

## Subject Access Request



|                            |                               |
|----------------------------|-------------------------------|
| <b>Patient</b>             | Mr Robert Mcneill             |
| <b>Date of birth</b>       | 01-July-1978 (age 48)         |
| <b>Gender</b>              | M                             |
| <b>NHS number</b>          | 0107780372                    |
| <b>Patient's address</b>   | 59 Doocot Court Perth PH1 1TZ |
| <b>Date range selected</b> | 01-July-1978 - 10-Jun-2026    |
| <b>Organisation</b>        |                               |
| <b>Policy number</b>       |                               |

## Problems

### Active

**02-Dec-2025 Dr Fiona Bullions**  
Constipation symptom

### Significant Past

This section is empty.

### Minor Past

This section is empty.

## Consultations

### 21-May-2026 Mrs Mary Linton Third Party Consultation

Administration Letter from consultant Clinic template NHS Tayside  
(P4) General Surgery Neville Ekpote Specialty Doctor in  
Colorectal Surgery

### 23-Apr-2026 Mrs Katy Ivanova Surgery consultation

Administration Administration Pt refused to have any bloods checked,  
(P6) as very disappointed in the whole system.-"Don't pester  
me about, don't bother calling me again"

### 20-Apr-2026 Ms Katy Oliver Third Party Consultation

13-Apr-2026 Administration Letter encounter from patient Clinic template NHS  
(P6) Tayside General Surgery Neville Ekpote Specialty Doctor  
in Colorectal Surgery

**31-Mar-2026 Dr Fiona Bullions Surgery consultation**

Administration Consultation pain clinic - didn't return questionnaire - (P6) advised re this - he already knows this he says as he didn't return the questionnaire as the funding for his support workers has been pulled and he's unable to fill in the questionnaire without support. Very annoyed that this was an in person appt as I could have told him this over the phone and thanked me for wasting his morning. tell me he's never had addiction problems, he has abuse problems asks me to ask idart why he has no notes and there should be notes because he has the recordings then asking if I'll take responsibility for him being labelled "an undiagnosed paranoid schizophrenic" - tells me that his \*\*\*\*\* said this and now it's in his medical records says our practice manager denied giving him a written warning which he says is not true, he was given a written warning pt tells me he does GP training for GPs with addiction so he knows what training I have Long rants about various subjects, all centering around his mistreatment by us as GPs and by idart "they were sending my appointments to a terminally ill woman". pressure of speech, asks me questions then does not allow me to answer. Not at all threatening, just sounds angry, jumping about from thought to thought. Pt terminated consultation saying "this consultation is over" then went on to say I can't even tell him why the appointment was made - explained again that it was made to discuss the pain clinic response, I was going to add that I'd also like to talk about what he'd like to do next with this, but he left.

**18-Mar-2026 Mrs K Young Medicine Management**

Administration SMS text message sent to patient This is yellow practice (P9) drumhar. Can you please call \*\*\*\*\* to make an appointment as you are due a blood test. Thank You.

**27-Feb-2026 Mrs Mary Linton Third Party Consultation**

26-Feb-2026 Diagnosis Reviewing treatment ENSEMBLE2 Tayside NHS Trust (P4) (New) Pain Clinic

**25-Feb-2026 Mrs Katy Ivanova Surgery consultation**

Administration SMS text message sent to patient Hi, this is Yellow (P9) Practice. You are due a blood test. Please call \*\*\*\*\* to arrange appointment suitable for you. Thank you.

**11-Feb-2026 Dr M Milne Surgery consultation**

Administration Consultation Says went over his foot 4-5 months ago. (P5) Asking for a 6 month Med3. Unhappy as says the physio had been told, by me, that he is argumentative in a referral to physio. While I agree that he is argumentative, I didn't make the referral. Asking for a Med3 for 6 months, which I can't legally give. Agreed to one for two months. He left saying, "You're a condition, mate."

Administration eMED3 (2010) new statement issued, not fit for work Fit (P4) Note (Diagnosis: Foot pain; Duration 11-Feb-2026 - 11-Apr-2026)

**26-Jan-2026 Mrs Mary Linton Third Party Consultation**

Administration X-ray report received Imaging Report NHS Tayside (P4) Clinical Radiology Unknown

**15-Jan-2026 Mrs Anne Watson Referral Letter****12-Jan-2026 Mrs Mary Linton Third Party Consultation**

Administration Letter from consultant ENSEMBLE2 Tayside NHS Trust (P4) (New) Physiotherapy

**08-Jan-2026 Mrs Anne Watson Referral Letter**

Administration Scanned Document  
SCI Referral Letter :

**08-Jan-2026 Dr Fiona Sinclair Surgery consultation**

Administration Consultation neck and R arm pain into hand with (P5) numbness in thumb index and middle fingers, feels grip weaker but O/E power intact but sensation reduced and absent bicep reflex. refer physio and advised re neck exercises on NHS inform website in meantime.

**23-Dec-2025 Dr Fiona Bullions Surgery consultation**

Administration Consultation at start of appointment very unhappy as (P6) complained that I gave him 'gastro tablets' and then another doctor increased them the very next day also said the instructions not to take the lansoprazole before stool sample was not clear, said he didn't know and must have taken them before the stool test I advised I did not give him lansoprazole on 2/12 pt not happy about this but he insisted we move on constipation - much improved, moving bowels not daily but 'more regular' taking laxido 1-2 daily he tells me and is trying to drink more water today wants to talk about leg pains: pt fell down stairs twice in last few weeks both legs give way underneath him can be up all night with pain and cramps he tells me immediately prior to legs giving way he gets shooting pains, tightening in muscles, burning pain and it feels like "my veins solidify" also complains of pain on ejaculation - pain in scrotum, pain also shoots down legs also pain on moving bowels, pain is in bottom of back and shoots down legs I'll re-refer pain clinic, support worker will help with sending back form "it will be hard to read with all the tears" pt says because he finds thinking about past treatment difficult as he gets distracted by all the wrongs of previous doctors (pt's words) several segues into previous doctors treatment including a GP that told other doctors not to treat him due to drug seeking behaviour I explained purpose of pain clinic pt reports he's been "told to learn to live with it (the pain)" explained that's not quite what was meant, however chronic pain is difficult to treat and pain clinic is about management not 'getting it sorted', ie he can't expect to be pain free as this is unlikely to be the case.

**16-Dec-2025 Mrs Mary Linton Third Party Consultation**

15-Dec-2025 Administration Microbiology report received Lab Result Tayside Clinical (P4) Laboratory Services Microbiology

**16-Dec-2025 Mrs Mary Linton Third Party Consultation**

15-Dec-2025 Administration Microbiology report received Lab Result Tayside Clinical (P4) Laboratory Services Microbiology

**12-Dec-2025 Mrs Jenna Paton Other**

Examination Stool sample sent to lab.  
Examination **Stool sample sent to lab.:**  
Stool sample sent to lab.

(No range available)

**03-Dec-2025 Dr Sathyadeep Samiappan Other**

Diagnosis (P5) Gastritis and duodenitis C/O Epigastric pain going to back with white foam coming up all the way to his mouth ? acid reflux. no vomiting . no cough or phlegm. no melena or haematemesis reported. alert and oriented. no alcohol smokes marijuana. also have MSK pain to thoracic upper back. denies exertional chest pain. no haemoptysis or new SOB . CVS S1S2+ no murmur RS BAE+ NVBS+ Abdomen Soft no guarding BS+ mild epigastric and RUQ tenderness . stool for H.pylori. PPI to be started after submitting the stool sample. amylase added fore completion. strong WAG. he agrees to the plan.

**02-Dec-2025 Dr Fiona Bullions Surgery consultation**

Administration Consultation 10 mins late in with support worker who left (P6) for examination then returned. problems with his anus he tells me very upset about porevious interaction and annoyed that it says he declined examination - I explained this although I did have to interrupt the patient several times as he kept talking - pt had the impression that declining examinaiton was a bad thing and I explained that it is something we document all the time, as if an examinaiton is required it would be negligent of us not to do it, or explain why it was not done at that appointment apologised for difficulties he;s had with all this leaking fluid from back passage sometimes on passing wind sometimes just spontaneously painful lump at the moment at back passage occasional itch sometimes small amounts blood when moving bowels. OE abdo soft, faecal loading left lower abdo no LKKS no mass bs normal PR red skin surrounding anus, no lump seen hard stool in rectum no mass no blood discussed finding with patient and support worker plan inc fluid 2L daily and add laxido explained re take regularly for months, adjust dose as required and wean off slowly to avoid recurrence.

Symptom (P6) Constipation symptom

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Chronic regional pain syndrome; Duration 20-Nov-2025 - 15-Jan-2026)

**01-Dec-2025 Ms Ann Healy Third Party Consultation**

Administration Letter from consultant ENSEMBLE2 Tayside NHS Trust (P6) (New) Pain Clinic

**28-Nov-2025 Ms Katy Oliver Administration**

Administration SMS text message sent to patient Your medical notes (P9) are ready for collection from reception. Thank you. The Yellow Practice.

**05-Nov-2025 Dr Adam Murray Medicine Management****04-Nov-2025 Ms Dawn O'Brien Administration****04-Nov-2025 Dr Fiona Bullions Surgery consultation**

Administration Consultation ?trauma issues - consultation message in (P6) with Gillian from CATH for support asking if idart had contacted us regarding psychology input - advised no letter as yet pt said "that'll be my one thing then, that's the appointment over" I told patient we could discuss something else left foot numbness and pain and if moves toes his foot cramps up pain down inside left leg then went on to complain about treatment by other GPs, idart, other health professionals also reports he was given the phone number for WRASAC and phoned them to be told they only deal with women, apologised for this support worker asked if a reminder can be put on patient's notes regarding making appointments patient finds it very difficult to articulate what he needs an appointment for, he was 'told off' for using inappropriate language before he said. I will speak to PM and arrange a warning on notes. Pt clearly very frustrated with system and has had problems navigating it. He was clearly distressed throughout out appointment, however he did not raise his voice. As he left he said "well maybe I should just go back to being drugged by my \*\*\*\*\* and fucked in the arse" which I did not respond to and his support worker told him he shouldn't say that.

**14-Oct-2025 Ms Ann Healy Third Party Consultation**

13-Oct-2025 Administration Letter from consultant ENSEMBLE2 Tayside NHS Trust (P6) (New) General Surgery

**08-Oct-2025 Dr Adam Murray Referral Letter**

Administration Scanned Document  
SCI Referral Letter :

**08-Oct-2025 Dr Adam Murray Other****08-Oct-2025 Dr Adam Murray Other**



## 08-Oct-2025 Dr Adam Murray Other

Administration Consultation Another diff consult. Diff to keep patient on (P5) track of one issue. Issues: 1) Trauma from sexual abuse. 2) Not getting nerve pain Rx due to Dr Elsworthy letter. - Sciatica 3) Back passage issues. Below 4) Viscose veins. ? Vascular rf for US for thigh stockings if up to thighs. Didn't have time to examine. 1) Back passage. Discomfort on and off. On rest or on passing stool. Passing stool every day/alt days. Fresh red bleeding intermittent. Lump through back passage. Puss discharge from back passage. Denied coming out of whole other than Anus. Declined examination. Limited in what I can try then. Plan: 1) Now keen for for MRI back- worth to rule things in and out -Warned may not change outcome- needing analgesia. 2) Repeat Fasting BM- to check if presistant raised. 3) R/f to Gen surg RE Haemorrhoids and puss discharge. 4) FIT test to check not needing colonoscopy Vs sigmoidoscopy.

## 07-Oct-2025 Miss Jacqueline Doig Other

03-Oct-2025 Administration Failed encounter - DNA, 10mins, no explanation given (P5) (F2F appt booked in advance, fasting bloods).

## 03-Oct-2025 Dr M Perry Results recording

|             |             |                                                                             |                         |                      |
|-------------|-------------|-----------------------------------------------------------------------------|-------------------------|----------------------|
| 01-Oct-2025 | Examination | Serum vitamin B12 ng/l - Results may be unreliable if sample older than 48h | 439 ng/L                |                      |
| 01-Oct-2025 | Examination | Eosinophil count x10 <sup>9</sup> /L                                        | 0.12 10 <sup>9</sup> /L |                      |
| 01-Oct-2025 | Examination | Serum folate ug/l                                                           | 9 ug/L                  |                      |
| 01-Oct-2025 | Examination | Haemoglobin estimation                                                      | 164 g/L                 |                      |
| 01-Oct-2025 | Examination | Mean corpusc. haemoglobin(MCH)                                              | 32.3 pg                 |                      |
| 01-Oct-2025 | Examination | Mean corpusc. Hb. conc. (MCHC)                                              | 341 g/L                 |                      |
| 01-Oct-2025 | Examination | Mean corpuscular volume (MCV) fl                                            | 94.8 fL                 |                      |
| 01-Oct-2025 | Examination | Monocyte count x10 <sup>9</sup> /L                                          | 0.3 10 <sup>9</sup> /L  |                      |
| 01-Oct-2025 | Examination | Neutrophil count x10 <sup>9</sup> /L                                        | 4.8 10 <sup>9</sup> /L  |                      |
| 01-Oct-2025 | Examination | Platelet count x10 <sup>9</sup> /L                                          | 136 10 <sup>9</sup> /L  |                      |
| 01-Oct-2025 | Examination | Red blood cell (RBC) count x10 <sup>12</sup> /L                             | 5.08 10 <sup>-2</sup>   |                      |
| 01-Oct-2025 | Examination | Total white cell count x10 <sup>9</sup> /L                                  | 6.2 10 <sup>9</sup> /L  |                      |
| 01-Oct-2025 | Examination | Lymphocyte count x10 <sup>9</sup> /L                                        | 0.9 10 <sup>9</sup> /L  |                      |
| 01-Oct-2025 | Examination | B12/folate level <none>                                                     |                         |                      |
| 01-Oct-2025 | Examination | Full blood count - FBC <none>                                               |                         |                      |
| 01-Oct-2025 | Examination | Haematocrit                                                                 | 0.482 ratio             |                      |
| 01-Oct-2025 | Examination | Basophil count x10 <sup>9</sup> /L                                          | 0 10 <sup>9</sup> /L    |                      |
| 01-Oct-2025 | Examination | Serum vitamin B12ng/l - Results may be unreliable if sample older than 48h: |                         |                      |
|             |             | Serum vitamin B12 ng/l - Results may be unreliable if sample older than 48h | 439 ng/L                | (Range: 200 - 940)   |
| 01-Oct-2025 | Examination | Eosinophil countx10 <sup>9</sup> /L:                                        |                         |                      |
|             |             | Eosinophil count x10 <sup>9</sup> /L                                        | 0.12 10 <sup>9</sup> /L | (No range available) |
| 01-Oct-2025 | Examination | Serum folateug/l:                                                           |                         |                      |
|             |             | Serum folate ug/l                                                           | 9 ug/L                  | (Range: 3.1 - 17.5)  |
| 01-Oct-2025 | Examination | Haemoglobin estimation:                                                     |                         |                      |
|             |             | Haemoglobin estimation                                                      | 164 g/L                 | (Range: 130 - 180)   |
| 01-Oct-2025 | Examination | Mean corpusc. haemoglobin(MCH): Above high reference limit                  |                         |                      |
|             |             | Mean corpusc. haemoglobin(MCH)                                              | 32.3 pg                 | (Range: 27 - 32)     |
| 01-Oct-2025 | Examination | Mean corpusc. Hb. conc. (MCHC):                                             |                         |                      |
|             |             | Mean corpusc. Hb. conc. (MCHC)                                              | 341 g/L                 | (Range: 320 - 360)   |
| 01-Oct-2025 | Examination | Mean corpuscular volume (MCV)fl:                                            |                         |                      |
|             |             | Mean corpuscular volume (MCV) fl                                            | 94.8 fL                 | (Range: 85 - 105)    |
| 01-Oct-2025 | Examination | Monocyte countx10 <sup>9</sup> /L:                                          |                         |                      |
|             |             | Monocyte count x10 <sup>9</sup> /L                                          | 0.3 10 <sup>9</sup> /L  | (Range: 0.2 - 0.8)   |
| 01-Oct-2025 | Examination | Neutrophil countx10 <sup>9</sup> /L:                                        |                         |                      |
|             |             | Neutrophil count x10 <sup>9</sup> /L                                        | 4.8 10 <sup>9</sup> /L  | (Range: 2 - 7.5)     |
| 01-Oct-2025 | Examination | Platelet countx10 <sup>9</sup> /L: Below low reference limit                |                         |                      |
|             |             | Platelet count x10 <sup>9</sup> /L                                          | 136 10 <sup>9</sup> /L  | (Range: 150 - 400)   |
| 01-Oct-2025 | Examination | Red blood cell (RBC) countx10 <sup>12</sup> /L:                             |                         |                      |
|             |             | Red blood cell (RBC) count x10 <sup>12</sup> /L                             | 5.08 10 <sup>-2</sup>   | (Range: 4.5 - 6)     |
| 01-Oct-2025 | Examination | Total white cell countx10 <sup>9</sup> /L:                                  |                         |                      |
|             |             | Total white cell count x10 <sup>9</sup> /L                                  | 6.2 10 <sup>9</sup> /L  | (Range: 4 - 11)      |
| 01-Oct-2025 | Examination | Lymphocyte countx10 <sup>9</sup> /L: Below low reference limit              |                         |                      |
|             |             | Lymphocyte count x10 <sup>9</sup> /L                                        | 0.9 10 <sup>9</sup> /L  | (Range: 1.5 - 4)     |
| 01-Oct-2025 | Examination | B12/folate level<none>:                                                     |                         |                      |
|             |             | B12/folate level <none>                                                     |                         | (No range available) |
| 01-Oct-2025 | Examination | Full blood count - FBC<none>:                                               |                         |                      |
|             |             | Full blood count - FBC <none>                                               |                         | (No range available) |
| 01-Oct-2025 | Examination | Haematocrit:                                                                |                         |                      |
|             |             | Haematocrit                                                                 | 0.482 ratio             | (Range: 0.4 - 0.52)  |
| 01-Oct-2025 | Examination | Basophil countx10 <sup>9</sup> /L:                                          |                         |                      |
|             |             | Basophil count x10 <sup>9</sup> /L                                          | 0 10 <sup>9</sup> /L    | (No range available) |

## 03-Oct-2025 Dr M Perry Results recording

|             |             |                                          |                          |
|-------------|-------------|------------------------------------------|--------------------------|
| 01-Oct-2025 | Examination | Serum albumin                            | 43 g/L                   |
| 01-Oct-2025 | Examination | Serum alkaline phosphatase U/L           | 80 U/L                   |
| 01-Oct-2025 | Examination | Serum alanine aminotransferase level U/L | Serum ALT level - 34 U/L |
| 01-Oct-2025 | Examination | Serum total bilirubin level              | 7 umol/L                 |

|             |             |                                                                                                                                                                                                                                               |             |                      |
|-------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| 01-Oct-2025 | Examination | Serum calcium                                                                                                                                                                                                                                 | 2.3 mmol/L  |                      |
| 01-Oct-2025 | Examination | Corrected serum calcium level                                                                                                                                                                                                                 | 2.26 mmol/L |                      |
| 01-Oct-2025 | Examination | Serum creatinine                                                                                                                                                                                                                              | 80 umol/L   |                      |
| 01-Oct-2025 | Examination | Serum iron level                                                                                                                                                                                                                              | 24 umol/L   |                      |
| 01-Oct-2025 | Examination | Serum ferritin                                                                                                                                                                                                                                | 125 ug/L    |                      |
| 01-Oct-2025 | Examination | Serum potassium                                                                                                                                                                                                                               | 4 mmol/L    |                      |
| 01-Oct-2025 | Examination | Serum sodium                                                                                                                                                                                                                                  | 143 mmol/L  |                      |
| 01-Oct-2025 | Examination | Serum TSH level mU/L                                                                                                                                                                                                                          | 0.45 mU/L   |                      |
| 01-Oct-2025 | Examination | Bone profile <none>                                                                                                                                                                                                                           |             |                      |
| 01-Oct-2025 | Examination | Serum iron tests <none>                                                                                                                                                                                                                       |             |                      |
| 01-Oct-2025 | Examination | Liver function test <none>                                                                                                                                                                                                                    |             |                      |
| 01-Oct-2025 | Examination | Plasma fasting glucose level                                                                                                                                                                                                                  | 6.3 mmol/L  |                      |
| 01-Oct-2025 | Examination | Plasma C reactive protein                                                                                                                                                                                                                     | 4.6 mg/L    |                      |
| 01-Oct-2025 | Examination | Transferrin saturation index                                                                                                                                                                                                                  | 39 %        |                      |
| 01-Oct-2025 | Examination | Biochemical test <none>                                                                                                                                                                                                                       |             |                      |
| 01-Oct-2025 | Examination | Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE                                                                                                                                                                           |             |                      |
| 01-Oct-2025 | Examination | Serum transferrin                                                                                                                                                                                                                             | 2.45 g/L    |                      |
| 01-Oct-2025 | Examination | GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - - eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.         | 60 mL/min   |                      |
| 01-Oct-2025 | Examination | GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA                                                                             | mL/min      |                      |
| 01-Oct-2025 | Examination | <b>Serum albumin:</b>                                                                                                                                                                                                                         |             |                      |
| 01-Oct-2025 | Examination | Serum albumin                                                                                                                                                                                                                                 | 43 g/L      | (Range: 35 - 50)     |
| 01-Oct-2025 | Examination | <b>Serum alkaline phosphatase U/L:</b>                                                                                                                                                                                                        |             |                      |
| 01-Oct-2025 | Examination | Serum alkaline phosphatase U/L                                                                                                                                                                                                                | 80 U/L      | (Range: 30 - 130)    |
| 01-Oct-2025 | Examination | <b>Serum alanine aminotransferase level</b> Serum ALT level - U/L:                                                                                                                                                                            |             |                      |
| 01-Oct-2025 | Examination | Serum alanine aminotransferase level Serum ALT level - U/L                                                                                                                                                                                    | 34 U/L      | (Range: 5 - 55)      |
| 01-Oct-2025 | Examination | <b>Serum total bilirubin level:</b>                                                                                                                                                                                                           |             |                      |
| 01-Oct-2025 | Examination | Serum total bilirubin level                                                                                                                                                                                                                   | 7 umol/L    | (No range available) |
| 01-Oct-2025 | Examination | <b>Serum calcium:</b>                                                                                                                                                                                                                         |             |                      |
| 01-Oct-2025 | Examination | Serum calcium                                                                                                                                                                                                                                 | 2.3 mmol/L  | (Range: 2.1 - 2.55)  |
| 01-Oct-2025 | Examination | <b>Corrected serum calcium level:</b>                                                                                                                                                                                                         |             |                      |
| 01-Oct-2025 | Examination | Corrected serum calcium level                                                                                                                                                                                                                 | 2.26 mmol/L | (Range: 2.1 - 2.55)  |
| 01-Oct-2025 | Examination | <b>Serum creatinine:</b>                                                                                                                                                                                                                      |             |                      |
| 01-Oct-2025 | Examination | Serum creatinine                                                                                                                                                                                                                              | 80 umol/L   | (Range: 62 - 106)    |
| 01-Oct-2025 | Examination | <b>Serum iron level:</b>                                                                                                                                                                                                                      |             |                      |
| 01-Oct-2025 | Examination | Serum iron level                                                                                                                                                                                                                              | 24 umol/L   | (Range: 5 - 32)      |
| 01-Oct-2025 | Examination | <b>Serum ferritin:</b>                                                                                                                                                                                                                        |             |                      |
| 01-Oct-2025 | Examination | Serum ferritin                                                                                                                                                                                                                                | 125 ug/L    | (Range: 30 - 400)    |
| 01-Oct-2025 | Examination | <b>Serum potassium:</b>                                                                                                                                                                                                                       |             |                      |
| 01-Oct-2025 | Examination | Serum potassium                                                                                                                                                                                                                               | 4 mmol/L    | (Range: 3.5 - 5.3)   |
| 01-Oct-2025 | Examination | <b>Serum sodium:</b>                                                                                                                                                                                                                          |             |                      |
| 01-Oct-2025 | Examination | Serum sodium                                                                                                                                                                                                                                  | 143 mmol/L  | (Range: 133 - 146)   |
| 01-Oct-2025 | Examination | <b>Serum TSH level</b> mU/L:                                                                                                                                                                                                                  |             |                      |
| 01-Oct-2025 | Examination | Serum TSH level mU/L                                                                                                                                                                                                                          | 0.45 mU/L   | (Range: 0.4 - 4)     |
| 01-Oct-2025 | Examination | <b>Bone profile</b> <none>:                                                                                                                                                                                                                   |             |                      |
| 01-Oct-2025 | Examination | Bone profile <none>                                                                                                                                                                                                                           |             | (No range available) |
| 01-Oct-2025 | Examination | <b>Serum iron tests</b> <none>:                                                                                                                                                                                                               |             |                      |
| 01-Oct-2025 | Examination | Serum iron tests <none>                                                                                                                                                                                                                       |             | (No range available) |
| 01-Oct-2025 | Examination | <b>Liver function test</b> <none>:                                                                                                                                                                                                            |             |                      |
| 01-Oct-2025 | Examination | Liver function test <none>                                                                                                                                                                                                                    |             | (No range available) |
| 01-Oct-2025 | Examination | <b>Plasma fasting glucose level: Above high reference limit</b>                                                                                                                                                                               |             |                      |
| 01-Oct-2025 | Examination | Plasma fasting glucose level                                                                                                                                                                                                                  | 6.3 mmol/L  | (Range: 3.3 - 5.8)   |
| 01-Oct-2025 | Examination | <b>Plasma C reactive protein:</b>                                                                                                                                                                                                             |             |                      |
| 01-Oct-2025 | Examination | Plasma C reactive protein                                                                                                                                                                                                                     | 4.6 mg/L    | (No range available) |
| 01-Oct-2025 | Examination | <b>Transferrin saturation index:</b>                                                                                                                                                                                                          |             |                      |
| 01-Oct-2025 | Examination | Transferrin saturation index                                                                                                                                                                                                                  | 39 %        | (Range: 22 - 55)     |
| 01-Oct-2025 | Examination | <b>Biochemical test</b> <none>:                                                                                                                                                                                                               |             |                      |
| 01-Oct-2025 | Examination | Biochemical test <none>                                                                                                                                                                                                                       |             | (No range available) |
| 01-Oct-2025 | Examination | <b>Acute kidney injury warning stage</b> AKI warning stage - NOT AVAILABLE:                                                                                                                                                                   |             |                      |
| 01-Oct-2025 | Examination | Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE                                                                                                                                                                           |             | (No range available) |
| 01-Oct-2025 | Examination | <b>Serum transferrin:</b>                                                                                                                                                                                                                     |             |                      |
| 01-Oct-2025 | Examination | Serum transferrin                                                                                                                                                                                                                             | 2.45 g/L    | (Range: 2 - 4)       |
| 01-Oct-2025 | Examination | <b>GFR calculated abbreviated MDRD</b> GFR calculated abbreviated MDRD - - eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.: |             |                      |
| 01-Oct-2025 | Examination | GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - - eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.         | 60 mL/min   | (No range available) |
| 01-Oct-2025 | Examination | <b>GFR calculated abbreviated MDRD adj for African Americ origin</b> GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:                                                                     |             |                      |
| 01-Oct-2025 | Examination | GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA                                                                             | mL/min      | (No range available) |

**02-Oct-2025 Dr Fiona Sinclair Administration****02-Oct-2025 Mrs K Young Third Party Consultation**

01-Oct-2025 Examination Biochemical test Lab Result Tayside Clinical Laboratory Services Biochemistry

01-Oct-2025 Examination **Biochemical test** Lab Result Tayside Clinical Laboratory Services Biochemistry: Biochemical test Lab Result Tayside Clinical Laboratory Services Biochemistry (No range available)

**02-Oct-2025 Mrs K Young Third Party Consultation**

01-Oct-2025 Administration Haematology report received Lab Result Tayside Clinical (P6) Laboratory Services Haematology

**01-Oct-2025 Dr Federated User Surgery consultation**

Intervention Phlebotomy blood obtained as per ice request-consent (P3) given

Administration Attended extended hours clinic - ESA Perth - Care and Treatment Service: Seen by Clinician: HUTTON, Sean at 13:38:56 on 01-Oct-2025

**16-Sept-2025 Ms Ann Healy Other**

Administration SMS text message sent to patient Hello Robert. You (P9) have an appointment on 1st October at 1.40pm at CTAC, Drumhar Health Centre. Need to re-arrange? Call \*\*\*\*\* Thank you.

