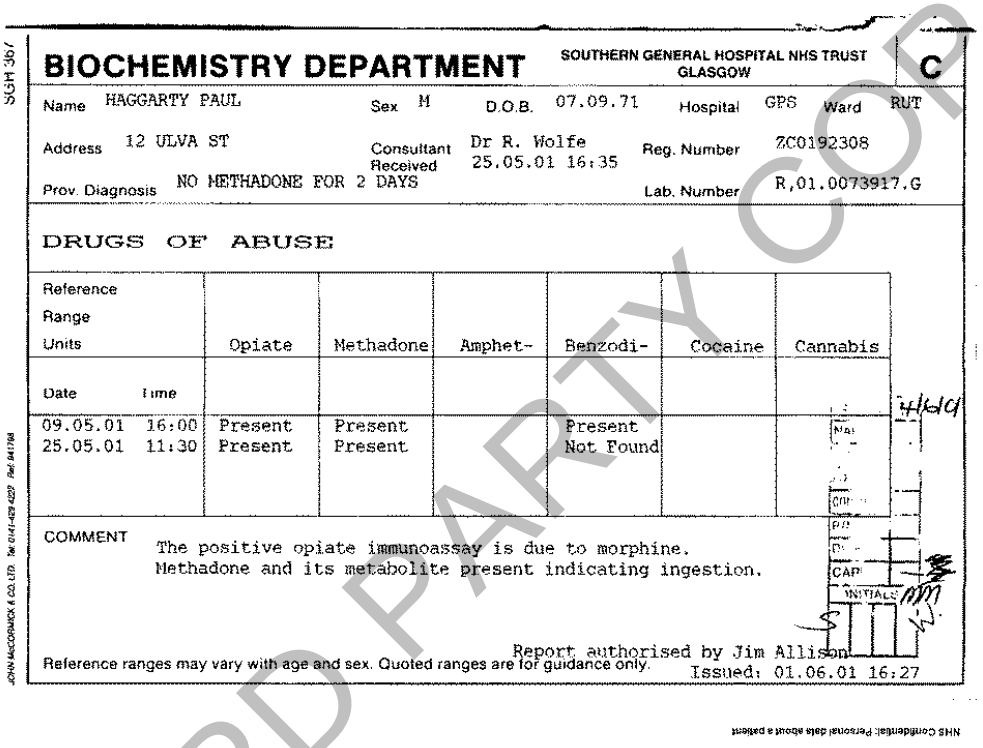

SGH 36/

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ULVA ST Consultant Dr R. Wolfe Reg. Number ZC0192308

Received 25.05.01 16:35

Prov. Diagnosis NO METHADONE FOR 2 DAYS Lab. Number R,01.0073917.G

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
09.05.01	16:00	Present	Present		Present		
25.05.01	11:30	Present	Present		Not Found		

COMMENT The positive opiate immunoassay is due to morphine.
Methadone and its metabolite present indicating ingestion.

Report authorised by Jim Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 01.06.01 16:27

JOHN MACCORMICK & CO. LTD. Tel: 0141-429 4229 Ref: 841784

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BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOS.
GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ULVA ST Consultant Dr M F Shields Reg. Number ZC0192308

Received 09.05.01 17:02

Prov. Diagnosis SUPERVISED Lab. Number R,01.0064690.Y

DRUGS OF ABUSE

Reference Range / Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
te Time						
05.01 16:00	Present	Present		Present		

ENT

The positive opiate immunoassay is due to morphine.
Methadone and its metabolite present indicating ingestion.

DATE RECEIVED 15 MAY 2001
DIARY
CARD
INITIALS

Report authorised by Jim Allison
Issued: 17.05.01 09:31

ranges may vary with age and sex. Quoted ranges are for guidance only.

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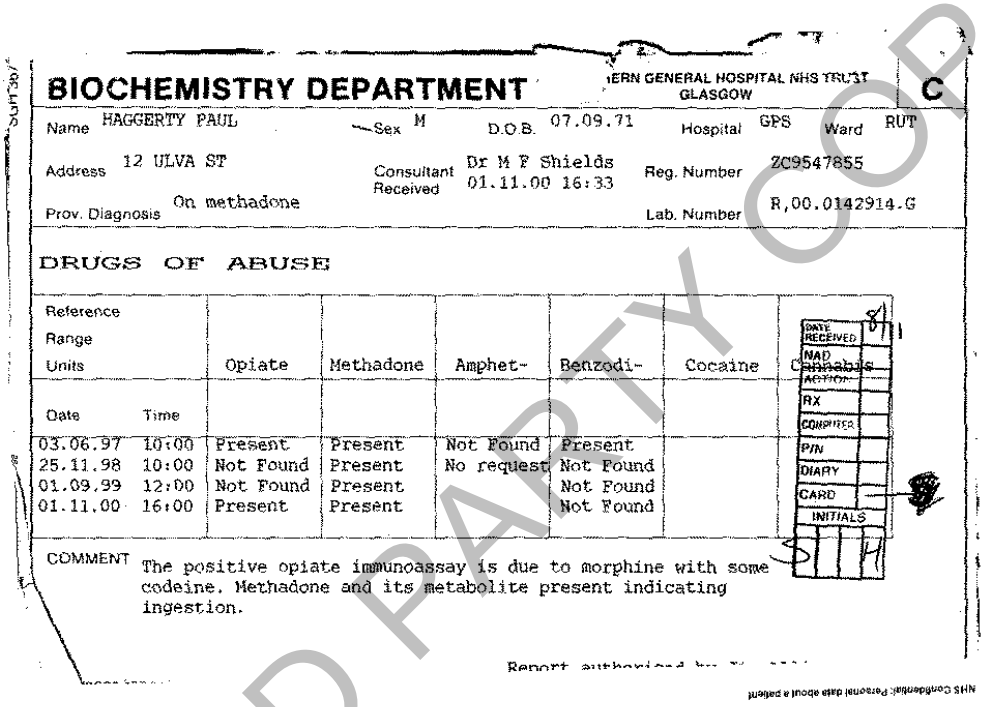

BIOCHEMISTRY DEPARTMENT

ERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL — Sex M — D.O.B. 07.09.71 — Hospital GPS — Ward RUT

Address 12 ULVA ST — Consultant Dr M F Shields — Reg. Number ZC9547855

Received 01.11.00 16:33

Prov. Diagnosis On methadone — Lab. Number R,00.0142914.G

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
03.06.97	10:00	Present	Present	Not Found	Present		
25.11.98	10:00	Not Found	Present	No request	Not Found		
01.09.99	12:00	Not Found	Present		Not Found		
01.11.00	16:00	Present	Present		Not Found		

DATE RECEIVED
NAD
ACTION
RX
COMPUTER
P/N
DIARY
CARD
INITIALS

COMMENT The positive opiate immunoassay is due to morphine with some codeine. Methadone and its metabolite present indicating ingestion.

Report authorised by

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Re... of 4

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ALVA ST Consultant Dr H F Shields Reg. Number ZC9547855

Received DATE: 01.09.99 TIME: 1707

Prov. Diagnosis On methadone Lab. Number R,99.0105848.N

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
18.03.98	1600	P	P	NF	P		
13.05.98	1400	P	P	NF	P		
27.05.98	0900	NF	P	NF	P		
25.11.98	1000	NF	P	NR	NF		
01.09.99	1200	NF	P		NF		

DATE RECEIVED 2/9
MAO
ACTION
COMPLETE
P/A
DIARY
CARD
INITIAL

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 03.09.99 07:27 AM

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RUN 1089

BIOCHEMISTRY DEPARTMENT NORTHERN GENERAL HOSPITAL NHS TRUST GLASGOW **C**

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ALVA ST Consultant Dr M F Shields Reg. Number ZC9547855

Received DATE: 25.11.98 TIME: 1631

Prov. Diagnosis On methadone Lab. Number R,98,0135011.M

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
10.12.97	1200	P	P	NF	P		
18.03.98	1600	P	P	NF	P		
13.05.98	1400	P	P	NF	P		
27.05.98	0900	NF	P	NF	P		
25.11.98	1000	NF	P	NR	NF		

DATE RECEIVED
NAR
ACTION
RX
COMMENT
PIN
DIARY

COMMENT

= Present NF = Not Found NR = Not Requested NA = Not Available

sence of benzodiazepines confirmed by an alternative
thod.

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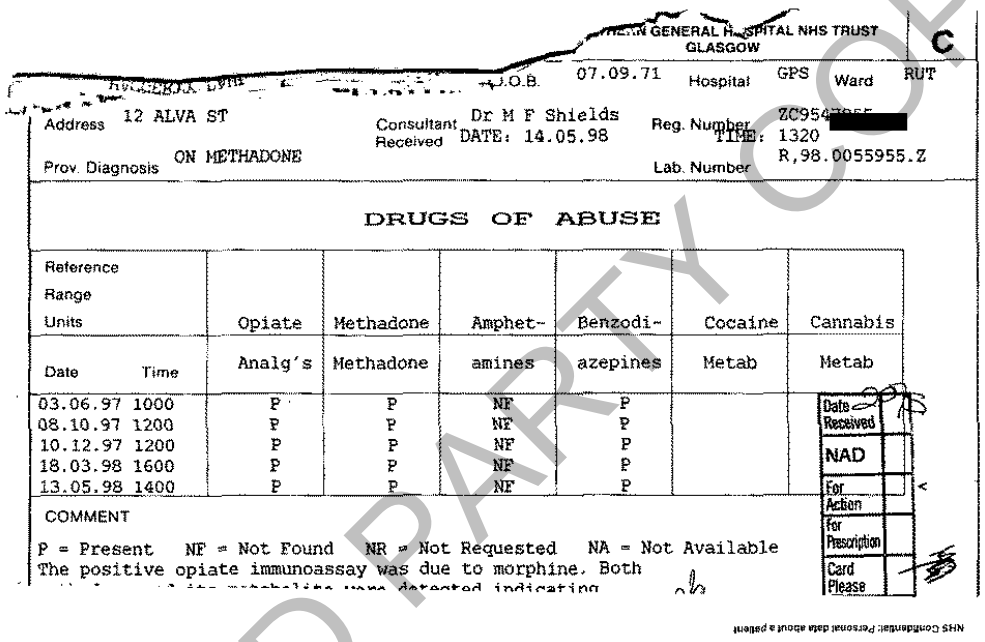

...N GENERAL H...SPITAL NHS TRUST
GLASGOW

C

...D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ALVA ST

Consultant Received Dr M F Shields DATE: 14.05.98

Reg. Number ZC954[redacted] TIME: 1320

Prov. Diagnosis ON METHADONE

Lab. Number R,98.0055955.Z

DRUGS OF ABUSE

Reference Range Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date Time	Analg's	Methadone	amines	azepines	Metab	Metab
03.06.97 1000	P	P	NF	P		
08.10.97 1200	P	P	NF	P		
10.12.97 1200	P	P	NF	P		
18.03.98 1600	P	P	NF	P		
13.05.98 1400	P	P	NF	P		

Date Received

NAD

For Action

For Prescription

Card Please

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available
The positive opiate immunoassay was due to morphine. Both

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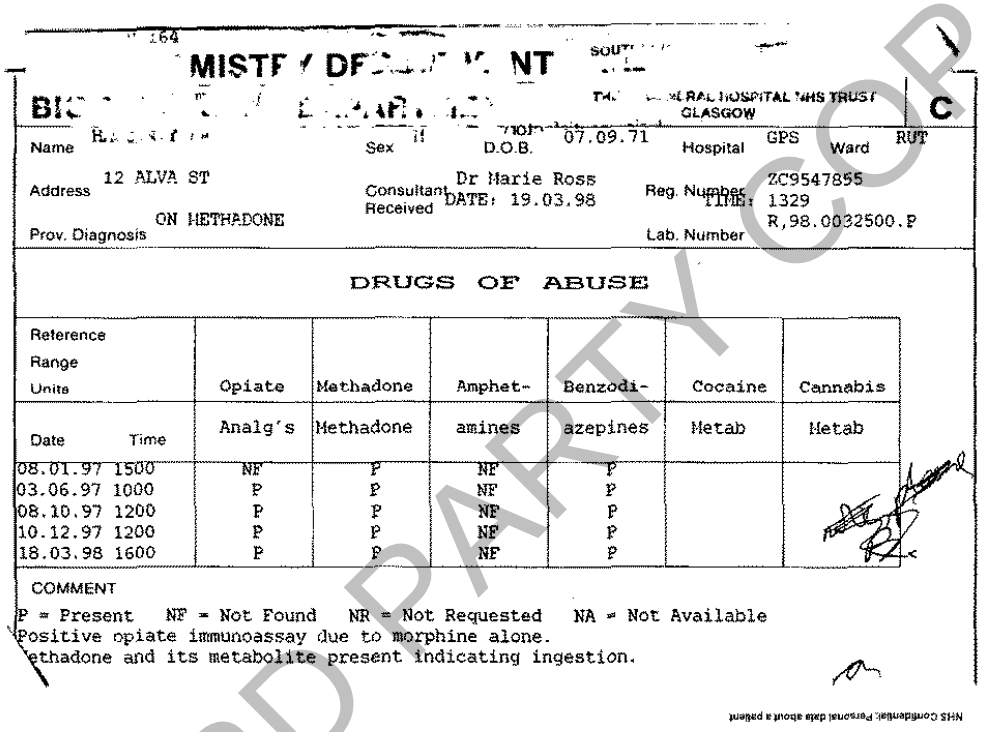

164

MISTF / DF[illegible] NT

SOUT[illegible]

BIC[illegible] TH[illegible] ERAL HOSPITAL NHS TRUST GLASGOW C

Name [illegible] Sex [illegible] D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 12 ALVA ST Consultant Dr Marie Ross Reg. Number ZC9547855

Received DATE: 19.03.98 TIME: 1329

Prov. Diagnosis ON METHADONE Lab. Number R,98.0032500.P

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
08.01.97	1500	NF	P	NF	P		
03.06.97	1000	P	P	NF	P		
08.10.97	1200	P	P	NF	P		
10.12.97	1200	P	P	NF	P		
18.03.98	1600	P	P	NF	P		

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

Positive opiate immunoassay due to morphine alone.

ethadone and its metabolite present indicating ingestion.

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RUN 9357

BIOCHEMISTRY DEPARTMENT SOUTHERN [illegible] HOSPITAL NHS [illegible] GLASGOW **C**

Name HAGGERTY PAUL Sex M D.O.B. 07.09 [illegible] Hospital GP5 Ward RUT

Address 6 HUTTON DR Consultant Dr M F Shields Reg. Number ZC9547855

Received DATE: 11.12.97 TIME: 1312

Prov. Diagnosis ON METHADONE Lab. Number R,97.0132005.Q

DRUGS OF ABUSE

Reference Range Units / Date Time	Opiate Analg's	Methadone Methadone	Amphet- amines	Benzodi- azepines	Cocaine Metab	Cannabis Metab
28.08.96 1400	P	P	NF	P		
08.01.97 1500	NF	P	NF	P		
03.06.97 1000	P	P	NF	P		
08.10.97 1200	P	P	NF	P		
10.12.97 1200	P	P	NF	P		

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

[illegible] opiate immunoassay was due to morphine. Both [illegible] indicating

Date Received
NAD
For Action
For Prescription
Card Please
INITIALS

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NHS Confidential: Personal data about a patient

RUN 9045

BIOCHEMISTRY DEPARTMENT SOUTHERN GENERAL HOSPITAL (NHS TRUST GLASGOW) **C**

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr R. Wolfe Reg. Number ZC9547855

Received DATE: 08.10.97 TIME: 1653

Prov. Diagnosis ON METHADONE Lab. Number R,97.0106880.M

DRUGS OF ABUSE

13/10

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
20.03.96	1600	NF	P	NF	P		
28.08.96	1400	P	P	NF	P		
08.01.97	1500	NF	P	NF	P		
03.06.97	1000	P	P	NF	P		
08.10.97	1200	P	P	NF	P		

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

Positive opiate immunoassay due to morphine and a small amount of codeine. Methadone and its metabolite present confirming ingestion. Presence of benzodiazepines confirmed by analternative method.

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 10.10.97 5:06 PM

Additional document
30-July-2026
Additional: Additional document

Filename:
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Pages:

Paul HAGGARTY 7.9.71

M 70 (980) supDD
Supervised urine ✓ +ve morphine
+ve methadone
+ve benzos

23/5/01 DNA - ? in prison - no
arrived 4pm →
told t.c.i am → DNA.

25 MAY 2001 [redacted] had chest infection ∴ DNA - advised.
NO METHADONE + NO HEROIN for 2½ - 3 weeks. (He punished).
M: 50/d x 4/d 200
M = 70/d x 15/d = 1050 URINE TEST today.

25 MAY 2001 Pharmacist has dispensed 1250
70 ml today by mistake. She will contact him to
ensure there is no drowsiness etc.

5/6/01 NS In view of DNA's / +ve morphine
repeatedly +ve urine → +ve methadone
discuss coming off clinic

13/6/01 S M 6 70 (980) supDD
discussed coming off M - last warning
has 3/12 prison sentence hanging over him
→ adv to get clean + then get into prison.

27/6/01 NS DNA

28/6/01 unable to come to surg THURS D+V Dr Ross agreed
Rx could be picked up 29/6/01

11/7/01 NS M 70 (980) supDD
denies all other drugs
supervised urine ✓ +ve meth.
+ve benzos

25/7/01 NS M = 70/d = (980) - (1470)

25 JUL 2001 Sore throat since 22/7. Difficulty swallowing. Feels chesty.
Pyrexial. Tried paracetamol. O/E T=36.9. Lungs clear.
No swollen neck LNs. Erythema of TMs ([illegible]
seen. Erythema of tonsils ē exudate
Rx ERYTHROMYCIN 500mg (28) COCODAMOL 8/500 [illegible]

-3 AUG 2001 (T) Nurse Lesley Graham, Health Centre, Low Moss Prison
(762 4848) - to confirm last dose of METHADONE

15/8/01 NS ~~M 70 (980) supDD~~ (DNA)

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO. R.P.(53791)

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): HAGGARTY	Forenames (Block Letters): PAUL
	Address: 12 ULVA ST G51	Date of Birth: 7.9.71

Date	*	
6/12/00	S	~~① M 40 (560) supDD~~ M 60 (840) Sup DD
AM		Using £20 per day / heroin. Orally
		Smoking.
		wants to ↑ and then ↓ quickly – adv no
		② Amoxycillin 250, x21.
		③ Hydroxyzine 25, x7.
		MS
20/12/00	S	① M 60 (1680) SUPDD
		Used ~ 6 x in last 2/52 – reluctant to ↑M
		– if uses at all over ~~last~~ next 4/52 agrees to ↑
		② Still cough + thick green sputum
		Res – occ rhonchi only
		Co-amoxiclav 770 x21 MS
17/1/01	S	Still using ~ 4 x week.
		reluctantly agrees to ↑ to 70ml OD. (1470)
7/2/01	NS	M 70 (980) supDD MS
9/2/01		Just out of prison. methadone 70ls DS x 2 Sat for 12 days (840) 2/52
21/02/01		methadone 70mls D.S 980mls } 2/52
7/3/01	NS	M 70 (980) SupDD
7/3/01		DID NOT WAIT FOR SUPERVISED URINE (P/R busy).
21/3/01	S	arrived late
		M 70 (1470) SupDD
11/4/01	NS	M 70 (980) SupDD
25/4/01		DNA
27 APR 2001		EXCUSE – [redacted] UPSET DUE TO ANNIVERSARY

*This column [redacted] doctors to enter A, V or C at their discretion

[redacted] DEATH. (NEEDS FEED PUMPED)
HAD METHADONE ~~TUES~~ WEDNESDAY
CONFIRMED WITH CHEMIST.
Continue. M - 70/d x 13d = 910

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

PAUL HAGGARTY 7/7/71

	60	Methadone 40 D.S 560 } 2/52
4/5/00	S	M 40 (560) SUP DD
		didn't pick this up?
		phoned chemist + his script didn't run
		out till yesterday ??
		Dad ill at present. M 40 (280) sup DD
10/5/00	S	M 40 (840) SupDD
		Used (smoked) X4 in last 4/52 "to get a
		good sleep" → adv.
		g/friend 3/12 pregnant → pleased
31/5/00	NS	M 40 (1120) sup DD
28/6/00	NS	M 40 (1400) supDD
28/6/00	S	Using ~ 2x wk, but feels it builds up
		during the week. Bored.
		to see Colin about voluntary work
2/8/00	NS	M 40 (560) SupDD
16/8/00	S	DNA
17/8/00	S	Cousin stabbed + killed 2/7 ago (— I know this
		is true)
		M 40 (560) SupDD
		Using last few days because family gathering
		—adv.
30/8/00	NS	M 40 (560) supDD
13/9/00	S	DNA.
14/9/00	S	Father v. ill again c chest inf
		Used x2 in last 2/52 but urge is strong
		adv to see someone at P.I.
		then if not settling — we can ↑ M next wk
		M 40 (840) sup DD
4/10/00	NS	M 40 (1120) SupDD
1/11/00	NS	M 40 (560) Sup DD sup urine → +ve morphine, +ve codeine, +ve methadone
15/11/00	S	M 40 840 sup DD
		Using 1-2 X every few weeks
		→ discussed dangers

*This column has been provided for doctors to enter A, V or C at their discretion

Sat a bus driver's exam — adv cannot do this → failed + says he'll not be pursuing this.