**16-Sept-2025 Ms Ann Healy Other**

Administration SMS text message sent to patient Hello. Please call the (P9) Yellow Practice on \*\*\*\*\* the GP has some information to pass on from the Recovery Team. Thank you.

**12-Sept-2025 Mrs Anne Watson Referral Letter**

Administration Scanned Document  
SCI Referral Letter :

**11-Sept-2025 Ms Dawn O'Brien Third Party Consultation**

Administration Letter from consultant ENSEMBLE2 Tayside NHS Trust (P4) (New) iDART

**10-Sept-2025 Dr Dr Locum Referral Letter**

Administration Scanned Document  
SCI Referral Letter :

**10-Sept-2025 Dr Dr Locum Surgery consultation**

Administration Consultation Seen with advocacy working. Difficult (P5) consult to managing. Clearing lots of built up complaints. Health wise and about treatment in NHS. Accusation of Dr having discussion with out him. Or saying things that aren't true. As per prev consults. Likely getting nerve type pain. Likely scaitica from back as well as possible perpheripheral nerve damage. Discussed could MRI but may not open up further Rx options. O/e Unable to passively SLR due to worsening off pain. 1) Asking were to deal with his childhood sexual abuse and trauama- Directed to RASAC. Other wise pyschology. 2) Been on AMT but gave SE. -Prev note not for Nerve type pain killers from Dr Elworthy. -D/w \*\*\*\*\* ? a no prescribe or Trail on weekly dispense 3) Bloods for peripheral nerve damage. 4) Not picked up notriptyline -Not depressedd so not talking anti depressant. -D/w most nerve pain killers started as antidepressants and take time to build up. - Declined taking anything like this.

Administration Indirect encounter D/w Dr M Perry. Advised trail of (P5) notriptyline and advise not to IDART.

**22-Aug-2025 Dr M Perry Surgery consultation**

**11-Jun-2025 Dr Federated User Surgery consultation**

Symptom (P3) Foot pain FCP consult in person at PRI. Verbal consent obtained. Long h/o of persistent Left foot pain and rising pain/cramps up leg and into thigh. Ongoing since fall from bunkbed sustaining L calcaneus and 5th metatarsal fracture. Check XR since in 2023 showed healed fracture and NAD. Been to orthotics and cast for insoles same year. Known to have prev been on methadone due to prev addiction and currently on Buprenorphine, which pt quite open about and understands these things can lead to chronic pains and sensitisation but I didn't suggest this was definitive. Denies any back pain. No motor or sensory alterations. Denies any new associated visceral or systemic changes. Denies any swelling or overt deformity, no colour or temperature changes. Long discussion but, keen for some advice re wearing of insoles and exercises that may benefit going forward.

Intervention (P3) Advised to self care Advise and education on insoles. Suggested try to keep active/moving and advised on general exercises for foot/ankle. Aware to contact for r/v if any deterioration in symptoms – pt happy with plan.

Administration Attended extended hours clinic - ESA Perth - FCP/MSK Service: Seen by Clinician: KIRK, Aaron at 13:50:24 on 11-Jun-2025

**04-Jun-2025 Dr M Milne Surgery consultation**

Administration Consultation Morning extra. Argumentative. Over the last month, has had three episodes of left leg going numb. The last episode was 4 days ago. In between episodes, he has leg pain, with a stabbing pain in his left heel and arch. Gets shooting pain from medial aspect of left heel to left groin. No sphincter disturbance. Reduced sensation medial aspect of left leg. Otherwise, lower limbs neuro intact. SLR 60 on left and 70 on right. Given Rx as requested and suggest FCP.

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Chronic regional pain syndrome; Duration 19-May-2025 - 19-Nov-2025)

**01-May-2025 Mrs Lisa Fyfe Administration**

30-Apr-2025 Administration Failed encounter DNA - no explanation (F2F appt booked in advance)

**04-Apr-2025 Dr M Perry Surgery consultation****31-Mar-2025 Dr Andrea Gardiner Other**

Administration Consultation sore lower back, legs, night time cramps, long standing, has insoles now, says going to disengage with idart. Says is going to gym instead. would like to try quinine for night cramps.

**20-Mar-2025 Mrs Lisa Fyfe Administration**

Administration Notes summary on computer (P3)

**20-Mar-2025 Mrs Lisa Fyfe Administration**

|              |                   |                                                                                                                             |                  |
|--------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|
| 05-Dec-2024  | Intervention (P1) | Drug addiction maintenance therapy - buprenorphine                                                                          |                  |
| 09-May-2024  | Diagnosis         | H/O: non-drug allergy - bees                                                                                                |                  |
| 09-May-2024  | Diagnosis         | H/O: non-drug allergy - wasps                                                                                               |                  |
| 01-Mar-2024  | Diagnosis (P1)    | Generalised osteoarthritis - OA - hands & (L) foot, base 1st toes                                                           |                  |
| 16-Aug-2023  | Symptom (P3)      | Pain - chronic - multi joint                                                                                                |                  |
| 20-Jun-2023  | Examination       | Alcohol consumption                                                                                                         | 1 units per week |
| 01-Jan-2022  | Diagnosis (P2)    | Fracture of clavicle                                                                                                        |                  |
| 29-Oct-2020  | Examination       | O/E - blood pressure reading                                                                                                | 125 / 81 mm Hg   |
| 29-Oct-2020  | Examination       | O/E - weight                                                                                                                | 67.3 Kg          |
| 29-Oct-2020  | Examination       | Body Mass Index                                                                                                             | 21.9             |
| 29-Oct-2020  | Examination       | O/E - height                                                                                                                | 1.75 m           |
| 01-Jan-2017  | Diagnosis (P2)    | Fracture of mandible                                                                                                        |                  |
| 25-Aug-2013  | Diagnosis (P2)    | Gastro-oesophageal reflux                                                                                                   |                  |
| 19-Feb-2007  | Diagnosis (P3)    | Allergic rhinitis                                                                                                           |                  |
| 07-Feb-2007  | Diagnosis (P2)    | Erectile dysfunction                                                                                                        |                  |
| 01-Jan-2007  | Diagnosis (P1)    | Misuse of drugs NOS - IV drug user, heroin & street valium, smack & crack (reports since age 11, tried everything possible) |                  |
| 04-July-2006 | Diagnosis (P2)    | Haemorrhoids                                                                                                                |                  |
| 19-Mar-2001  | Intervention (P2) | Septorhinoplasty NEC                                                                                                        |                  |
| 15-Dec-2000  | Diagnosis (P2)    | Deviated nasal septum - acquired - to (R)                                                                                   |                  |
| 19-Apr-2000  | Intervention      | 1st hepatitis B vaccination                                                                                                 |                  |
| 11-Aug-1997  | Diagnosis (P2)    | Closed fracture nose                                                                                                        |                  |
| 10-Oct-1994  | Diagnosis (P2)    | Fracture of radius NOS - (R)                                                                                                |                  |

**11-Mar-2025 Ms Katy Oliver Administration**

Administration Clinical report documentation Full set of medical notes to (P6) Independent Advocacy 11/03/2025

**26-Feb-2025 Ms Ann Healy Third Party Consultation**

25-Feb-2025 Administration X-ray report received Imaging Report NHS Tayside (P6) Clinical Radiology Unknown

**20-Feb-2025 Ms Dawn O'Brien Third Party Consultation**

19-Feb-2025 Administration Letter from consultant Outpatient Letter NHS Tayside (P4) Community Psychiatry Unknown

**14-Feb-2025 Dr M Milne Surgery consultation**

Administration Consultation Morning extra. RTC 2 days ago, but didn't attend A&E. Driver, wearing seat belt, when car spun out of control. Hit his right shoulder off the window. Attended because needs proof for the court that he was here. Took Ibuprofen that comes in a box, but doesn't know the dose. Dramatic response to palpation of thoracic spine and on passive rotation of right shoulder. Suggest XRay. Argumentative. Phoned his lawyer during the consultation.

**13-Feb-2025 Mrs Lisa Fyfe Administration**

12-Feb-2025 Administration Failed encounter DNA - called to cancel as stuck in (P5) Dunkeld, was going to be late but support worker then cancelled (F2F appt booked in advance)

**31-Jan-2025 Dr Fiona Sinclair Administration****31-Jan-2025 Ms Dawn O'Brien Third Party Consultation**

30-Jan-2025 Administration Letter from consultant Clinic template NHS Tayside (P4) Tayside Drug Problem Service Anne Henderson Non Medical Prescriber

**28-Jan-2025 Mrs Lisa Fyfe Administration**

05-Nov-2024 Administration Medication review  
05-Nov-2024 Administration Medication review

**28-Jan-2025 Dr M Perry Surgery consultation****27-Jan-2025 Dr Alasdair Honeyman Telephone call to a patient**

Administration Consultation upset at me leaving. will re-engage when  
(P5) he's ready.

**30-Dec-2024 Mrs Anne Watson Third Party Consultation**

Administration Letter received Clinical Letter .PRI iDART  
(P6)

**30-Dec-2024 Dr Alasdair Honeyman Surgery consultation**

Administration Consultation doing better in himself. tolerating  
(P5) buprenorphine well. bloods not done, or if they have been  
done by idart, they are not visible on the system. plan  
review with results.

**30-Dec-2024 Mrs Lisa Fyfe Administration**

Administration Shared electronic record administration - OOH 28/9/24 &  
(P9) Data Subject Access only  
Administration Notes summary on computer - OOH 28/9/24 & Data  
(P3) Subject Access only - nil to add

**04-Dec-2024 Ms Ann Healy Third Party Consultation**

03-Dec-2024 Administration Letter from consultant Clinic template NHS Tayside  
(P6) iDART Anne Henderson Non Medical Prescriber

**02-Dec-2024 Mrs Lisa Fyfe Administration**

Administration Failed encounter DNA - no explanation (F2F appt  
(P5) booked in advance)

**19-Nov-2024 Dr M Milne Surgery consultation**

Administration Consultation Pain in foot, which he thinks is trapping a  
(P5) nerve, because his leg goes numb from foot to left medial  
thigh. Amitriptyline caused side effects. In total agony with  
his left foot. Discussed XRay of 15/3/23. Mild 1st MTP OA.  
Previous # healed. Tiny plantar spur. Numbness has been  
there since fracture left foot in 2022. Has been using  
crutches since then. Has seen Orthotics and they gave  
insoles. Looking for pain relief and said that he was  
previously only offered Amitriptyline, because Dr Elworthy  
had recorded in his notes that he wasn't to be given  
analgesics of potential misuse. We don't have previous  
records yet, so I was checking previous letters from  
Substance Misuse service to try to find this entry and Mr  
McNeill took photographs of two of the letters. I suggested  
that he access him in the usual manner, by requesting  
access to his notes. Feels he has been victimised by Dr  
Elworthy and his staff, by police and by the prison service.  
I asked what he was looking for today and he said pain  
relief, but I think, from what he has said, I'm supposed to  
avoid agents such as Gabapentinoids.

Administration eMED3 (2010) new statement issued, not fit for work Fit  
Note (Diagnosis: Chronic regional pain syndrome;  
Duration 19-Nov-2024 - 19-May-2025)

**18-Nov-2024 Mrs Lisa Fyfe Administration**

27-Feb-2025 Administration Shared electronic record administration  
(P9)  
Administration No immunisation history record - no imm record prior to  
or after 2000  
04-Mar-2021 Diagnosis Fracture of metatarsal bone - (L) 5th & small calcaneus  
(P2)  
02-July-2012 Intervention Drug addictn therap-methadone  
(P1)  
01-July-1998 Symptom (P1) Victim of sexual abuse - alleged - raped by \*\*\*\*\* & friend  
aged 20 - 32

**18-Nov-2024 Ms Dawn O'Brien Third Party Consultation**

15-Nov-2024 Administration Letter from consultant Clinic template NHS Tayside  
(P4) Tayside Drug Problem Service Anne Henderson Non  
Medical Prescriber

**05-Nov-2024 Mrs Anne Watson Third Party Consultation**

Administration Referral letter Drumhar HC Immunology  
(P6)

**05-Nov-2024 Dr Alasdair Honeyman Surgery consultation**

Administration Consultation (P5) Has been on Methadone unsupervised 70mls. now been on 40ml for a year. done himself. just uses cannabis.. nothing else no smack. on going pain in right foot and pain in legs and fingers indigestion from using NSAIDs. o/e no joint swelling or deformity. epigastric pain. with \*\*\*\*\* for 2 years. ongoing difficulty with experiencing pain and maintaining an erection.. causing grief in the relationship. needs baseline bloods H pylori, trial of PPI and review with results.

**17-Oct-2024 Mrs Lisa Fyfe Third Party Consultation**

15-Oct-2024 Administration Message given to patient (P4) Application for Online Services  
Notes etc from Docs

**15-Oct-2024 Mrs Lisa Fyfe Administration**

Administration Consent given for communication by SMS text messaging (P9)  
Administration Patient registration data verified (P9)

**15-Oct-2024 Mrs Lisa Fyfe Administration**

Diagnosis No known allergies  
Examination Cigarette smoker

3 / / cigarettes /  
cigars / tobacco  
units per week

Examination Stopped drinking alcohol

**14-Oct-2024 Mrs Lisa Fyfe Third Party Consultation**

Administration New patient question.completed (P4) New Patient Form  
Miscellaneous

**14-Oct-2024 Mrs Lisa Fyfe Third Party Consultation**

Administration New patient question.completed (P4) New Patient Form  
Miscellaneous

**07-Oct-2024 Miss Jacqueline Doig Other**

Diagnosis No relevant family history  
Administration White Scottish  
30-Oct-2020 Diagnosis H/O: non-drug allergy - Mustard seeds

**Medications (inc. issues)****Acute**

**11-Feb-2026 Gaviscon Advance oral suspension peppermint (Reckitt Benc...**  
500 ml - TAKE 10 MLs AFTER EACH MEAL AND BEDTIME

**11-Feb-2026 Laxido Orange oral powder sachets sugar free (Galen Ltd)**  
120 sachet - TAKE 1-3 DAILY, KEEP THE DOSE CONSISTENT

**Repeat**

**03-Dec-2025 Gaviscon Advance oral suspension peppermint (Reckitt Benc...**  
500 ml - TAKE 10 MLs AFTER EACH MEAL AND BEDTIME

**02-Dec-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd)**  
120 sachet - TAKE 1-3 DAILY, KEEP THE DOSE CONSISTENT

**22-Aug-2025 Sildenafil 100mg tablets**  
16 tablet - 1 TABLET WHEN REQUIRED

**31-Jan-2025 Buprenorphine 16mg/0.32ml prolonged-release solution for ...**  
1 pre-filled disposable injection - PRESCRIBED AND ADMINISTERED BY IDART. FOR INFORMATION ONLY. NOT TO BE PRESCRIBED IN PRIMARY CARE

**05-Nov-2024 Lansoprazole 15mg gastro-resistant capsules**  
28 capsule - 1 CAPSULE DAILY

**Past**

**11-Feb-2026 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)**  
56 capsule - TAKE 1 CAPSULE TWICE A DAY

**11-Feb-2026 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED



**03-Dec-2025 Gaviskon Advance oral suspension peppermint (Reckitt Benc... Acute Medication (Past)**  
500 ml - TAKE 10 MLS AFTER EACH MEAL AND BEDTIME

**03-Dec-2025 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)**  
56 capsule - TAKE 1 CAPSULE TWICE A DAY

**03-Dec-2025 Lansoprazole 30mg gastro-resistant capsules Repeat Medication (Past)**  
56 capsule - TAKE 1 CAPSULE TWICE A DAY

**02-Dec-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)**  
120 sachet - TAKE 1-3 DAILY, KEEP THE DOSE CONSISTENT

**02-Dec-2025 Mebendazole 100mg chewable tablets sugar free Acute Medication (Past)**  
2 tablet - TAKE ONE NOW AND ONE IN A WEEK

**02-Dec-2025 Xyloproct 5%/0.275% ointment (Aspen Pharma Trading Ltd) Acute Medication (Past)**  
20 gram - APPLY MULTIPLE TIMES DAILY FOR 10-21 DAYS. HAEMORRHOIDS.

**02-Dec-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**05-Nov-2025 Xyloproct 5%/0.275% ointment (Aspen Pharma Trading Ltd) Acute Medication (Past)**  
20 gram - APPLY MULTIPLE TIMES DAILY FOR 10-21 DAYS. HAEMORRHOIDS.

**04-Nov-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**08-Oct-2025 Xyloproct 5%/0.275% ointment (Aspen Pharma Trading Ltd) Acute Medication (Past)**  
20 gram - APPLY MULTIPLE TIMES DAILY FOR 10-21 DAYS. HAEMORRHOIDS.

**08-Oct-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**08-Oct-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**10-Sept-2025 Nortriptyline 10mg tablets Acute Medication (Past)**  
50 tablet - ONE TABLET ONCE DAILY AT NIGHT FOR SCIATICA/NERVE PAIN.

**22-Aug-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**04-Jun-2025 Quinine sulfate 200mg tablets Acute Medication (Past)**  
28 tablet - 1 TABLET AT BEDTIME

**04-Jun-2025 Anusol HC ointment (Church & Dwight UK Ltd) Acute Medication (Past)**  
30 gram - APPLY TWICE A DAY

**04-Jun-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**04-Apr-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
16 tablet - 1 TABLET WHEN REQUIRED

**31-Mar-2025 Quinine sulfate 200mg tablets Acute Medication (Past)**  
28 tablet - 1 TABLET AT BEDTIME

**14-Feb-2025 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)**  
28 capsule - 1 CAPSULE DAILY

**14-Feb-2025 Ibuprofen 400mg tablets Acute Medication (Past)**  
48 tablet - 1 TABLET THREE TIMES DAILY AFTER FOOD

**28-Jan-2025 Sildenafil 100mg tablets Acute Medication (Past)**  
8 tablet - 1 TABLET WHEN REQUIRED

**30-Dec-2024 Sildenafil 100mg tablets Acute Medication (Past)**  
8 tablet - 1 TABLET WHEN REQUIRED

**19-Nov-2024 Sildenafil 100mg tablets Acute Medication (Past)**  
4 tablet - 1 TABLET WHEN REQUIRED

**05-Nov-2024 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)**  
28 capsule - 1 CAPSULE DAILY

**05-Nov-2024 Sildenafil 100mg tablets Acute Medication (Past)**  
4 tablet - 1 TABLET WHEN REQUIRED

## Allergies

This section is empty.

## Vaccinations

**19-Apr-2000**  
1st hepatitis B vaccination  
Intervention  
HEPATITIS\_B

## Referrals

This section is empty.

## Test Requests

### 31-Dec-9999 Dr Sathyadeep Samiappan

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: Epigastric pain and tenderness Priority: non-urgent, Ordered from: Blood Sciences, No samples collected Test: Amylase, Status: Requested, Updated: 03/12/2025 Ordered from: Microbiology, No samples collected Test: Helicobacter pylori stool antigen, Status: Requested, Updated: 03/12/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

### 08-Oct-2025 Dr Adam Murray

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: 47M. Longstanding nerve type pain in legs. Right being the worse. But can occasionally get it in left as well. No other CES found. Worse on SLR. Numbness diff to test. No clear power issue. But hard to differentiate due to pain limiting movement. Discussed the pros/cons of scan. Pt still keen on scan in cause there is a surgical option.

Thanks Dr AM locum. Priority: non-urgent, Ordered from: Radiology - MRI, All samples collected Test: MRI Spine lumbar & sacral, Status: Complete, Updated: 08/10/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

### 31-Dec-9999 Dr Adam Murray

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: 47M. Presistant PR bleeding with ? pus. Check not from higher up score. Priority: non-urgent, Ordered from: Blood Sciences, No samples collected Test: Colorectal Pathway FIT, Status: Requested, Updated: 08/10/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

### 31-Dec-9999 Dr Fiona Sinclair

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: platelets 136. for repeat in Jan '26 Priority: non-urgent, Ordered from: Blood Sciences, No samples collected Test: Full Blood Count, Status: Requested, Updated: 02/10/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

### 31-Dec-9999 Dr Dr Locum

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: Numbness/tingling tips of fingers/feet as well as scatica. Priority: non-urgent, Ordered from: Blood Sciences, No samples collected Test: Bone Group, Status: Requested, Updated: 10/09/2025 Test: B12/Folate, Status: Requested, Updated: 10/09/2025 Test: Creatinine and Electrolytes, Status: Requested, Updated: 10/09/2025 Test: C-Reactive Protein, Status: Requested, Updated: 10/09/2025 Test: Full Blood Count, Status: Requested, Updated: 10/09/2025 Test: Ferritin, Status: Requested, Updated: 10/09/2025 Test: Glucose (Fasting), Status: Requested, Updated: 10/09/2025 Test: Iron Studies, Status: Requested, Updated: 10/09/2025 Test: Liver Group (LFTs), Status: Requested, Updated: 10/09/2025 Test: Thyroid Function, Status: Requested, Updated: 10/09/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

### 14-Feb-2025 Dr M Milne

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: RTC 2 days ago, but didn't attend A&E. Driver, wearing seat belt, when car spun out of control. Hit his right shoulder off the window. Attended because needs proof for the court that he was here. Took Ibuprofen that comes in a box, but doesn't know the dose. Dramatic response to palpation of thoracic spine and on passive rotation of right shoulder. Priority: non-urgent, Ordered from: Radiology - Plain Film, All samples collected Test: XR Shoulder Rt, Status: Complete, Updated: 14/02/2025 Test: XR Thoracic spine, Status: Complete, Updated: 14/02/2025

#### Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

05-Nov-2024 Dr Alasdair Honeyman

Laboratory test requested

Remote Test request from ICE system: NHS Tayside On-line Requesting Clinical Information: joint pains...and indigestion. Priority: non-urgent, Ordered from: Blood Sciences, No samples collected Test: Weekly alcohol less than or = 14 units, Status: Requested, Updated: 05/11/2024 Test: BMI Less than or equal to 26, Status: Requested, Updated: 05/11/2024 Test: Creatinine and Electrolytes, Status: Requested, Updated: 05/11/2024 Test: C-Reactive Protein, Status: Requested, Updated: 05/11/2024 Test: Full Blood Count, Status: Requested, Updated: 05/11/2024 Test: Glucose (Fasting), Status: Requested, Updated: 05/11/2024 Test: Immunology cascade sample, Status: Requested, Updated: 05/11/2024 Test: iLFT (Intelligent Liver Pathway), Status: Requested, Updated: 05/11/2024 Test: Thyroid Function, Status: Requested, Updated: 05/11/2024 Test: Urate, Status: Requested, Updated: 05/11/2024 Test: 25-Hydroxyvitamin D, Status: Requested, Updated: 05/11/2024 Ordered from: Microbiology, All samples collected Test: Helicobacter pylori stool antigen, Status: Complete, Updated: 05/11/2024

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

## Test Results

12-Dec-2025 Mrs Jenna Paton

Result: Stool sample sent to lab.

Stool sample sent to lab.

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum vitamin B12ng/l - Results may be unreliable if sample older than 48h

Serum vitamin B12 ng/l - Results may be unreliable if sample older than 48h

439 ng/L

(Range: 200 - 940)

01-Oct-2025 Dr M Perry

Result: Eosinophil countx10<sup>9</sup>/LEosinophil count x10<sup>9</sup>/L0.12 10<sup>9</sup>/L

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum folateug/l

Serum folate ug/l

9 ug/L

(Range: 3.1 - 17.5)

01-Oct-2025 Dr M Perry

Result: Haemoglobin estimation

Haemoglobin estimation

164 g/L

(Range: 130 - 180)

01-Oct-2025 Dr M Perry

Result: Mean corpusc. haemoglobin(MCH)

Above high reference limit

Mean corpusc. haemoglobin(MCH)

32.3 pg

(Range: 27 - 32)

01-Oct-2025 Dr M Perry

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

341 g/L

(Range: 320 - 360)

01-Oct-2025 Dr M Perry

Result: Mean corpuscular volume (MCV)fl

Mean corpuscular volume (MCV) fl

94.8 fL

(Range: 85 - 105)

01-Oct-2025 Dr M Perry

Result: Monocyte countx10<sup>9</sup>/LMonocyte count x10<sup>9</sup>/L0.3 10<sup>9</sup>/L

(Range: 0.2 - 0.8)

01-Oct-2025 Dr M Perry

Result: Neutrophil countx10<sup>9</sup>/LNeutrophil count x10<sup>9</sup>/L4.8 10<sup>9</sup>/L

(Range: 2 - 7.5)

01-Oct-2025 Dr M Perry

Result: Platelet countx10<sup>9</sup>/L

Below low reference limit

Platelet count x10<sup>9</sup>/L136 10<sup>9</sup>/L

(Range: 150 - 400)

01-Oct-2025 Dr M Perry

Result: Red blood cell (RBC) countx10<sup>12</sup>/LRed blood cell (RBC) count x10<sup>12</sup>/L5.08 10<sup>-2</sup>

(Range: 4.5 - 6)

01-Oct-2025 Dr M Perry

Result: Total white cell countx10<sup>9</sup>/LTotal white cell count x10<sup>9</sup>/L6.2 10<sup>9</sup>/L

(Range: 4 - 11)

01-Oct-2025 Dr M Perry

Result: Lymphocyte countx10<sup>9</sup>/L

Below low reference limit

Lymphocyte count x10<sup>9</sup>/L0.9 10<sup>9</sup>/L

(Range: 1.5 - 4)

01-Oct-2025 Dr M Perry

Result: B12/folate level&lt;none&gt;

B12/folate level &lt;none&gt;

(No range available)

01-Oct-2025 Dr M Perry

Result: Full blood count - FBC <none>  
Full blood count - FBC <none>

(No range available)

01-Oct-2025 Dr M Perry

Result: Haematocrit  
Haematocrit

0.482 ratio

(Range: 0.4 - 0.52)

01-Oct-2025 Dr M Perry

Result: Basophil count  $\times 10^9/L$   
Basophil count  $\times 10^9/L$

0  $10^9/L$ 

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum albumin  
Serum albumin

43 g/L

(Range: 35 - 50)

01-Oct-2025 Dr M Perry

Result: Serum alkaline phosphatase U/L  
Serum alkaline phosphatase U/L

80 U/L

(Range: 30 - 130)

01-Oct-2025 Dr M Perry

Result: Serum alanine aminotransferase level Serum ALT level - U/L  
Serum alanine aminotransferase level Serum ALT level - U/L

34 U/L

(Range: 5 - 55)

01-Oct-2025 Dr M Perry

Result: Serum total bilirubin level  
Serum total bilirubin level

7  $\mu\text{mol/L}$ 

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum calcium  
Serum calcium

2.3 mmol/L

(Range: 2.1 - 2.55)

01-Oct-2025 Dr M Perry

Result: Corrected serum calcium level  
Corrected serum calcium level

2.26 mmol/L

(Range: 2.1 - 2.55)

01-Oct-2025 Dr M Perry

Result: Serum creatinine  
Serum creatinine

80  $\mu\text{mol/L}$ 

(Range: 62 - 106)

01-Oct-2025 Dr M Perry

Result: Serum iron level  
Serum iron level

24  $\mu\text{mol/L}$ 

(Range: 5 - 32)

01-Oct-2025 Dr M Perry

Result: Serum ferritin  
Serum ferritin

125  $\mu\text{g/L}$ 

(Range: 30 - 400)

01-Oct-2025 Dr M Perry

Result: Serum potassium  
Serum potassium

4 mmol/L

(Range: 3.5 - 5.3)

01-Oct-2025 Dr M Perry

Result: Serum sodium  
Serum sodium

143 mmol/L

(Range: 133 - 146)

01-Oct-2025 Dr M Perry

Result: Serum TSH level mU/L  
Serum TSH level mU/L

0.45 mU/L

(Range: 0.4 - 4)

01-Oct-2025 Dr M Perry

Result: Bone profile <none>  
Bone profile <none>

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum iron tests <none>  
Serum iron tests <none>

(No range available)

01-Oct-2025 Dr M Perry

Result: Liver function test <none>  
Liver function test <none>

(No range available)

01-Oct-2025 Dr M Perry

Result: Plasma fasting glucose level  
Above high reference limit  
Plasma fasting glucose level

6.3 mmol/L

(Range: 3.3 - 5.8)

01-Oct-2025 Dr M Perry

Result: Plasma C reactive protein  
Plasma C reactive protein

4.6 mg/L

(No range available)

01-Oct-2025 Dr M Perry

Result: Transferrin saturation index  
Transferrin saturation index

39 %

(Range: 22 - 55)

01-Oct-2025 Dr M Perry

Result: Biochemical test <none>  
 Biochemical test <none>

(No range available)

01-Oct-2025 Dr M Perry

Result: Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE  
 Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE

(No range available)

01-Oct-2025 Dr M Perry

Result: Serum transferrin  
 Serum transferrin

2.45 g/L

(Range: 2 - 4)

01-Oct-2025 Dr M Perry

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - - eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.  
 GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - - eGFR 60 mL/min  
 should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

(No range available)

01-Oct-2025 Dr M Perry

Result: GFR calculated abbreviated MDRD adj for African American origin GFR calculated abbreviated MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA  
 GFR calculated abbreviated MDRD adj for African American origin GFR calculated abbreviated MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

(No range available)

01-Oct-2025 Mrs K Young

Result: Biochemical test Lab Result Tayside Clinical Laboratory Services Biochemistry  
 Biochemical test Lab Result Tayside Clinical Laboratory Services Biochemistry

(No range available)

## Other Items

This section is empty.