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): Haggerty	Forenames (Block Letters): Paul.
	Address	Date of Birth

Date	*	
8/12/99	S	M 40 (560)
		used x1 because brother brought it in house, but felt sick afterwards + vows he won't do it again.
		Discussed ↓ M 35 in New Year — ok M
22/12/99	NS	M 40 (1400) sup DD
26/1/00	NS	M 40 (560) sup DD
9/2/00	S	M 40 (560) sup DD
		Still struggling a bit — using heroin occ.
		Wants into residential care for 6/12 to ↑ confidence
		→ clear. to go to R.I. NS
23/2/00	NS	M: 40 (160)
8/3/00	S	M 40 (840) sup DD
		Using more last wk — brother coming up + supplying free → discussed
		Cough + green spit R/S occ rhonchi
		{ Amoxycillin 500 x21 (L) pleuritic chest
		{ Cocodamol x40
		Doesn't want to ↑ M Mc
29/3/00	NS	M 40 (840)
2/4/00	S	(1) see 21/10/99 — I've phoned labs + they didn't receive bloods ∴ for repeat Hep B + C ✓ AcH
		(2) M 40 (560) sup DD Used ~ 3x in last
started 2014		2/52 — smoking it. Doesn't want M ↑
		adv. ways of ↓ again
		G/friend non user Mc
20/4/00	NS	Hep B + C negative
26/4/00		Methadone 40mls DS

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

NHS Confidential: Personal data about a patient

	S	M 40 (560) sup DD
		wants to keep at 40ml OD altho' used
		~3x a week. Tried to encouraged him to ↑
		but no. To see Jane
		out on his bike MS
18/8/99	S	M 40 (560) SUP DD
		managing OK altho' tempted – doesn't
		want to ↑ used x2 ĉ last 2/52.
		of Nitrazepam also
1.9.99	S	Denies other drugs. (½ hr late for appt.)
		M 40 (840) sup DD.
		Sweating a lot – explained.
		Supervised urine ✓ MS
		(OK)
22/9/99	NS	M 40 (560) SUP DD
6/10/99	S	① Drug misuse – doing fine. No probs. (3/52 ago)
		M 40 (560) SUP DD Needle stick injury ↑
		② 3/7 – ↑temp vomiting, aches + pains all over
? SEVERE VIRAL ILLNESS		O/E T39.2° check ST ✓ rash ✓
		ENT ✓ RS ✓ Abd – NAD.
		{ Prochlorperazine 5mg TDS (15)
		Rehydrate (10)
		Paracetamol (60) S.L.N.S. 2/7 MS
20/10/99	NS	M 40 (560)
		see letter – was admitted 3/7 then found
		smoking a joint + kicked out!
		Now fine apart from sore throat
		O/E Pharyngitis ++ Cx nodes ↑
		Erythromycin 250, TDS x28
21.10.99		Hep B + Hep C status checked
		– ve – ve
		? should get Hep B vaccine
4/11/99	S	① M 40 (840)
		Doing very well now – physical symptoms
		settled + not using at all.

*This column has been provided for doctors to enter A, V or C at their discretion

② Never injected, started ĉ DHC → heroin
but only smoked.

Printed for TSO. R.P.(53791)

③ wants to ↓ – adv. wait till after New Year.

24/11/99 NS M 40 (560) Sup DD

NHS Confidential: Personal data about a patient

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): HAGGARTY	Forenames (Block Letters): PAUL
	Address	Date of Birth: 7/9/61

Date	*	
2/6/99	S	Not good – at w/E felt awful, diarrhoea + sweaty etc – sounds more like virus than withdrawal altho' he tried c̄ f10 bag in case!
		M 65 (910) Sup DD (advi to keep dose at this)
		N 5 (14) DD
		O/E P92 BP 140/108 Abd soft Lo Tender ↑ BS. sweaty apy.
		Rehydrate x10P.
16/6/99	NS	M 65 (910) SUP DD
		N 5 (14) TOD DD
30/6/99	S	M 65 (1365) SupDD
		N 5mg (21) DD
		Doing well. Uncle tiny of Ca
		Supervised urine – unable (in a hurry)
		∴ try next time MS
15/7/99	(T)	No methadone for 1 week (wanted to come off
		D + V since yesterday ← confirmed with [illegible], chemist, no script since 10/7.
		[illegible] NO GIVEN – NO ANSWER / NO CONTACT.
	(V)	[illegible] episode this am No LOC Pyrexia.
		[illegible] His diarrhoea [illegible] + [illegible]. No abdominal pain. No cough but sputum (green). Vomited a few times. No blood in stool
		No [illegible]. % P = 88 [illegible] 3P: 15/65 T
		Abdomen [illegible] soft no masses No organs BS ✓ No [illegible] Tenderness. Lungs - good AE L=R. Widespread insp rhonchi. No rash. No neck stiffness.
		Rx PARACETAMOL (100)
		LOPERAMIDE (25)
		AMOXICILLIN 500mg tid (21)
21/7/99	NS	M: 65/d : (910) SUP DD.

*This column has been provided for doctors to enter A, V or C at their discretion

22/7/99 HAS DOPERED AT [illegible] CHEMIST [illegible] TIME. 882 8769 – Has apparently been getting 50/d

Replace M = 40/d (560)

[illegible] TO [illegible] SCRIPT [illegible]

FORM GP111F
355 2095

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Haggarty
Forenames (Block Letters): Paul
Address: 12 Ulva St
Date of Birth: 7/9/71

Date	*	
24/2/99	S	M 70 (1470) SupDD
		N S, 1100 (42)
		Doing really well - applied for provisional
		+ driving lessons. Hopes to get some work
		(casual) labouring. Refused heroin x1 !!
-8 MAR 1999		L UQ pain since 5/3. Worse on [illegible] MS
BP = 121/82		Eating well. No vomiting No cough No sore throat.
P-83		No [illegible] Occasional ~~[illegible]~~ / dysuria for several
T = 36°C		months. [illegible] No haematuria Constipated at
		times - hard pellety stools + blood p.r.
		[illegible] Tender (L) intercostal muscles
		Abdomen - [illegible] No renal tenderness
		Δ Intercostal muscle pain
		R/O UTI
		?/p haemorrhoids (for pr ? next time).
		R PARACETAMOL (has not taken any)
		[illegible] GEL NB ??Script given on
		MSU 17/3/99 - not written in
21/4/99	S	Has been taking less M ar Chemist for wks
[illegible]		and wants to ↓ → agreed
		Past driving test - congratulated !!
		Took heroin 3/7 ago after passing test - no effect
		M 65 (455)
		N S, (14) 1 nocte
		Next time agrees to ↓ N. My
28/4/99	S	M 65 (1365) SupDD
		N 5mg (42) ii nocte DD
		agrees ↓ N next time
19/5/99		methadone 65mls D&S 9 [illegible] } 2/52
		nitrazepam 5? (14) }

*This column has been provided for doctors to enter A V or C at their discretion

FORM GP111F
355 2095

Date	*	
9/9/98	NS	M : 75/1 : (1050) N = 5, 2 mils (28) DD
23/9/98	S	M 75ml (1050) sup DD
		N 5, IIDD (28) DD
		Off heroin for 3/52, taking ~40mg diazepam
		per day → cdw gave
		Bought a car £700 – cousin crashed it
		– uninsured! MS
7/10/98	NS	M 75 (1050) sup DD
		N 5, IIDD (28) DD
21/10/98	S	M 75 (1575) sup DD Back c wife + Justine (8)
		N 5, IIDD (28) DD again
		Denies all other drugs MS
11/11/98	NS	M 75ml (1050) sup DD
		N 5, (28) IIDD DD
25/11/98	S.	M 75mg (1050) sup DD Denies all other
		N 5, IIDD (28) DD drugs.
		(Supervised urine) ✓ (OK)
		Getting bored at home – ?courses MS
		c/o sharp (R) sided chest pain while wearing
		neck → lips went 'black' at w/e for 2/7
		O/E Thin °cy P 88 BP 144/60 HS I+II+0
		RS clear. Reassured. MS
8/12/98	NS	M 75 (1050) sup DD
		N 5, IIDD (28) DD
		NB // urine no benzos detected
23/12/98	S.	M 75 (1575) sup DD
		N 5, IIDD (42) DD
		Says he takes nitrazepam o/te c front of
		Gerry c chemist!
13/1/99	NS	M 75ml (1050) sup DD
		N 5, IIDD (28) DD
27/1/99	S	M 75 (1050) sup DD
		N 5, IIDD (28)
		Up at court – got deferred sentence, v. pleased #
		Joining the sports centre. wants to ↓M – agreed
		next time, but then ↓N.

*This column has been provided for doctors to enter A, V or C at their discretion MS

10/2/99 NS M 70 (980) Sup DD
↓M N 5, IIDD (28)

Printed by The Stationery Office Scotland Dd J8735 11/96 (146878)

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CLINICAL NOTES

National Health Service Number	
Surname (Block Letters)	Haggarty
Forenames (Block Letters)	Paul
Address	12 Alva St
Date of Birth	7/9/71

Date	*	
17/6/98	S	Uncle died suddenly. Used 2-3 x since last wk. As agreed ↓M
↓M		M 65ml (1365) Sup DD
		N 5, ii nocte (42) DD
		to see Jane other next 3/52 + decide, otherwise ? ↓ M 10ml per wk + stop.
8/7/98		Methadone 65mls D.D 980mls
		diazepam 5mg 2 nocte 28
		- must see Dr Shields next visit 3/52
22/7/98	S	M 70ml (980) Sup DD
		N 5mg ii nocte (28) DD
		Used £20 over last 1/52. g/friend found + family all use.
		1) clean urine next time 2) kept appt ī P.I
		1)+2) or ↓ M. MS
5/8/98	NS	M 65ml (910) Sup DD
		N 5mg (28) ii nocte DD
5/8/98	S	Feels much better - back ī wife, but still used 2-3 x this wk.
↓M.		Has seen Jane on fri → to see again next wk + get wife in to see her.
		Unable to fulfil 1) above ∴ ↓ M to 65mg MS
19/8/98	S	M 75ml OD (1575) Sup DD.
		N 5mg (42) ii OD DD
		Has been talking a lot of mince recently
↑M.		→ using £10 heroin/day, smoking getting a buzz
		Last contact:
		① ↑m over next 6/52

* This column has been provided for doctors to enter A, V or C at their discretion

② if not stopped using by then
③ ↓ + stop m

FORM GP111F
355 2095

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Haggarty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Paul Haggarty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard:	[redacted]
Department:	Urology
Contact Tel:	[redacted]
Enquiries to:	Pauline Milligan
Letter Date:	12/02/2026
Reference:	VW/SC
Dictated Date:	09/01/2026
Transcribed Date:	11/02/2026

Dear Paul,

It was a pleasure seeing you at my Stone Clinic this morning, you attended for review. You're known with a 1mm left-sided mid-ureteric stone which caused acute renal colic symptoms in December 2025. On your CT there was a further 3mm right-sided mid-pole kidney stone identified. You were telling me that you had symptoms for roughly a week or 2 after discharge from hospital but you've been absolutely fine since then with no blood or urine infective symptoms. It is extremely likely that the stone has passed. You had similar symptoms in 2021 but not as severe where a right-sided renal stone was identified and it has indeed been static in size and location since then.

You had a dipstick of your urine this morning which was negative for blood and infection. Your urinary pH was 6 which is normal. Your stone bloods were normal also which would indicate an element of dehydration is the case of your stones. People who have formed stones before are 50% more likely to form more stones in the future so therefore we discussed the importance of maintaining 2-3L of water or diluting juice per day as a preventative measure and I did provide you with the BAUS dietary advice for stone formers leaflet.

At this time we'll not arrange for any further follow up at the Endo-Urology Clinic but if you do have a recurrence in symptoms please do not hesitate to attend your GP or Accident & Emergency for immediate assessment or re-referral.

Kind regards.

Victoria Welsh

Endourology Clinical Nurse Specialist

Electronically Signed: Nurse Victoria Welsh, Consultant

Printed on 12/02/2026 08:06 by [redacted] Page 1 of 2

NHS Confidential: Personal data about a patient

Haggarty Paul CHI: [redacted] GCL 09/01/2026 v1

cc. GP

Printed on 12/02/2026 08:06 by [redacted] Page 2 of 2

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5059287**	Receive Date:	**13-Jun-2017 20:28**
Patient's Name:	**Paul Haggarty**		
Date of birth:	**7-Sep-1971 (45 years)**	Gender:	**M**
Address:	**148 Templeland Road Pollock Glasgow G53 5LZ**	Current Address:	**148 Templeland Road Pollock Glasgow G53 5LZ**
Return Contact No:			
Tel No:	[redacted]		
Mobile No:			
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**13-Jun-2017 20:28**	Calltype:	**No Action Required By Co-op**
Advised:	**21:16**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**R Wolfe**

CHI Number: [redacted]

NHSD details:

Triage NHSD - **TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours. WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately. This call should be directed via consult telephony route.**

NHSD Comments - **PAINS ARE NOW WORSENING. PAINS WHEN BREATHING IN. ((User) (Glasgow))**

SELECT RAPID - PROTOCOL back ((Nurse Advisor) (Glasgow))

OPENED FOR RAPID TRIAGE, SUPPORTED BY TL B KINCH - LOWER BACK PAIN RADIATING TO MID BACK PRESENT UPON WAKING THIS MORNING. MOBILE. IN LAST 30MINS PASSED DARK COLOURED URINE - UNCOMFORTABLE TO PASS. COCODAMOL 8/500 - LAST DOSE 2HOURS - NIL EFFECT.

CLINICIAN ADVISED GP 36HOURS INCREASE FLUID INTAKE. ((User) (Edinburgh))

Receptionist:
*** BACK PAINS 11 HOURS SEE A/V**
NOA8 Pt advised to contact practice within 36 Hrs - For Information Only
Clinical summary created by: (User) (Edinburgh) [13/06/2017 21:16:48] BACK PAIN FOR 12HOURS AND LOWER BACK PAIN RADIATING TO MID BACK PRESENT UPON WAKING THIS MORNING. MOBILE. IN LAST 30MINS PASSED DARK COLOURED URINE - UNCOMFORTABLE TO PASS. COCODAMOL 8/500 - LAST DOSE 2HOURS - NIL EFFECT. CLINICIAN ADVISED GP 36HOURS INCREASE FLUID INTAKE.

Followups:
None

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

FAXED 0141-772-5560
9/8/01, 11.45

THE RUTLAND SURGERY

Fax

LESLEY GRAHAM HEALTH CENTRE

To: CORNTON VALE From: THE RUTLAND SURGERY

Fax: [redacted] Date: 9/8/01

Phone: [redacted] Pages: 1

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

re. TELEPHONE CONVERSATION ABOUT PATIENT d o b 7/9/71

Last received script for Methadone Mixture 1mg/1ml Seventy ml per day (70/1) supervised

Regards

Ron Wolfe

DR. RONALD WOLFE
21 RUTLAND PLACE
GLASGOW G51 1TA
G0642 4
TEL:
FAX: [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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RUN 8432

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr M F Shields Reg. Number ZC9547855

Received DATE: 04.06.97 TIME: 1231

Prov. Diagnosis ON METHADONE Lab. Number R,97.0058505.J

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	
28.08.95	1300	P	NF	NF	P		
20.03.96	1600	NF	P	NF	P		
28.08.96	1400	P	P	NF	P		
08.01.97	1500	NF	P	NF	P		
03.06.97	1000	P	P	NF	P		

Date Received 4/6/97 Month
NAD
For Action
To Prescription
Send Please
INITIALS

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available
The positive opiate immunoassay was due to morphine. Both
Methadone and its metabolite were detected indicating
ingestion.

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 09.06.97 2:53 PM

RUN 7711

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr R. Wolfe Reg. Number ZC9547855

Received DATE: 09.01.97 TIME: 1305

Prov. Diagnosis ON METHADONE Lab. Number R,97.0002786.P

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time	Analg's	Methadone	amines	azepines	Metab	Metab
28.08.95	1300	P	NF	NF	P		
20.03.96	1600	NF	P	NF	P		
8.08.96	1400	P	P	NF	P		
.01.97	1500	NF	P	NF	P		

IMENT

Present NF = Not Found NR = Not Requested NA = Not Available

ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 10/01/97 1:05 PM

Date Received 10/1/97

LEAD

Action

Reception

Card Release

INITIALS

NHS Confidential: Personal data about a patient

RUN 7127

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Received Dr R. Wolfe DATE: 28.08.96 Reg. Number ZC9547855 TIME: 1649

Prov. Diagnosis ON METHADONE Lab. Number R,96.0082647.D

DRUGS OF ABUSE

Reference Range Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date Time	Analg's	Methadone	amines	azepines	Metab	Metab
28.08.95 1300	P	NF	NF	P		
0.03.96 1600	NF	P	NF	P		
.08.96 1400	P	P	NF	P		

MENT

resent NF = Not Found NR = Not Requested NA = Not Available
ve opiate immunoassay due to the presence of
line (present in cough mixtures). No other opiate
d. Methadone and its metabolite present, confirming
n.

RUN 87

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr R. Wolfe Reg. Number ZC9547855

Received DATE: 21.03.96 TIME: 1245

Prov. Diagnosis ? H/O IV DRUG MISUS Lab. Number R.96.0027827.B

DRUGS OF ABUSE

Reference Range / Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis	
Date Time	Analg's	Methadone	amines	azepines	Metab	Metab	
28.08.95 1300	P	NF	NF	P			
20.03.96 1600	NF	P	NF	P			<

Date Received
NAD
For Action
For Prescription
Please INITIALS

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 03.04.96 3:48 PM

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RUN 6367

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr R. Wolfe Reg. Number ZC9547855

Received DATE: 21.03.96 TIME: 1245

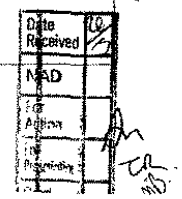
Prov. Diagnosis ? H/O IV DRUG MISUS Lab. Number R,96.0027827.B

DRUGS OF ABUSE

Reference Range Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date Time	Analg's	Methadone	amines	azepines	Metab	Metab
28.08.95 1300	P	NF	NF	P		
20.03.96 1600	NF	P	NF	P		

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available



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RUN 5379

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGERTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT

Address 6 HUTTON DR Consultant Dr R. Wolfe Reg. Number Z9547855

Received DATE: 28.08.95 TIME: 1640

Prov. Diagnosis ? H/O IV DRUG MISUS Lab. Number R,95.0077135.A

DRUGS OF ABUSE

Reference Range Units	OPIATE	METHADONE	AMPHET-	BENZODI-	BARBIT-
Date Time	ANALG'S	METHADONE	AMINES	AZEPINES	URATES
28.08.95 1300	P	NF	NF	P	

Date Received 29/8/95

NAD

Card Please

INITIALS

COMMENT

P = Present NF = Not Found NR = Not Requested NA = Not Available

Positive opiate immunoassay proven to be due to the presence of morphine. A small amount of codeine also present. Benzodiazepines also present. Immunoassays for cocaine and cannabis metabolites negative.

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 04.09.95 09:30 AH

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Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1510648.Y
Specimen Type	Blood
Date/Time Collected	06.06.19 / 11:57
Date/Time Received	06.06.19 / 16:35
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	07.06.19 / 13:47
Details	abdo pain

Results

Authorised on 07.06.19 at 11:42

Amylase	57	U/L	(<100)

Authorised on 07.06.19 at 11:42

Calcium	2.32	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.31	mmol/L	(2.20-2.60)
Phosphate	1.20	mmol/L	(0.80-1.50)
Albumin	40	g/L	(35-50)
Alkaline Phosphatase	82	U/L	(30-130)

Authorised on 07.06.19 at 11:42

C Reactive Protein	<1	mg/L	(0-10)

Authorised on 07.06.19 at 11:42

Sodium	138	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Urea	4.4	mmol/L	(2.5-7.8)
Creatinine	75	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Authorised on 07.06.19 at 11:42

Total Bilirubin	7	umol/L	(<20)

Blood Sciences Biochemistry Report

ALT	+	174	U/L	(<50)
AST	+	88	U/L	(<40)
Alkaline Phosphatase		82	U/L	(30-130)
Albumin		40	g/L	(35-50)

Comments:

Please note change in Abbott Total Bilirubin method from 18/01/18

Authorised on 07.06.19 at 13:40

TSH	1.11	mU/L	(0.35-5.00)
Free T4	13.1	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 25329 **Date** 08/10/2015 **External Case**
Patient's Name: Paul Haggarty **DOB:** 07/09/1971 **Age:** 44 years

Address Today
148 Templeland Road

Glasgow
Postcode: G53 5LZ
Current Phone [redacted]
CHI Number [redacted]

Home Address (If Different)

Postcode:
Home Phone (If Different) [redacted]

Callers Name:
Relationship to patient:
Name of GP:

Surgery: 405 200 Braidcraft Road
Call Type: PCEC Within 4 Hrs
Priority

Time Call Received NHS24 08/10/2015 21:22:08
Time Received OOH
Time Patient Arrived 09/10/2015 00:22:22
Consultation Start 09/10/2015 00:51:07
Consultation End 09/10/2015 00:58:15

Receptionist: **Time Arrived:** 09/10/2015 00:22 **Time Complete:** 08/10/2015 23:58

PAIN STARTED THIS MORNING AT TOP OF R. EAR. IS NOW TRAVELLING UPO R. SIDE OF HEAD. ALSO PAIN IN R. EYE. ((User) (Aberdeen))

PH-PAIN R. SIDE OF HEAD/EAR/EYE- TODAY SEE A/V

PCC4 PCEC within 4 Hrs

Clinical summary created by: (Nurse Advisor) (Edinburgh) [08/10/2015 23:46:16]
HEAD PAIN FOR 1 DAY AND SHARP PAINS IN HEAD, BEHIND TOP OF EAR. WORSE WHEN COUGHING/ EATING. SHOOTING PAINS UP TO TOP OF HEAD AND RIGHT EYE. EYE TENDER TO TOUCH. NIL TO SEE, NO RASH OR TINGLING OF SKIN. INCREASING FREQUENCY OF EPISODES. PARACETAMOL WITH NO RELIEF. GP 4 HRS, VICTORIA PCEC.

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: Cameron,HA(102) **Follow Up:** GP Follow Up -

Consultation(s):

By: Cameron,HA(102) **Start** 09/10/2015 00:51 **Finish** 09/10/2015 00:58

Clinical Assessment Details:
Started- 09/10/2015 00:51:07
Finished- 09/10/2015 00:58:15
Initial Assessment

History

right sided scalp neuralgic pain . shooting , brief. today. concerned in case ear was culprit as flying to egypt on

Report Statistics: Report produced by Adastra Version 3 - 09/10/2015 01:59:06

honeymoon on saturday.

Examination
looks well. no facial weakness. no scalp tenderness. right ear- no otitis media.

Diagnosis
scalp neuralgia

Treatment
simple analgesia

Clinical Coding
1B1G. Headache

Prescription Details

Report Statistics: Report produced by Adastra Version 3 - [redacted] 01:59:06

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

ID SEEN

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☒ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☒ Will you be in the area for more than 3 months?* Yes ☒ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth*	07 09 1971	Address*	148 TEMPLELAND RD POLLOCK GLASGOW
Title*	MR		
Surname*	HAGGARTY		
Forenames*	PAUL	Postcode*	G53 5LZ
Previous Surname*		Telephone #	[redacted]
email address #		Mobile #	

The following information can be found on your current medical card:

Community Health Index (CHI) Number*		NHS Number*	

The following information can be found on your birth certificate:

Town of Birth*	GLASGOW	Country of Birth*	UK
Registered district of birth (Scotland only)		Mother's maiden name	HUTCHINSON

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*	Name and address of previous GP Practice in UK*
148 TEMPLELAND ROAD	DR KENNEDY CARDONALD MEDICAL CENTRE PAISLEY RD WEST CARDONALD
Postcode* G53 5LZ	Postcode*

If you are from abroad:

Date you first came to live in the UK* | If previously resident in the UK, date of leaving*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date*

Are you a Reservist?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Leaving date*

*Is this your first registration with a GP since leaving the Armed Forces?** ☐ Yes ☐ No

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☑ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature [signature] Date 13 05 2015

[redacted]

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT 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 NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [signature] Date 13 09 2015

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [redacted] GP name DR PAULA HENDRIE

Practice code [redacted] Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date 15 5 15

7. OFFICIAL USE ONLY

Input by

Checked by

Date

GMSGPR001 v1 [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
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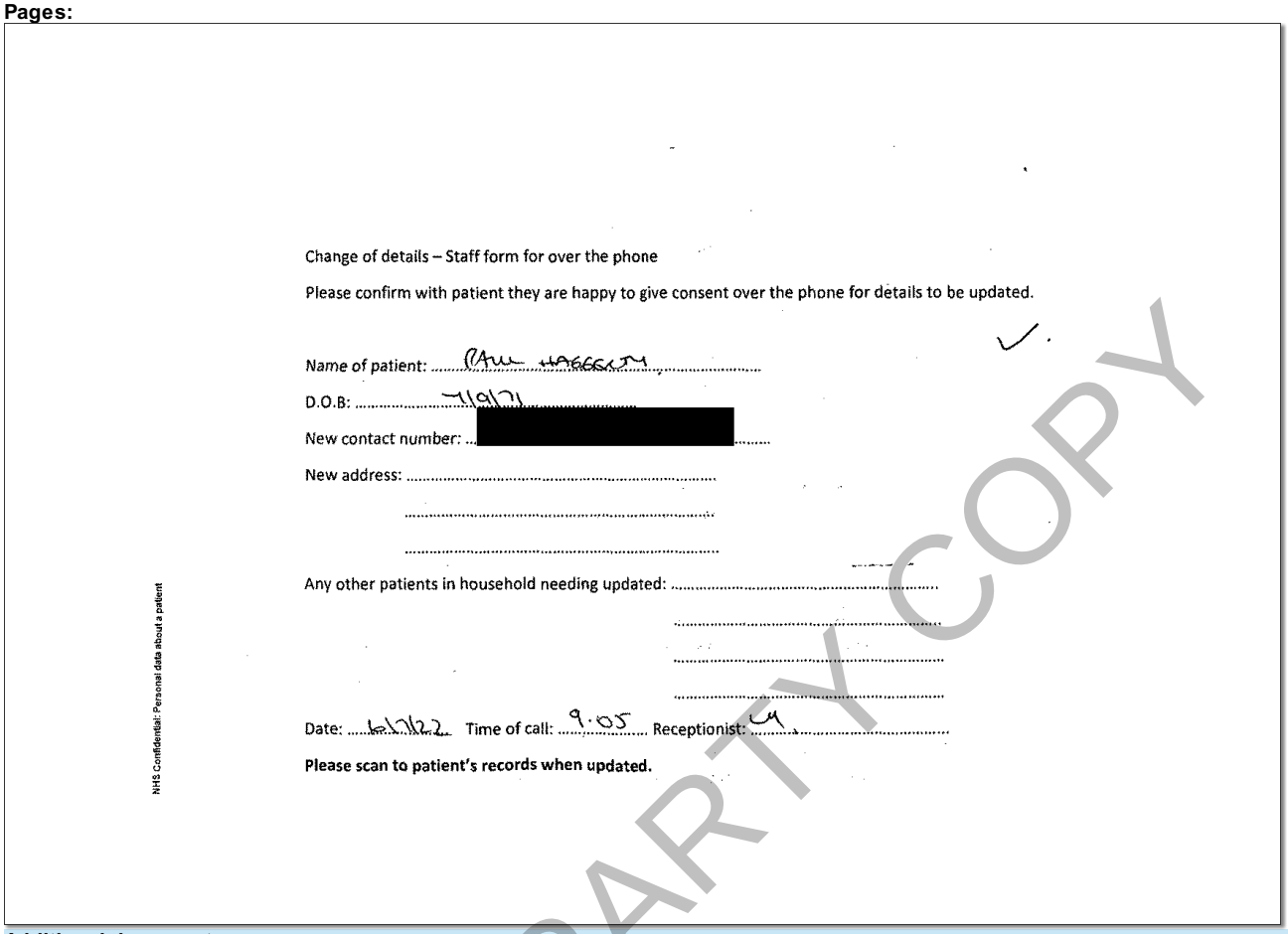

Change of details – Staff form for over the phone

Please confirm with patient they are happy to give consent over the phone for details to be updated.

Name of patient: [illegible]

D.O.B: 7/10/71

New contact number: [redacted]

New address: .....

.....

.....

Any other patients in household needing updated: .....

.....

.....

.....

Date: 6/7/22 Time of call: 9.05 Receptionist: CY

Please scan to patient's records when updated.

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Additional document
30-July-2026
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NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Paul Haggerty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard: [redacted]
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Mr Haggerty,

Just a note to inform you that I now have the result of the CT scan of your kidneys done on 20/05/2021. This scan confirms that you have a 3mm (very small) stone in your right kidney.

With the size of this stone it is likely to pass in urine with the passage of time. I would encourage you to drink plenty of water until I reassess your symptoms, if any, at your next clinic appointment. If you continue to be symptomatic then I shall refer you to my colleagues who deal with kidney stones at the Royal Infirmary but as I said, most patients with stones this size will pass them without even noticing them.

I will speak to you at your next clinic appointment.

Yours Sincerely.

Naeem Akhtar

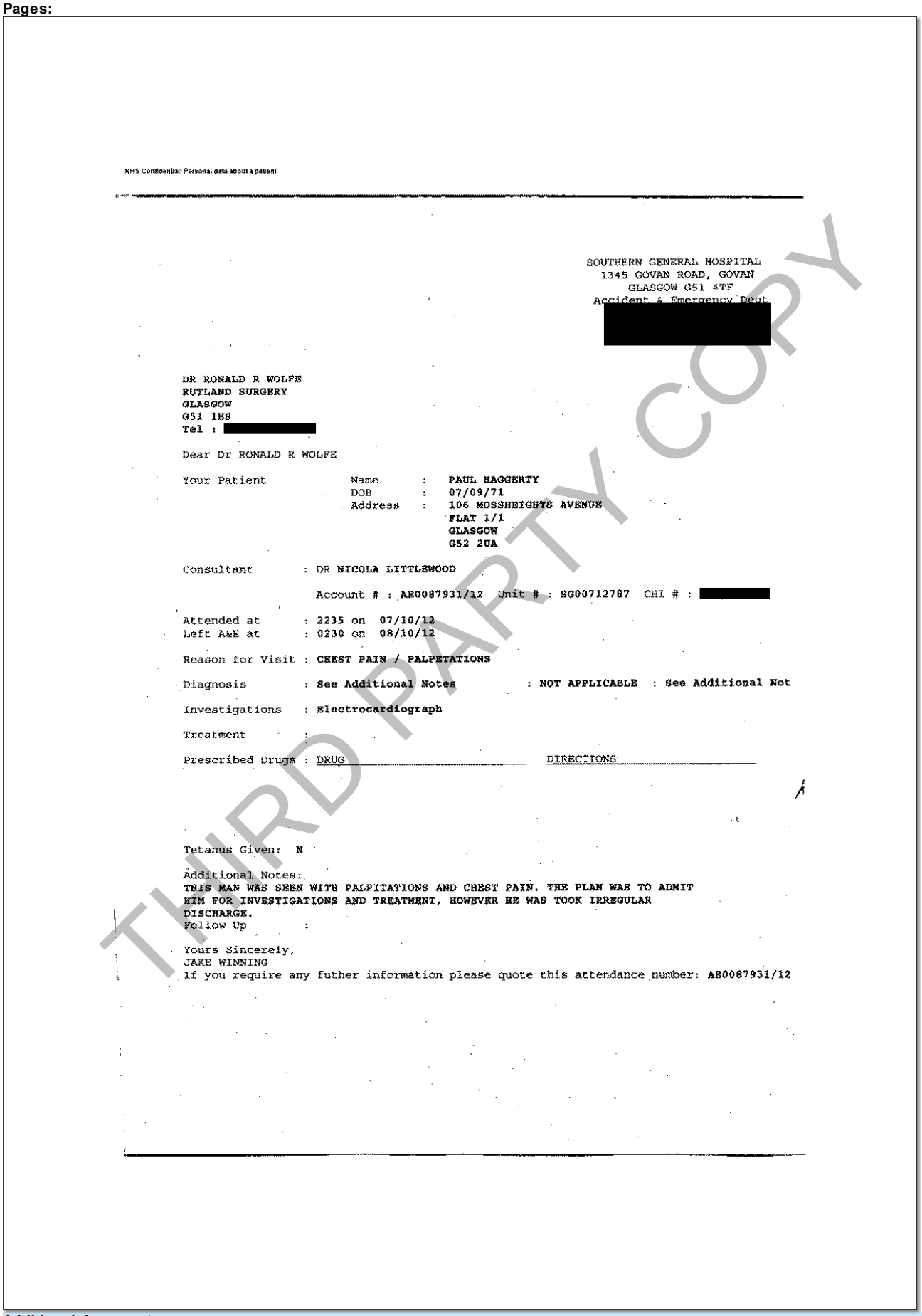
Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc. Dr Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1ES
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 106 MOSSHEIGHTS AVENUE
FLAT 1/1
GLASGOW
G52 2UA

Consultant : DR NICOLA LITTLEWOOD

Account # : AE0087931/12 Unit # : SG00712787 CHI # : [redacted]

Attended at : 2235 on 07/10/12
Left A&E at : 0230 on 08/10/12

Reason for Visit : CHEST PAIN / PALPETATIONS

Diagnosis : See Additional Notes : NOT APPLICABLE : See Additional Not

Investigations : Electrocardiograph

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: N

Additional Notes:
THIS MAN WAS SEEN WITH PALPITATIONS AND CHEST PAIN. THE PLAN WAS TO ADMIT HIM FOR INVESTIGATIONS AND TREATMENT, HOWEVER HE WAS TOOK IRREGULAR DISCHARGE.
Follow Up :

Yours Sincerely,
JAKE WINNING
If you require any futher information please quote this attendance number: AE0087931/12

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

SilverCloud

NHS
Greater Glasgow and Clyde

Confidential
Dr Jane Dickson
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Enquiries to: NHS GG&C cCBT Service
Tel: [redacted]
Email
Date

Dear Dr Dickson,

Patient: Paul Haggarty
CHI No: [redacted]

Thank you for your referral of the above patient to the SilverCloud Programme. I am writing to inform you that they did not engage well and have now reached the end of their supported cCBT Programme.

Although they have been discharged, they will continue to have access to the programme content including modules and activities for the remainder of a year from sign up. This allows patients to maintain the skills and techniques they have learned during the course. However they cannot amend any of the answers they have already given and so will not be considered "active" on the system which means you will no longer receive any suicide alerts for this patient.

As you may know, they generated an alert (IAPT Risk) over the course of the programme, which would have been reported to the practice if the intent level was 4/10 or above.

Paul's progress is detailed below, including their Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder Questionnaire (GAD-7) results.

Final Progress Report

Programme: Space from Social Anxiety			
IAPT Risk (number of risk alerts generated during the programme)			1
First Patient Health Questionnaire (PHQ-9)	25	Final Patient Health Questionnaire (PHQ-9)	7
First Generalised Anxiety Disorder Scale (GAD-7)	18	Final Generalised Anxiety Disorder Scale (GAD-7)	3

The above self-report measures monitor symptoms of depression and anxiety and were completed after sign up and each subsequent review (however only the first and final scores are given by the programme).

The PHQ-9 identifies common depressive symptoms. The initial total score in the PHQ-9 at the beginning of treatment was 25. By the end of the programme, their score was 7. Scores of 1-4 are indicative of minimal depression/5-9 mild depression/10-14 moderate depression/15-19 moderately severe depression/20-27 severe depression. These results indicate a reduced pattern of symptom severity over the course of the programme.

The second measure used to monitor the patient on the programme is the Generalised Anxiety Disorder Questionnaire (GAD-7). The initial total score in the GAD-7 at the beginning of treatment was 18. Scores of 0-4 are indicative of mild anxiety/ 5-9 moderate anxiety/ 10-14 moderately severe anxiety/ 15-21 severe anxiety. By the end of the programme, their score was 3. Scoring criteria for this measure notes that when used as a screening tool, further evaluation of the patient is recommended when the score is 10 or greater. These results indicate a reduced pattern of symptom severity over the course of the programme.

The best evidence for the SilverCloud programmes are with patients in the mild to moderate range for anxiety and/or depression.

If you have any questions about this report, the SilverCloud Programme or cCBT please contact us.

Yours sincerely,

Chantelle Hind
cCBT Team
NHS Greater Glasgow and Clyde Computerised Service

Additional document
30-July-2026
Additional: Additional document

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NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted] 6000
Department: Urology
Contact Tel: [redacted]
Enquiries to: [redacted]
Letter Date: 23/11/2020
Reference: NA/LW
Dictated Date: 23/11/2020
Transcribed Date: [redacted]

Dear Dr. BS Paulina,

Paul Haggerty; D.O.B: 07 Sep 1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

Attendance: Specialty - Urology; Clinic - VINAUR1-MR AKHTAR URO ADMIN CLINIC MON AM
Date and Time of Appointment - 23/11/2020 10:15

Clinical Comments:
I have arranged an up to date eGFR as there was not one available on clinic portal today. This is an essential requirement for CT IVU, which I think would be useful to get done due to the long term symptoms. I will be in touch with the results of the CT IVU following the next telephone consultation with the patient.

In the meantime, if the patient contacts you with ongoing pain, please prescribe appropriate analgesia and send urine for culture and sensitivity.

Yours Sincerely.

Naeem Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc.

Printed on 04/12/2020 11:37 by [redacted] Page 1 of 1

Additional document
30-July-2026
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NHS Confidential- Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.19.1736543.A
Specimen Type	Blood
Date/Time Collected	20.06.19 / 16:13
Date/Time Received	21.06.19 / 13:57
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	21.06.19 / 15:27
Details	abnormal LFTS and raised ...

Results

Authorised on 21.06.19 at 14:15

White Blood Count	9.9	x10^9/l	(4.0-10.0)
Red Cell Count	5.58	x10^12/l	(4.50-6.50)
Haemoglobin	162	g/l	(130-180)
Haematocrit	0.513	l/l	(0.400-0.540)
Mean Cell Volume	91.9	fl	(83.0-101.0)
MCH	29.0	pg	(27.0-32.0)
Platelet Count	346	x10^9/l	(150-410)
Neutrophils	6.0	x10^9/l	(2.0-7.0)
Lymphocytes	2.6	x10^9/l	(1.1-5.0)
Monocytes	1.0	x10^9/l	(0.2-1.0)
Eosinophils	0.13	x10^9/l	(0.02-0.50)
Basophils	0.1	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

Authorised on 21.06.19 at 15:24

ESR	2	mm/hr	(0-10)

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Results

Additional document
30-July-2026
Additional: Additional document

Filename:
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Pages:

NHS Confidential: Personal data about a patient

CSH2

ACCIDENT / EMERGENCY FORM

G.P.

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL DIRECT: 0141-201 1456/7
SWITCHBOARD: 0141-201 1100
[redacted]

C2 MR 7112N AE No. C/ 952182

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
HAGGERTY	PAUL	

ADDRESS: 6 HATTON DR — PATIENT'S OWN OCCUPATION:

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51 4AN		7-9-71 (23)	M	M	

NEXT OF KIN NAME	RELATIONSHIP	FAMILY DOCTOR SURNAME	INITIALS
DIANE HAGGERTY	WIFE	O'NEILL	

ADDRESS	ADDRESS
N/A	MIDLOCH PL

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
12-7-95			

TIME OF ATTENDANCE: 13-45 — HOME ACCIDENT PROBABLE CAUSE:

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP ___ SELF ✓ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE — DETAILS

REASON FOR ATTENDANCE: ? PILONIDAL SINUS -CR ABCESS

	TIME
TRIAGE	13.51
DOCTOR	14.25
NURSE	1445
LEFT DEPT.	1450

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Pilonidal abscess

X-Ray film/ECG shows

Treatment given: Surgeon will assess on ward

Drugs ___ days supply of ___ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle
(1) Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
17		

Follow Up: Not arranged ___ Arranged ___ To be arranged ___

SGH 458

Clinic Referred to	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A & E	ENT	Gyn	Others Specify

Medical Officers Name (In Block Letters): WESTERMANN

Cons SR Reg (SHO) HHO Clin Assist Staff Grade (please circle)

Signature of Medical Officer:

NHS Confidential: Personal data about a patient

7112lw

HOSPITAL CODE 95/214

FORENAMES Paul | BIRTH SURNAME

ADDRESS Haggerty 6 Hatton Dr | PATIENT'S OWN OCCUPATION

POSTCODE G51 4RQ | TELEPHONE No. | DATE OF BIRTH 7/9/71 | SEX m | MARITAL STATUS m | RELIGION RC

NEXT OF KIN: NAME | RELATIONSHIP wife | FAMILY DOCTOR: SURNAME O'Neill | INITIALS

ADDRESS <- | ADDRESS Midlock H.C.

POSTCODE | TELEPHONE No | POSTCODE | TELEPHONE No

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 9/7/95 | PREVIOUS ATTENDANCE AT THIS [redacted] IN/OUT PATIENT | YEAR

TIME OF ATTENDANCE 19.44pm | HOME ACCIDENT PROBABLE CAUSE

DATE OF INJURY OR ILLNESS | TIME OF INJURY | TYPE (CODE) | SOURCE OF REFERRAL: GP ____ SELF ____ POLICE ____ OTHER (CODE) 997

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

REASON FOR ATTENDANCE
CARBON MONOXIDE INHALATION

	TIME
TRIAGE	1945
DOCTOR	1945
NURSE	
LEFT DEPT.	2120

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis CARBON MONOXIDE POISONING

X-Ray film/ECG shows

Treatment given O2

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HAT ____ (Please Tick)

Would you please arrange

UA

DISCHARGE CODES: Please Circle

1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
W20		

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to:	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A & E	ENT	Gyn.	Others Specify

SGH 1458

Medical Officers Name (in Block Letters) Cr G Tolly

Signature of Medical Officer

Cons SR Reg SHO/JHO Clin Assist — Staff Grade (please circle)

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ACCIDENT / EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW G51 4TF
TEL. DIRECT: 0141-201 1456/7
SWITCHBOARD: 0141-201 1100
FAX: 0141-201 2997

7/11/21 2

AE No. C[illegible]5/7389

HOSPITAL CODE

SURNAME: Haggerty | FORENAMES: Paul | BIRTH SURNAME: (A)

ADDRESS: 6 Hutton Dr. | PATIENT'S OWN OCCUPATION:

POSTCODE: G51 4RD | TELEPHONE No: | DATE OF BIRTH: 7/9/71 (23) | SEX: m | MARITAL STATUS: m | RELIGION: RC.

NEXT OF KIN NAME: Diane | RELATIONSHIP: wife | FAMILY DOCTOR SURNAME: O'Neil | INITIALS:

ADDRESS: a/c | ADDRESS: Midlock MC.

POSTCODE: | TELEPHONE No: | POSTCODE: | TELEPHONE No.:

ACCIDENT/EMERGENCY | DATE OF ATTENDANCE: 16/3/95. | PREVIOUS ATTENDANCE AT THIS HOSPITAL YES | IN/OUT PATIENT | YEAR: 91/92.