## Attachments

Additional document

30-Jun-2026

Additional: Additional document

Filename:

Extension:

Pages:

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[www.nhs.uk](http://www.nhs.uk)  
ENT Department

Dr LK Yip  
Tinto Medical Practice  
Airdrie Community Health Centre  
88 Graham Street  
Airdrie  
ML6 6DB

University Hospital  
Monklands  
Monkscourt Avenue  
Airdrie  
ML6 0JS



Date Dictated: 22/06/2018  
Date Typed: 25/06/2018  
Ref: 2024035  
Letter Ref: MY/LP  
Clinic Date: 22/06/2018  
CHI Barcode:



Consultant: Miss May Maxime Yaneza

Dear Dr Yip

**Patient Name:** Robert McNeil  
**Patient date of birth:** 01/07/1978  
**Patient Address:** 52 Stonefield Street, Airdrie, ML6 6JS

Robert did not attend his ENT appointment today. Therefore I have not organised to see him again. He has been removed from the outpatient waiting list.

Yours sincerely

**Miss May M Yaneza**  
Consultant ENT Surgeon

*Authorised on 28/06/2018 13:40:27 by May Yaneza.*

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**PHYSIOTHERAPY  
CENTRAL BOOKING UNIT**  
Tele: [REDACTED]



**Fife Health & Social Care  
Partnership**

Supporting the people of Fife together

Dr T R Randall  
Cowdenbeath Surgery  
173 Stenhouse Street  
Cowdenbeath  
KY4 9DH

Date 23 May 2017  
Ref [REDACTED]  
Enquiries To Central Booking Unit

**PRIVATE & CONFIDENTIAL**

**RECEIVED**

29 MAY 2017

Dear Dr Randall

**Re:** Robert McNeill DOB: 01/07/78  
94 Broad Street, Cowdenbeath, Fife, KY4 8JD

You referred the above patient to the Physiotherapy Department on 13 February 2017 for treatment of low back pain. Your patient failed to respond to the letter requesting them to contact us to arrange an appointment.

We have therefore removed them from our waiting list.

If you have any concerns regarding this, please contact your patient in the first instance and then, if necessary, we will be happy to accept a re-referral.

Yours sincerely

Appointment Officer



Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Emergency Department  
Forth Valley Royal Hospital  
Stirling Road  
Larbert FK5-4WR

Dr J Lough  
Airdrie Health Centre  
Monkscourt Avenue  
Airdrie

ML6 0JH

05-Nov-2017

Dear Dr Lough

Re: MCNEIL, Robert, 52 STONEFIELD STREET, AIRDRIE, ML6 6JS  
Date of Birth: 01-Jul-1978 Hospital Number: 0107780372 CHI Number: 0107780372

Your patient attended Forth Valley Royal Hospital on the 05-Nov-2017 at 15:08 pm.

The presenting complaint was:

Assault

Triage Information:

Assaulted Last Night Got Punched To Head And Face,Fell  
On The Ground And Head Hit Ground,Denies Loc,Today  
Feeling Dizzy,Confused No Cspine Tenderness. T 36.6 P 69  
Bp125/75 No Loc/Nausea Vomiting Perl.Swollen Nose

The following investigations were carried out:

Nil

The A&E diagnosis was:

Head - Minor Head Injury - Contusion - Face - Front  
Sprain - Neck - Right  
Contusion - Face - Front

The following treatment was given:

Adult Head Injury Advice  
Neck Sprain Advice Sheet  
Diazepam 5mg Tab (6)

At the conclusion of treatment the patient was: \*7 No Alcohol-Left By Own Means

Follow-up:

1 General Practitioner

Additional Information:

Attended ED after being punched to face. Head, nose and  
jaw injury. No # on xray to jaw. Neurological examination  
normal. Discharged with head injury advice and diazepam  
5mg x 6 tablets. Advised to attend GP for referral to ENT as  
out of area for further management of nose, prev  
septorhinoplasty and some new swelling present.

Yours sincerely,

David Headden  
Fy2

Consultants

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### Naloxone Training & Supply Record



1. Site: Signpost, Alloa ☐ Signpost, Falkirk ☒ <sup>Denny</sup> Salvation Army, Raploch ☐ Apostolic Church, Bo'ness ☐  
Westbank, Falkirk ☐ Orchard House, Stirling ☐ <sup>Denny</sup>

2. Client Identifier: Gender: Male ☒ Female ☐  
Initials (1<sup>st</sup> letter of forename, 1<sup>st</sup> & 4<sup>th</sup> letter of surname) <sup>RME</sup>  
Date of birth (e.g. 12/12/1990) <sup>1.7.78</sup>  
Trainee type: Client ☒ Client's representative ☐ Worker ☐

3. Client Details: First Name <sup>ROBERT</sup>  
Last name <sup>MCNEIL</sup>  
Date of birth <sup>1.7.78</sup>  
Address <sup>6 BRIDGE CRESCENT</sup>  
Town/City <sup>DENNY</sup>  
Postcode <sup>FK6 6PD</sup>  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Ethnicity <sup>SCOTTISH</sup>

GP name <sup>DR. SHIELDS</sup> GP address <sup>DENNY CROSS</sup>

4. Training: Training details Training given on <sup>24.10.11</sup>  
Next training due \_\_\_\_\_  
Training given by <sup>K. DUNCAN, SIGNPOST</sup>  
Training elements ☐ OD awareness  
☒ Heartstart  
☐ Naloxone administration

#### 5. Consent

- ☒ I have been given training in the dangers of opiate overdose, basic life support and the appropriate administration of naloxone  
☒ I understand that naloxone is a treatment specific drug that reverses the effect of opiate overdose and should always involve calling an ambulance  
☒ I consent to the sharing of the above information within the NHS and Partner Agencies (Signpost Recovery and Forth Valley Criminal Justice Drug Treatment Service) for the purpose of monitoring and evaluating the use and supply of naloxone. The data will be used in accordance with the Data Protection Act.

Signed by recipient <sup>[Signature]</sup> Date <sup>24/10/11</sup>

Consent given by (if above recipient is not the client) \_\_\_\_\_

6. Supply Details Supply date <sup>24/10/11</sup>  
Naloxone as: <sup>naloxone prefilled syringe for injection 2mg/2ml kit</sup>  
Batch number <sup>718659</sup>  
Expiry date <sup>30.5.13</sup>  
Issued by <sup>G. WISBET</sup> Signature <sup>[Signature]</sup>

Retain original copy for data collection; send copy to GP and other relevant prescriber

August 2011 v1.1

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### Tayside Out of Hours Service OOH Call Incident Report

|                    |                                |                  |                          |
|--------------------|--------------------------------|------------------|--------------------------|
| Call number:       | <b>38606</b>                   | Receive Date:    | <b>28-Sep-2024 05:45</b> |
| Patient's Name:    | <b>Robert Mcneill</b>          | Gender:          | <b>M</b>                 |
| Date of birth:     | <b>1-Jul-1978 ( 46 years )</b> | Current Address: | <b>59 Doocot Court</b>   |
| Address:           | <b>Perth</b>                   |                  | <b>Perth</b>             |
|                    | <b>PH1 1TL</b>                 |                  | <b>PH1 1TL</b>           |
| Return Contact No: |                                |                  |                          |
| Tel No:            | <b>■■■■■■■■■■</b>              |                  | <b>■■■■■■■■■■</b>        |
| Mobile No:         |                                |                  |                          |
| Priority:          | <b>Routine</b>                 | Call Origin:     | <b>NHS24</b>             |
| Received:          | <b>28-Sep-2024 05:45</b>       | Calltype:        | <b>Advice</b>            |
| Advised:           | <b>06:22</b>                   | Arrived PCC:     |                          |
| Cons start:        | <b>28-Sep-2024 08:59</b>       | Cons End:        | <b>28-Sep-2024 09:05</b> |
| Consulting Doctor: | <b>Tanya Clarke</b>            | Own doctor:      |                          |

Reported Condition:  
**PAIN IN HANDS, KNEES AND FEET 3 DAYS.**

#### Consultation details:

History - pt has very sore joints especially- his legs; its hard for him to walk; he had this problem for years; but symptoms worsened over the last 1.5 years; pt says he had xrays and blood tests done, and was given pain relief, and some feet support was organised by own GP, too; pt currently has no GP " because they are useless and they dont care"; he left previous GP and has no intention to get a new one, prefers to attend A&E instead; pt states " I am in pain I need pain killers!!"

pt elaborates on all of the above in great detail; this comes across as an angry monologue, it is impossible for me to ask any question/clarify matters, as pt keeps interrupting me with an escalating anger in his voice; he is finally shouting: " Noone is helping me and you are not helping me either!! i am going to throw myself under the fucking bus!!"; at this point I terminate the conversation; i called the hub and requested clinical lead opinion; d/w Kay the clinical lead and also looked at clinical portal:

17/5/24 entry from drug misuse service: " pt was aggressive and confrontational towards staff and today is not different"

I feel sorry for patient as he is in pain, but feel unable to help today as he is not allowing me to talk to him

I hope he will change his mind and will get registered with a GP practice

PMH as above

Meds and Allergies as per ECS

NHS Confidential: Please do not share this information

Examination - pt is conversing in great length  
Diagnosis - arthritis?

Followups:  
No Follow Up

Clinical Codes:  
N094. Pain in joint - arthralgia

NHS24 details:  
Disposition - Contact GP Practice within 4 Hours (ASAP)

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Page 1 of 3                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>59 DOOCOT COURT, PERTH, PH1 1TL<br>Ref. Locn. : <b>GENERAL PRACTITIONER</b><br>Ref. Source : <b>VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,</b><br>Referrer : <b>GENERIC STC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DoB : <b>01-Jul-1978</b><br>Hosp. No. :<br>CRIS No. : <b>1141379</b><br>CHI No. : <b>0107780372</b> |
| <b>VERIFIED</b> Verified By : Auto Report 02-Mar-2024<br>Typed By : BURNR 02-Mar-2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                     |
| <b>Clinical History :</b><br><br>Chronic pain progressing in hands, feet and knees. Known OA in hands and Lt foot<br>Mobilising reduced due to pain and reduced ROM. mobilising with 2 sticks<br>No red hot swollen joints<br>?OA, erosive changes for inflammatory arthropathy given symmetrical pains<br>ENTERED BY: Rory Price (medical)<br><br>BLEEP: 01382 660111<br><br>Chronic pain progressing in hands, feet and knees. Known OA in hands and Lt foot<br>Mobilising reduced due to pain and reduced ROM. mobilising with 2 sticks<br>No red hot swollen joints<br>?OA, erosive changes for inflammatory arthropathy given symmetrical pains<br>ENTERED BY: Rory Price (medical) |  |                                                                                                     |
| Event Number : E-7570885<br>Copy To :<br>Examinations : <b>XR Foot Rt, XR Knee Both, DNA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Examination Date : <b>01-Mar-2024</b><br>Attendance Number : 5                                      |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                         |  | Page 2 of 3                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                       |  | DoB : 01-Jul-1978              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                                                              |  | Hosp. No. :                    |
| Ref. Locn. : GENERAL PRACTITIONER                                                                                                                                                                                                            |  | CRIS No. : 1141379             |
| Ref. Source : VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,                                                                                                                                                                 |  | CHI No. : 0107780372           |
| Referrer : GENERIC STC                                                                                                                                                                                                                       |  |                                |
| BLEEP: 01382 660111                                                                                                                                                                                                                          |  |                                |
| <b>XR Foot Rt :</b><br>We would like to inform you that this patient failed to arrive for their Radiology appointment. If the patient requires a further appointment, please submit a new request. This will be treated as a new referral.   |  |                                |
| <b>XR Knee Both :</b><br>We would like to inform you that this patient failed to arrive for their Radiology appointment. If the patient requires a further appointment, please submit a new request. This will be treated as a new referral. |  |                                |
| <b>Did Not Attend :</b><br>We would like to inform you that this patient failed to arrive for their Radiology appointment. If the                                                                                                            |  |                                |
| Event Number : E-7570885                                                                                                                                                                                                                     |  | Examination Date : 01-Mar-2024 |
| Copy To : ,                                                                                                                                                                                                                                  |  | Attendance Number : 5          |
| Examinations : XR Foot Rt,XR Knee Both,DNA                                                                                                                                                                                                   |  |                                |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                |  | Page 3 of 3                           |
|---------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                              |  | DoB : <b>01-Jul-1978</b>              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                     |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                            |  | CRIS No. : <b>1141379</b>             |
| Ref. Source : <b>VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,</b>                                 |  | CHI No. : <b>0107780372</b>           |
| Referrer : <b>GENERIC STC</b>                                                                                       |  |                                       |
| <p>patient requires a further appointment, please submit a new request. This will be treated as a new referral.</p> |  |                                       |
|                                                                                                                     |  |                                       |
| Event Number : E-7570885                                                                                            |  | Examination Date : <b>01-Mar-2024</b> |
| Copy To : ,                                                                                                         |  | Attendance Number : <b>5</b>          |
| Examinations : <b>XR Foot Rt, XR Knee Both, DNA</b>                                                                 |  |                                       |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**Ear, Nose & Throat Department**  
**Speciality Doctor: Mr Crawford Alves**  
Tel: [REDACTED] Ext.4693  
Fax: [REDACTED]

Stirling Royal Infirmary  
Livilands  
Stirling  
FK8 2AU

**NHS**  
**Forth Valley**

Ref: CA/CMM/SZ370546  
CHI: 0107780372

Clinic Date: 17 December 2010  
Date: 30 December 2010

Dr Robert Deuchar  
Denny Cross Medical Centre  
1 Duke Street  
Denny  
FK6 6DB

Dear Dr Deuchar

**ROBERT MCNEIL 01/07/1978**

Your patient failed to attend today for their ENT follow-up. I will assume therefore that he is happy with the shape of his nose and no further appointment will be sent.

Yours sincerely



**Mr Crawford Alves**  
**Speciality Doctor in ENT**



INVESTOR IN PEOPLE

Chairman [REDACTED] Mullen OBE BSc MRPharmS DL  
Chief Executive [REDACTED] MA(Hons) MBA CIHM DipHSM

*Forth Valley NHS Board is the common name for Forth Valley Health Board  
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW*

[www.nhsforthvalley.com](http://www.nhsforthvalley.com)

Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

NHS Confidential: Personal data about a patient

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



## 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 complete a temporary resident form)

Date of Birth\* 17/78 Address\* 94 Broad St  
Title\* MR Condens Bath  
Surname\* McNeill  
Forenames\* Robert Duncan Postcode\* KY4 8JD  
Previous Surname\* Telephone #  
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\* Falkirk Country of Birth\* Scotland

Registered district of birth (Scotland only) Denny

# 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\*

52 Stonefield Street Airdrie, North Ayrshire Tinto Practice  
Postcode\* ML6 6SS 88 Graham St Airdrie  
Postcode\* ML6 6DB

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:

Enlistment date\* Service Number  
Are you a Reservist? Yes ☐ No ☐ If yes, please provide your address before enlisting\*  
Leaving date\* Postcode\*  
Is this your first registration with a GP since leaving the Armed Forces? Yes ☐ No ☐

## 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.organdonationscotland.org](http://www.organdonationscotland.org)

Any of my organs and tissue ☐ Or my  
Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature Date

MS2769

GMSGPR001 v2 (01-2018)

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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.nhs.uk](http://www.nhs.uk). 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 NHS Inform website at [www.nhs.uk/infom](http://www.nhs.uk/infom) 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

*Immae*

Date 29-8-2018

Representative's name (if applicable)

Relationship to patient (if applicable)

**6. FOR PRACTICE USE**

GP reference number

GP name

Dr Gordon

Practice code

2030-5

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

D.U. Letter

Receptionist initials

JM

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

*P. Charles*

Date 27-9-2018

**7. OFFICIAL USE ONLY**

Input by

*P. Charles*

Checked by

Date

13-9-2018

Practice Stamp

COWDENBEATH MEDICAL  
173 STENHOUSE STREET  
COWDENBEATH KY4 9DH  
TEL: [REDACTED]  
FAX: [REDACTED]

GMSGPR001 v2 (01-2018)

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WELCOME TO THE PRACTICE

Drs M Johnston, Dr P Murray, Dr T Randall, Dr C Johnston, Dr M Lodge, Dr L Jones, Dr J Flinn, Dr C Gordon, Dr Eadie

We would like you to have a new patient health check a 10 minute appointment with the doctor or nurse. This gives us an opportunity to find out about your past and present health. We encourage you to take up this offer, particularly if you are currently on medication to avoid difficulties when you need your medication. Please book your appointment at Reception.

IF YOU REQUIRE ASSISTANCE FILLING IN THIS FORM PLEASE ASK AT RECEPTION

In the case of children over 5, please answer as many of the questions as possible, we apologise in advance if some are not relevant.

Name: Robert McNeill Title: MR \* Male/Female: Male Date of Birth: 1/1/78  
 Address: 96 Broad Street Post Code: KY4 8JD  
 Number of Children/Dependents: ..... Age(s): ..... Occupation: SPRAY PAINTER  
 Contact Telephone Number(s): ..... Are you registered Disabled: NO  
 Previous Address: 52 STENFORD ST AIRDRIE Previous GP: TINTO PRACTICE AIRDRIE  
 Ethnicity: White Scottish ☒ White British ☐ Indian ☐ Chinese ☐ European ☐ Other Asian ☐ .....  
 Other please state: .....  
 Are you prescribed any medication YES/NO NO If YES Please give details and dose to the Receptionist or list overleaf  
 Do you smoke YES/NO NO If yes, how many per day: 5 or 6 Would you like to stop YES/NO NO  
 Do you drink alcohol? YES/NO NO If yes what and how much per week: 2 PINTS LAGER  
 What regular exercise do you take: WALK MY DOGS 3 OR 4 TIMES A DAY  
PHYSICAL WHILE AT WORK  
 Is there any "family history" of the following (family meaning ..... brothers, sisters). Those marked \* only answer if you are under the age of 60  
 \*Stroke ☐ \*Angina/Heart Attack ☐ Diabetes ☐ Asthma ☐ High Blood Pressure ☐  
 Please give details of any operations, hospital admissions, major illness, diagnosis  
 ..... Date: .....  
 ..... Date: .....  
 ..... Date: .....  
 Your Height: 5'10 Your Weight: 11 1/2 STONE  
 Are you a Carer? YES/NO NO Would you like information on support for Carers YES/NO NO  
WOMEN ONLY: Have you had a smear test YES/NO ..... Date of last test: ..... Result: .....  
 Do you have a coil (IUCD) fitted YES/NO ..... If yes when? ..... Date of last check .....  
 Do you have a contraceptive implant YES/NO ..... If yes when? .....

THANK YOU.

PLEASE PICK UP A COPY OF OUR PRACTICE BOOKLET OR VISIT  
WWW.COWDENBEATHMEDICALPRACTICE.CO.UKTHIS PROVIDES YOU WITH USEFUL INFORMATION ABOUT THE PRACTICE  
IF YOU HAVE A MEDICAL CARD PLEASE HAND IT TO RECEPTION WITH THIS FORMPLEASE REMEMBER TO LIST ANY MEDICATIONS OVERLEAF

P: Registration Paperwork/Adult Reg Questionnaire 2018

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**CURRENT MEDICATIONS**

WE LIKE YOU TO HAVE A PRINTED LIST (DATED WITHIN THE LAST 2 WEEKS) FROM YOUR LAST DOCTOR,  
PLEASE HAND THIS TO THE RECEPTIONIST WITH THIS FORM.

WE MAY NEED TO CONTACT YOUR PREVIOUS GP BEFORE WE CAN PRESCRIBE FOR YOU.  
THIS IS FOR YOUR OWN SAFETY.

NAME

METHADONE

DOSE

60ml

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**COWDENBEATH MEDICAL PRACTICE**

173 Stenhouse Street  
Cowdenbeath  
Fife  
KY4 9DH  
Tel No. [REDACTED]  
Fax No. [REDACTED]

Dr. Marion Johnston  
Dr. Mary Lodge  
Dr. Paul Murray  
Dr. Lucy Jones  
Dr. Colin Johnston  
Dr. Tom Randall  
Dr. Jenny Flinn  
Dr. Carla Gordon

Practice Manager: Marion Clacken

**CONSENT**

NAME: .....

Permanent Address: .....

Temporary Address: .....  
(If applies) .....

Date of Birth: ..... Tel No.: .....

PLEASE COMPLETE SECTION 1 OR 2 WHICH EVER SECTION APPLIES  
SIGN SECTION 3

**SECTION 1**

I ~~do not~~ consent to the release of ~~my~~ ~~full~~ or ~~part~~ of my medical records by Cowdenbeath Medical Practice to: ADDITION SERVICES

If Part medical records, please specify dates from ..... to .....

**SECTION 2**

\*I consent to my Registered GP/GP Practice releasing medical information to Cowdenbeath Medical Practice for the purposes of health care provision during my temporary registration with Cowdenbeath Medical Practice

Key Information Summary/Emergency Care Summary:

\*I consent to Cowdenbeath Medical Practice accessing my emergency care summary, hospital electronic records for the purpose of health care provision etc.

Registered GP Name/Practice: TINTO PRACTICE AIRDRIETel: 01236 748488

I understand that all written communications regarding my health care will still be sent to me at my address registered with Cowdenbeath Medical Practice

**SECTION 3**

Signed Consent: [Signature]  
Print Name: ROBERT MCNEILL Date: 28/8/18

\*Delete as appropriate/if applicable

P: Registration Paperwork/patient consent medical records

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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-----  
Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)  
-----  
Name: MENEILL Robert Sex: M PID: 0107730372 DOB: 01 Jul 1978  
Glover St Med Ctr (Victoria) Clinician: Dr D.S. FOSTER Lab No: H241648021  
SSPERC FOSTER  
-----  
HGB 150 g/L ( 130-180 ) WBC 5.7 x10<sup>9</sup>/L ( 4.0-11.0 )  
HCT 4.65 x10<sup>12</sup>/L ( 4.5-6.0 ) MBW 4.0 x10<sup>9</sup>/L ( 2.0-7.5 )  
MCV 91.6 fL ( 85-105 ) LYM 1.3 L x10<sup>9</sup>/L ( 1.5-4.0 )  
MCH 32.2 H pg ( 27-32 ) MCF 0.3 x10<sup>9</sup>/L ( 0.2-0.8 )  
MCC 330 g/L ( 320-360 ) ECF 0.05 x10<sup>9</sup>/L ( 0.0-0.4 )  
BAW 0.0 x10<sup>9</sup>/L ( 0.0-0.1 )  
PLT 142 L x10<sup>9</sup>/L ( 150-400 )  
-----  
Lab.Comments: Sample is blood unless otherwise stated  
Sample Date/Time  
08 Feb 2024 15:30  
-----  
Clin.Details: On T47 No chronic joint pain  
-----  
Request Entered: 08 Feb 2024 14:21 Report Printed: 08 Feb 2024 14:38  
-----

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Orthotic Department  
Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr James Riches  
Victoria Practice  
Glover street Medical Centre  
133 Glover Street  
PERTH  
PH2 0JB

|              |                    |
|--------------|--------------------|
| Date         | 22/06/2023         |
| Your Ref     |                    |
| Our Ref      | SR/RMG/ 0107780372 |
| Enquiries to |                    |
| Extension    | Extension          |
| Direct Line  | Direct Line        |
| Email        | Email              |

Dear Dr Riches

**Robert McNeill, 59 Doocot Court, Perth, Perth, PH1 1TL DOB: 01/07/1978**

Diagnosis: General Foot Pain – Left more than the Right – Previous Fracture of Calcaneus – Recent Xray performed.

Many thanks for your referral regarding this 44 year old gentleman. This gentleman has been under the substance misuse team and he did attend the department today smelling of cannabis, the smoke which several of our staff noted this morning. I did not touch on this subject with him today however. This gentleman has been referred by you as an x-ray had demonstrated some osteoarthritis which is minor in the first MTPJ on the left side and I have checked the x-ray here and this is certainly what we would describe as minor. This gentleman has had a previous calcaneal fracture and is suffering from some swelling in his ankles. He has advised me today that he has been involved with some fights and he had a bottle smashed over his ankle at one point also various other altercations and trauma. This gentleman has had a history of fracture and we can see from his medical records that he had a fracture of his mandible in 2017 and in 2021 he had a fracture of his left foot calcaneus and then he had a fracture of his clavicle in 2022 and most recently we have reviewed his right ankle which does show a clean ankle joint, no boney injury, a good ankle gutter preserved with no real signs of arthritis and good alignment.

Clinically this gentleman has normal arch formation; he is an under pronator and is walking in the clinic today without bearing weight through his heel. Patient is under pronating, under shock absorbing and is limping and he did not have his sticks today that he usually uses and he does explain that he does use these a lot however, especially on bad days. This gentleman is wearing unsuitable footwear and so I have given him the advice that he needs to find something that is much thicker on the sole and much more supportive and has room for insoles.

Foot powers are good, he has 5 powers in all planes and this is true of the knee and hip. He has pain in the tib. post. area but this could be by the way that he is walking from his antalgic gait pattern. He has discomfort and tenderness around the plantar surfaces of both heels especially the posterior medial corner and some tenderness in the Achilles on both sides. The anatomy of his feet seems to be normal and has a normal alignment. He has good ranges in his ankle, midtarsal joint and the fore parts of his feet, he does have some pain in his toe when this is forcibly flexed and extended and this is both sides however – not just the side that has revealed some minor arthritis. Plantar surfaces look to be fine and there are no adverse areas of pressure. He does have some paler colour around the ankles and naviculars which he advised is from previous trauma. I have given this gentleman some

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general advice about his feet and have asked him to be vigilant, taking care of them, moisturising them and wearing some decent footwear will go some way to helping some of his problems. He does also need to get out of the habit of walking on the heel as this will shorten his gastrocnemius group and lead to greater problems in later life.

Today we have cast him for a set of custom made insoles to support his feet and I have advised that they will only work as well as the shoes that he puts them into. Before he left today I have advised him that he does need to arrive to his appointments on time as he was over ten minutes late for his 40 minute appointment that we had for him. I have advised that if he turns up late again then he may not be able to be seen.

Kind Regards

Steven Robinson  
Specialist Orthotist  
PRi

Authorised on 23/06/2023 14:59:12 by [REDACTED]



Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

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General Surgery  
Surgical Directorate  
NHS Tayside

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr MS Perry  
Yellow Practice, Drumhar Health Cen  
North Methven Street  
Perth  
PH1 5PD

|              |                   |
|--------------|-------------------|
| Date         | 19/05/2026        |
| Clinic Date  | 18/05/2026        |
| Your Ref     |                   |
| Our Ref      | NE/FB/ 0107780372 |
| Enquiries to | Dorothy Batchelor |
| Extension    | 13690             |
| Direct Line  |                   |
| Email        |                   |

Dear Dr Perry

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL, DOB: 01/07/1978**

This gentleman was due to be reviewed again back in Clinic today.

He was treated empirically for possible anal fissure and was also given suppositories for haemorrhoids as well.

He has not attended the Clinic today and I will be discharging him back to your care but open for any further referrals if necessary.

Yours sincerely

Authorised on 21/05/2026 12:23:35 by Neville Ekpote.

**Neville Ekpote**  
**Specialty Doctor in Colorectal Surgery**

Additional document  
30-Jun-2026  
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Pages:

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------|--------------------|-----------------------------|-----------------------------|----------|-----------------------------|----------|--|------------------------------|------|------|----------------------|----------|--|-----------------|----------|--|-----------------------------|----------|--|-----------------------------|----------|--|
| <br><b>Microbiology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SURNAME<br>MCNEILL<br>68 Little Denny Road<br>DENNY |                                    | FORENAME<br>ROBERT |                             | UNIT No.<br>0107780372      |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WARD<br>Dr F Shiels                                 |                                    | 5602               |                             | DATE OF BIRTH<br>01/07/1978 | SEX<br>M |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| CONSULTANT<br>Dr. F. Shiels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     | G.P.<br>Denny Cross Medical Centre |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| CLINICAL DATA<br>IVDA in past. has had hep B vaccine in past                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| <table border="0"> <tr> <td>Hepatitis B surface antigen</td> <td>Negative</td> <td></td> </tr> <tr> <td>Hepatitis B surface antibody</td> <td>1000</td> <td>IU/L</td> </tr> <tr> <td>Hepatitis B core IgM</td> <td>Negative</td> <td></td> </tr> <tr> <td>Hepatitis A IgM</td> <td>Negative</td> <td></td> </tr> <tr> <td>Hepatitis C antibody screen</td> <td>Negative</td> <td></td> </tr> <tr> <td>HIV antigen / antibody test</td> <td>Negative</td> <td></td> </tr> </table> <p>Interpretation of Antibody titres for Immunocompetent persons</p> <p>Titre</p> <p>&lt;10 Non responder - give 2 additional doses (0 and 1 month) then check titres in a further 2 - 3 months. If still &lt;10 consider to be non-responder.</p> <p>10-99 Responder - give one additional dose and check titre in 2 - 3 months. If still &gt;10 consider to be a responder. No further booster doses or antibody checks required.</p> <p>&gt;100 Responder - No further booster doses or antibody checks required.</p> <p>These comments apply to antibody checks after full course of primary immunisation. N.B. Please ensure full vaccination his is given to allow appropriate testing.</p> |                                                     |                                    |                    |                             |                             |          | Hepatitis B surface antigen | Negative |  | Hepatitis B surface antibody | 1000 | IU/L | Hepatitis B core IgM | Negative |  | Hepatitis A IgM | Negative |  | Hepatitis C antibody screen | Negative |  | HIV antigen / antibody test | Negative |  |
| Hepatitis B surface antigen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Negative                                            |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| Hepatitis B surface antibody                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1000                                                | IU/L                               |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| Hepatitis B core IgM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Negative                                            |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| Hepatitis A IgM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Negative                                            |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| Hepatitis C antibody screen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Negative                                            |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| HIV antigen / antibody test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Negative                                            |                                    |                    |                             |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| EXAMINATION<br>Hepatitis Serology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     | LAB No.<br>MS013836E               |                    | AUTHORISED<br>Sara Jamdar   |                             |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |
| NATURE OF SPECIMEN<br>Venous blood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     | DATE COLLECTED<br>01/12/2010       |                    | DATE RECEIVED<br>01/12/2010 | DATE REPORTED<br>03/12/2010 |          |                             |          |  |                              |      |      |                      |          |  |                 |          |  |                             |          |  |                             |          |  |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

Page 1 of 2

|                   |        |          |      |              |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

\*1010057555496\*

Unique Care Pathway Number: 1010057555496

Transport required?  
No

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

## \*PRIMARY-GI-REFERRALS\*

\*PRIMARY-GI-REFERRALS\*

|                                                                                             |                                                                                  |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                                          |                                                                                  |
| Primary GI referrals C1C<br>Fife Endoscopy Referral                                         | Consultant / receiving practitioner and/or specialty clinic                      |
| Gastro Intestinal Electronic Booking Unit<br>Queen Margaret Hospital<br>Dunfermline<br>Fife | Hospital and hospital address<br>Hospital Location Code<br>F005G<br>address<br>- |
| <b>Urgency of referral</b>                                                                  | <b>Urgent</b> weight loss                                                        |

|                                                                            |             |
|----------------------------------------------------------------------------|-------------|
| <b>PATIENT DETAILS</b>                                                     |             |
| Surname                                                                    | MCNEILL     |
| Forename(s)                                                                | ROBERT      |
| Title                                                                      | MR          |
| Sex                                                                        | Male        |
| Date of birth                                                              | 01-Jul-1978 |
| CHI no.                                                                    | 0107780372  |
| Patient's address<br>29 STENHOUSE STREET<br>COWDENBEATH<br>FIFE<br>KY4 9DA |             |
| Contact number(s)<br>Voice:                                                |             |

|                                                                 |                              |
|-----------------------------------------------------------------|------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b>                           |                              |
| Name                                                            | Dr Mary Lodge                |
| GMC code                                                        | 4532174                      |
| GP code                                                         | 92240                        |
| Practice name                                                   | Cowdenbeath Medical Practice |
| Practice code                                                   | 20305                        |
| Practice address<br>173 STENHOUSE STREET<br>COWDENBEATH<br>FIFE |                              |
| Contact number(s)<br>Voice:                                     |                              |

Date submitted by practice: 05-Aug-2013

Reason for referral

Care type requested: Out Patient  
Expected outcome: Advise

**Administrative Information**

The Patient has no known blood-borne viruses or Prion disease:true  
Red Flag symptoms:true  
Previous Surname:RYAN  
Patient can accept a short notice appointment:yes  
Interpreter Required:no

Stylesheet version: 16.0.1.3 25-Mar 2013 Comments to:

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882849.HTM 10/06/2026

**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**

Description: weight loss

Comment: Recent weight loss and retrosternal + back pain on swallowing

**Examinations and Investigations**

|                      |                                                                                     |             |
|----------------------|-------------------------------------------------------------------------------------|-------------|
| Height (m):          | 1.803                                                                               | -           |
| Weight (kg):         | 66.678                                                                              | -           |
| Body Mass Index:     | 20.5                                                                                | -           |
| Cigarette smoker:    | Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.   | 18-Jan-2013 |
| Alcohol consumption: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12. | 18-Jan-2013 |
| Exercise grading:    | Type of exercise: Vigorous. NOTES: WALKING, CYCLING AND WEIGHT TRAINING.            | 18-Jan-2013 |

**Past Medical History****Pre-existing conditions** (High and Medium Priority)

| <u>Description</u>                   | <u>Modifier</u> | <u>Comment</u>                                     | <u>Date Recorded</u> |
|--------------------------------------|-----------------|----------------------------------------------------|----------------------|
| Drug dependence                      | -               | - on methadone                                     | 17-Jan-2013          |
| Misuse of drugs NOS                  | -               | -                                                  | 22-Feb-2012          |
| Fracture of facial bone NOS          | -               | -                                                  | 21-Nov-2010          |
| [X]Drug addiction - opioids          | -               | [YEAR OF EVENT 2010] NOTES: heroin use documented. | 01-Jan-2010          |
| Fracture of nasal bones              | -               | -                                                  | 11-Aug-1997          |
| Greenstick fracture of distal radius | -               | right                                              | 10-Oct-1994          |

**Past Procedures** (High and Medium priority)

| <u>Description</u>   | <u>Modifier</u> | <u>Comment</u> | <u>Date Recorded</u> |
|----------------------|-----------------|----------------|----------------------|
| Septorhinoplasty NEC | -               | -              | 19-Mar-2001          |

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

No medications recorded

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

| <u>Drug name</u>          | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>        | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> |
|---------------------------|-----------------|--------------------|----------------------|------------------|-----------------------|-----------------|
| Naproxen 500mg tablets    | 58923020        | tablet             | 1 TABLET TWICE DAILY | -                | 05-Aug-2013           | -               |
| Fluconazole 50mg capsules | 68917020        | capsule            | ONE TABLET(S) DAILY  | -                | 24-Jun-2013           | -               |
| Naproxen 500mg tablets    | 58923020        | tablet             | 1 TABLET TWICE DAILY | -                | 24-Jun-2013           | -               |

**Lifestyle risks**

Exercise status: Not Known

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882849.HTM 10/06/2026

**Additional document**

30-Jun-2026

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Filename:

Extension:

Pages:

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**GPR** NS **NHS SCOTLAND**

**NHS IN SCOTLAND**

**APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE**

Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes

**PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)**

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS? YES ☒ NO ☐

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE? YES ☐ NO ☒

SURNAME\* **M'NEILL** TITLE# **DR**

FORENAME\* **ROBERT** MIDDLE NAME\* **DUNCAN**

PREVIOUS SURNAME\*  DATE OF BIRTH\* **01/07/1978**

ADDRESS\* **29 STENHOUSE STREET** **COWDENBEATH FIFE** POSTCODE\* **KY4 9DA**

TOWN & COUNTRY OF BIRTH\* **FALKIRK** **SCOTLAND**

TELEPHONE NUMBER#

EMAIL ADDRESS#

PREVIOUS ADDRESS IN UK\* **6 BRIDGE GRESSENT DENNY** **STIRLINGSHIRE** POSTCODE **FK6**

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK\* **DENNYCROSS MEDICAL CENTRE** **DUKE STREET DENNY STIRLINGSHIRE** **SCOTLAND** POSTCODE\* **FK6**

COMMUNITY HEALTH INDEX NUMBER  NHS NUMBER

NATIONAL INSURANCE NUMBER **JS814850C**

# the data supplied in these fields will not be input to, or updated in, the Community Health index (CHI), but will be held on the GP Practice's system.

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? \*

YES ☐ NO ☒DATE OF DEPARTURE  
FROM UK

D D M M Y Y

DATE OF ENTRY/RETURN  
TO UK

D D M M Y Y

IF RETURNING FROM H M FORCES  
DATE ENLISTED

D D M M Y Y

SERVICE/PERSONNEL NO.

**COUNTER-FRAUD DECLARATION**

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE

*[Signature]*

DATE 14/01/13

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE  
PATIENT**VOLUNTARY CONSENT TO ORGAN DONATION**

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue ☒or my *ANYTHING APART FROM MY EYES*B. kidneys ☒heart ☒liver ☒small bowel ☒eyes ☒lungs ☒pancreas ☒tissue ☒

for transplantation after my death

*[Signature]*

DATE 14/01/13

PATIENT SIGNATURE

**PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only**PRACTICE  
CODE

210305

GP NAME

V Caldwell

GP REFERENCE NUMBER

IDENTIFICATION SEEN

MEDICAL CARD ☒BIRTH CERTIFICATE ☒PASSPORT ☒

OTHER, SPECIFY

RBS Bank statement

I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE

*[Signature]*

DATE

18/01/13

**OFFICIAL USE ONLY**

Input By:

Gina

Date:

18.1.13

Checked By:

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# WELCOME TO THE PRACTICE

Drs M Johnston, Dr P Murray, Dr C Johnston, Dr A Steele, Dr V Caldow, Dr M Lodge, Dr T Randall, Dr L Jones

We would like you to have a new patient health check a 10 minute appointment with the doctor or nurse. This gives us an opportunity to find out about your past and present health. We encourage you to take up this offer, particularly if you are currently on medication to avoid difficulties when you need your medication. Please book your appointment at Reception.

IF YOU REQUIRE ASSISTANCE FILLING IN THIS FORM PLEASE ASK AT RECEPTION  
WE HAVE TRANSACTION AIDS AVAILABLE  
In the case of children please answer as many of the questions as possible, we apologise in advance if some are not relevant

Name: ROBERT DOUGLAS McNEILL Title: ..... \* Male/Female Date of Birth: 1/7/78  
Address: 29 STANHOUSE STREET COWDEN BATH Post Code: KY4 9DA  
Number of Children/Dependants: 0 Age(s): ..... Occupation: UNEMPLOYED  
Contact Telephone Number(s): ..... Are you registered Disabled: YES/NO  
Previous Address: 6 BLOKE CRESCENT DUNDEE Previous GP: DUNDEE MEDICAL  
Ethnicity: White Scottish ☐ White British ☐ Indian ☐ Chinese ☐ European ☐ Other Asian ☐ .....  
Other please state: .....  
Are you prescribed any medication YES/NO If YES Please give details and dose to the Receptionist or list overleaf  
Do you smoke YES/NO if yes, how many per day... 10 ..... Would you like to stop YES/NO  
Do you drink alcohol? YES/NO If yes what and how much per week: LAGER BETWEEN 4-6 PM  
What regular exercise do you take: WALKING CYCLING + WEIGHT TRAINING  
Is there any "family history" of the following (family meaning ..... brothers, ..... Those marked \* only answer if you are under the age of 60  
\*Stroke ☐ \*Angina/Heart Attack ☐ Diabetes ☐ Asthma ☐ High Blood Pressure ☐  
Please give details of any operations, hospital admissions, major illness, diagnosis  
..... Date: .....  
..... Date: .....  
..... Date: .....  
Your Height: 5'11" Your Weight: 10 1/2 STONE  
Are you a Carer? YES/NO Would you like information on support for Carers YES/NO  
WOMEN ONLY: Have you had a smear test YES/NO Date of last test: ..... Result: .....  
Do you have a coil (IUCD) fitted YES/NO If yes when? ..... Date of last check: .....

THANK YOU.  
PLEASE PICK UP A COPY OF OUR PRACTICE BOOKLET WHICH PROVIDES YOU WITH USEFUL  
INFORMATION ABOUT THE PRACTICE  
IF YOU HAVE A MEDICAL CARD PLEASE HAND IT TO RECEPTION WITH THIS FORM

PLEASE REMEMBER TO LIST ANY MEDICATIONS OVERLEAF

IF YOU HAVE A PRINTED LIST OF REPEAT MEDICATIONS FROM YOUR LAST DOCTOR, PLEASE HAND THIS TO THE RECEPTIONIST WITH THIS FORM. WE MAY ASK YOU TO SEE THE DOCTOR TO OBTAIN YOUR PRESCRIPTION FROM US IF YOU CANNOT PROVIDE THE PRINTED LIST FROM YOUR PREVIOUS GP.

## DOSE

1.  $\frac{1}{x^2} = x^{-2}$   
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

TO BE COMPLETED BY DOCTOR OR NURSE

Date:..... Height:..... Weight:..... BP..... Recall.....

Smoking Advice & literature given ☐ Comment: \_\_\_\_\_

Learning Disability YES/NO Details:.....  
 Carer Support offered: YES / NO/ N/A

Added to any register?.....

Comments/relevant information of note:



Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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SPS Health Care Records  
Discharge Summary

17280 H2 23/11/10

Dear Dr: \_\_\_\_\_ (Insert G.P. Name)

Establishment: GLASGOW  
Address: KING'S MERE ROAD  
TUNBURY  
Telephone Number: 01254 767309  
Health Centre Fax Number: \_\_\_\_\_

Patient Name: ROBERT DUNCAN MCNEIL  
Date of Birth: 01-07-78  
Home Address: 14 GROVE STREET  
DUNN  
STIRLINGSHIRE

Prison Medical Officer (Block Caps)

R. ATTWOOD

Signature: [Signature]

Date: 02/11/10

The above patient has been in our care. During his/her stay, he/she suffered from the following medical condition(s):

|   | Date of onset | Active / No |
|---|---------------|-------------|
| 1 | _____         | Active / No |
| 2 | _____         | Active / No |
| 3 | _____         | Active / No |
| 4 | _____         | Active / No |
| 5 | _____         | 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 | Number of Days supply to be Dispensed | Additional Information | Quantity, Name and Strength supplied by Pharmacy |
|-----------------------|--------------------------|-------------|-----------------------------|---------------------------------------|------------------------|--------------------------------------------------|
| <u>Nalrexone</u>      | <u>Tab</u>               | <u>25mg</u> | <u>O.D</u>                  | <u>01/52</u>                          |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |
|                       |                          |             |                             |                                       |                        |                                                  |

Dispensed by \_\_\_\_\_ Checked by \_\_\_\_\_ Date Dispensed \_\_\_\_\_

Additional Comments:

TOP - Pharmacy PINK - GP WHITE - Medical Records BLUE - Patient

SSS00135

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### Yellow Practice - Application for online services

|                                                                                                       |                                  |               |            |
|-------------------------------------------------------------------------------------------------------|----------------------------------|---------------|------------|
| Surname                                                                                               | McNEILL                          | Date of birth | 01/07/1978 |
| First name                                                                                            | ROBERT                           |               |            |
| Address                                                                                               | 59 DODGOT COURT, REFIN, SCOTLAND |               |            |
| Postcode                                                                                              | PH1 1TZ                          |               |            |
| Preferred address (not shared)                                                                        | [REDACTED]                       |               |            |
| Telephone number                                                                                      | [REDACTED]                       |               |            |
| Preferred Mobile number                                                                               | [REDACTED]                       |               |            |
| Would you like to consent to our text messaging service and receive appointment reminders?            |                                  |               |            |
| Yes                                                                                                   |                                  |               |            |
| I wish to have access to the following online services - when available (please tick all that apply): |                                  |               |            |

|                                                                   |             |                                     |
|-------------------------------------------------------------------|-------------|-------------------------------------|
| 1. Booking appointments                                           | Coming Soon | <input checked="" type="checkbox"/> |
| 2. Requesting repeat prescriptions                                |             | <input checked="" type="checkbox"/> |
| 3. Requesting acute prescriptions                                 | Coming Soon | <input checked="" type="checkbox"/> |
| 4. Accessing my Online Summary (Medications & Allergies) (#93440) | Coming Soon | <input checked="" type="checkbox"/> |

I wish to use Online Services. Please read each statement carefully and tick before signing.

|                                                                                                                                   |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. I have read and understood the information leaflet provided by the practice                                                    | <input checked="" type="checkbox"/> |
| 2. I will be responsible for the security of the information that I see or download                                               | <input checked="" type="checkbox"/> |
| 3. If I choose to share my information with anyone else, this is at my own risk                                                   | <input checked="" type="checkbox"/> |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | <input checked="" type="checkbox"/> |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible       | <input checked="" type="checkbox"/> |

I understand and agree with all the above statements:

|             |         |
|-------------|---------|
| Signature   | Date    |
| [Signature] | 1/10/24 |

For practice use only

|                                     |          |                                                                         |               |
|-------------------------------------|----------|-------------------------------------------------------------------------|---------------|
| Patient CHI Number                  | 0372     | Vision ID number                                                        |               |
| Identity verified by (initials)     | LF       | Date                                                                    | 15/10/24      |
| Method                              |          | Vouching <input type="checkbox"/>                                       |               |
|                                     |          | Vouching with information in record <input checked="" type="checkbox"/> |               |
|                                     |          | Photo ID and proof of residence <input checked="" type="checkbox"/>     |               |
| Authorised by                       | LF       | (#91B)                                                                  | Date 15/10/24 |
| Date account created                | 15/10/24 |                                                                         |               |
| Date registration letter/token sent | 15/10/24 |                                                                         |               |
| Level of record access enabled      |          | Contractual minimum <input type="checkbox"/>                            |               |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**Victoria Hospital**  
Hayfield Road  
Kirkcaldy  
Fife  
KY2 5AH  
Mr Robert McNeill

Department of Gynaecology  
Tel: [REDACTED]  
Morag Telfer Ext 21253  
<http://www.nhsfife.scot.nhs.uk>



ADMINISTRATIVE LETTER



CHI: 2707785202  
Hospital ID: V765584V  
PD/MT

Letter ID: 1198521

Dear Robert

Date: 23/09/2014

I have now received the repeat semen analysis which showed the sperm concentration has improved when compared to the previous sample, which is encouraging. However there are other characteristics which still need improving. Changes in your lifestyle pattern would help you in this direction.

Yours sincerely

Punukollu Durgadevi  
Consultant Obstetrician & Gynaecologist

Authorised on 23/09/2014 12:45:08 by Dr Punukollu Durgadevi.

(D) Dr T Randall, Cowdenbeath Surgery, Cowdenbeath Medical Practice, 173 Stenhouse Street,  
Cowdenbeath, KY4 9DH

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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|                                                                  |                                                                   |                                     |                           |                                    |                                    |                                    |
|------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|---------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>NHS</b><br>Forth Valley<br><b>Microbiology</b>                | <b>SURNAME</b><br>MCNEILL<br>68 Little Denny Road<br>DENNY        |                                     | <b>FORENAME</b><br>ROBERT |                                    | <b>UNIT No.</b><br>0107780372      |                                    |
|                                                                  | <b>WARD</b> Dr F Shiels<br><b>G.P.</b> Denny Cross Medical Centre |                                     | 5602                      |                                    | <b>DATE OF BIRTH</b><br>01/07/1978 | <b>SEX</b><br>M                    |
| <b>CONSULTANT</b><br>Dr. F. Shiels                               |                                                                   |                                     |                           |                                    |                                    |                                    |
| <b>CLINICAL DATA</b> IVDA in past. has had hep B vaccine in past |                                                                   |                                     |                           |                                    |                                    |                                    |
|                                                                  |                                                                   |                                     |                           |                                    |                                    |                                    |
|                                                                  |                                                                   |                                     |                           |                                    |                                    |                                    |
|                                                                  |                                                                   |                                     |                           |                                    |                                    |                                    |
|                                                                  |                                                                   |                                     |                           |                                    |                                    |                                    |
| <b>EXAMINATION</b><br>Hepatitis Serology                         |                                                                   | <b>LAB No.</b><br>MS013836E         |                           | <b>AUTHORISED</b><br>Sara Jamdar   |                                    |                                    |
| <b>NATURE OF SPECIMEN</b><br>Venous blood                        |                                                                   | <b>DATE COLLECTED</b><br>01/12/2010 |                           | <b>DATE RECEIVED</b><br>01/12/2010 |                                    | <b>DATE REPORTED</b><br>03/12/2010 |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**File Identification Page**



**Name:** MCNEILL, ROBERT

**CHI No:** 0107780372

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|                                                        |                 |                                   |  |
|--------------------------------------------------------|-----------------|-----------------------------------|--|
| SURNAME (BLOCK LETTERS)<br><b>MCNEILL</b>              |                 | SEX<br><b>MALE</b>                |  |
| TITLE                                                  |                 | OCCUPATION                        |  |
| FORENAMES (BLOCK LETTERS)<br><b>ROBERT D</b>           |                 | PHONE NUMBER<br><b>[REDACTED]</b> |  |
| DATE OF BIRTH                                          | SINGLE          | NHS NUMBER                        |  |
| <b>1/7/78</b>                                          | MARRIED (DATE)  | <b>47778/073</b>                  |  |
|                                                        | DIVORCED (DATE) | C.H.I. NUMBER                     |  |
|                                                        | WIDOWED (DATE)  | <b>0372</b>                       |  |
| ADDRESS                                                |                 | SPECIAL INSTRUCTIONS              |  |
| 29 STENHOUSE STREET<br>COWDENBEATH<br>KY4 9DA          |                 |                                   |  |
| 52 Stonefield Street<br>Ardre                          |                 | Jem Lough 12/11                   |  |
|                                                        |                 | Victoria                          |  |
|                                                        |                 |                                   |  |
|                                                        |                 |                                   |  |
| Changes of Details                                     |                 | Form GP 1110 (Rev. 5/87)          |  |
| (2) Use only for patients who are not on the GP's list |                 | 200-1001                          |  |
| GP12                                                   |                 |                                   |  |

CHI No: 010778-0372  
NHS No: 47778/073  
Name: MCNEILL ROBERT

**G.P.111.**

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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## Emergency Department Perth Royal Infirmary

SA Elliott  
13891/1, Green Practice whitefriars surgery  
Whitefriars Street, Perth  
Perth  
PH1 1PP

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

Dear Doctor

Mr Robert McNeill  
59 Doocot Court  
Perth  
PH1 1TL

Date of Birth: 01/07/1978  
ACHI Number: 0107780372  
ED Attendance Number: E0000532670  
No. of Previous Attendances: 1  
Occupation:  
School:  
Responsible Consultant: Dr Jamie Morrison

The above patient attended the Emergency Department Perth Royal Infirmary on 21/05/2024 at 17:12 and was discharged with referral on 21/05/2024 at 18:18. The letter has been collated by Karen Simpson .

| Diagnosis:                                                                                             |           |            |
|--------------------------------------------------------------------------------------------------------|-----------|------------|
| Description                                                                                            | Body Site | Laterality |
| ED diagnosis - Redirection - Patient redirected by an ED clinician to an alternate healthcare provider |           |            |

Diagnosis Comments:

Notes for GP:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with referral

Referred To: GP

ED Clinical Notes:

45 year old male Highlighted as a potential redirection  
Chronic pain from back , knees and feet for many years .The back is for 17years. Was previously with Glover  
Street Practice was unhappy with there care so states moved to Whitefriars surgery a month ago. States was told

Created on 21/05/2024 18:18 by Karen Simpson

Version 1

Page 1 of 2

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to "fuck off " by previous surgery. Has been referred to Physio and Podiatrist. Behaving in a verbally intimidating manner, i did have a colleague with me . Was unhappy i was following redirection process and states he is constantly being fobbed off by all professionals.  
Looks well R16 sats 98% P57 BP 109/63 T36.4  
Left department

ED Nurse Notes:

Yours sincerely

Emergency Department Perth Royal Infirmary

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Version 1

Page 2 of 2



Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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-----  
Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)  
-----  
Name: MENEILL Robert Sex: M PID: 0107730372 DOB: 01 Jul 1978  
Glover St Med Ctr (Victoria) Clinician: Dr J. GYST(B) Lab No: H231098881  
GSPERC GYSTB  
-----  
HGB 158 g/L ( 130-180 ) WBC 7.0 x10<sup>9</sup>/L ( 4.0-11.0 )  
HCT 4.91 x10<sup>12</sup>/L ( 4.5-6.0 ) MBW 4.3 x10<sup>9</sup>/L ( 2.0-7.5 )  
MCV 97.4 fL ( 85-105 ) LYM 2.4 x10<sup>9</sup>/L ( 1.5-4.0 )  
MCH 32.2 H pg ( 27-32 ) MCF 0.4 x10<sup>9</sup>/L ( 0.2-0.8 )  
MCC 331 g/L ( 320-360 ) ECF 0.15 x10<sup>9</sup>/L ( 0.0-0.4 )  
BAW 0.1 x10<sup>9</sup>/L ( 0.0-0.1 )  
PLT 155 x10<sup>9</sup>/L ( 150-400 )  
-----  
Lab.Comments: Sample is blood unless otherwise stated  
Sample Date/Time  
14 Jun 2023 10:04  
-----  
Clin.Details: Testosterone: collected before 11 A.M.  
erectile dysfunction  
-----  
Request Entered: 14 Jun 2023 16:51 Report Printed: 14 Jun 2023 17:01  
-----

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Tayside Clinical Laboratory Services      BACTERIOLOGY      01382 632559  
Name : MCNEILL, Robert  
CHI No : 0107780372      Clinician: Dr Mark PERRY  
DoB : 01 Jul 1973      Sex: M      Drumhar Health Centre  
Post Code: PH1 1TZ

Epigastric pain and tenderness

25B095762      Date/Time of Specimen: 12 Dec 2025 14:56  
FAECES

H.pylori stool antigenNegative

Date of Report: 15 Dec 2025  
DRUPER2      PERM1G

AUTH:

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Robert H. Hall 1/7/78

FURTHER DETAILS (CONTINUED)

I've BEEN ON CRACKS SINCE I BROKE MY FOOT  
ALL OF MY JOINTS ACHE SEVERELY AND I CANT  
WALK PROPERLY AND I CANT USE MY STICKS DUE  
TO SAID PAIN I HAD SIDE EFFECTS THAT MY  
PREVIOUS DOCTOR SHOULD HAVE SENT ME FOR  
AN EYE TEST STRAIGHT AWAY AND DIDNT NOT  
AS HE WAS MORE BOTHERED ABOUT A NOTE ON  
HIS SYSTEM FROM DR ELWORTHY AND HE RECOMMEND  
I PAY INTO ORGANISED CRIME AND TERMINATED  
MY APPOINTMENT BECAUSE AS HE SAID HE DIDNT  
HAVE TIME TO GET INTO WHAT THE SAID  
DR ELWORTHY HAD PUT IN SAID NOTE I'M  
ALSO DEALING WITH HISTORICAL ABUSE ISSUES FROM  
WHEN I WAS A CHILD AND BEING DRUGGED AND  
Raped BY MY UNCLE AND HIS FRIEND DURING MY  
20'S UNTIL THE AGE OF 32 I HAVE REPORTED THESE  
TO THE POLICE AND MY STATEMENT IS ON GOING

ZurDeel 1/10/24

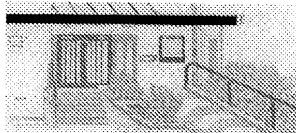
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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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## THE YELLOW PRACTICE

TEL: [REDACTED]



Drumhar Health Centre  
North Methven Street  
Perth  
PH1 5PD

05 November 2024

AH/AW

Dr Tim Elworthy  
i DART Team  
Drumhar Health Centre  
North Methven Street  
Perth  
PH1 5PD

Dear Dr. Elworthy,

**Re: Mr Robert McNeill, 59 Doocot Court, Perth, PH1 1TZ – CHI: 0107780372**

Mr McNeil has joined the Yellow Practice. We are very keen to ensure that we work closely with you in order to support his well-being. With that in mind any details you can share in regard to his current care plan would be gratefully received.