TIME OF ATTENDANCE: 5.42 pm | HOME ACCIDENT PROBABLE CAUSE:

DATE OF INJURY OR ILLNESS: | TIME OF INJURY: | TYPE (CODE): | SOURCE OF REFERRAL: GP ✓ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE: | DETAILS:

REASON FOR ATTENDANCE: ? Mangata R/P.

	TIME
TRIAGE	1750
DOCTOR	
NURSE	
LEFT DEPT.	

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis

X-Ray film/ECG shows

Treatment given

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)
25		

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A&E	ENT	Gyn	Others Specify

Medical Officers Name (In Block Letters): O'DONOGHUE

Signature of Medical Officer: N.O'D

Staff Grade (please circle): Cons SR Reg SHO JHO Clin Assist

SGH 468 0431551

NHS Confidential: Personal data about a patient

TEL: [redacted]
SWIT
FAX:

71121N

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
Hasserty	Paul	

ADDRESS: 67 Brighton St Glas — PATIENT'S OWN OCCUPATION:

POSTCODE	SEX	MARITAL STATUS	RELIGION
G51 2EQ [redacted]	m	M	RC

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
Dianne	Wife	Collins	

ADDRESS: ala — ADDRESS: Midlock HC

POSTCODE — TELEPHONE No. — POSTCODE — TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
4/11/94			

TIME OF ATTENDANCE: 9.49 pm — HOME ACCIDENT PROBABLE CAUSE

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
4.11.94.	2050.		GP ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE — DETAILS

REASON FOR ATTENDANCE: (R) Ring finger injury.

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

	TIME
TRIAGE	2152.
DOCTOR	2215
NURSE	22-55
LEFT DEPT.	23-00

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis (R) Ringer finger Cut

X-Ray film/ECG shows X RAY (R) RING FINGER - No F'h. seen.

Treatment given 3x 4-0 fredex Sutures inserted in (R) ring finger after ring block with 5ml 1% lignocaine. Dry dressing.

Sutures to be removed in 7 days ATT up to date

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ____ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand Injury	Fracture	Ortho	Medical	Surgical	Dress. A&E	ENT	Gyn.	Others Specify

SGH 458

Medical Officers Name (In Block Letters) HOLLIS

Signature of Medical Officer

Cons SR Reg (SHO) JHO Clin Assist Staff Grade (please circle)

NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL
GLASGOW
G51 4TF
[redacted]

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/

G.P. COPY

HOSPITAL CODE 72737

SURNAME	FORENAMES	BIRTH SURNAME
WAGGATT	PAUL	

ADDRESS: 6 HUTTON DR.

PATIENT'S OWN OCCUPATION: 71121

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51		7-9-71	M		CH

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
	WIFE	COLLINS	

ADDRESS	ADDRESS
N/K	HILLOCK HC

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
7-10-97			

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
1-10	SWOLLEN (R) KNEE

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
6-10-97			GP ___ SELF ✓ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis LEFT DEPARTMENT AGGRESSIVE AND THREATENING BEHAVIOUR.

X-Ray film/ECG shows

Treatment given

Re Attended c (R) swollen knee. Injured after trauma has happened 3-4x before. Was extremely investigated ~2/12 ago - no Dx made. Not an acute problem. Requires Follow up to ? rheumatology ? orthopaedics.

Drugs ___ days supply of ___ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged ✓	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): LAWSON

Cons SR Reg (SHO) JHO Clin Assist (please circle)

Signature of Medical Officer: [signature]

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL
GLASGOW
G51 4TF
[redacted]

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 7116 €

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
KIAGGEETY	PAUL	

ADDRESS: 20 HUTTON DR — PATIENT'S OWN OCCUPATION:

POSTCODE	TELEPHONE No	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51	—	7·9·71	M	M	RIC

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
DIANE	WIFE	COLLINS	

ADDRESS	ADDRESS
S/A	7 MIDLOCK ST

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
21·6·93			

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
2045	SWOLLEN (R) KNEE

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP ____ SELF ✓ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE — DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis SMALL EFFUSION (R) KNEE.
ESR = 5 mm/L ~~RBC = 7~~ WCC = 7·8.

X-Ray film/ECG shows

Treatment given
REQUIRES DOUBLE TURKEY REST BUT
LEFT DEPT. BEFORE THIS COULD BE
ARRANGED

Drugs ____ days supply of ____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HAT ____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle
1. Admission 3. Refer to G.P. 5. Died (7.) Irregular Discharge
2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ✓ Arranged ____ To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) MICHAEL

Signature of Medical Officer

Cons SR Reg (SHO) JHO Clin Assist (please circle)

NHS Confidential: Personal data about a patient

2 C.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL
GLASGOW
G51 4TF
[redacted]

GREATER GLASGOW HEALTH BOARD

AE No. C/ F7

ACCIDENT/EMERGENCY FORM

71121R

HOSPITAL CODE			
SURNAME: MCCREETH	FORENAMES: PAUL.	BIRTH SURNAME:	
ADDRESS: 6 HUTTON DR.		PATIENT'S OWN OCCUPATION:	
POSTCODE: G53.	TELEPHONE No.: —	DATE OF BIRTH: 7.9.71. (21)	SEX: M / MARITAL STATUS: M / RELIGION:
NEXT OF KIN NAME: DIANE	RELATIONSHIP: WIFE	FAMILY DOCTOR: SURNAME: ROLLINS	INITIALS:
ADDRESS: S.A		ADDRESS: MILLOCK M.C,	
POSTCODE:	TELEPHONE No:	POSTCODE:	TELEPHONE No:
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: 17.5.93.	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: YES.	IN/OUT PATIENT:	YEAR:
TIME OF ATTENDANCE: 13.15	REASON FOR ATTENDANCE: LAC. (R) INDEX FINGER.		
DATE OF INJURY OR ILLNESS:	TIME OF INJURY:	TYPE (CODE):	SOURCE OF REFERRAL: GP / SELF / POLICE / OTHER (CODE)
ROAD TRAFFIC ACCIDENT PLACE:	DETAILS:		
HOME ACCIDENT PROBABLE CAUSE:			

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: laceration to 1st finger (R) hand.

X-Ray film/ECG shows:

Treatment given: Clean, Steristrip, dressing.

Drugs: days supply of: has been given.

Tetanus Prophylaxis has/has not been administered. TT Course: TT Booster: HATI: (Please Tick)

Would you please arrange:

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): SRAY

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer: Sray

NHS Confidential: Personal data about a patient

(2)

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL
GLASGOW
G51 4TF
[redacted]

GREATER GLASGOW HEALTH BOARD

AE No. C/

ACCIDENT/EMERGENCY FORM

71121R

HOSPITAL CODE

SURNAME: HAGGERTY | FORENAMES: PAUL | BIRTH SURNAME:

ADDRESS: 67 KNIGHTON ST | PATIENT'S OWN OCCUPATION: FORK LIFT DRIVER

POSTCODE: G51 | TELEPHONE No.: 445 1421 | DATE OF BIRTH: 7/9/71 (21) | SEX: M | MARITAL STATUS: M | RELIGION: RC

NEXT OF KIN NAME: DIANE | RELATIONSHIP: WIFE. | FAMILY DOCTOR: SURNAME: DR COLLINS | INITIALS:

ADDRESS: SAME | ADDRESS: 7 MIDLOCK ST

POSTCODE: SAME | TELEPHONE No.: SAME | POSTCODE: G(G5) | TELEPHONE No.:

ACCIDENT/EMERGENCY DATE OF ATTENDANCE: 24/5/93 | PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: — | IN/OUT PATIENT: CWS | YEAR: 1993

TIME OF ATTENDANCE: 4.05PM | REASON FOR ATTENDANCE: INJ (1) HAND

DATE OF INJURY OR ILLNESS | TIME OF INJURY | TYPE (CODE) | SOURCE OF REFERRAL: GP ____ SELF ____ POLICE ____ OTHER (CODE) ____

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Crush injury Lt hand.

X-Ray film/ECG shows: NAD

Treatment given: Analgesia

Drugs: 7 days supply of Tylex has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ____ | Arranged ____ | To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters)

Signature of Medical Officer: A Code

Cons SR Reg (SHO) HO Clin Assist (please circle)

NHS Confidential: Personal data about a patient

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
SOUTHERN GENERAL HOSPITAL
GLASGOW
G51 4TF
[redacted]

GREATER GLASGOW HEALTH BOARD

AE No. C/ 7112/R

ACCIDENT/EMERGENCY FORM

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
HAGGERTY	PAUL	

ADDRESS: 6 HUTTON RD — PATIENT'S OWN OCCUPATION: WE

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G51 4RN	—	7971	M	M	R.C.

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
	WIFE	COLLINS	

ADDRESS	ADDRESS
S/A	MIDLOCK ST

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
17.1.93	YES	OUT	1993

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
6.50 pm	INJ. (R) SHOULDER

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
			GP ___ SELF ✓ POLICE ___ OTHER (CODE) ___

ROAD TRAFFIC ACCIDENT PLACE | DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Muscular injury (R) Shoulder

X-Ray film/~~ECG shows~~: NAD.

Treatment given: Mobilize
NSAID

Drugs: 5 days supply of Brufen 1 tds TID. has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ___ TT Booster ___ HATI ___ (Please Tick)

Would you please arrange ___

DISCHARGE CODES: Please Circle

1. Admission
2. (Discharge)
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up: Not arranged ___ Arranged ___ To be arranged ___

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): HAUGHTON

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: [signature]

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...IT AND ORTHOPAEDIC SERVICE
Surgeons : Mr. GEORGE A. WHITEFIELD
Mr. R. K. McRAE
Mr. J. BINGHAM
Mr. S. W. McCREATH

SOUTHERN GENERAL HOSPITAL
GLASGOW G51 4TF
[redacted]
Ext :- 3517

MM/MLH/712787

18 February 1986

Dr Ockrim
2 Cessnock Street
GLASGOW
G51 1AR

Dear Dr Ockrim

Paul Haggerty - DOB 7.9.71
67 Brighton Street, Glasgow G51

This young boy had a fractured left lateral malleolus 4 weeks ago. He was put in a below knee plaster of Paris and is now complaining of pain on the lateral side of his foot. The plaster of Paris was removed and a blistered area was found on his fifth metatarsal head. X-rays showed the fracture was healing well and as he is walking the plaster of Paris was not replaced and he was discharged from the clinic.

Yours sincerely

M Madan

M Madan
SENIOR HOUSE OFFICER

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ACCIDENT AND ORTHOPAEDIC SERVICE

Surgeon In Charge Mr. GEORGE A. WHITEFIELD
Surgeons: Mr. R. K. McRAE
Mr. J. BINGHAM
Mr. S. W. McCREATH

SOUTHERN GENERAL HOSPITAL
GLASGOW, G51 4TF

[redacted]

NDK/MMD/Cas. Card

8th December 1978

Dr. Collins,
2 Cessnock Street,
Glasgow G 41.

Dear Dr. Collins,

re: Paul Haggerty, 67 Brighton Street, Glasgow G 51.

This patient attended the Casualty Department with an injury to the head as the result of [redacted] knocking him over.

Examination revealed the patient conscious with a lump over the right side of the head. There was a small laceration just posterior to the swelling on the temple. There were no neurological signs and x-ray of the skull was negative. He was given A.T.T. and Triplopen and black silk sutures.

He was kept in overnight and discharged the next day.

Yours sincerely,

N. D. KAMAT, F.R.C.S.
ASSISTANT SURGEON

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Haggarty
Forename	Paul
CHI	0709716257
Date of birth	1971-09-07
Sex	Male
Address	148 TEMPLELAND RD GLASGOW G53 5LZ

Specimen Details

Specimen Processed Date	27-06-2021 18:44
Test Start Date	26-06-2021 16:15
Test End Date	26-06-2021 16:16
GP Practice	52043
Specimen Number	AAL83078690
Administration Method	self

End of Report

Report Date: 27/06/2021

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

CHI: 0709716257 07/09/1971 M
HAGGARTY, Paul
148 Templeland,G53 6LZ

DR D LOGIE, 7264794
Braidcraft M.C, G53 5 QD
30/05/2019 12:59. Practice. 52043

Braidcraft Medical Centre Travel Clinic

ADVICE	ANTI MALARIALS	REFERAL TO TRAVEL CLINIC
Food and Water YES/NO	Cloroquine (buy over the counter) YES/NO	Please Specify
Bite Avoidance Yes/NO	Proguanil (buy over the counter) YES/NO	
Care in the Sun YES/NO	Mefloquine (private prescription) YES/NO	
Flight Health/DVT Avoidance YES/NO	Malarone (private prescription) YES/NO	
Other Asthma fit for travel	Doxycyclone (private prescription) YES/NO	

Practice Nurse signature: F O'Callaghan

Travel Vaccines Required?	Yes	No	Further Information
Hepatitis A			
Hepatitis B			Had 4 doses
Typhoid			
Diphtheria/Tetanus/Polio			
Meningitis ACWY			
Rabies			
Other: nmk			

GP Signature:

Are you feeling well enough to receive this vaccine? Yes/No

Do you suffer any allergies Yes/No

Any reactions with previous vaccinations Yes/No

Are you pregnant or breastfeeding Yes/No

Have you had any other vaccination or immunoglobulin in the last 3 months? Yes/No

Are you taking any medications which suppress your immune system? Yes/No

Have you been treated with radiotherapy or chemotherapy in the last 6 months? Yes/No

Do you suffer from a condition which affects your immune system? Yes/No

Are you on immunosuppressive treatment following organ transplant? Yes/No

Have you had a bone marrow transplant? Yes/No

Have you taken high dose oral steroids daily for 1 week within the last 3 months? Yes/No

Do you have active TB? Yes/No

Patient's Consent : **Date :**

Vaccines given:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Form: SA Run: 150

Surname: **HAGGERTY** CHI/Unit No: **0709716257**
Forename: **PAUL**
DOB/Age: **07.09.71** Sex: **Male**
Address: **148 TEMPLELAND ROAD**
Location: **Rutland Surgery Glasgow** Requestor: **Dr Mary F Shields**
Diagnosis: **NO CLINICAL DETAILS ON FORM**

			[[CURRENT]]		
Lab Number			B,13.2302552.3	B,13.2302553.B	B,12.1429743.K
Date/Time collected			20.11.13 17:46	20.11.13 17:46	08.10.12 00:15
Date/Time received			21.11.13 13:07	21.11.13 13:07	08.10.12 00:42
Sodium	mmol/L	(133-146)			140
Potassium	mMol/L	(3.5-5.3)			3.9
Chloride	mMol/L	(95-108)			105
Bicarbonate	mmol/L	(22-29)			26
Urea	mMol/L	(2.5-7.8)			6.7
Creatinine	umol/L	(60-130)			68
GFR (est'd)	ml/min	(>60)			>60
Glucose	mmol/L	(3.5-6.0)		5.1	
CRP	mg/L	(0-10)			3
Magnesium	mmol/L	(0.70-1.00)			1.03
Calcium	mmol/L	(2.20-2.60)			2.54
Adj Calcium	mmol/L	(2.20-2.60)			2.57
Phosphate	mmol/L	(0.80-1.50)			1.23
Albumin	g/L	(35-50)	45		41
Alk Phos	U/L	(30-130)	93		104
Tot Bilirubin	umol/L	(0-20)	5		5
Conj Bilirubin	umol/L				
AST	U/L	(0-40)	34		31
gGT	U/L	(0-70)			
ALT	U/L	(0-50)	43		31
Amylase	U/L	(0-100)			64
CK	U/L	(40-320)			
Troponin I	ug/L	(<0.04)			<0.04
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	mmol/L	(0.20-0.42)			
Osmolality	mOsm/Kg	(275-295)			
Cholesterol	mmol/L		5.3		
Triglyceride	mmol/L	(0.2-2.3)	2.0		
VLDL Chol	mmol/L		NA		
LDL Chol	mmol/L		NA		
HDL Chol	mmol/L		1.0		
Chol/HDL			5.3		

Result Comments:
20.11.13 Lipids : Non-fasting sample

Date reported: **21.11.13** Authoriser: **Dr Rajeev Srivastava**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	0709716257
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,24.2599585.D
Specimen Type	Blood
Date/Time Collected	29.10.24 / 09:31
Date/Time Received	29.10.24 / 12:52
Requested By	Dr Syeda M Fatima
GP Practice	52043
Date/Time Reported	30.10.24 / 10:22
Details	TATT, weight loss

Results

HbA1C (IFCC) - Authorised on 30.10.24 at 10:19

HbA1c (IFCC)	37	mmol/mol	(20-41)

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Braidcraft Medical Centre

200 Braidcraft Road Glasgow G53 5QD

[redacted]

Dr B Paulina, Dr J Dickson, Dr D Logie, Dr O Tanner
Practice No: **52043**

REF: SF/LM

31st October 2024

Mr P Haggerty

148 Templeland Road
Glasgow
G53 5LZ

Dear Mr Haggerty

You have recently had your blood taken which has shown that your Folate level is low. This can be low for a variety of reasons but the most common cause is due to poor dietary intake. Good sources of folate include Broccoli, Brussels Sprouts, Asparagus, peas, chickpeas and brown rice.

To help improve your folate levels I would recommend that you take folic acid tablets. I have attached a prescription to this letter. Please make an appointment for repeat bloods in four months time.

If you have any concerns regarding this please do not hesitate to make a telephone appointment with one of the GP's through Ask My GP to discuss further or alternatively have a look at the NHS Inform website for more information.

Yours sincerely

Secretary for
Braidcraft Medical Centre

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Urology Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC Urology

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

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

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

Hospital location code. G405H

Email address -

Urgency of referral Routine
Date of referral 19-May-2026 **Date sent** 19-May-2026

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s)

V [redacted]

1010400047820 Unique Care Pathway Number: 1010400047820

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s)

[redacted]

REFERRING GP DETAILS

Name	Dr. David Logie		
GMC code	7264794	GP code	06441
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s)

Voice: [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: [redacted] Date: **07 Oct 2012** Time of Call: **21:56**

Patient's Name: **Paul Haggarty** DOB: **07/09/1971** Age: **41 Y**

Address Today: **1/1 160 Moss Heights Avenue**
Cardonald
Glasgow
Intercom/Buzzer Entry
Post Code: **G52 2UA**

Home Address If different: **William Hunter House**
70 Oxford St
Glasgow
Post Code: **G5 9EP**

Phone Number Today: [redacted] -

Home Phone If different: [redacted] -

NHS24 Call ID : 12209802

Callers Name: **Dawn** Relationship to patient:

Name of GP: **Wolfe R** Practice No: **421**

Surgery: **421Rutland Surgery** Cipher No: **G0642 4**

Address: **Dr R Wolfe & Partners 24 Govan Road Glasgow G511HS** Fax No: [redacted]

Speed Dial: **017**

Call Type: **No Action Required by Co-** **NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: Time Complete: **07/10/2012 21:56:08**

Patient's Complaint: **Patient's Complaint:**

WORSENING 2 DAYS. CHEST PAINS 3 HRS. PAIN IN LH ARM COMING AND GOING. NASEUA. PALE IN COLOUR. ((Non-Clinical User) (Glasgow))

CHEST PAINS 3 HRS, PALPITATIONS 2 WEEKS SEE A/V

Clinical summary created by: (Nurse Advisor) (Edinburgh) [07/10/2012 21:55:47]
CHEST PAIN/ LEFT ARM PAIN/ IRREGULAR HEART BEAT FOR 3 DAYS AND LIGHTHEADED/ SHORT OF BREATH/ CLAMMY/ WARM/ SHOOTING PAIN IN LEFT ARM EVERY 10 SECONDS ON / OFF FOR X 1 HR 10 MINS RELIEVED IN LAST 20 MINS/ AT 1800HRS SHARP PAIN TO LEFT SIDE OF CHEST FOR 1 MIN ONLY-PT STARTED ON FRIDAY WITH CONSTANT FAST IRREGULAR HEART BEATS/HEADACHE/ CONSTANT TICKLE IN THORAT CAUSING NAUSEA. IN LAST 24 HRS TRIED X 6 PARACETOMLA TASB AND IN LAST 90MINS TRIED 600MGS OF ASPRIN. 999 AMBULANCE BOOKED

This call should be directed via triage telephony route.
This call will now be transferred to the emergency services.
If advising patient to attend hospital ask them to take any current routine medications with them.

Remarks: This call should be directed via triage telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

faxed 25/3/11
11.50pm

SPIROMETRY REQUEST FORM

NHS
Greater Glasgow and Clyde

Administrative Centre
Department of Respiratory Medicine
Queen Elizabeth Building
Glasgow Royal Infirmary
Alexandra Parade
Glasgow G31 2ER

[redacted]
Fax 0141 355 1752

DATE OF REQUEST : **DATE APPOINTED:**

PATIENT DETAILS
Surname [redacted]
Forenam
Address CHI: 0709716257
HAGGARTY, Paul 07/09/1971 M
[redacted] 70 Oxford St William H House G5 9E

Dr Wolfe GMC :2334484
Rutland Surgery,
25/03/2011 11:54 Practice: B22D2

D.O.B
Practice Number
Tel.

PRACTICE DETAILS
GP
Address Dr. RONALD WOLFE
21 RUTLAND PLACE
GLASGOW

Tel. [redacted]
Fax.