Kind regards

DR ALASDAIR HONEYMAN

Drs Milne, [REDACTED] & [REDACTED]

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**30-Jun-2026**  
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**Pages:**

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# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

A&L FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



30/01/10

## 1. PERSONAL DETAILS

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 complete a temporary resident form)

Male ☒ Female ☐

Date of birth \*

01/07/1978

Address \*

59 Doocey Court  
Perth

Title \*

MR

Surname \*

McNeill

Foranames \*

ROBERT DUNCAN

Previous surname \*

Postcode \*

PH1 1TZ

Telephone #

Mobile #

Email address #

\* The data supplied in these forms will not be input to, or included in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number \*

G107780372

NHS number \*

The following information can be found on your birth certificate:

Town of birth \*

FACKIRK

Country of birth \*

SCOTLAND

Registered district of birth  
(Scotland only)

Denny (RCD)

## 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 \*

59 Doocey Court, Perth

Name and address of previous GP Practice in UK \*

Yellow Practice Whitefriars Street Perth

Postcode \*

PH1 1TZ

Postcode \*

PH1

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 provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes ☐ No ☐

GMSGP005 V27 1 2024

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### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, offering 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 exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Services). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date: 1/10/24

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number: 73431

GP name: Dr. Perry

Practice code: 14342

#### Identification seen - do not take or retain photocopies

Please tick all relevant boxes (It is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or Home Office ☐ Other / None ☐  
HIC card ☐ app tag card ☐

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's registration will be subject to Payment Verification.

Authorised Practice signature

Date: 10.10.24

### 7. FOR OFFICIAL USE ONLY

Input by: Jacqueline Day

Checked by:

Date: 07/10/24

Yellow Practice,  
Drummar Health Centre,  
North Methven Street,  
Perth PH1 5PD  
Tel: 01738 621725

GM5GPR001 V07 1 2024

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**THE YELLOW PRACTICE**  
**Drumhar Health Centre, Perth**  
**NEW PATIENT REGISTRATION DETAILS**  
 Please complete fully

Name: ROBERT M'NEILL Address: 59 DOOCOT COURT  
 Tel No: Home: \_\_\_\_\_ PERTH  
 Work: \_\_\_\_\_ SCOTLAND  
 Mobile: \_\_\_\_\_ Post Code: PH1 1TL

Relationship: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Are you a carer? ☒ yes ☐ no  
 (Not as part of your employment)

Are you being cared for? ☒ yes ☐ no

Is English your first language YES/NO  
 If no, is someone who speaks English coming with you? YES/NO

What language do you speak? ENGLISH

**PAST & CURRENT MEDICAL PROBLEMS**

| If yes give details below                  | YES | DATE | NO |
|--------------------------------------------|-----|------|----|
| High Blood Pressure                        |     |      |    |
| Diabetes                                   |     |      |    |
| Heart Problems                             |     |      |    |
| Chest Problems                             |     |      |    |
| Stomach/bowel problems                     |     |      |    |
| Bladder/kidney problems                    |     |      |    |
| Stroke/TIA                                 |     |      |    |
| Eye problems                               |     |      |    |
| Ear/hearing problems                       |     |      |    |
| Cancer                                     |     |      |    |
| Nervous/psychological/psychiatric problems |     |      |    |
| Epilepsy                                   |     |      |    |
| Gynaecological Problems                    |     |      |    |
| Arthritis                                  |     |      |    |
| Hepatitis/HIV                              |     |      |    |
| Operations                                 |     |      |    |

**Further Details**

I HAVE A SPUR OF BONE GROWING OUT OF A BREAK  
 ON MY LEFT FOOT IM IN CONSTANT PAIN WITH THIS AND  
 MY LEG IS NUMB TO TOUCH I HAVE 12 SOLES TO GREET MY  
 FEET

CONTINUED →



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For women only (if appropriate)

Date and place of last smear : \_\_\_\_\_

Previous Mammogram : \_\_\_\_\_

**CURRENT MEDICATION:**

Dose &amp; Frequency : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Over the counter medications: \_\_\_\_\_

ALLERGIES to any medications or other allergies: Mustard seeds

\_\_\_\_\_

VACCINATION history if available:

\_\_\_\_\_

\_\_\_\_\_

SMOKING: Never smoked

Ex-smoker – date stopped : \_\_\_\_\_

Current smoker how many daily: 2 or 3 cigsALCOHOL: No alcohol Don't drink

Average amount consumed weekly:

Beer/cider: \_\_\_\_\_

Spirits: \_\_\_\_\_

Wine: \_\_\_\_\_

**FAMILY HISTORY :** \_\_\_\_\_ & Children who have had:

|                                        | YES | WHICH RELATIVE ? | DATE |
|----------------------------------------|-----|------------------|------|
| HIGH BLOOD PRESSURE                    |     |                  |      |
| HEART DISEASE / FEMALES UNDER 65 YEARS |     |                  |      |
| HEART DISEASE/MALES UNDER 65 YEARS     |     |                  |      |
| STROKE                                 |     |                  |      |
| DIABETES                               |     |                  |      |
| ASTHMA                                 |     |                  |      |
| GLAUCOMA (Raised Eye Pressure)         |     |                  |      |
| THYROID DISORDER                       |     |                  |      |
| FITS OR BLACKOUTS                      |     |                  |      |
| TUBERCULOSIS (T.B.)                    |     |                  |      |
| CANCER                                 |     |                  |      |
| OTHER MAJOR DISEASES:                  |     |                  |      |

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What is your ethnic origin?

Choose ONB section from A to E, and then tick the appropriate box to indicate your cultural background

## A. White

Scottish ☒Other British ☐Irish ☐

Any other White background (please specify) \_\_\_\_\_

B. Mixed ☐

Any mixed background (please specify) \_\_\_\_\_

## C. Asian, Asian Scottish or Asian British

Indian ☐Pakistani ☐Bangladeshi ☐Chinese ☐

Any other Asian Background (please specify) \_\_\_\_\_

## D. Black, Black Scottish or Black British

Caribbean ☐African ☐

Any other Black background (please specify) \_\_\_\_\_

E. other Ethnic background ☐

Other Ethnic background (please specify) \_\_\_\_\_

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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NHS Tayside  
I-DART (Integrated Drug and Alcohol Recovery Team)  
Birmam  
Murray Royal Hospital  
Muirhall Road  
PERTH,  
PH2 7BH

Dr MS Perry  
Yellow Practice, Drumhar Health Cen  
North Methven Street  
Perth  
PH1 5PD

|              |                   |
|--------------|-------------------|
| Date         | 30/01/2025        |
| Clinic Date  |                   |
| Your Ref     |                   |
| Our Ref      | AH/RL/ 0107780372 |
| Enquiries to | Anne Henderson    |
| Direct Line  |                   |
| Email        |                   |

Dear Dr Perry

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

I am writing as Dr Elworthy forwarded your last letter to him of 30/12/2024 to me as I now see Robert for opiate substitute therapy and commenced him on buprenorphine (Buvidal). The letter was in regards to his blood results. The sample was taken on 03/12/2024 and is available on clinical portal but I am not sure if this is available to GP practice. They are as follows:

Liver Function Test:

|                      |            |
|----------------------|------------|
| ALT                  | - 20 u/l   |
| Bilirubins           | - 5 umol/l |
| Alkaline Phosphatase | - 90 u/l   |
| Albumin              | - 41 g/l   |

All within normal limits. His last dry blood spot test for blood born viruses was 26/02/2024 and all clear so we will repeat this around the end of February this year (probably when he attends for his buvidal) as it is recommended for yearly checks. I hope the above information is of use. Please do not hesitate to contact us should you wish to discuss any issues raised. We will keep you informed of his progress.

Yours sincerely

Authorised on 30/01/2025 11:05:19 by Anne Henderson.

Anne Henderson  
Non Medical Prescriber  
Senior Charge Nurse/Clinical Improvement  
I-DART (Integrated Drug and Alcohol Recovery Team)

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Page 1 of 1

#### NHS Lanarkshire Primary Care Operating Division OOH Call Incident Report

|                    |                                |                  |                             |
|--------------------|--------------------------------|------------------|-----------------------------|
| Call number:       | <b>51359</b>                   | Receive Date:    | <b>7-Oct-2017 12:28</b>     |
| Patient's Name:    | <b>Robert Mcneil</b>           | Gender:          | <b>M</b>                    |
| Date of birth:     | <b>1-Jul-1978 ( 39 years )</b> | Current Address: | <b>52 Stonefield Street</b> |
| Address:           | <b>52 Stonefield Street</b>    |                  | <b>Airdrie ML6 6JS</b>      |
| Return Contact No: |                                |                  |                             |
| Tel No:            |                                |                  |                             |
| Mobile No:         |                                | Call Origin:     | <b>NHS24</b>                |
| Priority:          | <b>Within 4 Hours</b>          | Calltype:        | <b>Doctor Advice</b>        |
| Received:          | <b>7-Oct-2017 12:28</b>        | Arrived PCC:     |                             |
| Advised:           | <b>12:38</b>                   | Cons End:        | <b>7-Oct-2017 12:52</b>     |
| Cons start:        | <b>7-Oct-2017 12:43</b>        |                  |                             |
| Consulting Doctor: | <b>Harbal Bijral</b>           | Own doctor:      | <b>Murray Lough</b>         |

---

Reported Condition:  
**ACCESS TO METHADONE - TODAY - SEE A/V**

---

Consultation details:

History - d/w [REDACTED] needs access to Methadon. Adv. that this is not supplied by OOH  
States that Boots Airdrie [REDACTED] [REDACTED] said I could phone her and she would dispense.  
I phoned Pharmacist and she denied that, stating that she told [REDACTED] that she did not think OOH would prescribe.  
I phoned [REDACTED] back to adv. no script available.

---

Followups:  
**Other**

---

Clinical Codes:  
**8B3H. Medication requested**

---

NHSD details:

Triage NHSD - **WORSENING: If symptoms worsen, call us back or seek Medical care as soon as possible.**  
**D/W CSM JANETTE BROGAN ADVISED SPEAK TO DR 4 HOURS**

NHSD Comments - **RETURN CALLER - PT NORMALLY PICKS UP TODAYS AND TOMORROWS METHADONE DOSE FROM PHARMACY BUT PT ADDICITON WORKER HAS FORGOTTEN TO PUT IN THE PRESCRIPTION - SPOKE WITH LOCAL PHARMACIST WHO ADVISED CONTACT NHS24 AS PHARMACIST ADVISED HAS PRESCRIPTION THERE WHICH RAN OUT YESTERDAY BUT WOULD BE HAPPY TO PROVIDE METHADONE EMERGENCY SUPPLY IF GIVEN GO AHEAD BY A DOCTOR - CALLER STATES PHARMICIST TRIED TO CONTACT US BUT WAS UNABLE TO PROGRESS DUE TO DATA PROTECTION AS PT WAS NOT PRESENT ( (User) (Edinburgh))**

Disposition - **CS - Contact GP Practice within 4 hours (As Soon As Possible)**

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07/10/2017

Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

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Perth & Kinross Integrated Drug & Alcohol Recovery Team  
Dumhar Medical Centre  
North Methven Street  
Perth  
PH1 5PD  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr LM Welsh  
Victoria Practice  
Glover Street Medical Centre  
133 Glover Street  
Perth  
PH2 0JB

Date 17/11/2023  
Clinic Date 30/10/2023  
Your Ref  
Our Ref JD/TE/ 0107780372  
Enquiries to Jennifer Dallas  
Extension 62448  
Direct Line  
Email

Dear Dr Welsh

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Robert McNeill attended for medical review on the 30<sup>th</sup> of October 2023. He is currently prescribed methadone 80mls which he collects on a daily basis but is not taken under supervision. Very little was achieved in the appointment as he was quite aggressive in manner from the outset, and it was hard to have a meaningful discussion with him. He seemed angry that recent drug screens had not been analysed due to the machine breaking at the local laboratory, but he did not accept my explanation for this. He expressed a wish to move to the buvidal injection but did not want to reduce his methadone dose to 30mls in the community in order to transfer to buprenorphine safely. Instead, he stated he wanted to be admitted to hospital to undergo a high dose transfer to buprenorphine. However, when I explained that he would still have to reduce 60mls of methadone he stormed out of the room in anger. I note that he has failed to attend several appointments over the past year which have no doubt held things up. I will await the patient's decision as to what he wants to do next. He will continue to be seen by his key worker on a regular basis.

Yours sincerely

Authorised on 22/11/2023 11:03:03 by Dr Tim Elworthy.

**Dr Tim Elworthy**  
Consultant Psychiatrist  
Perth and Kinross Integrated Drugs & Alcohol Recovery Team

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**Cameron Hospital**  
Cameron Bridge  
Windygates  
Fife  
KY8 5RR

NHS Fife Community Services  
Addiction Services  
Tel: [REDACTED]  
<http://www.nhsfife.scot.nhs.uk>



Robert McNeill  
18 Grainger Street  
Lochgelly  
Fife  
KY5 9HY

#### DISCHARGE LETTER



CHI: 0107780372  
Patient ID: 6820

Letter ID: 1849755

Date: 29/01/2016

Dear Robert McNeill

**Robert McNeill, 18 Grainger Street, Lochgelly, Fife, KY5 9HY**

**Date of Birth: 01/07/1978**

**Date of Discharge: 29/01/2016**

Please be advised that you are being discharged from NHS Fife Addiction Services through non-engagement with your treatment plan.

If you wish to re-refer please contact ADAPT on [REDACTED] for a list of the local drop in clinics.

Yours sincerely

**Tina Edmundson**  
Addictions Nurse

Authorised on 05/02/2016 10:04:39 by Tina Edmundson.

(D) Dr T Randall, Cowdenbeath Surgery, Cowdenbeath Medical Practice, 173 Stenhouse Street, Cowdenbeath, KY4 9DH

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Page 1 of 2                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DoB : 01-Jul-1978              |
| 16 SKINNERGATE, PERTH, PH1 5JH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Hosp. No. :                    |
| Ref. Locn. : GENERAL PRACTITIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | CRIS No. : 1141379             |
| Ref. Source : VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | CHI No. : 0107780372           |
| Referrer : DR JAMES RICHES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                |
| <b>VERIFIED</b> Verified By : Dr J TAINSH 16-Mar-2023<br>Typed By : TAIJ 16-Mar-2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                |
| <b>Clinical History :</b><br><br>Prev fracture a few year ago. now is swollen up and causing pain and struggling to walk. has not had any injury<br>left 5th metatarsal and calcaneus may 21<br>left foot fractured 2 years supposed to elevate at time<br>swelling heal and ankle on and off<br>? malunion ? OA for x-ray as next step<br>ENTERED BY: James Riches (Medical)<br><br>BLEEP: 01738 639748<br><br>Prev fracture a few year ago. now is swollen up and causing pain and struggling to walk. has not had any injury<br>left 5th metatarsal and calcaneus may 21 |  |                                |
| Event Number : E-7228883                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Examination Date : 15-Mar-2023 |
| Copy To :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Attendance Number : 2          |
| Examinations : XR Foot Lt, XR Calcaneus Lt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Page 2 of 2                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>16 SKINNERGATE, PERTH, PH1 5JH<br>Ref. Locn. : <b>GENERAL PRACTITIONER</b><br>Ref. Source : <b>VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,</b><br>Referrer : <b>DR JAMES RICHES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | DoB : <b>01-Jul-1978</b><br>Hosp. No. :<br>CRIS No. : <b>1141379</b><br>CHI No. : <b>0107780372</b> |
| <p>left foot fractured 2 years supposed to elevate at time<br/>           swelling heal and ankle on and off<br/>           ? malunion ? OA for x-ray as next step<br/>           ENTERED BY: James Riches (Medical)</p> <p>BLEEP: [REDACTED]</p> <p><b>VERIFIED</b> Verified By : Dr J TAINSH 16-Mar-2023<br/>           Typed By : TAJ 16-Mar-2023</p> <p>Mild degeneration of the first MTP joint, otherwise normal.</p> <p><b>VERIFIED</b> Verified By : Dr J TAINSH 16-Mar-2023<br/>           Typed By : TAJ 16-Mar-2023</p> <p>The previous fracture was the most benign looking I have ever seen and has healed with a satisfactory result. Tiny plantar spur.<br/>           JT</p> |  |                                                                                                     |
| Event Number : E-7228888<br>Copy To :<br>Examinations : <b>XR Foot Lt, XR Calcaneus Lt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Examination Date : <b>15-Mar-2023</b><br>Attendance Number : 2                                      |

#### Additional document

30-Jun-2026

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## Registration Details - Patient No: 1378

| Personal details... |                        | Address details... |                  |
|---------------------|------------------------|--------------------|------------------|
| Sex                 | M                      | Post Code          | FK6 6PD          |
| Surname             | Mcneill                | House Name Flat No |                  |
| Previous Surname    |                        | No and Street      | 6 Bridge Cresent |
| Forenames           | Robert D               | Village            | DENNY            |
| Calling Name        | Robert                 | Town               | Stirlingshire    |
| Date of birth       | 01/07/1978             | County             |                  |
| Title               | Mr                     | Door Entry         |                  |
| Birth Surname       |                        |                    |                  |
| Marital Status      | Marital status unknown |                    |                  |
| Ethnic Origin       |                        |                    |                  |

| HA/HB Details... |                | Contact details... |  |
|------------------|----------------|--------------------|--|
| Trading partner  | Forth Valley   | Home Tel No        |  |
| Registered GP    | Dr R A Deuchar | Work Tel No        |  |
| Usual GP         | Dr R A Deuchar | Mobile Tel No      |  |
| Residential Inst |                | E Mail Address     |  |
| Branch Surgery   |                |                    |  |
| CHI Number       |                |                    |  |

| Practice Information... |                            |
|-------------------------|----------------------------|
| Name                    |                            |
| Address                 |                            |
| Contact No              |                            |
| Dispensing              | N                          |
| Hospital Number         |                            |
| Records At              | Denny Cross Medical Centre |

| Distances        |  | Further Information     |            |
|------------------|--|-------------------------|------------|
| Rural Mileage    |  | Long/Short stay or Dead |            |
| Blocked Special  |  | Date of registration    | 28/12/2012 |
| Walking Quarters |  |                         |            |

| Upload Consent   |                           | AMS/CMS Details |     |
|------------------|---------------------------|-----------------|-----|
| SCI-DC Consent   | Implied Consent (default) | AMS Consent     | Yes |
| CMS Status       | Not Registered            |                 |     |
| Pharmacy Details |                           |                 |     |
| Compliance Check | No                        |                 |     |

| ECS (GP Summary) Consent |                           | Imported user defined fields |  |
|--------------------------|---------------------------|------------------------------|--|
| Patient Consent          | Implied Consent (default) | GPASS Patient ID             |  |
| Contact                  |                           |                              |  |
| Contact Relationship     |                           |                              |  |

## Medical Record

### Problems

| Active Problems |                     | Authorised By | Code |
|-----------------|---------------------|---------------|------|
| 28/12/2012      | Misuse of drugs NOS | Dr Hunter     | E25z |

| Past Problems |                                | Authorised By | Code   |
|---------------|--------------------------------|---------------|--------|
| 19/07/2012    | Cutaneous cellulitis           | Dr Sharp      | M08    |
| 14/05/2012    | Ankle pain                     | Dr Sharp      | N245-1 |
| 22/02/2012    | Abnormal weight loss - symptom | Dr Hunter     | 1625-1 |
| 22/02/2012    | Acute back pain - lumbar       | Dr Hunter     | N142-3 |
| 22/02/2012    | Misuse of drugs NOS            | Dr Hunter     | E25z   |

| Health Admin Problems |  | Authorised By | Code |
|-----------------------|--|---------------|------|
|                       |  |               |      |

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| Values     |                                                              |                        |              |
|------------|--------------------------------------------------------------|------------------------|--------------|
| Date       | Last Entry                                                   | Normal Range Indicator | Normal Range |
| 08/12/2010 | Hepatitis A test priority=2                                  |                        |              |
| 08/12/2010 | Hepatitis C antibody test negative priority=2                |                        |              |
| 08/12/2010 | HTLV-3 antibody negative priority=2                          |                        |              |
| 08/12/2010 | HIV screening test priority=2                                |                        |              |
| 08/12/2010 | Hepatitis B immune priority=2                                |                        |              |
| 01/12/2010 | Albumin 46 g/l                                               |                        |              |
| 01/12/2010 | Total Protein 67 g/l                                         |                        |              |
| 01/12/2010 | AST serum level 14 iu/l                                      |                        |              |
| 01/12/2010 | ALT - blood level 18 iu/l                                    | ..... .....            | 5-35         |
| 01/12/2010 | Gamma GT 24 iu/l                                             | ..... .....            |              |
| 01/12/2010 | Serum alkaline phosphatase 281 u/l                           | ..... .....            |              |
| 01/12/2010 | Serum bilirubin level 13 umol/l                              | ..... .....            | 3-17         |
| 01/12/2010 | Urea 4.2 mmol/l                                              | ..... .....            | 3.1-6.6      |
| 01/12/2010 | Serum creatinine 104 umol/l                                  | ..... .....            |              |
| 01/12/2010 | Chloride 107 mmol/l                                          | ..... .....            |              |
| 01/12/2010 | Serum sodium 143 mmol/l                                      | ..... .....            | 135-146      |
| 01/12/2010 | Serum potassium 3.8 mmol/l                                   | ..... .....            | 3.5-5        |
| 01/12/2010 | Serum albumin Albumin priority=2                             | ..... .....            | 34-48        |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum total protein Total Protein priority=2                 |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum alanine aminotransferase level ALT priority=2          |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum gamma-glutamyl transferase level Gamma GT priority=2   |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum total bilirubin level Bilirubin priority=2             |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Liver function test LFT - Received 03/12/2010 priority=2     |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Glomerular filtration rate eGFR (1.73m2) priority=2          |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum urea level Urea priority=2                             |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Serum chloride Chloride priority=2                           | ..... .....            | 100-106      |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |
| 01/12/2010 | Urea and electrolytes U & E - Received 03/12/2010 priority=2 |                        |              |
| 01/12/2010 | End Date: 03/12/2010                                         |                        |              |

| Attachments | Authorised By | Code |
|-------------|---------------|------|
| None        |               |      |

| Alerts | Authorised By | Code |
|--------|---------------|------|
| None   |               |      |

| Drug Allergies | Authorised By | Code |
|----------------|---------------|------|
| None           |               |      |

| Non Drug Allergies | Authorised By | Code |
|--------------------|---------------|------|
| None               |               |      |

| Family History | Authorised By | Code |
|----------------|---------------|------|
| None           |               |      |

| Referrals | Authorised By | Code |
|-----------|---------------|------|
| None      |               |      |

| Immunisations                                  | Authorised By | Code |
|------------------------------------------------|---------------|------|
| 19/04/2000 Hepatitis B immunisation priority=2 | UnknownUser   | 65F  |

| Health Status |                                        |
|---------------|----------------------------------------|
| 22/05/2007    | Smoking Status<br>Never smoked tobacco |

| Other | Authorised By | Code |
|-------|---------------|------|
|       |               |      |

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| Observations |                                                                                                                                                                                                |             |               |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| 29/10/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Sharp    | E25z          |
| 04/09/2012   | MED3 issued to patient from 22/8/12 for 2/12.                                                                                                                                                  | Dr Shiels   | 9D11          |
| 04/09/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Shiels   | E25z          |
| 19/07/2012   | MED3 issued to patient 4 weeks. commenced methadone last week, weekly review by key worker                                                                                                     | Dr Sharp    | 9D11          |
| 19/07/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Sharp    | E25z          |
| 28/06/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Craig    | E25z          |
| 31/05/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Craig    | E25z          |
| 14/05/2012   | Ankle pain (FLARE)                                                                                                                                                                             | Dr Sharp    | N245-1        |
| 14/05/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Sharp    | E25z          |
| 29/03/2012   | Drug misuse - enhanced service completed                                                                                                                                                       | Mrs Fraser  | 9K50          |
| 29/03/2012   | MED3 issued to patient no evidence # R orbit- bruising and tender superior/lateral margin but no crepitus or swelling. No blood from nose. requests further 6weeks substance misuse, back pain | Dr Sharp    | 9D11          |
| 29/03/2012   | Misuse of drugs NOS (REVIEW)                                                                                                                                                                   | Dr Sharp    | E25z          |
| 22/02/2012   | MED3 issued to patient 6 weeks from 12.2.12, back pain, substance misuse                                                                                                                       | Dr Hunter   | 9D11          |
| 25/05/2011   | [V]Issue of medical certificate MED 3 1 week back pain priority=2                                                                                                                              | Mr Dr Locum | ZV680         |
| 25/05/2011   | Acute back pain - lumbar priority=2                                                                                                                                                            | Mr Dr Locum | N142          |
| 25/05/2011   | Seen in substance misuse clinic priority=2<br>Start Date: 03/05/2011                                                                                                                           | Mrs Deuchar | 9No5          |
| 25/05/2011   | Substance misuse clinical management plan agreed priority=2<br>Start Date: 03/05/2011                                                                                                          | Mrs Deuchar | 9HC2          |
| 25/05/2011   | Substance misuse clinical management plan reviewed priority=2<br>Start Date: 03/05/2011                                                                                                        | Mrs Deuchar | 9HC3          |
| 03/05/2011   | Compliance issues discussed with patient priority=2<br>Start Date: 10/01/2011                                                                                                                  | Mrs Deuchar | 8Blu          |
| 03/05/2011   | Seen in substance misuse clinic priority=2<br>Start Date: 10/01/2011                                                                                                                           | Mrs Deuchar | 9No5          |
| 03/05/2011   | Substance misuse clinical management plan agreed priority=2<br>Start Date: 10/01/2011                                                                                                          | Mrs Deuchar | 9HC2          |
| 03/05/2011   | Substance misuse clinical management plan reviewed priority=2<br>Start Date: 10/01/2011                                                                                                        | Mrs Deuchar | 9HC3          |
| 03/05/2011   | Medication review due 03/05/2011 14:30:52 priority=2<br>Start Date: 10/01/2011                                                                                                                 | Mrs Deuchar | 8B3U          |
| 02/03/2011   | Seen in substance misuse clinic priority=2<br>Start Date: 24/11/2010                                                                                                                           | Mrs Deuchar | 9No5          |
| 02/03/2011   | Substance misuse clinical management plan reviewed priority=2<br>Start Date: 24/11/2010                                                                                                        | Mrs Deuchar | 9HC3          |
| 02/03/2011   | Drug addiction notification SMR 25 priority=2<br>Start Date: 24/11/2010                                                                                                                        | Mrs Deuchar | 9G2           |
| 08/12/2010   | Hepatitis C screening priority=2                                                                                                                                                               | Dr Shiels   | 6829          |
| 08/12/2010   | Hepatitis A non immune priority=2                                                                                                                                                              | Dr Shiels   | 2J22          |
| 08/12/2010   | Hepatitis B screening priority=2                                                                                                                                                               | Dr Shiels   | 6828          |
| 08/12/2010   | Seen in substance misuse clinic priority=2                                                                                                                                                     | Dr Shiels   | 9No5          |
| 08/12/2010   | Substance misuse clinical management plan agreed priority=2                                                                                                                                    | Dr Shiels   | 9HC2          |
| 08/12/2010   | Previously injecting drug user priority=2                                                                                                                                                      | Dr Shiels   | 13cJ          |
| 08/12/2010   | Substance misuse clinical management plan agreed priority=2                                                                                                                                    | Mrs Paton   | 9HC2          |
| 01/12/2010   | Hepatitis B screening priority=2                                                                                                                                                               | Mrs Shanks  | 6828          |
| 01/12/2010   | eGFR date<br>Value text: 01 Dec 2010 10:45                                                                                                                                                     | Mrs Shanks  | PCSDT18746_76 |
| 01/12/2010   | eGFR >59                                                                                                                                                                                       | Mrs Shanks  | PCSDT18746_75 |
| 01/12/2010   | Creatinine date<br>Value text: 01 Dec 2010 10:45                                                                                                                                               | Mrs Shanks  | PCSDT18746_47 |
| 01/12/2010   | Misuse of drugs NOS priority=1                                                                                                                                                                 | Mrs Paton   | E25z          |
| 24/11/2010   | Seen in substance misuse clinic priority=2                                                                                                                                                     | Dr Shiels   | 9No5          |
| 24/11/2010   | Drug misuse - enhanced services administration priority=2                                                                                                                                      | Dr Shiels   | 9K5           |
| 24/11/2010   | Abstinent from drug misuse on maintenance replacement naltrexone priority=2                                                                                                                    | Mrs Shanks  | 13r3          |
| 12/11/2010   | Fracture of face bones front priority=2                                                                                                                                                        | Mrs Shanks  | S02           |
| 01/04/2009   | Bereavement priority=1                                                                                                                                                                         | Mrs Paton   | 13Hc          |
| 30/07/2007   | Notes summary on computer priority=2                                                                                                                                                           | Mrs Fraser  | 9344          |
| 22/05/2007   | Never smoked tobacco Disease: SPICE Basic Health Values, priority=2                                                                                                                            | Dr Craig    | 1371          |
| 10/04/2007   | Ligament sprain NOS Recurrence priority=1                                                                                                                                                      | alice       | S5z           |
| 07/02/2007   | Erectile dysfunction 1st priority=2                                                                                                                                                            | Mr Dr Locum | E2273         |
| 10/01/2007   | MED5 - doctor's special stat back pain from 31/12 for 6/52 priority=2                                                                                                                          | Mr Dr Locum | 9D2           |
| 12/09/2006   | Backache, unspecified Persistent mechanical priority=1                                                                                                                                         | alice       | N145          |
| 09/08/2006   | Backache, unspecified Persistent mechanical priority=1                                                                                                                                         | alice       | N145          |
| 04/07/2006   | Homicide or assault by unarmed fight or brawl Recurrence priority=2                                                                                                                            | Dr Sharp    | TL00          |
| 04/07/2006   | Haemorrhoids 1st priority=2                                                                                                                                                                    | Dr Sharp    | G84           |
| 04/07/2006   | [V]Issue of medical certificate Recurrence one month- back ache- secondary to assault. priority=2                                                                                              | Dr Sharp    | ZV680         |
| 04/05/2006   | [V]Issue of medical certificate 3rd 2weeks- neck/low back pain priority=2                                                                                                                      | Dr Sharp    | ZV680         |
| 20/04/2006   | Other chest wall injuries Persistent priority=1                                                                                                                                                | alice       | SK110         |
| 20/04/2006   | Accidental falls Persistent priority=1                                                                                                                                                         | alice       | TC            |
|              | [V]Issue of medical certificate 1st final until 18th April- thoracic                                                                                                                           |             |               |

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882850.HTM 10/06/2026

|            |                                                                          |             |              |
|------------|--------------------------------------------------------------------------|-------------|--------------|
| 06/04/2006 | spine/intercostal muscle pain priority=2                                 | Dr Sharp    | ZV680        |
| 06/04/2006 | [SO]Intercostal muscle 1st tender 2y to fall priority=2                  | Dr Sharp    | 7N88D        |
| 21/01/2004 | Dental abscess 1st priority=2                                            | alice       | J0250        |
| 23/04/2003 | [X]Heroin addiction Persistent priority=2                                | alice       | Eu112        |
| 09/10/2002 | Shoulder pain Recurrence priority=2                                      | alice       | N2457        |
| 04/02/2002 | O/E - angry Persistent priority=2                                        | alice       | 225B         |
| 05/04/2001 | Septorhinoplasty NEC 1st priority=2                                      | alice       | 74007        |
| 19/12/2000 | [D]Dizziness and giddiness Persistent priority=2                         | alice       | R004         |
| 13/12/2000 | Difficulty breathing 1st priority=2                                      | alice       | 1738         |
| 24/08/2000 | extra patient priority=2                                                 | alice       | PCSDT18746_2 |
| 24/08/2000 | Wasp sting without reaction 1st priority=2                               | alice       | SD           |
| 11/04/2000 | Abrasion/friction burn of foot and toe, without infection 1st priority=2 | alice       | SD70         |
| 08/09/1999 | Did not attend - no reason priority=2                                    | UnknownUser | 9N42         |
| 20/08/1998 | Open wound of finger(s) NOS 1st priority=2                               | UnknownUser | S93z         |
| 27/10/1997 | Cannot sleep - insomnia 1st priority=2                                   | UnknownUser | 1B1B         |
| 16/10/1997 | Seen in own home priority=2                                              | Mrs Fraser  | 9N1C         |
| 16/10/1997 | Homicide or assault by unarmed fight or brawl 1st priority=2             | UnknownUser | TL00         |
| 26/03/1996 | Did not attend - reason given priority=1                                 | UnknownUser | 9N41         |
| 09/09/1991 | Medication review                                                        | UnknownUser | 8B314        |
| 04/08/1978 | Pat. GP7B/GP8B card from HB priority=2                                   | Mrs Fraser  | 9124         |
| Not Known  | Marital Status: Marital state unknown                                    | UnknownUser | 133F         |

#### Consultations

|                  |                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 28/12/2012       | <u>Dr Elaine Hunter at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                  |
| Problem (NEW)    | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                                                                                    |
| History          | Attended for further sick line. Ongoing problems with back pain. States doing well and not using illicit drugs. On methadone. Gets back pain on eating. Does not seem to have obvious reflux symptoms. No weight loss, no vomiting, no melaena. Known to have musculoskeletal back pain. Plan- bloods in first instance FBC ESR UE LFT GGT amylase.                                    |
| Comment          | MED 3 backdated to 26/12/12 for 8 weeks 1. back pain 2. substance misuse                                                                                                                                                                                                                                                                                                               |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| 29/10/2012       | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                    |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                                                                                    |
| History          | wishes further Med 3- last one ran out 22nd Oct. states doing ok, stabilised on methadone. Wishes back pain on med 3 in addition to misuse of drugs-states both diagnoses usually given. Due review by CADS tomorrow- usual worker back from sick leave- feels did not have same support whilst usual worker off. has been feeling more paranoid, jumpy but not tempted to take drugs. |
| Comment          | med 3 issued 8 weeks from 22nd Oct- asked me to write paranoia on line also- advised every diagnosis does not need to be written on med 3- not happy, left room stating he would register closer to current address( living in Camelon, not at Bridge Crescent denny- requested updated address info).                                                                                 |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| 04/09/2012       | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                     |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                                                                                    |
| History          | Doing well. Engaging with CADS. On methadone not taking any other drugs.                                                                                                                                                                                                                                                                                                               |
| Comment          | MED3 issued to patient from 22/8/12 for 2/12.                                                                                                                                                                                                                                                                                                                                          |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| 31/08/2012       | <u>Dr Elaine Hunter at Data Entry</u>                                                                                                                                                                                                                                                                                                                                                  |
| Comment          | DNA routine appt                                                                                                                                                                                                                                                                                                                                                                       |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| 19/07/2012       | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                    |
| Problem (FIRST)  | Cutaneous cellulitis                                                                                                                                                                                                                                                                                                                                                                   |
| History          | ? insect bite R lower leg several days ago- noted skin warm + itchy, had been walking thorough long grass.                                                                                                                                                                                                                                                                             |
| Examination      | puncture wound noted mid shin, surrounding skin cellulitic, no calf muscle swelling or signs to suggest DVT. advised leg elevation, Advised of further symptoms and signs that would be of further concern and require further review. .                                                                                                                                               |
| Medication       | Flucloxacillin Capsules 500 mg 28 CAPSULE ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY<br>Aqueous Cream 100 GRAM APPLY WHEN REQUIRED                                                                                                                                                                                                                                                       |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                                                                                    |
| History          | MED3 issued to patient 4 weeks. commenced methadone last week, weekly review by key worker                                                                                                                                                                                                                                                                                             |
| -                | ----                                                                                                                                                                                                                                                                                                                                                                                   |
| 28/06/2012       | <u>Dr I F Craig at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                      |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                                                                                    |

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882850.HTM 10/06/2026

|                  |                                                                                                                                                                                                                                                                                                                               |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Examination      | 4 week line awaits drug counseling etc back into action                                                                                                                                                                                                                                                                       |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 22/06/2012       | <u>Mrs Dianne Hawkes at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                        |
| Comment          | Back Into Action form sent by Dr Craig Stirling Class                                                                                                                                                                                                                                                                         |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 31/05/2012       | <u>Dr I F Craig at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                             |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                           |
| History          | 4 week line                                                                                                                                                                                                                                                                                                                   |
| Comment          | he is not happy with me I will refer him to back into action but I doubt if he will go                                                                                                                                                                                                                                        |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 14/05/2012       | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                           |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                           |
| History          | looking for further Med 3. c/o sore back+ ankle- fell off motorbike last summer- states didn't attend hospital at time. states stopped heroin, not drinking alcohol. looking to start exercising.                                                                                                                             |
| Examination      | advised to enroll with job centre as now no reason for med 3- final med 3 for 2 weeks, fit for work from 28th MAY                                                                                                                                                                                                             |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| Problem          | Ankle pain                                                                                                                                                                                                                                                                                                                    |
| History          | states fell from motorbike 1 yr ago and bike landed on L foot- swollen ankle and unable to weight bear initially- did not attend A+E but took time off work. Has noted continued clicking ankle, difficulty walking upstairs                                                                                                  |
| Examination      | no deformity or skin changes. good rom ankle but tender top palpation over navicular. for xray                                                                                                                                                                                                                                |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 29/03/2012       | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                           |
| Problem (REVIEW) | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                           |
| History          | wishes further med 3. states trying to stop injecting heroin. had further fall recently- has black eye.                                                                                                                                                                                                                       |
| Examination      | MED3 issued to patient no evidence # R orbit- bruising and tender superior/lateral margin but no crepitus or swelling. No blood from nose. requests further 6 weeks substance misuse, back pain                                                                                                                               |
| Medication       | Paracetamol Tablets 500 mg 100 TABLET TWO TABLETS TO BE TAKEN FOUR TIMES A DAY FOR PAIN<br>Diclofenac Sodium E/c tablets 50 mg 84 TABLET ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD                                                                                                                                 |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 22/02/2012       | <u>Dr F Hunter at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                              |
| Problem (FIRST)  | Misuse of drugs NOS                                                                                                                                                                                                                                                                                                           |
| History          | states signpost have been in contact with Dr Shiels re starting Rx, advised to see Dr Shiels                                                                                                                                                                                                                                  |
| Medication       | Fortisip Compact Starter Pack Liquid feed Milkshake Style 6 ml USE DAILY<br>Diclofenac Sodium E/c tablets 50 mg 84 TABLET ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD                                                                                                                                                |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| Problem (FIRST)  | Acute back pain - lumbar                                                                                                                                                                                                                                                                                                      |
| History          | return of back pain, fell again, no red flags, no bony tenderness, aware some drugs would show +ve in drug screen as best avoided, no GI upset with NSAID in past, rx if ongoing                                                                                                                                              |
| Comment          | MED3 issued to patient 6 weeks from 12.2.12, back pain, substance misuse                                                                                                                                                                                                                                                      |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| Problem (FIRST)  | Abnormal weight loss - symptom                                                                                                                                                                                                                                                                                                |
| History          | 64 kg, struggling to gain weight, mainly due to diet - heroin/addiction                                                                                                                                                                                                                                                       |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 25/05/2011       | <u>Mr Dr Locum at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                              |
| History          | 1 = back injury at weekend, no red flags, good ROM, unable to work - landscape gardner. Declined analgesia, MED 3 1 week<br>2 = toe injury 2 weeks ago, ??#. no indication to Xray now<br>Dr F Hunter priority=2<br>Acute back pain - lumbar priority=2<br>[V] Issue of medical certificate MED 3 1 week back pain priority=2 |
| -                | ----                                                                                                                                                                                                                                                                                                                          |
| 03/05/2011       | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                            |
| History          | Substance misuse clinical management plan reviewed priority=2<br>Start Date: 03/05/2011                                                                                                                                                                                                                                       |

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882850.HTM 10/06/2026

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|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Substance misuse clinical management plan agreed priority=2<br>Start Date: 03/05/2011<br>Seen in substance misuse clinic priority=2<br>Start Date: 03/05/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10/01/2011 | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| History    | Medication review due 03/05/2011 14:30:52 priority=2<br>Start Date: 10/01/2011<br>Substance misuse clinical management plan reviewed priority=2<br>Start Date: 10/01/2011<br>Substance misuse clinical management plan agreed priority=2<br>Start Date: 10/01/2011<br>Seen in substance misuse clinic priority=2<br>Start Date: 10/01/2011<br>Compliance issues discussed with patient priority=2<br>Start Date: 10/01/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 08/12/2010 | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| History    | Previously injecting drug user priority=2<br>Substance misuse clinical management plan agreed priority=2<br>Seen in substance misuse clinic priority=2<br>Hepatitis B immune priority=2<br>Hepatitis B screening priority=2<br>Hepatitis A non immune priority=2<br>HIV screening test priority=2<br>HIV negative priority=2<br>Hepatitis C screening priority=2<br>Hepatitis C antibody test negative priority=2<br>Hepatitis A test priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 08/12/2010 | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| History    | BBV screen nad. LFTs Normal. Continue naltrexone rv New Year. priority=2<br>Substance misuse clinical management plan agreed priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 01/12/2010 | <u>Mrs Elizabeth Shanks at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| History    | Hepatitis B screening priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 01/12/2010 | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| History    | Urea and electrolytes U & E - Received 03/12/2010 priority=2<br>End Date: 03/12/2010<br>Serum potassium Potassium priority=2<br>End Date: 03/12/2010<br>Serum sodium Sodium priority=2<br>End Date: 03/12/2010<br>Serum chloride Chloride priority=2<br>End Date: 03/12/2010<br>Serum creatinine Creatinine priority=2<br>End Date: 03/12/2010<br>Serum urea level Urea priority=2<br>End Date: 03/12/2010<br>Glomerular filtration rate eGFR (/1.73m2) priority=2<br>End Date: 03/12/2010<br>Liver function test LFT - Received 03/12/2010 priority=2<br>End Date: 03/12/2010<br>Serum total bilirubin level Bilirubin priority=2<br>End Date: 03/12/2010<br>Serum alkaline phosphatase Alk. Phosphatase priority=2<br>End Date: 03/12/2010<br>Serum gamma-glutamyl transferase level Gamma GT priority=2<br>End Date: 03/12/2010<br>Serum alanine aminotransferase level ALT priority=2<br>End Date: 03/12/2010<br>AST serum level AST priority=2<br>End Date: 03/12/2010<br>Serum total protein Total Protein priority=2<br>End Date: 03/12/2010<br>Serum albumin Albumin priority=2<br>End Date: 03/12/2010<br>K+<br>Na+<br>Chloride<br>Creat |

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882850.HTM 10/06/2026

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Creatinine date<br>Value text: 01 Dec 2010 10:45<br>Urea<br>eGFR >59<br>eGFR date<br>Value text: 01 Dec 2010 10:45<br>Bilirubin<br>Alk Phos<br>Gamma GT<br>ALT<br>AST<br>Total Protein<br>Albumin                                                                                                                                                                                                                                 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>01/12/2010</u> | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| History           | Ok on 50mg naltrexone. LFTs BBV Hep titres priority=2                                                                                                                                                                                                                                                                                                                                                                             |
| Problem           | Misuse of drugs NOS priority=1                                                                                                                                                                                                                                                                                                                                                                                                    |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>24/11/2010</u> | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| History           | Drug addiction notification SMR 25 priority=2<br>Start Date: 24/11/2010<br>Substance misuse clinical management plan reviewed priority=2<br>Start Date: 24/11/2010<br>Seen in substance misuse clinic priority=2<br>Start Date: 24/11/2010                                                                                                                                                                                        |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>24/11/2010</u> | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| History           | Drug misuse - enhanced services administration priority=2<br>Seen in substance misuse clinic priority=2                                                                                                                                                                                                                                                                                                                           |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>24/11/2010</u> | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| History           | Been in Glenochil, Shoplifting, stealing thro heroin use. IVDA using 1g daily.<br>But has been on naltrexone now for 6/52, need further Px. Has had BBV<br>screen, Hep B titres thro the roof. Has had previous course Hep B<br>vaccinations. Looking for work, looking to visit mother in Holland. Rv 2/52<br>recheck bloods then too. priority=2<br>Abstinent from drug misuse on maintenance replacement naltrexone priority=2 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>21/11/2010</u> | <u>Mrs Elizabeth Shanks at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                         |
| History           | Fracture of face bones front priority=2                                                                                                                                                                                                                                                                                                                                                                                           |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>01/04/2009</u> | <u>Dr F M Shields at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| History           | Girlfriend committed suicide. Not coping poor sleep crying a lot. Off work since 16/3/9. Given zolpidem. Med3 23/3/9/ for 3/52 Anxiety. priority=2                                                                                                                                                                                                                                                                                |
| Problem           | Bereavement girlfriend priority=1                                                                                                                                                                                                                                                                                                                                                                                                 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>30/07/2007</u> | <u>alice at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | Notes summary on computer priority=2                                                                                                                                                                                                                                                                                                                                                                                              |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>22/05/2007</u> | <u>Dr I F Craig at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                 |
| History           | fell downstairs and then got attacked inj back no rx mid thoacic pain nil else no<br>other probs physio 4 weeks line priority=2<br>Never smoked tobacco Disease: SPICE Basic Health Values, priority=2                                                                                                                                                                                                                            |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>10/04/2007</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                               |
| Problem           | Ligament sprain NOS Recurrence priority=1                                                                                                                                                                                                                                                                                                                                                                                         |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>07/02/2007</u> | <u>Mr Dr Locum at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                  |
| History           | d/w re erectile dysfunction 1/12 plan fbc ue lft glc under [pressure to perform<br>trying for children cialis 10mg (4) priority=2<br>Erectile dysfunction 1st priority=2                                                                                                                                                                                                                                                          |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>10/01/2007</u> | <u>Mr Dr Locum at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                  |
| History           | MED5 - doctor's special stat back pain from 31/12 for 6/52 priority=2                                                                                                                                                                                                                                                                                                                                                             |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>12/09/2006</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Problem           | Backache, unspecified Persistent mechanical priority=1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>09/08/2006</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Problem           | Backache, unspecified Persistent mechanical priority=1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>04/07/2006</u> | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | alleged assault- few weeks ago. not in hospital. states given note by victim support-ongoing back ache. piles- using anosol/germaloid- some bleeding. bowels sl constipated. o/e- abdomen nad, pr- fissure at 6 o'clock. no haemorrhoids, moving around reasonably well- advice re probably last med 3- needed back dated to 21st June. for 1 month priority=2<br>[V]Issue of medical certificate Recurrence one month- back ache- secondary to assault. priority=2<br>Haemorrhoids 1st priority=2<br>Homicide or assault by unarmed fight or brawl Recurrence priority=2 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>04/05/2006</u> | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | [V]Issue of medical certificate 3rd 2weeks- neck/low back pain priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>20/04/2006</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Problem           | Accidental falls Persistent priority=1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Problem           | Other chest wall injuries Persistent priority=1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>06/04/2006</u> | <u>Dr J M C Sharp at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | back- fell down flight concrete stairs-? twenty- few weeks ago- pain between shoulder blades. smokes "not much"-advised re stopping. o/e no bruising. full rom neck+ back. small area swelling medial to lower tip of scapula-tender to touch-intercostal muscle, no bony tenderness. good air entry, nil added. advice re mobilisation/analgesia. med 3 until 18th April priority=2<br>[SO]Intercostal muscle 1st tender 2y to fall priority=2<br>[V]Issue of medical certificate 1st final until 18th April- thoracic spine/intercostal muscle pain priority=2          |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>21/01/2004</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | Dental abscess 1st priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>23/04/2003</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | [X]Heroin addiction Persistent priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>09/10/2002</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | Shoulder pain Recurrence priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>04/02/2002</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | O/E - angry Persistent priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>05/04/2001</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | Septorhinoplasty NEC 1st priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>19/12/2000</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | [D]Dizziness and giddiness Persistent priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>13/12/2000</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | Difficulty breathing 1st priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>24/08/2000</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| History           | Wasp sting without reaction 1st priority=2<br>extra patient priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>19/04/2000</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| History           | Hepatitis B immunisation priority=2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -                 | ----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|                   |                                                                                                   |
|-------------------|---------------------------------------------------------------------------------------------------|
| <u>11/04/2000</u> | <u>Dr F M Shiels at Denny Medical Centre</u>                                                      |
| History           | Abrasion/friction burn of foot and toe, without infection 1st priority=2                          |
| -                 | ----                                                                                              |
| <u>28/03/2000</u> | <u>UnknownUser at Denny Medical Centre</u>                                                        |
| History           | Migrated Data priority=2<br>Pat. GP7B/GP8B card from HB priority=2<br>Seen in own home priority=2 |
| Problem           | Did not attend - reason given priority=1                                                          |
| -                 | ----                                                                                              |
| <u>08/09/1999</u> | <u>Dr I F Craig at Denny Cross Medical Centre</u>                                                 |
| History           | Did not attend - no reason priority=2                                                             |
| -                 | ----                                                                                              |
| <u>08/09/1999</u> | <u>Dr R A Deuchar at Denny Cross Medical Centre</u>                                               |
| History           | Acute Consultation priority=2                                                                     |
| -                 | ----                                                                                              |
| <u>20/08/1998</u> | <u>Dr I F Craig at Denny Cross Medical Centre</u>                                                 |
| History           | Open wound of finger(s) NOS 1st priority=2                                                        |
| -                 | ----                                                                                              |
| <u>27/10/1997</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                |
| History           | Cannot sleep - insomnia 1st priority=2                                                            |
| -                 | ----                                                                                              |
| <u>16/10/1997</u> | <u>Dr F M Shiels at Denny Cross Medical Centre</u>                                                |
| History           | Homicide or assault by unarmed fight or brawl 1st priority=2                                      |
| -                 | ----                                                                                              |
| <u>09/09/1991</u> | <u>UnknownUser at Denny Cross Medical Centre</u>                                                  |
| History           | Repeats Reviewed priority=2<br>Medication review                                                  |

## Medication

| Current | Date Commenced | Drug Details | Date Last Issue | Authorised By | Type |
|---------|----------------|--------------|-----------------|---------------|------|
| None    |                |              |                 |               |      |

| Past | Date Commenced | Drug Details                                                                                       | Date Last Issue | Authorised By  | Type  |
|------|----------------|----------------------------------------------------------------------------------------------------|-----------------|----------------|-------|
|      | 19/07/2012     | Flucloxacillin Capsules 500 mg ONE CAPSULE TO BE TAKEN FOUR TIMES DAILY 28 CAPSULE                 | 19/07/2012P     | Dr J M C Sharp | ACUTE |
|      | 19/07/2012     | Aqueous Cream APPLY WHEN REQUIRED 100 GRAM                                                         | 19/07/2012P     | Dr J M C Sharp | ACUTE |
|      | 29/06/2012     | Diclofenac Sodium E/c tablets 50 mg ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD 84 TABLET | 29/06/2012P     | Dr R A Deuchar | ACUTE |
|      | 15/05/2012     | Diclofenac Sodium E/c tablets 50 mg ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD 84 TABLET | 15/05/2012P     | Dr R A Deuchar | ACUTE |
|      | 15/05/2012     | Fortisip Compact Starter Pack Liquid feed Milkshake Style USE DAILY 6 ml                           | 15/05/2012P     | Dr R A Deuchar | ACUTE |
|      | 29/03/2012     | Paracetamol Tablets 500 mg TWO TABLETS TO BE TAKEN FOUR TIMES A DAY FOR PAIN 100 TABLET            | 29/03/2012P     | Dr J M C Sharp | ACUTE |
|      | 29/03/2012     | Diclofenac Sodium E/c tablets 50 mg ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD 84 TABLET | 29/03/2012P     | Dr J M C Sharp | ACUTE |
|      | 22/02/2012     | Fortisip Compact Starter Pack Liquid feed Milkshake Style USE DAILY 6 ml                           | 26/03/2012P     | Dr R A Deuchar | ACUTE |
|      | 22/02/2012     | Diclofenac Sodium E/c tablets 50 mg ONE TO BE TAKEN THREE TIMES DAILY WITH OR AFTER FOOD 84 TABLET | 22/02/2012P     | Dr R A Deuchar | ACUTE |
|      | 08/12/2010     | Naltrexone Hydrochloride Tablets 50 mg 1 tab daily 42 TABS                                         | 08/12/2010P     | Dr F M Shiels  | ACUTE |
|      | 24/11/2010     | Naltrexone Hydrochloride Tablets 50 mg 1 tab daily 14 TABS                                         | 24/11/2010P     | Dr F M Shiels  | ACUTE |
|      | 01/04/2009     | Zolpidem Tartrate Tablets 10 mg 1 Tab At night 14 TABS                                             | 01/04/2009P     | Dr F M Shiels  | ACUTE |
|      | 10/04/2007     | Diclofenac Sodium E/c tablets 50 mg 1 Tab 3 times                                                  | 10/04/2007P     | Dr R A Deuchar | ACUTE |

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|            |                                                                |             |                |       |
|------------|----------------------------------------------------------------|-------------|----------------|-------|
|            | daily 84 TABS                                                  |             |                |       |
| 12/09/2006 | Anusol Suppositories 1 to be inserted As directed 12 SUPPS     | 12/09/2006P | Mr Dr Locum    | ACUTE |
| 12/09/2006 | Ibuprofen Tablets 400 mg 1tab with food 3 times daily 99 TABS  | 12/09/2006P | Mr Dr Locum    | ACUTE |
| 04/07/2006 | Anusol Plus Hc Ointment Apply sparingly 3 times daily 15 OINT  | 04/07/2006P | Dr J M C Sharp | ACUTE |
| 04/07/2006 | Anusol Suppositories 1 to be inserted As directed 12 SUPPS     | 04/07/2006P | Dr J M C Sharp | ACUTE |
| 02/06/2006 | Co-Codamol 8/500 Tablets 1 or 2 Tabs 4 times daily 56 TABS     | 02/06/2006P | Dr I F Craig   | ACUTE |
| 04/05/2006 | Ibuprofen Tablets 400 mg 1tab with food 3 times daily 100 TABS | 04/05/2006P | Dr J M C Sharp | ACUTE |
| 20/04/2006 | Ibuprofen Tablets 400 mg 1tab with food 3 times daily 84 TABS  | 20/04/2006P | Dr F M Shiels  | ACUTE |
| 06/04/2006 | Ibuprofen Tablets 400 mg 1tab with food 3 times daily 84 TABS  | 06/04/2006P | Dr J M C Sharp | ACUTE |
| 09/10/2002 | Movelat Cream Apply 4 times daily 100 CREAM                    | 09/10/2002P | alice          | ACUTE |
| 05/04/2001 | Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 28 CAPS     | 05/04/2001P | alice          | ACUTE |

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Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

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Orthopaedics  
Surgical Directorate  
NHS Tayside - Operational Unit

Perth Royal Infirmary  
Jeanfield Road  
Perth  
PH1 1NX  
01738 623311  
01738 473255  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Robert McNeill  
The Health Centre  
P.O. Box 7639  
Perth  
PH2 1GG

|              |                                 |
|--------------|---------------------------------|
| Date         | 05/03/2021                      |
| Clinic Date  | 05/03/2021                      |
| Your Ref     |                                 |
| Our Ref      | TN/VT/ 0107780372               |
| Enquiries to | Tayside Virtual Fracture Clinic |
| Extension    | 13596                           |
| Direct Line  |                                 |
| Email        |                                 |

Dear Robert McNeill

**Robert McNeill, The Health Centre, P.O. Box 7639, Perth, PH2 1GG DOB: 01/07/1978**

I have reviewed the notes and images after your visit to Perth Royal Infirmary. I can see from the x-ray that you have fractured your left foot 5<sup>th</sup> metatarsal base and you also have a small calcaneus fracture. Both are undisplaced and can be treated conservatively in a boot given to you. You are allowed to mobilise as you feel comfortable. You are allowed to take the boot off during the night and when you are resting. I would advise you to elevate the leg for the next 10 days to reduce swelling and use pain medication as needed. This kind of fracture should heal in the next 6 to 8 weeks. Your foot might be swollen in the months to come and that is quite normal. You should not do any high impact activities (running, jumping, ball games etc.) for the next 4 to 6 months. Normally after these kind of fractures we wouldn't review you in our fracture clinic but do get in touch with us if there are any concerns after eight weeks of trauma.