SMOKING HISTORY: ***current / ex / never***

BRIEF CLINICAL RESUME:
episodes of purulent sputum

TESTS REQUIRED:

Spirometry with Reversibility ☑
2.5 mg Nebulised Salbutamol

Spirometry alone ☐

CURRENT RESIRATORY MEDICATION:
nil

Signed: [redacted] **Date:** 25/3/11

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Glasgow Emergency Medical Services (Centre Name)

Call No: 49618 | Date: 07/10/1999 19:11:32 | Time of Call:
Patient's Name: Haggerty Paul | D.O.B.Age: 07/09/1971 28 Y

Address Today:
40 Tarfside Oval
House 8
Cardonald

Glasgow
G52

Home Address If different:

Post Code: | Post Code:
Phone Number Today: [redacted] | Home Phone If different:
Special Directions to Today's address: postcode unknown
Callers Name: | Relationship to patient:

Name of GP: Shields M | Practice No: 421
Surgery: Rutland Surgery | Cipher No: G0159 7
Address: | Fax No: [redacted]
Speed Dial:
Call Type: OT | Time Passed:
Receptionist's Name: ISAWE | Time Arrived: 19.38 | Time complete: 20.08

Patient's Complaint:
at gp on tuesday. given paracetamol and anti-sickness pills. urine is very red, shaking, drowsy
METHADONE 40mls - STARTED - USING DRUG'S AGE 22yrs - SEEN BY GP TUE ABOVE MEDICATION GIVEN - WITH AS ABOVE: NO EFFECT -

BP: 122/78 | PR: per min 74/min | Temp: 38.6

Clinical Notes
ALLERGIES NIL

Saw GP Tuesday. Temp & vomiting. commenced anti-emetic, and Paracetamol...Much worse. General aches and pains. Vomiting +++. Temp. Drowsy. ?Haematuria or concentrated urine.

o/e looks unwell.
(R) creps inflamed RS signs
(R) upper lobe. Abd - NAD
No meningism

OH METHADONE 40mls -

Treatment: → SGH Receiving Physician.

PLAN

Diagnosis Code: Chest Infection URINALYSIS - TRACE PROTEIN

Referral:

Seen by Dr: [signature] | Rota No: 125 | Nurse: H Brannon

07-OCT-99 THU 20:16 CARDONALD CLINIC GPE [redacted] P.01

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

TRACKING SLIP (RTS)

CHI: 0709716257 07/09/1971 M
HAGGARTY Paul
148 Temple Lane, G53 6LZ

DR P HENDRIE,
Braidcraft M.C., G53 5 QD
08/12/2016 15:19 Practice [redacted]

DOB

GP

Date 09-12-16
Ordered
Date
Taken 5/1/17

Biochemistry	Haematology	Radiology
U & E	FBC	X-ray CXR
LFT	ESR	Ultrasound
GGT	Ferritin	
TFT	B12/Folate	
Thyroid Auto antib	Red Cell Folate	
Fasting Lipid Profile	GFST (Monospot)	
Random TG Chol/ HDL-Chol		
Glucose Fasting/Random		**Cardiology**
HbA1C		ECG
Urate		Echocardiogram
Immunoglobulins		
ANF/RF		
PSA/HCG/Ca125	**Bacteriology/Virology/Immunology**	**Other**
FSH/LH	MSSU	Urinalysis (Surgery)
Prolactin	Stool Culture	IPT (Pathology)
Oestrogen/Progest	Bact Swab	
	Bact Swab high Vaginal	
	Bact Swab – Endocervical	
Testost/SHBG/FAI	Chlamydia Swab/Urine	
Cortisol	Sputum	
Amylase		
Ca/Phos	Helicobacter Pylori	
CRP		
	Virology –	
Albumin: Creatinine		
	Hep A Titres	
CK	Hep B Titres	
Drug Levels	Hep B Screen	
Urine Drug Screen	Rubella	
	HIV	
FOB	Other:-	

Received, Hon Sci 9/3/17

Clinician's Comments on Results | **Staff Comments for Doctors**

Action

Tell Patient: Normal/Make Appt (or something else-write below)
DR H → NORMAL CXR

Date

Send letter for appointment to see Doctor – Routine/Urgent

Patient Informed

Prescription left by doctor – Collect/Post

Letter sent to Patient

Receptionists Initials
KoSt

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT [redacted] ...FIAL GLASGOW

Name: HAGGARTY PAUL
Address: 310 LINTHAUGH ROAD GLASGOW
Consultant/GP: Dr.R.Wolfe.
Ward: 21 Rutland Place, G51 1TA
Specimen: URINE mid stream

Unit No.: ZM9944513 CHI No.: [redacted]
D.O.B: 07.09.71 Sex: M
Report to: 21 Rutland Place, G51 1TA
Date collected: 22.08.07
Date received: 22.08.07

REPORT:

Microscopy:- W.B.C. SCANTY 1 Cells/hpf
R.B.C. INSIGNIFICANT NUMBER

23/8/07
DATE RECEIVED
P/N
DIARY
CARD
INITIALS

Report:-
NO SIGNIFICANT BACTERIURIA BY URINE FLOW CYTOMETRY

Comment:-
URINE NOT CULTURED

Gallacher 23.08.07

LAB.NO. U,07.0021543

NHS Confidential: Personal data about a patient

SGH 115A

BACTERIOLOGY DEPARTMENT — **SOUTHERN GENERAL HOSPITAL** GLASGOW

TEL: 0141 201 1703/4/5

Name: HAGGARTY PAUL
Address: 12 ULVA ST GLASGOW
Consultant/GP: Dr.M.F.Shields
Ward: 21 Rutland Place, G51 1TA
Specimen: URINE mid stream

Unit No.: ZM9944513
D.O.B. 07.09.71 Sex: M
Report to: 21 Rutland Place, G51 1TA
Date collected: 13.08.03
Date received: 14.08.03

REPORT:

Microscopy:- W.B.C. SCANTY 2 Cells/hpf
R.B.C. INSIGNIFICANT NUMBER

18/8/03

DATE RECEIVED
NAD
RX
CONSULT
PIX
MARY
CARE
INITIALS

Report:-

[redacted]

NO SIGNIFICANT BACTERIURIA BY URINE FLOW CYTOMETRY

URINE NOT CULTURED

Dr.G.Gallacher 14.08.03

LAB.NO. B03.0017429

NHS Confidential: Personal data about a patient

BACTERIOLOGY DEPARTMENT — **SOUTHERN GENERAL HOSPITAL** GLASGOW

TEL [redacted]

Name: HAGGARTY PAUL
Address: 12 ULVA ST GLASGOW
Consultant/GP: Dr.M.F.Shields
Ward: 21 Rutland Place, G51 1TA
Specimen: SWAB WOUND buttock

Unit No.: ZM9944513
D.O.B. 07.09.71 Sex: M
Report to: 21 Rutland Place, G51 1TA
Date collected: 24.07.03
Date received: 24.07.03

REPORT:

Microscopy:-

Culture:-

1. Staphylococcus aureus moderate growth
2.
3.

Comment:-

Antibiotic	Organism 1. 2. 3.
Erythromycin	S
Flucloxacillin	S
Penicillin	R

28/7/03
DATE RECEIVED
NAD
ACTION
RX
COMPUTER
P/N
DIARY
CARD
INITIALS

Can you phone lab + see if Sensitive to Coamoxiclav?
Yes

S =Sensitive R =Resistant

file now

LAB.NO. R,03.0017982

NHS Confidential: Personal data about a patient

SGH 115A

[redacted] BACTERIOLOGY DEPARTMENT **SOUTHERN GENERAL HOSPITAL GLASGOW**

Name: HAGGARTY PAUL
Address: 12 ULVA ST GLASGOW
Consultant/GP: Dr.M.F.Shields
Ward: 21 Rutland Place, G51 1TA
Specimen: SWAB WOUN chest

Unit No.: ZM9944513
D.O.B. 07.09.71 Sex: M
Report to: 21 Rutland Place, G51 1TA
Date collected: 24.07.03
Date received: 24.07.03

REPORT:

Microscopy:-

28/7/03

DATE RECEIVED	
NAD	✓
ACTION	
RX	
COMPUTER	
PIN	
DIARY	
CARD	
INITIALS	

Culture:-
COMMENSALS ONLY ISOLATED.

Comment:-

26.07.03 LAB.NO. R,03.0017983

NHS Confidential: Personal data about a patient

BA
TEL: 0141 2...
...HOSPITAL NHS TRUST
GLASGOW

Name: HAGGARTY PAUL
Address: 12 ALVA ST GLASGOW
Consultant/GP: GP:Dr.M.Ross
Ward: GP 21 Rutland Place
Specimen: URINE mid stream

UNIT No.: ZM9819879
D.O.B. 07.09.75 Sex: M
Report to: GP 21 Rutland Place
Date collected: 18.03.98
Date received: 19.03.98

REPORT:

Microscopy:- W.B.C. SCANTY
R.B.C. SCANTY

20/3.

Culture:-
NO SIGNIFICANT GROWTH.

Comment:-
Antimicrobials Not Detected

LAB.NO. U,98.0008280

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate
DEPARTMENT OF GENERAL SURGERY
Direct Line: [redacted]
Fax:

GAS/AM

Typed: 14/04/08
CHI: [redacted]

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA

Dear Dr Wolfe,

PAUL HAGGERTY DOB: 07/09/71 (SG00712787)
310 LINTHAUGH ROAD, FLAT 1-L, GLASGOW, G53 5QY

Admitted: 21/3/08
Discharged: 21/3/08
Diagnosis: Perianal haematoma
Procedure: Incision and drainage
Follow-up: None

This gentleman's perianal haematoma was incised under local anaesthetic.

Yours sincerely,

Graeme A Smith
Consultant Colorectal Surgeon

Run: 14/04/08-12:16 by MCKELLAR,ANNE

Page 1 of 1

Delivering better health

www.nhsggc.org.uk

40369

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 119 MUIRDRUM AVENUE
GLASGOW
G52 3AW

Consultant : DR NICOLA LITTLEWOOD

Account # : AE0057421/10 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1029 on 11/07/10
Left A&E at : 1323 on 11/07/10

Reason for Visit : HEADACHE

Diagnosis : Wound Infection : LEFT : Face

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:
STABBED 24HRS AGO, PAINFUL SWOLLEN FACE. REFFERRED MAXFAX.
Follow Up : ADMIT 62

Yours Sincerely,
NICOLA LITTLEWOOD
If you require any futher information please quote this attendance number: AE0057421/10

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Form: SA Run: 150

Surname: HAGGERTY
Forename: PAUL
DOB/Age: 07.09.71
Address: 148 TEMPLELAND ROAD
Location: Rutland Surgery Glasgow
Diagnosis: NO CLINICAL DETAILS ON FORM

CHI/Unit No: [redacted]
Sex: Male
Requestor: Dr Mary F Shields

[[CURRENT]]

Lab Number			B,13,2302552.J	B,13,2302553.B	B,12,1428743.K
Date/Time collected			20.11.13 17:46	20.11.13 17:46	08.10.12 00:15
Date/Time received			21.11.13 13:07	21.11.13 13:07	08.10.12 00:42
Sodium	mmol/L	(133-146)			140
Potassium	mmol/L	(3.5-5.3)			3.9
Chloride	mmol/L	(95-108)			105
Bicarbonate	mmol/L	(22-29)			26
Urea	mmol/L	(2.5-7.8)			6.7
Creatinine	umol/L	(40-130)			68
GFR (est'd)	ml/min	(>60)			>60
Glucose	mmol/L	(3.5-6.0)		5.1	
CRP	mg/L	(0-10)			3
Magnesium	mmol/L	(0.70-1.00)			1.03
Calcium	mmol/L	(2.20-2.60)			2.54
Adj Calcium	mmol/L	(2.20-2.60)			2.57
Phosphate	mmol/L	(0.80-1.50)			1.23
Albumin	g/L	(35-50)	45		41
Alk Phos	U/L	(30-130)	93		104
Tot Bilirubin	umol/L	(0-20)	5		5
Conj Bilirubin	umol/L				
AST	U/L	(0-40)	34		31
gGT	U/L	(0-70)			
ALT	U/L	(0-50)	43		31
Amylase	U/L	(0-100)			64
CK	U/L	(40-320)			
Troponin I	ug/L	(<0.04)			<0.04
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	mmol/L	(0.25-0.43)			
Osmolality	mOsm/kg	(275-295)			
Cholesterol	mmol/L		5.3		
Triglyceride	mmol/L	(0.2-2.3)	2.0		
VLDL Chol	mmol/L		NA		
LDL Chol	mmol/L		NA		
HDL Chol	mmol/L		1.0		
Chol/HDL			5.3		

Result Comments:
20.11.13 Glucose : Non-fasting sample
Sample delayed in transit. True glucose likely to be higher.

Date reported: 21.11.13 Authoriser: Dr Rajeev Srivastava

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code: G405H

Email address: -

Urgency of referral Routine
Date of referral 05-Nov-2020 **Date sent** 05-Nov-2020

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s): [redacted]

101022004656V Unique Care Pathway Number: 101022004656V

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s): [redacted]

REFERRING GP DETAILS

Name	Dr. Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s): [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Braidcraft Medical Centre Travel Questionnaire

07/09/71

Title : Mr/Mrs/Miss/Dr/Other
Name: Paul Haggarty
Contact Telephone No [redacted]

Previous Vaccination History (if known):

Are you pregnant or planning a pregnancy? N/A

Destination (including country, region and any stopovers)
Dominican Republic

Date of Departure: 24/06/19 Date of Return: 08/7/19

Type of Trip:

Package Holiday	Visiting Family
Cruise	Backpacking
Business	Voluntary/charity work
Aid Worker	Pilgrimage
Trekking	Other (please state)

Types of Areas you will visit:

Urban Rural Coastal Altitude > 3000m

Known Allergies: NKDA / No allegygies

Do you carry an Epipen? No

Any Other Information (including any illnesses/medication):

Please sign and date this form then hand it to a receptionist who will give you an appointment time.

Signed: Paul Haggarty Date: 24/08/19

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

[redacted]

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: [redacted]
Reference: na/pam
Dictated Date: 21/01/2020
Transcribed Date: 27/01/2020

Dear Dr Paulina,

Paul Haggerty; D.O.B: 07/09/1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

I have reviewd your patients case notes and results of investigations at my virtual clinic today and can confirm that he had a CT scan arranged for 4 November 2019 but your patient was not able to attend.

No further appointment is in place at present, but if he continues to have symptoms, please refer him to our service.

Kind Regards

Yours sincerely

Naeem Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc.

Printed on 21/02/2020 15:36 by [redacted] Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SANDYFORD

caring about sexual, reproductive and emotional health

Tuesday 29 April 2014

Dr Shields
Drs Wolfe, Shields & Dale
Rutland Surgery
24 Govan Road
G51 1HS

Dear Dr Shields

Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Date of birth: 07/09/1971
CHI:

This patient had a bilateral vasectomy performed here today. There is no need for me to see him again unless there is some complication. He will not be infertile of course, until complete absence of sperm. When a semen analysis shows complete absence of sperm I will write to you again.

He has been given a copy of the enclosed instructions.

If I can be of further help please contact me through the clinic office.

Yours sincerely

Dr Kay F McAllister MRCOG DFSRH
Consultant Gynaecologist in Sexual & Reproductive Healthcare
Sandyford Sexual Health Services
GMC: 3314522

Enclosure

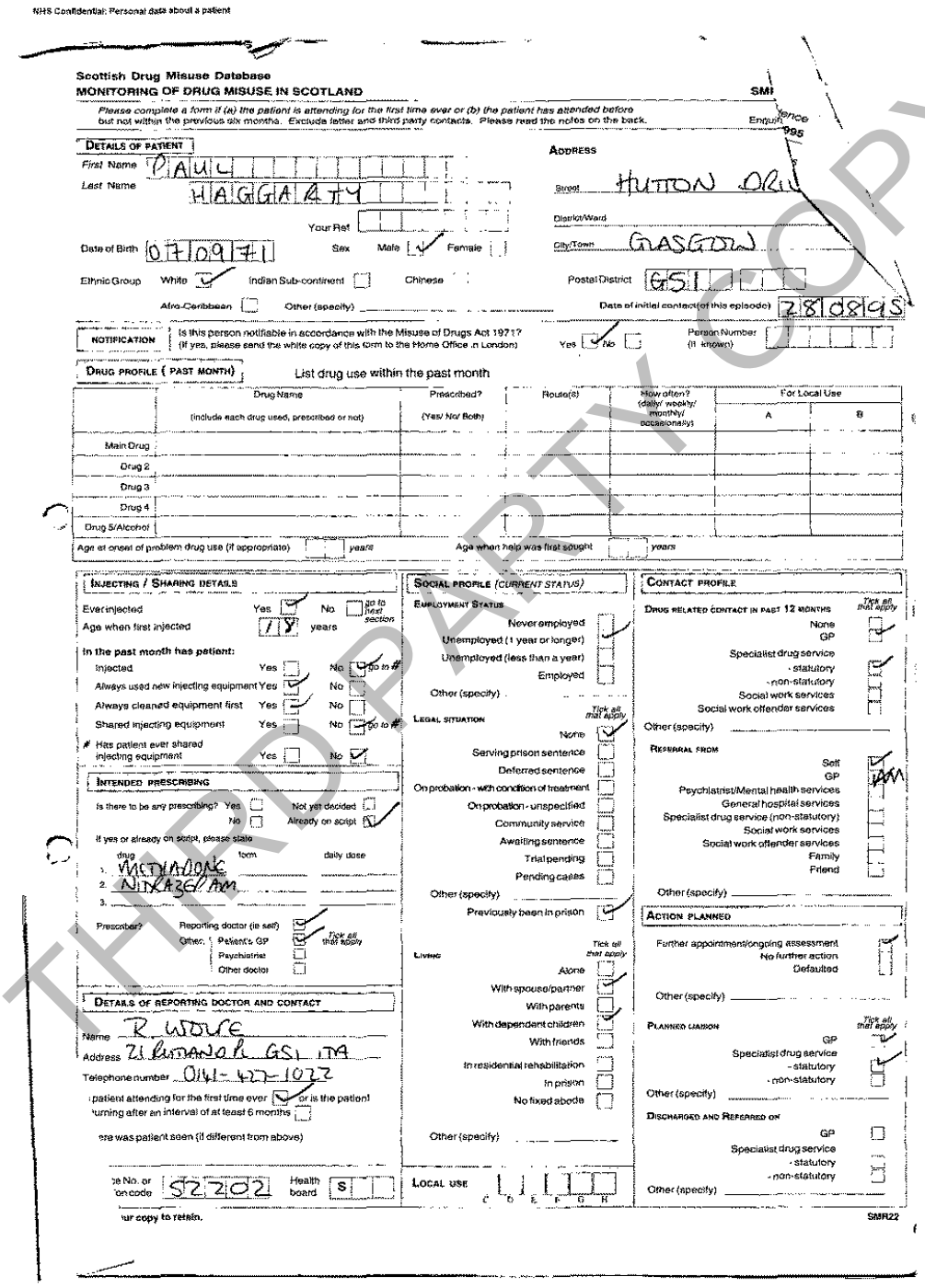
[redacted]

NHS Greater Glasgow and Clyde

2/6 Sandyford Place, Glasgow, G3 7NB, t.0141 211 8130, www.sandyford.org

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

Please complete a form if (a) the patient is attending for the first time ever or (b) the patient has attended before but not within the previous six months. Exclude letter and third party contacts. Please read the notes on the back.

DETAILS OF PATIENT
First Name: PAUL
Last Name: HAGGARTY
Your Ref:
Date of Birth: 07/09/71
Sex: Male ✓ Female
Ethnic Group: White ✓ Indian Sub-continent Chinese
Afro-Caribbean Other (specify)

ADDRESS
Street: HUTTON DRIVE
District/Ward:
City/Town: GLASGOW
Postal District: G51
Date of initial contact (for this episode): 28/08/95

NOTIFICATION Is this person notifiable in accordance with the Misuse of Drugs Act 1971? (If yes, please send the white copy of this form to the Home Office in London) Yes ✓ No Person Number (if known)

DRUG PROFILE (PAST MONTH) List drug use within the past month

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug						
Drug 2						
Drug 3						
Drug 4						
Drug 5/Alcohol						

Age at onset of problem drug use (if appropriate) years Age when help was first sought years

INJECTING / SHARING DETAILS
Ever injected Yes ✓ No go to next section
Age when first injected 17 years
In the past month has patient:
Injected Yes No ✓ go to #
Always used new injecting equipment Yes ✓ No
Always cleaned equipment first Yes ✓ No
Shared injecting equipment Yes No ✓ go to #
Has patient ever shared injecting equipment Yes No ✓

INTENDED PRESCRIBING
Is there to be any prescribing? Yes Not yet decided
No Already on script ✓
If yes or already on script, please state

	drug	form	daily dose
1.	METHADONE		
2.	NITRAZEPAM		
3.			

Prescriber? Reporting doctor (ie self) ✓
Other: Patient's GP ✓ Psychiatrist Other doctor (Tick all that apply)

DETAILS OF REPORTING DOCTOR AND CONTACT
Name: R. WOLFE
Address: 21 ROMANO PL G51 1TA
Telephone number: 0141-427-1077
patient attending for the first time ever ✓ or is the patient returning after an interval of at least 6 months
ere was patient seen (if different from above)
ce No. or on code: S2202 Health board: S
ur copy to retain.