Yours sincerely

Authorised on 05/03/2021 12:46:07 by Typist Vicki Taylor, not verified by Consultant.

**Miss T Nurm**  
**Consultant Orthopaedic Surgeon**

(P) Medical Officer, The Health Centre, HM Prison, PO BOX 7639, Perth, PH2 1GG

PLEASE COPY TO PATIENT ✓  
mw

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Perth & Kinross Integrated Drugs and Alcohol Recovery Team  
Dumhar Health Centre  
North Methven Street  
Perth  
PH1 5PD  
[www.nhs.tayside.scot.nhs.uk](http://www.nhs.tayside.scot.nhs.uk)

Dr SA Elliott  
Green Practice, Whitefriars Surgery  
Whitefriars Street  
Perth  
PH1 1PP

Date 17/05/2024  
Clinic Date 10/05/2024  
Your Ref  
Our Ref JD/TE/ 0107780372  
Enquiries to Jennifer Dallas  
Extension 14108  
Direct Line  
Email

Dear Dr Elliott

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Robert McNeill was seen for review on the 10<sup>th</sup> May 2024. At the time of our appointment, he was on methadone 40mls having self-reduced from 80mls per day. In the past he has been aggressive and confrontational in his manner towards staff including myself and today was no different. He continues to want to transfer to the buvidal injection but also wants more relaxed dispensing in the meantime. No recent drug test results were available at the time of the appointment. In addition to demanding to be put on more relaxed dispensing he also was requesting a diazepam prescription. He refused to let me explain buprenorphine to him in any great detail, saying that he had been on it before, and it was fine. I attempted to explain the method by which we would transfer him from methadone to buprenorphine and then buvidal. I also explained to him he would not get more relaxed dispensing due to the lack of drug screens evidencing stability and also the fact that his general engagement with services was so poor that even when he does attend it is impossible to assess him properly due to his belligerent manner. He eventually stormed out of the room.

The plan remains to transfer him to buprenorphine and we will keep you updated in due course.

Yours sincerely

Authorised on 17/05/2024 16:17:52 by Dr Tim Elworthy.

**Dr Tim Elworthy**  
Consultant Psychiatrist  
Perth and Kinross Integrated Drugs & Alcohol Recovery Team

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Extension:  
Pages:

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**Lynebank Hospital**  
Halbeath Road  
Dunfermline  
Fife  
KY11 4UW

NHS Fife Community Services  
Addiction Services  
Tel: [REDACTED]  
<http://www.nhsfife.scot.nhs.uk>

**Fife Health  
& Social Care  
Partnership**



Dr C Gordon  
Cowdenbeath Surgery  
Cowdenbeath Medical Practice  
173 Stenhouse Street  
Cowdenbeath  
KY4 9DH

GP UPDATE LETTER



CHI: 0107780372  
Patient ID: 6820

Letter ID: 3871024

Dear Dr Gordon

Clinic Date: 02/06/2020

Date: 03/06/2020

**Robert McNeill, 95 Broad Street, Cowdenbeath, Fife, KY4 8JR**

**Date of Birth: 01/07/1978**

I am writing to update you on the above named patient.

Mr McNeill continues on methadone 60mgs daily. Continues to do well and progressing good and no issues at current time and I will keep you updated with any changes as they may occur.

Yours sincerely

**Lyndsey Jobson**  
**Addictions Support Worker**

Authorised on 09/06/2020 15:28:40 by Lyndsey Jobson.

Fife Council and NHS Fife are supporting the people of Fife  
together through the Fife Health & Social Care Partnership.  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



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Extension:  
Pages:

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**Kirkcaldy & Levenmouth CHP  
Mental Health Services**

Dr Caldwell  
Cowdenbeath Medical Practice  
173 Stenhouse Street  
COWDENBEATH  
Fife

NHS Fife Addiction Services  
Ward 11  
Cameron Hospital  
Windygates  
Fife KY8 5RR

Telephone: [REDACTED]  
Fax: [REDACTED]

Date: 22<sup>nd</sup> January 2013  
Our Ref: CF/MR/6820



**RECEIVED**  
28 JAN 2013

Dear Dr Caldwell

**Re: Robert McNeil, 29 Stenhouse Street, Cowdenbeath. KY4 9DA CHI: 0107780372**

**Diagnosis:** Opiate Dependence

**Current Therapy:** Methadone 60mls daily, dispensed by daily supervised ingestion

I assessed Robert at Lynebank Addiction Clinic on 17<sup>th</sup> January 2013. He has transferred through from Forth Valley Drug Problem Service on a prescription of Methadone 60mls daily which is currently dispensed by daily supervised ingestion at Boots Pharmacy, Cowdenbeath. He presented well at this appointment and reported stability on his current treatment with no illicit drug use for several months. He has no current physical or mental health issues and no past medical history of note. Robert lives with his [REDACTED] (non user) and has extended family living locally.

I have taken over Robert's Methadone prescription in his current dose of 60mls daily until he is ready to start reductions. He is considering college through Next Steps or possibly returning to landscaping work. Once Robert has demonstrated significant stability he can be moved to take away instalment dosing.

Robert will be followed up by his keyworker, Addiction Nurse, Tina Edmundson and will have further medical review in due course.

Yours sincerely

*Dr Colin Firth*

Dr Colin Firth  
GP Specialist in Addictions

Chair: Mr. Alastair Robertson  
Acting General Manager: Mrs Mary Porter

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30-Jun-2026  
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|                                                            |       |                          |               |                                                |                 |                       |              |
|------------------------------------------------------------|-------|--------------------------|---------------|------------------------------------------------|-----------------|-----------------------|--------------|
| Tayside Clinical Laboratory Services                       |       |                          |               | Telephone 01739 473223 (PRI) 01382 832602 (MW) |                 |                       |              |
| Name: MENEILL                                              |       | Robert                   |               | Sex: M                                         | PID: 0107780372 | DoB: 01 Jul 1978      |              |
| Dumbar Health Centre                                       |       | Clinician: J. G. P. LOOM |               |                                                |                 | Lab No: H253064529    |              |
|                                                            |       |                          |               |                                                |                 | DRUFERR LCC           |              |
| HGB                                                        | 184   | g/L                      | ( 130-180 )   | WBC                                            | 6.2             | x10 <sup>9</sup> /L   | ( 4.0-11.0 ) |
| EBG                                                        | 5.02  | x10 <sup>12</sup> /L     | ( 4.5-6.0 )   | MBW                                            | 4.8             | x10 <sup>9</sup> /L   | ( 2.0-7.5 )  |
| MCT                                                        | 0.482 |                          | ( 0.40-0.52 ) | LYM                                            | 0.9             | L x10 <sup>9</sup> /L | ( 1.5-4.0 )  |
| MCH                                                        | 94.8  | fL                       | ( 85-105 )    | MOF                                            | 0.2             | x10 <sup>9</sup> /L   | ( 0.2-0.8 )  |
| MCH                                                        | 32.3  | H pg                     | ( 27-32 )     | ECF                                            | 0.12            | x10 <sup>9</sup> /L   | ( 0.0-0.4 )  |
| MCC                                                        | 341   | g/L                      | ( 320-360 )   | BAF                                            | 0.0             | x10 <sup>9</sup> /L   | ( 0.0-0.1 )  |
|                                                            |       |                          |               | PLT                                            | 136             | L x10 <sup>9</sup> /L | ( 150-400 )  |
|                                                            |       |                          |               |                                                |                 |                       |              |
| Serum Folate                                               |       | 6.0                      | ug/l          | ( 3.1-17.5 )                                   |                 |                       |              |
| B12                                                        |       | 439                      | ng/l          | ( 200-940 )                                    |                 |                       |              |
| Results may be unreliable if sample older than 48h         |       |                          |               |                                                |                 |                       |              |
|                                                            |       |                          |               |                                                |                 |                       |              |
| Lab.Comments:                                              |       |                          |               | Sample is blood unless otherwise stated        |                 |                       |              |
|                                                            |       |                          |               |                                                |                 |                       |              |
|                                                            |       |                          |               | Sample Date/Time                               |                 |                       |              |
|                                                            |       |                          |               | 01 Oct 2025 13:38                              |                 |                       |              |
|                                                            |       |                          |               |                                                |                 |                       |              |
| Clin.Details: On T42 No                                    |       |                          |               |                                                |                 |                       |              |
| Dumbness/tingling tips of fingers/feet as well as scatica. |       |                          |               |                                                |                 |                       |              |
|                                                            |       |                          |               |                                                |                 |                       |              |
| Request Entered: 01 Oct 2025 16:24                         |       |                          |               | Report Printed: 01 Oct 2025 17:04              |                 |                       |              |

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**Pages:**

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MS Perry  
Yellow Practice drumhar health cen  
North Methven Street  
Perth  
PH1 5PD

13/10/2025

Dear Colleague

Please see the following outcome from the vetting process.

**Patient Name:** Robert Duncan McNeill  
**CHI Number:** 0107780372  
**Referral Date:** 08/10/2025

**Referral Source:** General Practitioner

**Referral Priority was:** Routine  
**Vetted Priority is:** Routine

## HAEMORRHOID/RECTAL BLEEDING ROUTINE

**Vetted By: General Surgery - Lower GI**

Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.

**Comment** (Please add comments below for the referrer as required)

Yours sincerely  
Mr Chris Payne



Headache, nose, forehead, temples, back of head  
Dizziness, lightheadedness, blurred vision  
Chest pain, palpitations, rapid heartbeat  
Nausea, vomiting, diarrhea  
Fatigue, weakness, muscle aches  
Anxiety, irritability, mood swings  
Changes in appetite, weight loss or gain  
Dry mouth, increased thirst  
Frequent urination, especially at night  
Unexplained weight changes  
Changes in menstrual cycle  
Skin rashes, itching, dry skin  
Changes in hair texture or color  
Changes in voice, hoarseness  
Changes in taste or smell  
Changes in vision, double vision  
Changes in hearing, ringing in ears  
Changes in touch or sensation  
Changes in temperature, feeling hot or cold  
Changes in blood pressure, high or low  
Changes in heart rate, fast or slow  
Changes in breathing, shortness of breath  
Changes in digestion, bloating, gas  
Changes in sleep, insomnia or excessive sleep  
Changes in energy levels, fatigue or hyperactivity  
Changes in overall health, feeling unwell





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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Page 1 of 2                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DoB : 01-Jul-1978              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Hosp. No. :                    |
| Ref. Locn. : GENERAL PRACTITIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | CRIS No. : 1141379             |
| Ref. Source : WHITEFRIARS SURGERY - GREEN, WHITEFRIARS STREET, PERTH, PH1 1PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | CHI No. : 0107780372           |
| Referrer : DR CLAIRE STEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |
| <b>VERIFIED</b> Verified By : Auto Report 18-Jun-2024<br>Typed By : MARSHA 18-Jun-2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                |
| <b>Clinical History :</b><br><br>was due to get bilat knee X-rays from prev practice but for some reason this never happened.<br>worsening chronic pain both anterior knees. affecting mobility. would be useful to know if any organic<br>joint disease detectable on X-ray to guide management. many thanks.<br>ENTERED BY: Claire Stein (medical)<br><br>BLEEP: 01738 627912<br><br><b>XR Knee Both :</b><br>We would like to inform you that this patient failed to arrive for their Radiology appointment. We are<br>experiencing a high number of patients who repeatedly do not attend. A further request for this patient's<br>current presentation will not be accepted unless there is explicit referrer confirmation that the need for<br>this exam has been reviewed and is still required. This will be treated as a new referral. |  |                                |
| Event Number : E-7741769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Examination Date : 17-Jun-2024 |
| Copy To :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Attendance Number : 6          |
| Examinations : XR Knee Both,Did Not Attend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                              |  | Page 2 of 2                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | DoB : <b>01-Jul-1978</b>              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | CRIS No. : <b>1141379</b>             |
| Ref. Source : <b>WHITEFRIARS SURGERY - GREEN, WHITEFRIARS STREET, PERTH, PH1 1PI</b>                                                                                                                                                                                                                                                                                                                                                              |  | CHI No. : <b>0107780372</b>           |
| Referrer : <b>DR CLAIRE STEIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                       |
| <b>Did Not Attend :</b><br>We would like to inform you that this patient failed to arrive for their Radiology appointment. We are experiencing a high number of patients who repeatedly do not attend. A further request for this patient's current presentation will not be accepted unless there is explicit referrer confirmation that the need for this exam has been reviewed and is still required. This will be treated as a new referral. |  |                                       |
| Event Number : E-7741789                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Examination Date : <b>17-Jun-2024</b> |
| Copy To : ,                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Attendance Number : <b>6</b>          |
| Examinations : <b>XR Knee Both,Did Not Attend</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                       |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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FORTH VALLEY  
CRIMINAL JUSTICE  
DRUG TREATMENT  
SERVICE

Our Ref:JB/LM

2<sup>nd</sup> Floor  
Drummond House  
Wellgreen Place  
Stirling  
FK8 2EG

Dr Shiels  
Denny Cross Medical Centre  
Duke Street  
Denny  
FK6 6DB

Tel: [REDACTED]  
Fax: [REDACTED]

15 May 2012

Dear Dr Shiels

RE: Robert McNeill 6 Bridge Crescent Denny  
CHI: 0107780372

I am writing to inform you that the above named receives treatment for substance misuse with our Service under the Fast Track Programme.

I would be grateful if you would not prescribe any drugs of misuse including dihydrocodeine or benzodiazepines.

I will update you of progress at regular intervals and would appreciate if you would notify me of any changes in circumstances for the above named.

If you require any further information do not hesitate to contact myself.

Yours sincerely  
FOR FVCJDTS

Jackie Brookes  
Treatment Nurse

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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F Sinclair  
Yellow Practice drumhar health cen  
North Methven Street  
Perth  
PH1 5PD

12/01/2026

Dear Colleague

Please see the following outcome from the vetting process.

**Patient Name:** Robert Duncan McNeill  
**CHI Number:** 0107780372  
**Referral Date:** 09/01/2026

**Referral Source:** General Practitioner

**Referral Priority was:** Routine  
**Vetted Priority is:** Back to Referrer

**BACK TO REFERRER - CANCELLED**  
**Vetted By:** Physiotherapy - MSK

*Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.*

**Comment** (Please add comments below for the referrer as required)

As most episodes of acute mechanical pain are known to naturally improve within 6-8wks, we advise management within primary care during this time. The patient can access self management advice from NHS Inform by going to [www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints](http://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints). Should the patient fail to improve within this time-frame, they can then access MSK Physiotherapy advice directly from First Contact Physiotherapy through primary care or be re-referred via SCI Gateway.

Yours sincerely  
MSK physio service



Every patient has the right to be heard  
If you have a complaint about the NHS, please contact the Patient Advice and Liaison Service (PALS) on 01793 616161 or [www.nhs.uk/pals](http://www.nhs.uk/pals)



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**Everyone has the life's curve sequence possible:**  
 Backlog → Plan → Do → Check → Act  
 (Plan → Do → Check → Act) → Plan → Do → Check → Act  
 (Do → Check → Act) → Plan → Do → Check → Act  
 (Check → Act) → Plan → Do → Check → Act



**Additional document**  
**30-Jun-2026**  
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|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Transport required?

# **REFERRAL LETTER** MEDICAL IN CONFIDENCE

**Unique Care Pathway Number**  
 101029187252D
**REFERRAL TO**
 OrthoticsRF2  
 TAY General Referral v6.2

 Ninewells Hospital  
 Dundee  
 DD1 9SY

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

——— Hospital and hospital address

Hospital unit no.

T101H

Email address

-

**Date of Referral (set by referrer)** 30-Mar-2023  
**Date referral was submitted** 31-Mar-2023  
**Urgency of referral** Routine

**Armed Forces Personnel,  
 Immediate Families & Veterans**

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

**Impairment(s)**

- ☐ Learning
- ☐ Visual
- ☐ Hearing

**Miscellaneous**
 Interpreter Required: None  
 Details of "Other" Language: None
**PATIENT DETAILS**
**Surname** MCNEILL  
**Forename(s)** ROBERT  
**Title** MR  
**Sex** Male  
**Date of birth** 01-Jul-1978  
**CHI no.** 0107780372
**Patient's address**
 SKINNERGATE RESETTLEMENT UNIT  
 16 SKINNERGATE  
 PERTH  
 PH1 5JH

Contact number(s)

Voice: [REDACTED]

Voice: [REDACTED]

E-mail: [REDACTED]

**REGISTERED GP DETAILS**
**Name** Dr L Nelson  
**GMC code** 7264614 **GP code** 73831  
**Practice name** Glover Street Medical Centre  
**Practice code** 13941
**Practice address**
 133 GLOVER STREET  
 PERTH

Contact number(s)

Voice: [REDACTED]

**REFERRING PRACTITIONER DETAILS**
**Name** Dr. James Riches  
**GMC code** 6167775 **GP code** 77267  
**Practice name** Victoria Practice (13941)  
**Practice code** 13941
**Practice address**
 Glover Street Medical Centre  
 133 Glover Street  
 Perth

Contact number(s)

Voice: [REDACTED]

**Periods of Future  
Unavailability**

None provided.

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file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00882809.HTM 10/06/2026

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: Left foot pain. Planter spur. Previous fracture.

Comment: I would be grateful for your consideration for review of this pleasant 44 year old gentleman who fractured his ankle 2 years ago but unfortunately has been having more pain on the base of his foot requiring him to use a walking stick at present. An x-ray performed demonstrated arthritis at the base of the first toes and also a planter spur at the site where he is getting most of the pain. In view of this I think he would benefit greatly from your expert assessment and any treatment that you could suggest.

Thank you.

*Most recent height, weight, BMI and Blood Pressure*

|                 |     |                   |                |               |
|-----------------|-----|-------------------|----------------|---------------|
| Height:         | N/A | m                 | Recorded Date: | None provided |
| Weight:         | N/A | Kg                | Recorded Date: | None provided |
| BMI:            | N/A | Kg/m <sup>2</sup> | Recorded Date: | None provided |
| Blood Pressure: | N/A | mmHg              | Recorded Date: | None provided |

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**30-Jun-2026**  
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Date: 23/04/2020

Case Number: 2357

Victim: [REDACTED]

Repeat: No

Previous MARAC Case Number(s): 1264, 10/11/2016

Source of Referral: Police

Legal authority to share this information is in line with MARAC Fife SASPI (Scottish Accord on the Sharing of Personal Information) This is available from your organisation's MARAC rep.

High Risk Domestic Abuse Cases are discussed at MARAC (Multi-Agency Risk Assessment Conference)

Information is gathered and shared in order to establish a comprehensive understanding of risks and agree a risk management plan (RMP) for the adult victim and any children.

Information pertaining to the victim, perpetrator or any children, should be returned to your agency representative in the days prior to the MARAC meeting. It should summarise:

- Last time you had contact,
- Nature of your relationship / frequency of contact,
- Any domestic abuse you are aware of,
- Concerns / risks you identify,
- Protective factors in place,
- Any particular supports that are in place from your own service or otherwise,
- Any additional support you propose to offer.

If you have any queries regarding this notification please contact your MARAC Representative in the first instance or the MARAC Coordinator: [REDACTED] MARAC Coordinator, Contact Number: [REDACTED] Ext 441965.

RECEIVED  
03 APR 2020

CONFIDENTIAL

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## Personal Details for case number: 2357

|               | Victim | Alleged Perpetrator                      |
|---------------|--------|------------------------------------------|
| Surname       |        | McNeil                                   |
| Forenames     |        | Robert ✓                                 |
| Date of Birth |        | 01/07/1978                               |
| Gender        |        | Male                                     |
| Address       |        | 94 Broad Street, Cowdenbeath,<br>KY4 8JD |

## Children's Details

|                                 | Child 1 |
|---------------------------------|---------|
| Surname                         |         |
| Forenames                       |         |
| Date of Birth                   |         |
| – Victim<br>Perpetrator<br>Both |         |
| Gender                          |         |
| Address                         |         |
|                                 |         |

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**MARAC INFORMATION REQUEST FORM****RECEIVED****Please return via email by Tuesday 21<sup>st</sup> April by 12 noon****03 APR 2020**

Name: Robert McNeil

MARAC number: 2357

The above named patient of yours is being discussed at a Multi-Agency Risk Assessment Conference (MARAC) because high risk domestic abuse has been identified.

Brief notes only, this is **not** a request for a full report. (Typed Only)

**When was the patient last seen and by whom?**

|  |
|--|
|  |
|--|

**Has the patient disclosed any recent incidents of domestic abuse (within the last 12 months)?**

|  |
|--|
|  |
|--|

**Has the patient presented with any problems or conditions that may be associated with domestic abuse? Does the victim have any disabilities, mental health needs, problematic substance use issues, pregnancy (within the last 12 months) or other safeguarding needs that may increase the risk of violence and abuse?**

|  |
|--|
|  |
|--|

Form completed by: (Blocked Capitals)

Date:

Please return this form via email to: [REDACTED]

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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### SPS Health Care Records Discharge Summary

Establishment: HMP Brixton  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Health Centre Fax Number: \_\_\_\_\_

Patient Name: Robbie McNeill  
Date of Birth: 1/7/78  
Home Address: \_\_\_\_\_

Prison Medical Officer (Block Caps)  
R. SINHA  
Signature: [Signature]  
Date: 7/9/09

The above patient has been in our care. During his/her stay, he/she suffered from the following medical condition(s):

|               | Date of onset | Active / No |
|---------------|---------------|-------------|
| 1 <u>Aspl</u> | / /           | Active / No |
| 2             | / /           | Active / No |
| 3             | / /           | Active / No |
| 4             | / /           | Active / No |
| 5             | / /           | Active / No |

Hepatitis B Immunisation  
Programme: Accepted ☒ YES ☐ NO  
Dates Given: 12/6 2/11  
3/9/09  
Next Dose Due: \_\_\_\_\_

Outstanding OPD Appointment  
YES / NO  
Copy of Card Enclosed  
YES / NO

The following Medicine(s) is/are currently being taken:

| MEDICINE<br>(BLOCK CAPS) | Dosage Form<br>e.g. Tablets | Dose     | Frequency of<br>Administration | Number of Days supply<br>to be Dispensed | Additional<br>Information | Quantity, Name and Strength<br>supplied by Pharmacy |
|--------------------------|-----------------------------|----------|--------------------------------|------------------------------------------|---------------------------|-----------------------------------------------------|
| <u>Moronal</u>           | <u>Sachet</u>               | <u>1</u> | <u>PRN</u>                     | <u>5 days</u>                            |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |
|                          |                             |          |                                |                                          |                           |                                                     |

Dispensed by \_\_\_\_\_ Checked by \_\_\_\_\_ Date Dispensed \_\_\_\_\_

Additional Comments:

TOP - Pharmacy PINK - GP WHITE - Medical Records BLUE - Patient

SSSC013S

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30-Jun-2026  
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Extension:  
Pages:

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## Full Report

Mr Robert McNeill

01/07/1978 Male

Permanent

### Address

59 Doocot Court Perth PH1 1TL

Address Type: Main address

### Communication numbers

Mobile phone

Email

Telephone - home

Mobile phone

### Problems

Currently Relevant

Started: 10/02/2023

Ended:

### Allergy and Intolerance non drug

30/10/2020 Allergy Very severe

H/O: non-drug allergy Mustard seeds

### Medical History

08/02/2024 Attended extended hours clinic - ESA Perth - Care and Treatment Service: Seen by Clinician: BEGLEY,

Shannon at 15:46:34 on 08-Feb-2024 Dr Federated User

08/02/2024 Phlebotomy pt refused bloods

07/02/2024 Administration NOS appt 08/02 Beechgrove at 1540

06/02/2024 Attended extended hours clinic - ESA Perth - FCP/MSK Service: Seen by Clinician: THOMSON, John at

15:52:50 on 06-Feb-2024 Dr Federated User

06/02/2024 Pain FCP John Thomson. In person consultation. Consent gained. Previously seen by physio in Aug 2023.

Complex history of multi joint pain and drug abuse. Already under care of GP and looking to exclude inflammatory/CTD driver for the symptoms - bloods requested. Very frustrated and angry during consultation. Unhappy with perceived lack of help he is receiving. Declined to stay and walked out of consultation room. Describing multiple pain sites primarily related to his feet, hands, knees and back at this time. Already has orthotics and wrist/hand splints to use. If no overt suggestion of an inflammatory driver in bloods then this presentation would probably be better managed with an MDT approach via the pain clinic rather than physio in isolation. FCP has little else to offer with this presentation.

02/02/2024 Had a chat to patient further call as requested by preexplained I d/w DF - plan is for bloods to rule out CTD and guide further management - either rheum or pain specialistsupset as has had MST/oramorph etc and says we are treating him like a 'junkie' unwilling to attend beechgrove for bloods as did not manage and had to get them done in practice - demanding for this to be done here offered f2f to review foot given difficulty weight bearing - declined and then moved on to how insole made by podiatry did nothing explained complex issue and no simple answer - declining options available. reiterated need for clarity re rheum bloods and will involve pain specialists if not rheum said 'thanks for nothing' and hung up phone

Dr Amy Brown

02/02/2024 Had a chat to patient difficult consult - demanding pain relief says has been left to deal with pain for years declining duloxetine increase - says not depressed cuts off when discussing options reiterated concerns about addictive medications frustrated and demanding something be done not yet attended for bloods eventually cut off call

02/02/2024 Had a chat to patient ongoing pain - feet, legs giving way, back pain

26/01/2024 Had a chat to patient is at physio next week Fed up re pain, multiple joint and heel, says nothing helps. refusing

duloxetine titration, ibuprofen get not explained challenge re opiate replacements FCP unclear thinks arthritic, unsure if rheumatic Suggest bloods/conn tissue screen as any post result may result in diff treat pathway re chronic pain v rheumatology

26/01/2024 Failed encounter no reply 1056 - phone straight to ansaphone Will try later.

26/01/2024 SMS text message sent to patient An appointment has been made for you with the Physio at Whitefriars on

30/01/24 at 15.40pm Mrs Linda Lumsden

26/01/2024 Consent given for communication by SMS text messaging consent given over the phone

10/01/2024 Administration NOS Pt came to desk irate that his Med3 stated 'chronic pain drug addiction therapy' when

advised reception will ask a GP to amend the line, pt demanded a copy of his records, pt given DSAR form and left, shouting 'thanks for nothing'. Pt returned a short while later, asking for Med3 again, took a photo then threw back to receptionist, said thanks for nothing and punched free-standing sign over.