SOCIAL PROFILE *(CURRENT STATUS)*
EMPLOYMENT STATUS
Never employed
Unemployed (1 year or longer)
Unemployed (less than a year)
Employed ✓
Other (specify)

LEGAL SITUATION (Tick all that apply)
None ✓
Serving prison sentence
Deferred sentence
On probation - with condition of treatment
On probation - unspecified
Community service
Awaiting sentence
Trial pending
Pending cases
Other (specify)
Previously been in prison ✓

LIVING (Tick all that apply)
Alone
With spouse/partner ✓
With parents
With dependent children ✓
With friends
In residential rehabilitation
In prison
No fixed abode
Other (specify)

LOCAL USE

CONTACT PROFILE
DRUG RELATED CONTACT IN PAST 12 MONTHS (Tick all that apply)
None
GP ✓
Specialist drug service
- statutory ✓
- non-statutory
Social work services
Social work offender services
Other (specify)

REFERRAL FROM
Self ✓
GP ✓
Psychiatrist/Mental health services
General hospital services
Specialist drug service (non-statutory)
Social work services
Social work offender services
Family
Friend
Other (specify)

ACTION PLANNED
Further appointment/ongoing assessment ✓
No further action
Defaulted
Other (specify)

PLANNED LIAISON (Tick all that apply)
GP ✓
Specialist drug service
- statutory
- non-statutory ✓
Other (specify)

DISCHARGED AND REFERRED ON
GP
Specialist drug service
- statutory
- non-statutory
Other (specify)

SMR22

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Respiratory - USOC Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine - Urgent Suspect Lung Cancer
GGC Respiratory - USOC

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

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

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

Hospital location code. G405H

Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 11-Dec-2024 **Date sent** 11-Dec-2024

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s) [redacted]

101035041147S Unique Care Pathway Number: 101035041147S

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s) [redacted]

REFERRING GP DETAILS

Name	Dan MacKinnon		
GMC code	8001389	GP code	-
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s)

Voice: [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

[redacted] 14/ 6/79 X-RAY REPORT

HAGGERTY PAUL 17 M O'NEILL GP

67 BRIDGTON COURT GLASGOW

7112/a

CHEST
THE HEART IS NOT ENLARGED.
THERE IS NO EVIDENCE OF ACTIVE PULMONARY DISEASE.

L. HACKING/AR 14/ 6/79
Registrar

N

4

SOUTHERN GENERAL HOSPITAL
DEPARTMENT OF RADIOLOGY

SOUTHERN GENERAL HOSPITAL
DEPARTMENT OF RADIOLOGY

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Paul Haggerty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard: [redacted]
Department:
Contact Tel:
Enquiries to:
Letter Date: 27/01/2025
Reference: NM/MC
Dictated Date: 16/01/2025
Transcribed Date: 22/01/2025

Dear Mr Haggerty,

Your GP recently referred you to the respiratory department at the Queen Elizabeth to investigate your cough. I understand you have a long history of smoking. We performed a CT to investigate your symptoms. The CT shows that there is mild emphysema (smoking related lung damage). This can sometimes be suggestive of COPD which is most commonly caused by smoking. We would usually prove this by performing some breathings tests. I can see that your GP previously referred you for this but our records indicate that you did not attend for an appointment in September. Your GP may wish to re-refer you if are willing to attend. This may then help us revise your current inhales which may help your cough.

Reassuringly the CT does not show any sign of any worrying problems and in particular there is no sign of lung cancer.

There are some incidental findings on the CT scan. There are some small benign cysts in your kidneys which are not of any concern. The scan also shows that you have some tiny kidney stones. If you have no symptoms relevant to when you pass urine then these too are unlikely to be of any significance. If you do have any symptoms when you pass urine please discuss this with your GP.

I am not arranging any further investigations through the hospital at this time. My strong advice is that you stop smoking entirely, if you have not already done so. We will leave your care back in the hands of your GP at this time.

Yours Sincerely,

Dr Neil McGlinchey

Consultant Respiratory Physician

Printed on 27/01/2025 10:36 by Miranda Connor Page 1 of 2

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

[redacted]

SOUTHERN GENERAL HOSPITAL

GLASGOW G51 4TF

ADB/MGF/712787/477

dictated: 27 March 1995
typed: 29 March 1995

Admitted: 16.3.95
Discharged: 17.3.95
Consultant: DR BEATTIE

7112/W

Dr Collins
Midlock Medical Centre
7 Midlock Street
GLASGOW G51

Dear Dr ~~Collins~~ Kenneth

PAUL HAGGERTY 6 HUTTON DRIVE G51
DOB 7.9.71

Your patient, a 23 year-old man, was admitted to Ward 25 on 16 March 1995. He presented with bilateral posterior headache associated with flashing lights and nausea. This had occurred on two occasions but by the time he was admitted the symptoms had almost completely settled.

On examination he was apyrexial and no other abnormalities were found.

There was a background of cough and yellow sputum for one week and it was felt that the symptoms were probably due to an upper respiratory infection with sinusitis. He was treated with Amoxycillin which should by now be stopped and analgesics which will also probably not be required. He was discharged home on 17 March and further follow up has not been arranged.

Yours sincerely

A D BEATTIE
CONSULTANT PHYSICIAN

Diagnosis (and Operations): UPPER RESPIRATORY TRACT INFECTION

Follow-up Appointment: NIL
Copies to: GP
Drugs on Discharge:

Adverse Reactions:

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3566980** Date: **07 Oct 2012** Time of Call: **21:56**
Patient's Name: **Paul Haggarty** DOB: **07/09/1971** Age: **41 Y**

Address Today: **1/1 160 Moss Heights Avenue Cardonald Glasgow Intercom/Buzzer Entry**
Post Code: **G52 2UA**

Home Address If different: **William Hunter House 70 Oxford St Glasgow**
Post Code: **G5 9EP**

Phone Number Today: [redacted] -
Home Phone If different: [redacted] -
NHS24 Call ID : 12209802

Callers Name: **Dawn** Relationship to patient:

Name of GP: **Wolfe R** Practice No: **421**
Surgery: **421Rutland Surgery** Cipher No: **G0642 4**
Address: **Dr R Wolfe & Partners 24 Govan Road Glasgow G511HS** Fax No: [redacted]
Speed Dial: **017**

Call Type: **No Action Required by Co-** **NOT GIVEN** NHS24 Time Passed:
Receptionist's Name:**IF** Time Arrived: Time Complete: **07/10/2012 21:56:08**

Patient's Complaint: **Patient's Complaint:**
WORSENING 2 DAYS. CHEST PAINS 3 HRS. PAIN IN LH ARM COMING AND GOING. NASEUA. PALE IN COLOUR. ((Non-Clinical User) (Glasgow))

CHEST PAINS 3 HRS, PALPITATIONS 2 WEEKS SEE A/V

Clinical summary created by: (Nurse Advisor) (Edinburgh) [07/10/2012 21:55:47]
CHEST PAIN/ LEFT ARM PAIN/ IRREGULAR HEART BEAT FOR 3 DAYS AND LIGHTHEADED/ SHORT OF BREATH/ CLAMMY/ WARM/ SHOOTING PAIN IN LEFT ARM EVERY 10 SECONDS ON / OFF FOR X 1 HR 10 MINS RELIEVED IN LAST 20 MINS/ AT 1800HRS SHARP PAIN TO LEFT SIDE OF CHEST FOR 1 MIN ONLY-PT STARTED ON FRIDAY WITH CONSTANT FAST IRREGULAR HEART BEATS/HEADACHE/ CONSTANT TICKLE IN THORAT CAUSING NAUSEA. IN LAST 24 HRS TRIED X 6 PARACETOMLA TASB AND IN LAST 90MINS TRIED 600MGS OF ASPRIN. 999 AMBULANCE BOOKED

This call should be directed via triage telephony route.
This call will now be transferred to the emergency services.
If advising patient to attend hospital ask them to take any current routine medications with them.

Remarks: This call should be directed via triage telephony route.

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted]
Department: Urology
Contact Tel: [redacted]
Enquiries to:
Letter Date:
Reference: NALW
Dictated Date: 01/03/2021
Transcribed Date: 17/03/2021

Dear Dr. BS Paulina,

Paul Haggerty; D.O.B: 07 Sep 1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

Attendance: Specialty - Urology; Clinic - VINAUR2-MR AKHTAR URO TELEPHONE MON PM
Date and Time of Appointment - 01/03/2021 16:15

Follow Up: CT KUB

Clinical Comments:
I managed to speak to Mr Haggerty today with regards to his symptoms. He has previously been unable to attend for upper urinary tract investigations. He still continues to complain of left loin pain with anterior radiation. He gets relief with co-codamol when symptoms do happen. He does not report any urinary symptoms.

He is keen to attend for further investigations so I have arranged a CT KUB for him. I will be in touch with the results as and when I get them.

Yours Sincerely,

Naeem Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc.

Printed on 18/03/2021 12:56 by Pamela Tait Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

West of Scotland Specialist Virology Centre.
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
[redacted]

Surname	Forename	CHI	DOB/Age	Sex
HAGGARTY	PAUL	[redacted]	07.09.71	M

Source	Consultant		
200 Braidcraft Rd Gl	Dr David Logie		
Specimen			
PLASMA (EDTA BOTTLE)	WoSSVC Lab No.	Source no.	Report Status
	V,19.0641591.B		Authorised

HIV antibody/antigen Not detected by Architect
HBsAg : Not detected by Architect
HCV antibody : Not detected by Architect

HBV: This is a PLASMA sample.
HCV: This is a PLASMA sample.
HIV: This is a PLASMA sample.

Date collected	Date received	Date authorised
13.06.19	14.06.19	14.06.19
		Authorised by
Report for: 200 Braidcraft Rd Glasgow		Automatic release by system

Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted]
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference: NA/NMCL
Dictated Date: 11/09/2019
Transcribed Date: 27/09/2019

Dear Dr BS Paulina ,

Paul Haggerty; D.O.B: 07/09/1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

I have arranged CT KUB based on the information provided to rule out left renal or left ureteric stones and I shall be in touch with the report as soon as it is available.

Thank you.

Yours sincerely

Naeem Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc.

Printed on 03/10/2019 08:31 by [redacted] Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
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Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

[redacted]

Paul Haggerty
148 Templeland Rd
Glasgow
Lanarkshire
G53 5LZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Mr Haggerty,

The X-ray Department has been in contact with me to inform me that you have not attended for a CT scan on the 1 November 2019 which I had requested for you. If you wish to attend for this scan please get in touch with my secretary on the above number so it can be re-arranged.

Yours sincerely

M N Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

cc. Dr Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Printed on [redacted] 15:41 by [redacted] Page 1 of 1

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Haematology Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	[illegible]
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B.24.2599538.T
Specimen Type	Blood
Date/Time Collected	29.10.24 / 09:31
Date/Time Received	29.10.24 / 12:41
Requested By	Dr Syeda M Fatima
GP Practice	52043
Date/Time Reported	29.10.24 / 13:02
Details	TATT, weight loss

Results

Full Blood Count - Authorised on 29.10.24 at 12:57

White Blood Count	8.4	x10^9/l	(4.0-10.0)
Red Cell Count	4.82	x10^12/l	(4.50-6.50)
Haemoglobin	147	g/l	(130-180)
Haematocrit	0.440	l/l	(0.400-0.540)
Mean Cell Volume	91.3	fl	(83.0-101.0)
MCH	30.5	pg	(27.0-32.0)
Platelet Count	263	x10^9/l	(150-410)
Neutrophils	5.7	x10^9/l	(2.0-7.0)
Lymphocytes	1.8	x10^9/l	(1.1-5.0)
Monocytes	0.7	x10^9/l	(0.2-1.0)
Eosinophils	0.14	x10^9/l	(0.02-0.50)
Basophils	0.0	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : **PAUL HAGGERTY**
DOB : **07/09/71**
Address : **119 MUIRDRUM AVENUE**
GLASGOW
G52 3AW

Consultant : DR **CIERAN MCKIERNAN**

Account # : **AE0003487/10** Unit # : **SG00712787** CHI # : [redacted]

Attended at : **2025** on **12/01/10**
Left A&E at : **2330** on **12/01/10**

Reason for Visit : **RGT RIB INJ / RECT BLEEDING**

Diagnosis :

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:

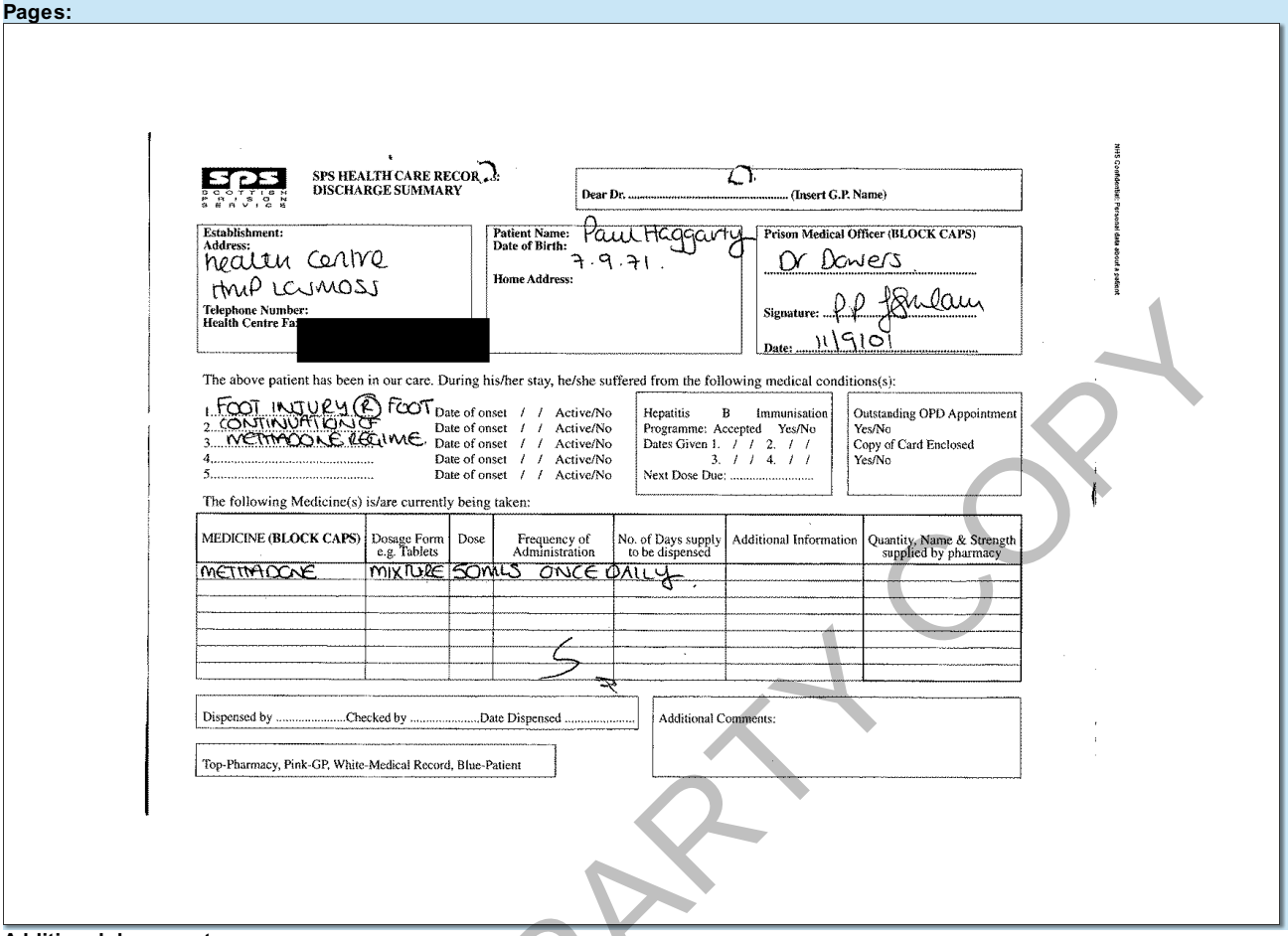
Follow Up : **DISCHARGED HOME**

Yours Sincerely,

If you require any futher information please quote this attendance number: **AE0003487/10**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



SPS HEALTH CARE RECORD
DISCHARGE SUMMARY

Dear Dr. ..... (Insert G.P. Name)

Establishment:
Address:
health centre
Telephone Number:
Health Centre Fa[redacted]

Patient Name: Paul Haggarty
Date of Birth: 7.9.71.
Home Address:

Prison Medical Officer (BLOCK CAPS)
Dr Dowers
Signature: P P [illegible]
Date: 11/9/01

The above patient has been in our care. During his/her stay, he/she suffered from the following medical conditions(s):

1. FOOT INJURY (R) FOOT Date of onset / / Active/No
2. CONTINUATION OF Date of onset / / Active/No
3. METHADONE REGIME. Date of onset / / Active/No
4. Date of onset / / Active/No
5. Date of onset / / Active/No

Hepatitis B Immunisation Programme: Accepted Yes/No
Dates Given 1. / / 2. / / 3. / / 4. / /
Next Dose Due: .....

Outstanding OPD Appointment Yes/No
Copy of Card Enclosed Yes/No

The following Medicine(s) is/are currently being taken:

MEDICINE (BLOCK CAPS)	Dosage Form e.g. Tablets	Dose	Frequency of Administration	No. of Days supply to be dispensed	Additional Information	Quantity, Name & Strength supplied by pharmacy
METHADONE	MIXTURE	50MLS	ONCE DAILY			

Dispensed by .....Checked by .....Date Dispensed .....

Additional Comments:

Top-Pharmacy, Pink-GP, White-Medical Record, Blue-Patient

NHS Confidential: Personal data about a patient

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggerty Paul CHI: [redacted]

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. BS Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Main Switchboard: [redacted]
Department: Urology
Contact Tel: [redacted]
Enquiries to:
Letter Date: 11/05/2021
Reference: MNA/IS
Dictated Date: 11/05/2021
Transcribed Date: 28/05/2021

Dear Dr. BS Paulina,

Paul Haggerty; D.O.B: 07 Sep 1971; CHI: [redacted]
148 Templeland Rd, Glasgow, Lanarkshire, G53 5LZ

Attendance: Specialty - Urology; Clinic - VINAUR4-MR AKHTAR PROSTATE TUES PM
Date and Time of Appointment - 11/05/2021 14:45

Follow Up: Face to face appointment

Clinical Comments:
I had a telephone consultation with your patient today. He has not been able to attend for his investigations and on talking to him today he mentioned that his loin pain is much better but he does have a new symptom of testicular pain. To reassess him I have arranged a face to face consultation. His next appointment will help me to see what investigations he actually needs if any.

I shall write to you after his next consultation.

Yours sincerely

Mr N Akhtar

Consultant Urological Surgeon

Electronically Signed: Mr Naeem Akhtar, Consultant

Haggerty Paul CHI: [redacted] OPCL 11/05/2021 v1

cc.

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

CHI: 0709716257 07/09/1971 M
HAGGARTY, Paul
148 Templeland, G53 5LZ

DR D LOGIE, 7264794
Braidcraft M.C. G53 5 QD
30/05/2019 12:69. Practice: 52843

Braidcraft Medical Centre Travel Clinic

ADVICE	ANTI MALARIALS No	REFERAL TO TRAVEL CLINIC
Food and Water YES/~~NO~~	Cloroquine (buy over the counter) YES/NO	Please Specify
Bite Avoidance Yes/~~NO~~	Proguanil (buy over the counter) YES/NO	
Care in the Sun YES/~~NO~~	Mefloquine (private prescription) YES/NO	
Flight Health/DVT Avoidance YES/~~NO~~	Malarone (private prescription) YES/NO	
Other Asthma fit for travel	Doxycyclone (private prescription) YES/NO	

Practice Nurse signature: F O'Callaghan

Travel Vaccines Required?	Yes	No	Further Information
Hepatitis A			
Hepatitis B			Had 4 doses
Typhoid			
Diphtheria/Tetanus/Polio			
Meningitis ACWY			
Rabies			
Other: MMR			up to date

GP Signature:

Are you feeling well enough to receive this vaccine? Yes/~~No~~

Do you suffer any allergies ~~Yes~~/No

Any reactions with previous vaccinations ~~Yes~~/No

Are you pregnant or breastfeeding NA ~~Yes~~/No

Have you had any other vaccination or immunoglobulin in the last 3 months? ~~Yes~~/No

Are you taking any medications which suppress your immune system? ~~Yes~~/No

Have you been treated with radiotherapy or chemotherapy in the last 6 months? ~~Yes~~/No

Do you suffer from a condition which affects your immune system? ~~Yes~~/No

Are you on immunosuppressive treatment following organ transplant? ~~Yes~~/No

Have you had a bone marrow transplant? ~~Yes~~/No

Have you taken high dose oral steroids daily for 1 week within the last 3 months? ~~Yes~~/No

Do you have active TB? ~~Yes~~/No

Patient's Consent: P Haggarty **Date:** 7/6/19.

Vaccines given:

✓ Batch: P3N202V exp 10/2020 FOC.

Filename:
Extension:
Pages:

[redacted] Hospital GPS Ward RUT1

Address 40 TARFSIDE OVAL HOUSE & GLASGOW
Consultant Dr.M.F.Shields
Received 09.10.03 12:52
Reg. Number [redacted]
Prov. Diagnosis On methadone
Lab. Number R,03.0154499.X

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
01.11.00	16:00	Present	Present		Not Found		
31.07.02	15:00	Present	Present		Present		
29.01.03	09:00	Not Found	Present		Present		
08.10.03	16:00	Present	Present		Present		

13/10/03
DATE RECEIVED
READ
ACTION
RX
COMPUTER
P/N
DIARY
CARE PLAN
INITIALS

COMMENT
positive opiate immunoassay due to morphine

Report authorised by Tom Allison
Issued: 11.10.03 09:07

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

NHS Confidential: Personal data about a patient

...EPARTMENT ...IN GEN... ...HO...

BIOCHEMISTRY DEPARTMENT SOUTHERN GENERAL HOSPITAL GLASGOW C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

Received 14.08.03 12:28

Prov. Diagnosis On methadone Lab. Number R,03.0122843.Y

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
04.12.02	11:00	Not Found	Present		Present		
15.01.03	15:00	Present	Present		Present		
12.03.03	15:00	Not Found	Present		Present		
13.08.03	13:00	Present	Present		Present		

COMMENT positive opiate immunoassay due to morphine. Methadone metabolite detected , indicating ingestion

DATE RECEIVED | DAY | MONTH | DAY | WARD | INITIALS

Report authorised by Tom Allison

Reference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 22.08.03 11:32

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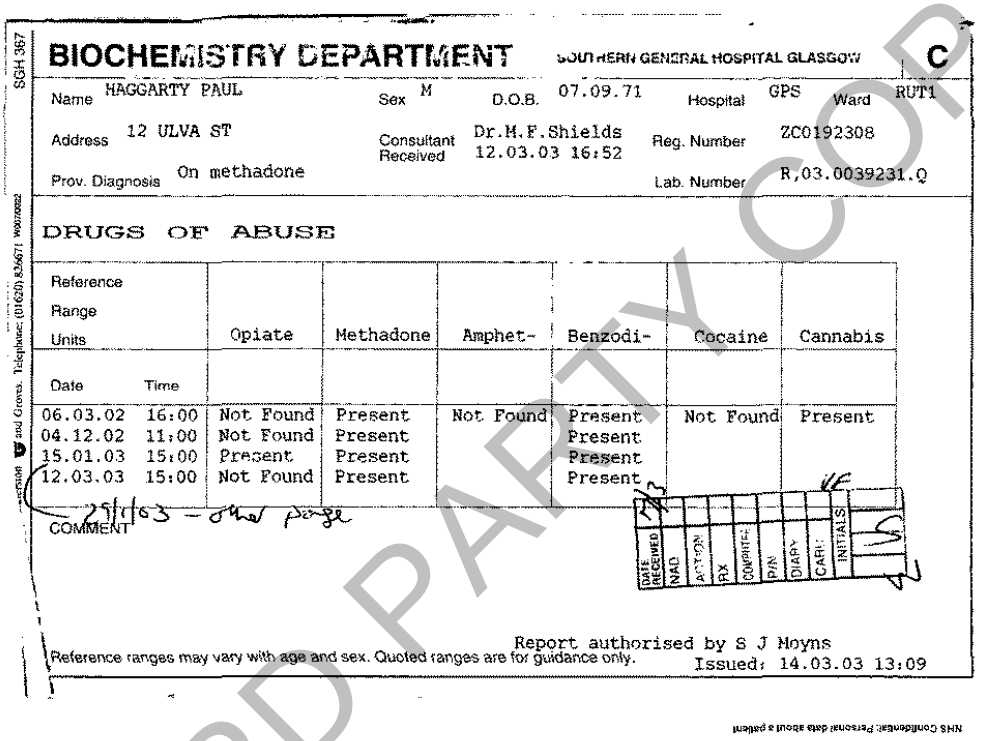


BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

Received 12.03.03 16:52

Prov. Diagnosis On methadone Lab. Number R,03.0039231.Q

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
06.03.02	16:00	Not Found	Present	Not Found	Present	Not Found	Present
04.12.02	11:00	Not Found	Present		Present		
15.01.03	15:00	Present	Present		Present		
12.03.03	15:00	Not Found	Present		Present		

COMMENT 29/1/03 – 3rd page

DATE RECEIVED | NAD | ATTEND RX | COMPLETE | P/N | DIARY | CARE | INITIALS

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Report authorised by S J Moyns

Issued: 14.03.03 13:09

SGH 367

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGERTY PAUL | Sex M | D.O.B. 07.09.71 | Hospital GPS | Ward RUT1

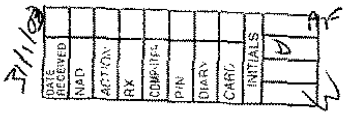
Address 12 ULVA ST | Consultant Received Dr.M.F.Shields 29.01.03 16:48 | Reg. Number ZC9547855

Prov. Diagnosis On methadone | Lab. Number R,03.0015382.K

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet~	Benzodi~	Cocaine	Cannabis
Date	Time						
01.09.99	12:00	Not Found	Present		Not Found		
01.11.00	16:00	Present	Present		Not Found		
31.07.02	15:00	Present	Present		Present		
29.01.03	09:00	Not Found	Present		Present		

COMMENT



Report authorised by S J Moyns

BIOCHEMISTRY DEPARTMENT

SOUTHER[redacted]

Name HAGGARTY PAUL | Sex M | D.O.B. 07.09.71 | Hospital GPS | Ward [redacted]

Address 12 ULVA ST | Consultant Dr.M.F.Shields | Reg. Number ZC0192308

Received 15.01.03 17:01

Prov. Diagnosis On methadone | Lab. Number R,03.0007267.S

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet~	Benzodi~	Cocaine	Cannabis
Date	Time						
19.12.01	15:00	Present	Present		Not Found		
06.03.02	16:00	Not Found	Present	Not Found	Present	Not Found	Present
04.12.02	11:00	Not Found	Present		Present		
15.01.03	15:00	Present	Present		Present		

COMMENT The positive opiate immunoassay was due to morphine. Both methadone and its metabolite were detected indicating ingestion.

NHS Confidential: Personal data about a patient

Name HAGGARTY PAUL Sex M D.O.B. 07.

Address 12 ULVA ST Consultant Dr.N.F.Shields Reg. Number ZC0192308

Received 04.12.02 16:34

Prov. Diagnosis IVDU Lab. Number R,02.0179118.E

DRUGS OF ABUSE

Reference Range Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
11.07.01	16:00	Not Found	Present		Present		
19.12.01	15:00	Present	Present		Not Found		
06.03.02	16:00	Not Found	Present	Not Found	Present	Not Found	Present
04.12.02	11:00	Not Found	Present		Present		

COMMENT

15/12/02

RECEIVED | NAD | ACTION | RX | COMPUTER | F/N | DIARY | CARD | INITIALS

authorised by S J Moyns

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL GLASGOW

C

Name HAGGARTY Paul | Sex M | D.O.B. NK | Hospital GPS | Ward RUT1

Address 12 ulva st | Consultant Dr.M.F.Shields | Reg. Number Z02110473

Prov. Diagnosis On methadone | Received 11.09.02 16:47 | Lab. Number R,02.0134664.S

DRUGS OF ABUSE

Reference Range Units	Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date Time						
11.09.02 12:00	Present	Present		Present		

COMMENT Positive opiate immunoassay due to morphine. Methadone and its metabolite present indicating ingestion.

BIOCHEMISTRY DEPARTMENT SOUTHERN GENERAL HOSPITAL GLASGOW **C**

ame	HAGGERTY PAUL	Sex M	D.O.B. 07.09.71	Hospital GPS	Ward RUT1	
dress	12 ULVA ST	Consultant	Dr.M.F.Shields	Reg. Number	ZC9547855	
		Received	31.07.02 16:43			
ov. Diagnosis	On methadone			Lab. Number	R,02.0111978.D	

RUGS OF ABUSE

eference ange Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
03.06.97	10:00	Present	Present	Not Found	Present		
01.09.99	12:00	Not Found	Present		Not Found		
01.11.00	16:00	Present	Present		Not Found		
1.07.02	15:00	Present	Present		Present		

DATE RECEIVED 9/8
NAT
ACT
PAN
CAP
INITIALS

COMMENT The positive opiate immunoassay was due to morphine. Both methadone and its metabolite were detected indicating ingestion.

Report authorised by S J Moyns

ference ranges may vary with age and sex. Quoted ranges are for guidance only. Issued: 09.08.02 09:23

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL NHS TRUST
GLASGOW

C

Name HAGGARTY PAUL Sex M D.O.B. 07.09.71 Hospital GPS Ward RUT1

Address 12 ULVA ST Consultant Dr.M.F.Shields Reg. Number ZC0192308

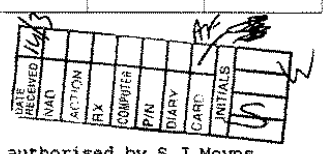
Received 06.03.02 16:26

Prov. Diagnosis On methadone Lab. Number R,02.0034931.B

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
25.05.01	11:30	Present	Present		Not Found		
11.07.01	16:00	Not Found	Present		Present		
19.12.01	15:00	Present	Present		Not Found		
06.03.02	16:00	Not Found	Present	Not Found	Present	Not Found	Present

COMMENT



Report authorised by S J Moyns

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 13.03.02 12:12

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT

SOUTHERN GENERAL HOSPITAL
GLASGOW

Name HAGGARTY PAUL | Sex M | D.O.B. 07.09.71 | Hospital GPS | Ward RUT

Address 12 ULVA ST | Consultant Dr H F Shields | Reg. Number ZC0192308

Received 19.12.01 16:26

Prov. Diagnosis On methadone | Lab. Number R,01.0181395.K

DRUGS OF ABUSE

Reference Range / Units		Opiate	Methadone	Amphet-	Benzodi-	Cocaine	Cannabis
Date	Time						
09.05.01	16:00	Present	Present		Present		
25.05.01	11:30	Present	Present		Not Found		
11.07.01	16:00	Not Found	Present		Present		
19.12.01	15:00	Present	Present		Not Found		

24/12/01

COMMENT The positive opiate immunoassay was due mainly to morphine with some codeine also detected

HG

Report authorised by S J Hoyns

Reference ranges may vary with age and sex. Quoted ranges are for guidance only.

Issued: 22.12.01 10:19

NHS Confidential: Personal data about a patient

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT SOUTH GLASGOW ☎ [redacted] NHS Greater Glasgow and Clyde C

Name	HAGGARTY Paul	CHI Number	[redacted]	Location	21 Rutland Place, G51 1TA
Unit No.	ZC0616437	Lab Number	R,09.1180954.C	Consultant	Dr.M.F.Shields
D.O.B.	07.09.71 Sex M	Received	10.06.09 at 17:22	Prov. Diagnosis	On Methadone

URINE DRUGS OF ABUSE

Date	Time	Opiate Analgesics	Methadone	Amphet-amines	Benzodi-azepines	Cocaine Metabolite	Cannabis Metabolite
11.07.07	15:00	Detected	Detected		Detected		
24.12.07	11:00	Detected	Detected		Detected	Undetected	
05.03.08	12:00	Undetected	Detected		Detected		
20.08.08	11:00	Undetected	Detected		Detected		
10.06.09	14:00	Undetected	Detected		Detected		

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
Run No: 544 Issued 15.06.09 at 13:51 Specimen type: **Urine**

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC General Referral

Consultant / receiving practitioner and/or specialty clinic

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and hospital address

Hospital location code: G405H

Email address:

Urgency of referral Urgent Renal stones
Date of referral 26-Aug-2019 **Date sent** 26-Aug-2019

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]
Area of Residence	-

Patient's address

148 Templeland Road
GLASGOW
G53 5LZ

Contact number(s): [redacted]

1010194455369 Unique Care Pathway Number: 1010194455369

REGISTERED GP DETAILS

Name	Dr Basma Paulina		
GMC code	5207616	GP code	00159
Practice name	Braidcraft Medical Centre (18954)		
Practice code	52043		

Practice address

200 Braidcraft Road
Pollok
G53 5QD

Contact number(s): [redacted]

REFERRING GP DETAILS

Name	Dr. Jane Dickson		
GMC code	7020101	GP code	01856
Practice name	Braidcraft Medical Centre (52043)		
Practice code	52043		

Practice address

200 Braidcraft Road
Glasgow
G53 5QD

Contact number(s): [redacted]

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Haggarty, Paul, CHI: [redacted] 26-Oct-2007, Urology Page 1 of 2

Submitted 29/10/07 @ 9.35am

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Urology
G General Referral

Consultant / receiving practitioner and/or specialty clinic

Southern General Hospital

Hospital and hospital address

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 26-Oct-2007 **Date sent** 26-Oct-2007

PATIENT DETAILS

Surname	Haggarty
Forename(s)	Paul
Title	Mr
Sex	Male
Date of birth	07-Sep-1971
CHI no.	[redacted]

Patient's address
F 1-L 310 Linthaugh Road
Pollok
GLASGOW
G53 5QY

Contact number(s)
-

SEEN BY GP DETAILS

Name	Dr R Wolfe		
GMC code	2334484	GP code	G06424
Practice name	Rutland Surgery		
Practice code	52202		

Practice address
21 Rutland Place
Glasgow
G51 1TA

Contact number(s)
[redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr R Wolfe		
GMC code	2334484	GP code	G06424
Practice name	Rutland Surgery		
Practice code	52202		

Practice address
21 Rutland Place
Glasgow
G51 1TA

Contact number(s)
[redacted]

https://www.scigw.scot.nhs.uk/web/message/previewletter.asp 26/10/2007

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Blood Sciences Biochemistry Report

Patient Details

Surname	HAGGARTY
Forename	PAUL
CHI	[redacted]
Date of birth	07.09.1971
Sex	Male
Address	148 Templeland Road GLASGOW GLASGOW LANARKSH G53 5LZ

Specimen Details

Specimen Number	B,25.2270409.Y
Specimen Type	Blood
Date/Time Collected	28.08.25 / 14:31
Date/Time Received	29.08.25 / 13:33
Requested By	Dr David Logie
GP Practice	52043
Date/Time Reported	01.09.25 / 17:47
Details	cvd les

Results

HbA1C (IFCC) - Authorised on 01.09.25 at 17:41

HbA1c (IFCC)	39	mmol/mol	(20-41)

End of Report

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
[redacted]

DR RONALD R WOLFE
RUTLAND SURGERY
GLASGOW
G51 1TA
Tel : [redacted]

Dear Dr RONALD R WOLFE

Your Patient
Name : PAUL HAGGERTY
DOB : 07/09/71
Address : 310 LINTHAUGH ROAD
FLAT 1-L
GLASGOW
G53 5QY

Consultant : DR JASON LONG

Account # : AE0015868/08 Unit # : SG00712787 CHI # : [redacted]

Attended at : 1246 on 23/02/08
Left A&E at : 1349 on 23/02/08

Reason for Visit : RIGHT FOOT INJURY

Diagnosis :

Investigations :

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given:

Additional Notes:

Follow Up : NXT #

Yours Sincerely,

If you require any futher information please quote this attendance number: AE0015868/08

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

The Victoria Infirmary

Telephone: [redacted]

GLASGOW G42 9TY

WHR/NF/481997

25th March 1974.

Dr. Hetty B. Ockrim,
2 Cessnock Street,
GLASGOW G51.

Dear Dr. Ockrim,

Master Paul Haggerty,
6 Avon Street, G5.

Thank you for referring this little boy with the post-burn hypertrophic scar of the inner aspect of left upper arm. This will epithelialise and is obviously not in any way being damaged by his scratching. Such scars generally settle well with the passage of time over the growing phase of years and seldom is there any indication for active treatment. However we generally keep such patients under observation. I have reassured Paul's [redacted] and arranged to see him in one years time.

Yours sincerely,

W. Henry Reid

W. HENRY REID,
Consultant Plastic Surgeon.

The Victoria Infirmary

[redacted]

GLASGOW G42 9TY

6th January, 1976

HCR/ER/481997

Dr. H. Ockrim,
2 Cessnock Street,
Glasgow, G51.

Dear Dr. Ockrim,

Master Paul Haggerty, 5 Avon Street, G5.

This child was admitted to the Burns Unit of the Victoria Infirmary on 20.12.75 following a scald to his back and left arm. This was cleaned and dressed and he was kept under observation in hospital until 23.12.75.

He attended the Burns Out Patient Clinic on 29.12.75 and should have reported back on 31.12.75 but failed to do so.

Yours sincerely,

E. Richmond

p.p. H.C. Reid
Consultant Surgeon

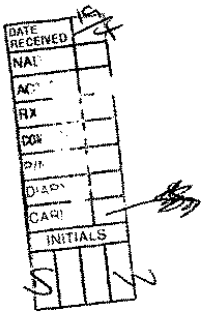
Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

SURNAME			SEX DOB
HAGGARTY	PAC		M 07.09.71
SOURCE	CONSULTANT	GP	
21 Rutland Place/421		Dr M Shields	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF NO.
Serum	V,00.0609629.X	Final	D843/00

Hep B surface antigen :Negative Hepatitis C screen :Negative



Clinical details

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
	12.04.00	14.04.00	18.04.00	Mr J.Stewart

Copy for :21 Rutland Place/421

NHS Confidential: Personal data about a patient

SURNAME	FORENAME	[illegible]	SEX DOB
HAGGARTY	PAUL		M 28 yrs
SOURCE	CONSULTANT	GP	
21 Rutland Place/421		Dr R Wolf	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF. NO.
Serum	V,99.0708000.A	Final	R28385/99

Hep B surface antigen :Negative Hepatitis C screen :Negative

DATE RECEIVED	29/10
NAD	
ACTION	
RX	
COMMENT	
P/N	
DIARY	3
CARD	
INITIALS	

Please send repeat sample at 3 months post needlestick injury

Clinical details

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISE
	21.10.99	22.10.99	25.10.99	Dr [illegible]

Copy for :21 Rutland Place/42

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: [redacted]
Fracture Clinic:

Virtual Fracture Clinic

Clinic Date: 17/07/2021
Typed: 19/07/2021

Dr Paulina
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
G53 5QD

Dear Dr Paulina

Mr Paul Haggerty ~ DOB: 07/09/1971 ~ [redacted]
148 Templeland Rd Glasgow Lanarkshire G53 5LZ

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Right Mallet finger
Injury Type:	Fracture
Management plan:	Letter and discharge
Patient contacted	Phone
Site:	QEUH
Outcome:	Review and discharge NFA required
Nurses notes:	Nurse present at Virtual Fracture Clinic: 19/07/2021 14:27 Elizabeth Frame Patient's notes and x-rays were reviewed in VFC today by Mr Rana. Patient was playing football. He was running for the ball when he ran into a fence and caught his right thumb. He has sustained a fracture of the distal phalanx of his thumb. Patient is currently in a mallet splint and should remain in same for a further 3 weeks, then discard and mobilise as able. Mr Haggerty was contacted today by telephone and all relevant details were given. A letter detailing the treatment plan has been sent

NHS Confidential: Personal data about a patient

	out today in the post and the patient is satisfied with the plan.

Yours Sincerely,

Mr Bardeep Rana
Consultant Orthopaedic Surgeon

Additional document
30-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Haggerty Paul CHI: [redacted]

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/08/2016

Consultant: Dr Jonny Gordon

PF Hendrie
Braidcraft Medical Centre
200 Braidcraft Road
Glasgow
Glasgow
G53 5QD

Dear PF Hendrie

Re: **Haggerty Paul** DOB: **07/09/1971** CHI: [redacted]
148 TEMPLELAND RD
Glasgow G53 5LZ

Attended on: **11/08/2016 at 21:57 hrs.** Departed on: **12/08/2016 at 00:01 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
injury toshin

Nursing Assessment:
injured left shin 1/52 ago playing football. Collided with another player. Weight bearing well.

Investigations in ED:
1. XR Tibia and fibula Rt

Haggerty Paul CHI: 0709716257

Diagnosis:

Diagnosis	Side	Site
Superficial injury of lower leg - shin		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
XR NAD d/c w/ advice return if concern

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
David Lowe
Doctor

Copies to:
1. PF Hendrie (GP)
School Address:

Respiratory / Chest monitoring
02-Mar-2026 Mrs Diane Robertson (DIANE_18954)
Additional: Respiratory / Chest monitoring
asthma
Filename:
Extension:
Pages:

Braidcraft Medical Centre

200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr D Logie, Dr O Tanner
Practice No: **52043**

02 03 2026

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of Asthma or COPD. It is important that you have a chest clinic check up at least once a year.

I would now like to invite you for a chest review and would be grateful if you can phone the surgery to make a telephone appointment with the practice nurse.

Please note this appointment will be a telephone consultation. If you would rather have a face to face appointment, please advise us of this when booking and this can be arranged. Can you also advise whether the appointment is for COPD or Asthma when booking.

You can take your inhalers as usual on the day of the appointment but if it is a face-to-face appointment please also bring any inhalers you may have for your chest with you.

If you have already made an appointment or are housebound then please ignore this letter. We have recently changed our recall procedures for review of patients with chronic diseases, so you may be receiving this letter earlier or later than expected.

Yours sincerely
p.p.

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
20-Dec-2024 Dr Daniel MacKinnon (DAN)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety and depression; Duration: 20/12/2024 - 20/01/2025)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 20 /12 / 2024

and, because of the following condition(s): Anxiety and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 1 Month(s)
or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Daniel MacKinnon
Issuer's profession Doctor
Date of statement 20 /12 / 2024
Issuer's address Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22
E193F673-517A-477B-86E3-2C7C26238779

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
25-Oct-2024 Dr Syeda Manahil Fatima (SMF)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety and depression; Duration: 16/09/2024 - 16/12/2024)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 25 /10 / 2024

and, because of the following condition(s): anxiety and depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 16 /09 / 2024 **to** 16 /12 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Syeda Manahil Fatima

Issuer's profession Doctor

Date of statement 25 /10 / 2024

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22

A143D65D-33E8-44FC-ABCD-C28557247A29

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed**: You could claim benefits.
- **If you are already claiming benefits**: Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits**: Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
29-July-2024 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 23/07/2024 - 05/08/2024)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 29 /07 / 2024

and, because of the following condition(s): Anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 23 /07 / 2024 **to** 05 /08 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr David Logie

Issuer's profession Doctor

Date of statement 29 /07 / 2024

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22 [redacted]

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
11-July-2024 Dr Oona Tanner (OT)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 08/07/2024 - 22/07/2024)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 11 /07 / 2024

and, because of the following condition(s): Anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 /07 / 2024 **to** 22 /07 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Oona Tanner

Issuer's profession Doctor

Date of statement 11 /07 / 2024

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22

FE8F44FF-4174-4036-B155-0873D59401C1

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
29-Apr-2024 Dr Basma Paulina (BP)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: family related stress; Duration: 06/04/2024 - 31/05/2024)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 29 /04 / 2024

and, because of the following condition(s): family related stress

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 06 /04 / 2024 **to** 31 /05 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [redacted]
Issuer's profession Doctor
Date of statement 29 /04 / 2024
Issuer's address Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22
4630930D-7BD4-4CE5-9AC3-6AD7CB197046

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Respiratory / Chest monitoring
03-Apr-2024 Mrs Diane Robertson (DIANE_18954)
Additional: Respiratory / Chest monitoring
asthma
Filename:
Extension:
Pages:

Braidcraft Medical Centre

200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr D Logie, Dr L Bisset, Dr O Tanner
Practice No: **52043**

03 04 2024

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of Asthma or COPD. It is important that you have a chest clinic check up at least once a year.

I would now like to invite you for a chest review and would be grateful if you can phone the surgery to make a telephone appointment with the practice nurse.

Please note this appointment will be a telephone consultation. If you would rather have a face to face appointment, please advise us of this when booking and this can be arranged. Can you also advise whether the appointment is for COPD or Asthma when booking.

You can take your inhalers as usual on the day of the appointment but if it is a face-to-face appointment please also bring any inhalers you may have for your chest with you.

If you have already made an appointment or are housebound then please ignore this letter. We have recently changed our recall procedures for review of patients with chronic diseases, so you may be receiving this letter earlier or later than expected.

Yours sincerely
p.p.

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
14-Mar-2024 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Chest infection; Duration: 11/03/2024 - 24/03/2024)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name	Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty
I assessed your case on:	14 /03 / 2024
and, because of the following condition(s):	Chest infection
I advise you that:	[X] you are not fit for work.
	[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:

[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 11 /03 / 2024 **to** 24 /03 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr David Logie
Issuer's profession Doctor
Date of statement 14 /03 / 2024
Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22
C331E215-FEBC-430A-882F-1A6ED3B8D6D4

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names	PAUL
Address	148 TEMPLELAND ROAD
	GLASGOW **Postcode** G53 5LZ
Date of birth	07 / 09 / 1971 **Mobile**
NI number	

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Respiratory / Chest monitoring
15-Feb-2023 Mrs Diane Robertson (DIANE_18954)
Additional: Respiratory / Chest monitoring
asthma
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr D Logie, Dr L Bisset, Dr N Whiteford
Practice No: ***52043***

15 02 2023

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of Asthma or COPD. It is important that you have a chest clinic check up at least once a year.

I would now like to invite you for a chest review and would be grateful if you can phone the surgery to make a telephone appointment with the practice nurse.

Please note this appointment will be a telephone consultation. If you would rather have a video consultation or face to face appointment, please advise us of this when booking and this can be arranged. Can you also advise whether the appointment is for COPD or Asthma when booking.

If you've booked a face to face to face appointment and prior to the appointment find you develop Corona virus symptoms such as a fever or dry persistent cough or loss in sense of taste or smell then please let us know and do not attend.

You can take your inhalers as usual on the day of the appointment but if it is a face-to-face appointment please also bring any inhalers you may have for your chest with you.

If you have already made an appointment or are housebound then please ignore this letter. We have recently changed our recall procedures for review of patients with chronic diseases, so you may be receiving this letter earlier or later than expected.

Yours sincerely
p.p.

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
20-Jan-2023 Dr Laura Green (LG)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Stress and Anxiety; Duration: 09/01/2023 - 23/01/2023)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 20 /01 / 2023

and, because of the following condition(s): Stress and Anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 09 /01 / 2023 **to** 23 /01 / 2023

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Laura Green

Issuer's profession Doctor

Date of statement 20 /01 / 2023

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22

2297737A-3C7C-41BA-830F-5906FE6785FA

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
18-Aug-2022 DR Sarah Vernel (SV)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 18/08/2022 - 04/09/2022)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 18 /08 / 2022

and, because of the following condition(s): Anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 18 /08 / 2022 **to** 04 /09 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name DR Sarah Vernel

Issuer's profession Doctor

Date of statement 18 /08 / 2022

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22

366F773E-CB2D-448B-A0D5-9FE8B6C8E306

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
16-Aug-2022 Dr Leah Bisset (LB)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: anxiety; Duration: 08/08/2022 - 21/08/2022)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 16 /08 / 2022

and, because of the following condition(s): anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 /08 / 2022 **to** 21 /08 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Leah Bisset

Issuer's profession Doctor

Date of statement 16 /08 / 2022

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
[redacted]

Unique ID: Med 3 04/22

EF495721-60BC-460F-BEFA-A01C2E98BE1D

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
25-July-2022 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 25/07/2022 - 07/08/2022)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 25 /07 / 2022

and, because of the following condition(s): Anxiety

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 25 /07 / 2022 **to** 07 /08 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr David Logie

Issuer's profession Doctor

Date of statement 25 /07 / 2022

Issuer's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22

1C29945F-AA00-47D5-9066-ECEE287CC6DE

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
11-July-2022 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety; Duration: 11/07/2022 - 24/07/2022)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 11 /07 / 2022

and, because of the following condition(s): Anxiety

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 11 /07 / 2022 **to** 24 /07 / 2022

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr David Logie
Issuer's profession Doctor
Date of statement 11 /07 / 2022
Issuer's address Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/22
BB2E2226-BDF2-4A51-A476-C9F0EACE7061

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW **Postcode** G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Respiratory / Chest monitoring
15-Dec-2021 Mrs Diane Robertson (DIANE_18954)
Additional: Respiratory / Chest monitoring
chest/COPD
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr D Logie, Dr L Bisset, Dr N Whiteford
Practice No: ***52043***

15 12 2021

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of Asthma or COPD. It is important that you have a chest clinic check up at least once a year.

I would now like to invite you for a chest review and would be grateful if you can phone the surgery to make a telephone appointment with the practice nurse.

Please note this appointment will be a telephone consultation. If you would rather have a video consultation or face to face appointment, please advise us of this when booking and this can be arranged. Can you also advise whether the appointment is for COPD or Asthma when booking.

If you've booked a face to face to face appointment and prior to the appointment find you develop Corona virus symptoms such as a fever or dry persistent cough or loss in sense of taste or smell then please let us know and do not attend.

You can take your inhalers as usual on the day of the appointment but if it is a face-to-face appointment please also bring any inhalers you may have for your chest with you.

If you have already made an appointment or are housebound then please ignore this letter. We have recently changed our recall procedures for review of patients with chronic diseases, so you may be receiving this letter earlier or later than expected.

Yours sincerely
p.p.

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
15-Apr-2021 Dr Kate Chapman (KATE)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement; Duration: 09/04/2021 - 19/04/2021)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 15 /04 / 2021

and, because of the following condition(s): Bereavement

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 09 /04 / 2021 **to** 19 /04 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 15 /04 / 2021

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 5613302F-B8D2-41BC-B6A2-F1D7CFB7C1FB

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phon[redacted]
- in Scotland please visit **www.fitforworkscotland.scot**

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or [redacted] 8am to 6pm Monday to Friday). Textphone users call

eMED3 (***0) new statement issued, not fit for work**
01-Apr-2021 Dr Kate Chapman (KATE)
Additional:eMED3 (*****0) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement; Duration: 10/03/2021 - 08/04/2021)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 01 /04 / 2021

and, because of the following condition(s): Bereavement

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 10 /03 / 2021 **to** 08 /04 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 01 /04 / 2021

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 16485E38-DE0B-4A0A-8D43-ED2A71D3CDF6

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Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Chest Clinic 1st Letter
23-Sept-2019 Mrs Diane Robertson (DIANE_18954)
Additional: Chest Clinic 1st Letter
chest
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Practice No: ***52043***

23 09 2019

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of asthma or copd. It is important that you attend for a chest clinic check up at least once a year.
I would now like to invite you for a chest review and would be grateful if you can phone the surgery to make an appointment with the practice nurse.

When you phone to arrange your appointment please inform reception if your appointment is for asthma or copd to ensure you are allocated to a suitable clinic.

You can take your inhalers as usual on the day of the appointment but please bring any inhalers you may have for your chest with you.

If you have already made an appointment please ignore this letter.

Yours sincerely

Dr Basma Paulina

Appointment letter sent to patient
12-Aug-2019 Ms Lynn McLachlan (LYNN)
Additional: Appointment letter sent to patient
routine app
Filename:
Extension:
Pages:

Braidcraft Medical Centre

200 Braidcraft Road Glasgow G53 5QD
[redacted]

Dr B Paulina, Dr J Dickson, Dr D Logie, Dr V young
Practice No: ***52043***

12 08 2019

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

PLEASE NOTE THE ITEM MARKED BELOW

[X] Your test results are here and the Doctor would like you to make a routine appointment to discuss these.

[ ] Your test results are here and we would like you to have them repeated. Please call to make a routine blood appointment in

.....

[ ] Please find enclosed a prescription that has been recommended by the hospital/doctor.

[ ] Please make an appointment to see the nurse for a blood test/blood pressure check/repeat blood test/*fasting blood test/*2nd fasting blood test/OVERDUE bloods.

Please contact the **Treatment Room** at **Pollok Health Centre** on [redacted] arrange an appointment.

***Fasting blood tests need to be early morning appointments with nothing to eat or drink after midnight the previous evening.**

If required please telephone the surgery for more information.

Yours sincerely
Braidcraft Medical Centre

Appointment letter sent to patient
24-Jun-2019 Ms Lynn McLachlan (LYNN)
Additional: Appointment letter sent to patient
repeat bloods
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
T [redacted]
Dr B Paulina, Dr J Dickson, Dr D Logie, Dr V young
Practice No: ***52043***

24 06 2019

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

PLEASE NOTE THE ITEM MARKED BELOW

☐ Your test results are here and the Doctor would like you to make a routine appointment / morning telephone appointment to discuss these.

☒ Your test results are here and we would like you to have them repeated. Please call to make a routine blood appointment in three to four weeks Time.

.....

☐ Please find enclosed a prescription that has been recommended by the hospital/doctor.

☐ Please make an appointment to see the nurse for a blood test/blood pressure check/repeat blood test/*fasting blood test/*2nd fasting blood test/OVERDUE bloods.

Please contact the **Treatment Room** at **Pollok Health Centre** on [redacted] to arrange an appointment.

If required please telephone the surgery for more information.

Yours sincerely
Braidcraft Medical Centre

eMED3 (***0) new statement issued, not fit for work**
20-Jun-2019 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: abdominal pain under investigation; Duration: 16/06/*****9 - 17/06/*****9)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 20 /06 / 2019

and, because of the following condition(s): abdominal pain under investigation

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 16 /06 / 2019 **to** 17 /06 / 2019

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 20 /06 / 2019

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 1C587760-0726-42B3-BCFD-190051833F48

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Help getting back to work if you are employed
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- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
12-Jun-2019 Dr David Logie (DJNL)
Additional: eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: abdominal pain under investigation; Duration: 12/06/*****9 - 16/06/*****9)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 12 /06 / [redacted]

and, because of the following condition(s): abdominal pain under investigation

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 12 /06 / 2019 **to** 16 /06 / 2019

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 12 /06 / 2019

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 67D70048-FCA1-4739-B907-E0F7E1DC65ED

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- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
06-Jun-2019 Dr David Logie (DJNL)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: abdominal pain; Duration: 04/06/*****9 - 11/06/*****9)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 06 /06 / 2019

and, because of the following condition(s): abdominal pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 04 /06 / 2019 **to** 11 /06 / 2019

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 06 /06 / 2019

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 628FCD56-98B0-4554-AF99-AC74021386BE

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- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY

Other names PAUL

Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ

Date of birth 07 / 09 / 1971 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (***0) new statement issued, not fit for work**
30-May-2019 Dr David Logie (DJNL)
Additional: eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: abdominal pain; Duration: 27/05/*****9 - 03/06/*****9)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 30 /05 / [redacted]

and, because of the following condition(s): abdominal pain

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 27 /05 / 2019 **to** 03 /06 / 2019

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 30 /05 / [redacted]

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 38265ECB-7BEF-4E6A-B007-131B2F42A308

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- in England and Wales visit **www.fitforwork.org** or phone [redacted]
- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Chest Clinic 1st Letter
28-Jun-2018 Mrs Diane Robertson (DIANE_18954)
Additional: Chest Clinic 1st Letter
chest
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr V Young, Dr J Cowie
Practice No: ***52043***

28 06 2018

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of asthma. I would like to remind you that you are due a check up at the Chest Clinic. I would be grateful if you would make an appointment to attend when convenient.

At the clinic as well as carrying out your check up, we will review your medication. If you are 14yrs and above we will enquire about your smoking status and offer cessation help if required.

Please bring any inhalers you may have for your chest with you. If you have already made an appointment please ignore this letter.

Yours sincerely

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
25-Jun-2018 Dr Basma Paulina (BP)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: SEVER THROAT INFECTION; Duration: 25/06/*****8 - 09/07/*****8)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 25 /06 / [redacted]

and, because of the following condition(s): SEVER THROAT INFECTION

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 25 /06 / 2018 **to** 09 /07 / 2018

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 25 /06 / 2018

Doctor's address
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 01/17 464D228B-9999-4B1C-8298-AFF523ED3945

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- in Scotland please visit **www.fitforworkscotland.scot** or phone [redacted]

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names PAUL
Address 148 TEMPLELAND ROAD
GLASGOW Postcode ~~G53~~ 5LZ
Date of birth 07 / 09 / 1971 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Chest Clinic 1st Letter
21-Mar-2018 Mrs Diane Robertson (DIANE_18954)
Additional: Chest Clinic 1st Letter
chest cl
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr B Paulina, Dr J Dickson, Dr V Young, Dr J Cowie
Practice No: **52043**

21 03 2018

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

Our system shows that you have a diagnosis of asthma. I would like to remind you that you are due a check up at the Chest Clinic. I would be grateful if you would make an appointment to attend when convenient.

At the clinic as well as carrying out your check up, we will review your medication. If you are 14yrs and above we will enquire about your smoking status and offer cessation help if required.

Please bring any inhalers you may have for your chest with you. If you have already made an appointment please ignore this letter.

Yours sincerely

Dr Basma Paulina

eMED3 (***0) new statement issued, not fit for work**
02-Mar-2018 Dr Basma Paulina (BP)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: broken Rt foot; Duration: 12/02/*****8 - 02/03/*****8)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 02 / 03 / 2018

and, because of the following condition(s): broken Rt foot

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 12 / 02 / 2018 to 02 / 03 / 2018

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 02 / 03 / 2018

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- DB12D989-D4D4-4650-9F[redacted]

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
02-Mar-2018 Dr Basma Paulina (BP)
Additional:eMED3 (*****0) new statement issued, not fit for work
*(Diagnosis: broken Rt foot; Duration: 12/02/*****8 - 05/03/*****8)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 02 / 03 / 2018

and, because of the following condition(s): broken Rt foot

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 12 / 02 / 2018 to 05 / 03 / 2018

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 02 / 03 / 2018

Doctor's address: Braidcraft Medical Centre, 200 Braidcraft Road, Pollok, G53 5QD, Telephone: [redacted]

Unique ID: Med 3 04/10- 2C3C8B3E-F04F-400A-94C4-687BA8DA1425

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD, GLASGOW, Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

DNA surgery appointment - 1st letter
26-Sept-2017 Ms Denise Logie (DL)
Additional:DNA surgery appointment - 1st letter
DNA1
Filename:
Extension:
Pages:

Braidcraft Medical Centre
200 Braidcraft Road Glasgow G53 5QD
[redacted]
Dr A McArthur Dr B Paulina, Dr P Hendrie, Dr J Dickson, Dr V Young, Dr J Cowie
Practice No: **52043**

26 09 2017

Mr Paul Haggarty
148 Templeland Road
GLASGOW
G53 5LZ

Dear Mr Haggarty

I have noticed from our records that you failed to attend an appointment on Tuesday 26th September 2017 at 4:10pm with Dr Cowie.

This may have been an oversight on your part but I need to bring to your attention that the practice now has a policy regarding missed appointments.

MISSED APPOINTMENTS

Due to the number of patients failing to attend for their appointment this may mean that you may not be able to see the doctor on the day that you wish to.

In an attempt to try and resolve this the practice has developed the following policy.

If you fail to attend appointments without informing us we will write to you asking if there are any specific problems preventing you from letting us know.

If you repeatedly fail to attend for appointments you may be removed from the practice list and have to find an alternative GP practice.

If you have specific problems that you wish to discuss that are preventing you from informing us when you cannot attend for an appointment then please ring me on the above telephone number and I will try and help where I can.

Thank you for your co-operation in this matter.

Yours sincerely,

Sharon Molloy
Practice Manager
On Behalf of GP Partners

eMED3 (***0) new statement issued, not fit for work**
06-Jun-2017 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Acute stress; Duration: 06/06/*****7 - 04/07/*****7)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 06 / 06 / 2017

and, because of the following condition(s): Acute stress

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 06 / 06 / 2017

Doctor's address: Braidcraft Medical Centre, 200 Braidcraft Road, Pollok, G53 5QD, Telephone: [redacted]

Unique ID: Med 3 04/10- 1962A297-EDBE-458D-B116-9EF1C3F6432C

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD, GLASGOW, Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, may be fit for work**
16-Jan-2017 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, may be fit for work
*FitNote.pdf, (Diagnosis: Transient ischaemic attack; Duration: 16/01/*****7 - 13/02/*****7)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 16 / 01 / 2017

and, because of the following condition(s): Transient ischaemic attack

I advise you that:
- [ ] ~~you are not fit for work.~~
- [X] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [X] a phased return to work
- [ ] ~~amended duties~~
- [X] altered hours
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):
I would suggest Mr Haggerty restart work on a phased return basis with reduced hours building up to full hours over a 4 week period. I would suggest this commence week beginning 23rd January 2017

This will be the case for 28 Day(s)

or from / / to / /

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 16 / 01 / 2017

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- 3A79A1E4-67D6-4519-A924-012C0DB68468

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
16-Jan-2017 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Transient ischaemic attack; Duration: 05/01/*****7 - 22/01/*****7)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 16 / 01 / 2017

and, because of the following condition(s): Transient ischaemic attack

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 05 / 01 / 2017 to 22 / 01 / 2017

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 16 / 01 / 2017

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- A1A3EDB1-014F-4542-8CCD-D9DB807D044B

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
12-Dec-2016 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Nervous condition; Duration: 12/12/*****6 - 28/12/*****6)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 12 / 12 / 2016

and, because of the following condition(s): Nervous condition

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 12 / 12 / 2016 to 28 / 12 / 2016

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 12 / 12 / 2016

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- D1C6604E-B49E-4284-8368-CABCD791196B

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
09-Dec-2016 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Nervous condition; Duration: 09/12/*****6 - 23/12/*****6)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 09 / 12 / 2016

and, because of the following condition(s): Nervous condition

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 09 / 12 / 2016 to 23 / 12 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 09 / 12 / 2016

Doctor's address: Braidcraft Medical Centre, 200 Braidcraft Road, Pollok, G53 5QD, Telephone: [redacted]

Unique ID: Med 3 04/10- ADFEF27D-71B2-4332-8C33-B5DC192F1C81

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

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If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

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If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD, GLASGOW, Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
28-Nov-2016 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Nervous condition; Duration: 28/11/*****6 - 12/12/*****6)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 28 / 11 / 2016

and, because of the following condition(s): Nervous condition

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 28 / 11 / 2016 to 12 / 12 / 2016

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 28 / 11 / 2016

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- 641FA81D-81A4-4F75-96B0-9F13A4E3FEB5

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

Your details – Please use BLOCK CAPITALS

Surname: Mr, ~~Mrs, Miss, Ms~~ HAGGARTY
Other names: PAUL
Address: 148 TEMPLELAND ROAD
GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]

eMED3 (***0) new statement issued, not fit for work**
03-Jun-2016 Dr Paula Hendrie (PH)
Additional:eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: Viral respiratory tract infection.; Duration: 01/06/*****6 - 08/06/*****6)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 03 / 06 / 2016

and, because of the following condition(s): Viral respiratory tract infection.

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 01 / 06 / 2016 to 08 / 06 / 2016

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 03 / 06 / 2016

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- [redacted]

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GLASGOW Postcode G53 5LZ
Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

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Signature
Date / /

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eMED3 (***0) new statement issued, not fit for work**
18-Nov-2015 Dr Basma Paulina (BP)
Additional: eMED3 (*****0) new statement issued, not fit for work
*FitNote.pdf, (Diagnosis: muscular back pain; Duration: 18/11/*****5 - 02/12/*****5)*
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, ~~Mrs, Miss, Ms~~ Paul Haggarty

I assessed your case on: 18 / 11 / 2015

and, because of the following condition(s): muscular back pain

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 18 / 11 / 2015 to 02 / 12 / 2015

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement: 18 / 11 / 2015

Doctor's address:
Braidcraft Medical Centre
200 Braidcraft Road
Pollok, G53 5QD
Telephone: [redacted]

Unique ID: Med 3 04/10- E7168FA0-C621-4296-ACFF-69888A2F108A

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Date of birth: 07 / 09 / 1971
National Insurance (NI) number:

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Signature
Date / /

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