Mrs Suzie McGowne

04/01/2024 Telephone encounter Difficult consultation Angry about previous consultations with various doctors and PT over

the years, feels dismissed, angry that it says he was raped as a child in his notes, cannot see this Ongoing pain issues in hands, feet, knees and back Tingling pain in feet Walks with sticks, worsened on exertion Hand pain, numb and tingling Knee and back pain, generalised aches and pains. Multiple injuries, fell down stairs years ago On duloxetine, no help Can't use oral NSAIDs due to GI upset Doesn't want to use paracetamol On methadone, so should avoid addictive MST, pregabalin etc Angry about XRs, stated that was meant to get XRs of both feet and knees but only got XR of L foot Compromised, trial of 10% ibuprofen gel to avoid GI upset, reappoint knee, R foot XR

05/12/2023 Had a chat to patient Difficult call re chronic pain re feet ankles hands thumbs See physio 160823. Declines

naproxen - told never to take them again by a prev doc- concerned re GI effect. On methadone, seems angry that prev issued oramorph/MST/pregabalin, but explained wouldn't do this in context of addiction/methadone programme. Declines amitrip, calls them anti-tramp-aline Compromised eventually duloxetine trial Redo bloods incl testosterone (before 11am) as says prev check was done when on steroids Xray wrists and hands

05/12/2023 Failed encounter no reply 0900.

22/11/2023 Computer summary updated

07/11/2023 Administration NOS daybook - Hi, can patient get an ext for sickline from 06/11 for longer this time?? 2

months? Thanks, for collection.

30/10/2023 Drug addicthn therap-methadone

11/09/2023 Administration NOS daybook message - Hello, Sickline was done on 08/09 but the diagnosis is not correct. Pt is asking for diagnosis to be arthritis and splints for both hands.. Can a new sickline be issued.. Thank you.

08/09/2023 Administration NOS daybook - Hi Dan, sick line is due to arthritis with splints in wrists and thumbs as per FCP.

Are you able to mention those in the sick line pls. thanks

16/08/2023 Pain chronic multi joint Seen physio

16/08/2023 Attended extended hours clinic - ESA Perth - FCP/MSK Service: Seen by Clinician: THOMSON, John at

15:14:51 on 16-Aug-2023 Dr Federated User

Victoria Practice, 133 Glover Street, Perth, PH2 0JB

Tel: [REDACTED]

Page 1/6

Printed by KRICHLY on 08/03/24 12:49.43

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**Full Report****Mr Robert McNeill****01/07/1978****Male****Permanent**

16/08/2023 Advised to self care. Possible pathology and prognosis discussed. Plan agreed. Allow orthotics to bed in and assess effect after 6-8 weeks. Encouraged to maintain spinal mobility. Trial wrist and thumb splints - will tel over next couple of days and arrange a time to issue. Increasing, worsening warnings given. Review with FCP to issue wrist and thumb splints. Dr Federated User

16/08/2023 Foot pain FCP, John Thomson. In person consultation. Consent gained. Complex presentation with multiple pain sites and history of drug misuse. Patient immediately voiced his discontentment with the treatment he has received to date. Describes left and right foot pains. Presently under the care of orthotics - some mild left mtp joint OA on x-ray. Recently fitted with shoe orthotics which he feels are providing some benefit. Also describes a 17 year history of spinal pain. Describes constant pain aggravated with activity. Functionally maintains spinal mobility globally. No obj upper or lower sensory or motor deficit. Upper and lower limb reflexes intact. Plantars down going. No clonus. No new reported bladder or bowel issues or saddle sensory deficit. No new associated visceral or systemic symptoms. No swellings/deformity, colour or temperature changes. No overt dexterity issues or balance related gait issues. No overthip signs. Also describes bilateral thumb and wrist pains. No deformity, swelling, temp or colour changes. Describes episodic pain - not present at this time. Functionally maintains thumb and wrist mobility. Pain primarily on left wrist mobility and end of range and right thumb CMC joint. No deformity, swelling, temp or colour changes. No sensory or frank motor deficit. Grip and release with ease today. Imp - Chronic multi-joint pain. Dr Federated User

16/08/2023 Administration NOS Called re ongoing pain, quite rude and aggressive re Dr Hundal, advised FCP appointment which he accepted today. Note previous consultation by CCATS mentions behaviour, would need warning re his behaviour if continues to behave like this in future. Mrs Gillian Milne

28/07/2023 Patient reviewed F2F following t/c yesterday. Reports that wrist in agony as is foot. Not taking any analgesia - states doesn't want to take tablets like paracetamol. Has xr of left foot which reported mild OA, reports right foot also agony. Right foot-pain along sole of foot, no visible joint deformity or swelling. Right wrist-pain at radioulnar carpal joint, reports limited flexion at wrist, able to passively flex/extend fully, no joint deformity or swelling. Plansignposted to FCP for joint pains. Issued Med3. Suggest trying naproxen - at this time became extremely angry saying that I was doing nothing for his pain, stating wanting to change his GP. Dr Timothy Hundal

27/07/2023 Telephone encounter Pre booked appt to discuss pain relief and sick leave. Robert extremely frustrated and angry that not seen by doctor and had posted on sick line that was made this appt. Currently at I-DART - extremely would need to make new appt - became angry at this - offered F2F tomorrow at 11:30 to rv. Dr Timothy Hundal

29/06/2023 Telephone encounter Reports that sildenafil 50mg helped to get an erection but was unable to sustain an erection, tried twice last week, asking if there is anything else, engaging with turning point and planning on speaking to RASAC. Plantrial sildenafil 100mg. Dr Timothy Hundal

20/06/2023 Had a chat to patient - discussed recent bloods, testosterone ok. Says v little alcohol, once or twice/month. On drug support services - will try sildenafil 50 initially. Says due to see turning point next week, prev notes from TH discussed, also has RASAC number to help if wishers to pursue this. Dr D S Foster

09/06/2023 Attended extended hours clinic - ESA - Perth - Care and Treatment Service: Seen by Clinician: MACDONALD, Beth at 10:03:31 on 09-Jun-2023. Dr Federated User

09/06/2023 Failed phlebotomy Pt arrived for phlebotomy appt this morning. pt advised that he is very difficult as was previous IV drug user. Had told me could get out his groin I could take it out his leg. I informed him that we cannot take from anywhere other than arms or hands. I told him I'd go get my SCN to see her input. SCN W Hardie also advised pt that we cannot take from leg or anywhere else. Pt was becoming very rude towards us. Declined for bloods to be taken. Saying "don't know how i can't just take it myself. I could get it no bother". Offered to try once in a vein in arm, he accepted. Got flashback from butterfly, pt complained that it was too sore and wanted to go back to GPs. Stopped venepuncture and advised him to go back to GP to get bloods taken. Dr Federated User

31/05/2023 Administration NOS Fasting bloods booked 09/06 @ Beechgrove @ 10.10. Ms Donna Watson

31/05/2023 Telephone encounter 2 issues - needing sickline - report problem with foot and bone spur, has appt with podiatry next week - 2nd issue - difficulties with erection, reports that unable to get and maintain erection, can sometimes achieve erection but doesn't stay erect, infrequently will get erections in morning, no urinary symptoms. Reports that processing trauma from childhood where reports that he was raped, when with ex-wife she had encouraged him to address his trauma but then left, recently in a new relationship so keen to get something for his erectile dysfunction. Suggest we first need to check baseline bloods to rule out organic cause. Advised that likely psychological component to this also - had been referred by Drug service when in life and then again by hostel in perth, suggest we may want to refer on to local services also - Options Rasacs, psychosexual clinic, general psychology to address trauma and psychosexual difficulties. Dr Timothy Hundal

28/05/2023 Seen in out of hours centre - Unscheduled Care Report Tayside Out of Hours Service Out of hours. Mrs Susan Ferguson

25/05/2023 Telephone encounter phoned but says on bus and cannot talk - asked whether would like to rearrange for another appt - ? hung up and not answering again when phoned. Dr Keren Wee

28/03/2023 Telephone encounter to talk about his MH and historic abuse he has suffered, has just started to talk about it recently. Note drug and alcohol team input on methadone. Mole on side 2 years changed in colour no bleeding or increase in size will send photo in and update address. Under foot painful uses sticks will refer orthotics. Dr James Riches

23/03/2023 Administration NOS sending in pictures of mole on his hip area. Mrs Linda Lumsden

01/03/2023 Shared electronic record administration Docman images transferred. Mrs Kirsty Richly

22/02/2023 Notes summary on computer.

16/02/2023 Patient MRF received from HB - No previous paper records. Mrs Kirsty Richly

16/02/2023 Shared electronic record administration Docman images transferred. Mrs Kirsty Richly

16/02/2023 Telephone encounter Prev fracture a few years ago, now is swollen up and causing pain and struggling to walk. Mrs Kirsty Richly

has not had any injury left 5th metatarsal and calcaneus may 21 left foot fractured 2 years supposed to elevate at times swelling heal and ankle on and off ? malunion ? OA for x-ray as next step. Request med3 also. Dr James Riches

28/04/2021 Drug addiction therapy - buprenorphine

11/03/2021 Metatarsal bone fracture - 5th and small calcaneus - Left

29/10/2020 Misuse of drugs NOS - street valium, snacc, crack.

21/10/2020 In prison - HMP Perth

19/02/2007 Rhinoplasty

01/01/2007 Allergic rhinitis

01/01/2007 Injecting drug user

01/01/2007 Misuse of drugs NOS

**Acute and Repeat Issue Therapy**

Victoria Practice, 133 Glover Street, Perth, PH2 0JB

Tel: 01738 639748

Page 2/6

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**Full Report**

| <b>Mr Robert McNeill</b>      |        |                                           | <b>01/07/1978</b> | <b>Male</b>          | <b>Permanent</b>     |
|-------------------------------|--------|-------------------------------------------|-------------------|----------------------|----------------------|
| 15/02/2024                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 09/02/2024                    | issued | Ibuprofen 10% gel                         |                   | Supply: (100) gram   | APPLY THREE TIMES    |
| DAILY TO THE AFFECTED AREA(S) |        |                                           |                   |                      |                      |
| 25/01/2024                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 04/01/2024                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 04/01/2024                    | issued | Ibuprofen 10% gel                         |                   | Supply: (50) gram    | APPLY THREE TIMES    |
| DAILY TO THE AFFECTED AREA(S) |        |                                           |                   |                      |                      |
| 11/12/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 05/12/2023                    | issued | Duloxetine 60mg gastro-resistant capsules |                   | Supply: (28) capsule | 1 CAP DAILY FOR PAIN |
| REQUIRED                      |        |                                           |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| 07/11/2023                    | issued | Sildenafil 100mg tablets                  |                   |                      |                      |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 18/10/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 27/09/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 15/08/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (8) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 20/07/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (4) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 29/06/2023                    | issued | Sildenafil 100mg tablets                  |                   | Supply: (4) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |
| 20/06/2023                    | issued | Sildenafil 50mg tablets                   |                   | Supply: (4) tablet   | 1 TABLET WHEN        |
| REQUIRED                      |        |                                           |                   |                      |                      |

**Consultation**

|            |                             |                      |
|------------|-----------------------------|----------------------|
| 07/03/2024 | Administration              | Dr James Riches      |
| 15/02/2024 | Medicine Management         | Dr James Riches      |
| 14/02/2024 | Results recording           | Dr D S Foster        |
| 09/02/2024 | Results recording           | Dr D S Foster        |
| 09/02/2024 | Results recording           | Dr D S Foster        |
| 09/02/2024 | Medicine Management         | Dr James Riches      |
| 09/02/2024 | Clinic                      | Mrs Dawn Scott       |
| 08/02/2024 | Surgery consultation        | Dr Federated User    |
| 08/02/2024 | Medicine Management         | Dr Rory Price        |
| 08/02/2024 | Administration              | Mrs Gillian Milne    |
| 07/02/2024 | Administration              | Mrs Gillian Milne    |
| 07/02/2024 | Administration              | Mrs Angela Mcniven   |
| 06/02/2024 | Administration              | Ms Dayna Levi Easton |
| 06/02/2024 | Surgery consultation        | Dr Federated User    |
| 02/02/2024 | Administration              | Mrs Gillian Milne    |
| 02/02/2024 | Telephone call to a patient | Dr Amy Brown         |
| 26/01/2024 | Telephone call to a patient | Dr D S Foster        |
| 26/01/2024 | Telephone call to a patient | Dr D S Foster        |
| 26/01/2024 | Administration              | Mrs Linda Lumsden    |
| 26/01/2024 | Administration              | Mrs Linda Lumsden    |
| 25/01/2024 | Other                       | Dr Catriona Grant    |
| 11/01/2024 | Administration              | Dr D S Foster        |
| 11/01/2024 | Administration              | Mrs Suzie Megowne    |
| 10/01/2024 | Other                       | Ms Amy Collins       |
| 09/01/2024 | Administration              | Dr D S Foster        |
| 04/01/2024 | Administration              | Dr D S Foster        |
| 04/01/2024 | Telephone call to a patient | Dr Rory Price        |
| 11/12/2023 | Medicine Management         | Dr Keren Wee         |
| 05/12/2023 | Telephone call to a patient | Dr D S Foster        |
| 05/12/2023 | Telephone call to a patient | Dr D S Foster        |
| 22/11/2023 | Administration              | Mrs Gillian Milne    |
| 07/11/2023 | Administration              | Dr Daniel Ong        |
| 18/10/2023 | Other                       | Dr Catriona Grant    |
| 06/10/2023 | Administration              | Dr D S Foster        |
| 27/09/2023 | Medicine Management         | Dr James Riches      |
| 11/09/2023 | Administration              | Dr Daniel Ong        |
| 08/09/2023 | Administration              | Dr Daniel Ong        |
| 16/08/2023 | Surgery consultation        | Dr Federated User    |
| 16/08/2023 | Administration              | Mrs Gillian Milne    |
| 15/08/2023 | Medicine Management         | Dr Christine Cormack |
| 28/07/2023 | Surgery consultation        | Dr Timothy Hundal    |
| 27/07/2023 | Telephone call to a patient | Dr Timothy Hundal    |
| 20/07/2023 | Administration              | Dr Daniel Ong        |
| 29/06/2023 | Telephone call to a patient | Dr Timothy Hundal    |
| 20/06/2023 | Telephone call to a patient | Dr D S Foster        |

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Page 3/6

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**Full Report****Mr Robert McNeill****01/07/1978****Male****Permanent**

|            |                             |                     |
|------------|-----------------------------|---------------------|
| 16/06/2023 | Results recording           | Dr L Welsh          |
| 15/06/2023 | Results recording           | Dr L Welsh          |
| 14/06/2023 | Administration              | Dr Timothy Hundal   |
| 14/06/2023 | Clinic                      | Mrs Dawn Scott      |
| 09/06/2023 | Surgery consultation        | Dr Federated User   |
| 09/06/2023 | Administration              | Mrs Rachel Milne    |
| 31/05/2023 | Administration              | Ms Donna Watson     |
| 31/05/2023 | Telephone call to a patient | Dr Timothy Hundal   |
| 30/05/2023 | Third Party Consultation    | Mrs Susan Ferguson  |
| 25/05/2023 | Telephone call to a patient | Dr Keren Wee        |
| 31/03/2023 | Referral Letter             | Dr James Riches     |
| 30/03/2023 | Administration              | Mrs Sarah Ross      |
| 28/03/2023 | Telephone call to a patient | Dr James Riches     |
| 23/03/2023 | Administration              | Mrs Linda Lumsden   |
| 01/03/2023 | Administration              | Mrs Kirsty Richly   |
| 23/02/2023 | Administration              | Dr L Welsh          |
| 22/02/2023 | Administration              | Mrs Suzie McGowne   |
| 16/02/2023 | Administration              | Mrs Kirsty Richly   |
| 16/02/2023 | Telephone call to a patient | Dr James Riches     |
| 10/02/2023 | Administration              | Ms Daynalevi Easton |
| 10/02/2023 | Administration              | Dr L Welsh          |

**Referrals**

30/03/2023 Refer for Refer to orthotist at Perth Royal Infirmary department of with  
by: Dr James Riches

**Alcohol**

20/06/2023 Current drinker 1 units per week Alcohol consumption  
Foster

Dr D S

**Albumin**

08/02/2024 Serum albumin = 40 g/L

**Alkaline Phosphatase**

08/02/2024 Serum alkaline phosphatase = 62 U/L

U/L

**Alanine Aminotransferase**

08/02/2024 Serum alanine aminotransferase level = 16 U/L

Serum ALT level - U/L

**Bilirubin**

08/02/2024 Serum total bilirubin level = 7 umol/L

**Calcium**

08/02/2024 Serum calcium = 2.16 mmol/L

**Calcium adjusted**

08/02/2024 Corrected serum calcium level = 2.15 mmol/L

**Serum cholesterol**

14/06/2023 Serum cholesterol = 4.85 mmol/L

**Serum creatinine**

08/02/2024 Serum creatinine = 72 umol/L

14/06/2023 Serum creatinine = 74 umol/L

**Eosinophil count**

08/02/2024 Eosinophil count = 0.05 10<sup>9</sup>/L

x10<sup>9</sup>/L

14/06/2023 Eosinophil count = 0.15 10<sup>9</sup>/L

x10<sup>9</sup>/L**Haemoglobin**

08/02/2024 Haemoglobin estimation = 150 g/L

14/06/2023 Haemoglobin estimation = 158 g/L

**High Density Lipoprotein**

14/06/2023 Serum HDL cholesterol level = 1.59 mmol/L

**Mean corpuscular haemoglobin**

08/02/2024 Mean corpusc. haemoglobin(MCH) = 32.2 pg Above high reference

limit

14/06/2023 Mean corpusc. haemoglobin(MCH) = 32.2 pg Above high reference

limit

**MCH Hb Concentration**

08/02/2024 Mean corpusc. Hb. conc. (MCHC) = 330 g/L

14/06/2023 Mean corpusc. Hb. conc. (MCHC) = 331 g/L

**Mean corpuscular volume**

08/02/2024 Mean corpuscular volume (MCV) = 97.6 fL fl

14/06/2023 Mean corpuscular volume (MCV) = 97.4 fL fl

**Monocyte count**

08/02/2024 Monocyte count = 0.3 10<sup>9</sup>/L x10<sup>9</sup>/L

Victoria Practice, 133 Glover Street, Perth, PH2 0JB

Tel: [REDACTED]

Page 4/6

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**Full Report**

| <b>Mr Robert McNeill</b>                                                                                                         |                                                  | <b>01/07/1978</b>                       | <b>Male</b>         | <b>Permanent</b>                     |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|---------------------|--------------------------------------|
| 14/06/2023                                                                                                                       | Monocyte count                                   | = 0.4 $10^9/L$                          |                     | $\times 10^9/L$                      |
| <b>Neutrophil count</b>                                                                                                          |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Neutrophil count                                 | = 4 $10^9/L$                            |                     | $\times 10^9/L$                      |
| 14/06/2023                                                                                                                       | Neutrophil count                                 | = 4.3 $10^9/L$                          |                     | $\times 10^9/L$                      |
| <b>Platelets</b>                                                                                                                 |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Platelet count                                   | = 142 $10^9/L$                          | Below low reference |                                      |
| limit                                                                                                                            | $\times 10^9/L$                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Platelet count                                   | = 165 $10^9/L$                          |                     | $\times 10^9/L$                      |
| <b>Potassium</b>                                                                                                                 |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Serum potassium                                  | = mmol/L                                |                     | DELIVERY TO THE                      |
| LABORATORY WAS DELAYED                                                                                                           |                                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Serum potassium                                  | = 3.8 mmol/L                            |                     |                                      |
| <b>Red blood cell count</b>                                                                                                      |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Red blood cell (RBC) count                       | = 4.65 $10^{12}/L$                      |                     | $\times 10^{12}/L$                   |
| 14/06/2023                                                                                                                       | Red blood cell (RBC) count                       | = 4.91 $10^{12}/L$                      |                     | $\times 10^{12}/L$                   |
| <b>Sodium</b>                                                                                                                    |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Serum sodium                                     | = 139 mmol/L                            |                     |                                      |
| 14/06/2023                                                                                                                       | Serum sodium                                     | = 142 mmol/L                            |                     |                                      |
| <b>Testosterone</b>                                                                                                              |                                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Serum testosterone                               | = 13.1 nmol/L                           |                     |                                      |
| <b>Thyroid Stimulating Hormone</b>                                                                                               |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Serum TSH level                                  | = 1.05 mU/L                             |                     | mU/L                                 |
| <b>White blood count</b>                                                                                                         |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Total white cell count                           | = 5.7 $10^9/L$                          |                     | $\times 10^9/L$                      |
| 14/06/2023                                                                                                                       | Total white cell count                           | = 7 $10^9/L$                            |                     | $\times 10^9/L$                      |
| <b>Lymphocyte count</b>                                                                                                          |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Lymphocyte count                                 | = 1.3 $10^9/L$                          | Below low reference |                                      |
| limit                                                                                                                            | $\times 10^9/L$                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Lymphocyte count                                 | = 2.1 $10^9/L$                          |                     | $\times 10^9/L$                      |
| <b>Bone studies</b>                                                                                                              |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Bone profile                                     | =                                       |                     | <none>                               |
| <b>Full blood count</b>                                                                                                          |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Full blood count - FBC                           | =                                       |                     | <none>                               |
| 14/06/2023                                                                                                                       | Full blood count - FBC                           | =                                       |                     | <none>                               |
| <b>Liver Function tests</b>                                                                                                      |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Liver function test                              | =                                       |                     | <none>                               |
| <b>Fasting glucose</b>                                                                                                           |                                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Fasting Plasma fasting glucose level             | = 5.5 mmol/L                            |                     |                                      |
| <b>C Reactive protein</b>                                                                                                        |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Plasma C reactive protein                        | < 0.5 mg/L                              |                     |                                      |
| <b>Other Laboratory tests</b>                                                                                                    |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Biochemical test                                 | =                                       |                     | <none>                               |
| 14/06/2023                                                                                                                       | Biochemical test                                 | =                                       |                     | <none>                               |
| <b>Packed Cell Volume</b>                                                                                                        |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Haematocrit                                      | = 0.454 ratio                           |                     |                                      |
| 14/06/2023                                                                                                                       | Haematocrit                                      | = 0.478 ratio                           |                     |                                      |
| <b>Basophil count</b>                                                                                                            |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Basophil count                                   | = 0 $10^9/L$                            |                     | $\times 10^9/L$                      |
| 14/06/2023                                                                                                                       | Basophil count                                   | = 0.1 $10^9/L$                          |                     | $\times 10^9/L$                      |
| <b>Chemical function tests</b>                                                                                                   |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Acute kidney injury warning stage                | =                                       |                     | AKI warning stage - Not detected:    |
| May not exclude AKI in all cases                                                                                                 |                                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Acute kidney injury warning stage                | =                                       |                     | AKI warning stage - NOT              |
| AVAILABLE                                                                                                                        |                                                  |                                         |                     |                                      |
| <b>HDL/LDL Ratio</b>                                                                                                             |                                                  |                                         |                     |                                      |
| 14/06/2023                                                                                                                       | Total cholesterol:HDL ratio                      | = 3 ratio                               |                     |                                      |
| 14/06/2023                                                                                                                       | Total cholesterol:HDL ratio                      | = ratio                                 |                     | <none>                               |
| <b>Other autoantibodies</b>                                                                                                      |                                                  |                                         |                     |                                      |
| 08/02/2024                                                                                                                       | Anti-cyclic citrullinated peptide antibody level | = 0.7 U/mL                              |                     | Anti-CCP antibody level - U/ml - 30% |
| of patients with Rheumatoid arthritis have anegative anti-CCP antibody, so a negative result does not outrule a diagnosis of RA. |                                                  |                                         |                     |                                      |
| <b>Scoring Test Result</b>                                                                                                       |                                                  |                                         |                     |                                      |
| 10/02/2023                                                                                                                       | Score: 1                                         | Method: for: new pt reg                 | Ms Daynalevi Easton |                                      |
| Victoria Practice, 133 Glover Street, Perth, PH2 0JB                                                                             |                                                  |                                         |                     |                                      |
| Tel: [REDACTED]                                                                                                                  |                                                  |                                         |                     |                                      |
| Page 5/6                                                                                                                         |                                                  | Printed by KRICHLY on 08/03/24 12:49:44 |                     |                                      |

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**Full Report****Mr Robert McNeill****01/07/1978****Male****Permanent****Immunology Screening Tests**

08/02/2024 Nuclear autoantibody screening test = Nuclear autoantib screen test -  
Negative - Anti U1RNP, Ro, La, Centromere B, Scl-70, Jo-1, Fibrillarin, RNA Polymerase I II, Ribosomal P, PM-Scl, PCNA, Mi-2, Sm and dsDNA Ab's  
Negative.

**Glomerular Filtration Rate**

08/02/2024 GFR calculated abbreviated MDRD adj for  
African American origin = mL/min GFR calculated abbreviated MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA  
AND PROTEINURIA  
08/02/2024 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviated MDRD - -  
eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than  
60 mL/min.  
14/06/2023 GFR calculated abbreviated MDRD adj for  
African American origin = mL/min GFR calculated abbreviated MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA  
AND PROTEINURIA  
14/06/2023 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviated MDRD - -  
eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than  
60 mL/min.

**Ethnicity**

10/02/2023 Ethnicity: White Scottish

Dr L Welsh

**Total patients for report 1**

Victoria Practice, 133 Glover Street, Perth, PH2 0JB

Tel: [REDACTED]

Page 6/6

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**Additional document****30-Jun-2026****Additional:** Additional document**Filename:****Extension:****Pages:**

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Dr. D. S. FOSTER  
Dr. E. E. MATTHEWS  
Dr. J. R. RICHES  
Dr. R. K. MCCALLUM  
Dr. L. M. NELSON  
Dr. C. CORMACK

VICTORIA PRACTICE  
GLOVER STREET MEDICAL CENTRE  
133 GLOVER STREET  
PERTH PH2 6JB

Telephone [REDACTED]

Practice Code 13941

## DATA SUBJECT ACCESS REQUEST (REQUESTED BY PATIENT)

NAME: ROBERT DONCAN MCGILL

D.O.B: 1/7/48

ADDRESS: 59 DOOCOT COURT PERTH

STAFF INITIALS: SEE MORE THAN 1 DOCTOR

By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive.

Required information (and any relevant dates):

ALL RECORDING OF MY APPOINTMENTS + ALL OF MY INFORMATION  
AND RELEVANT INFORMATION BETWEEN VICTORIA PRACTICE AND  
INDENT TELLING DOCTORS TO PUT PROGT BATH MAST  
ON MY SICK NOTE ~~WHILE I WAS IN HOSPITAL~~ ~~TRAVEL~~ ~~IF~~ ~~SPIN~~ ~~ADDS~~

By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.

Please return this form to Victoria Practice.

Please allow (28) days for completion of this request.

Signature:

Date:

[Signature]24/10/2024

For office use:

- ☐ All documents printed e.g. Docman, Journal, Paper Notes  
☐ Redacting complete

Due date: 26/11/24 - CALL EMAILED 17/12/24.Date completed: 31/10/24Staff signature: [Signature]Victoria 24 RM

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TELEPHONE ENCOUNTER 17/12/24 - RECEPTION + PATIENT - E

PATIENT CALLED RE DIAR REQUEST, ASKING WHY HE WASN'T RECEIVED. INFORMED THAT X2 EMAILS HAD BEEN SENT TO CONFIRM CORRECT EMAIL ADDRESS AS HE DID NOT PROVIDE ON DIAR FORM. GOT EMAIL ON FILE FROM BEFORE TRANSFERRED OUT OF SURGERY. TOLD ME THIS IS NOT THE CORRECT EMAIL. ASKED ME WHY WE DON'T POST THESE RECORDS TO HIM... EVEN THOUGH HE ASKED FOR RECORDINGS. SAYS HE EXPECTS A MEMORY STICK... LOTS OF SUGGESTING AND TALKING OVER ME WHICH I ASKED HIM TO STOP MULTIPLE TIMES.

END OF EVERYTHING - HE WILL EMAIL US WE'VE HIS CORRECT EMAIL ADDRESS AND HE WILL RECEIVE RECORDINGS.

ENCRYPTED CALLS

SENT TO

[REDACTED]

CALL RECORDINGS SAVED IN SECRETARY FOLDER - DL-AC-DIAR-CALLS - MCNEIL - IS CALLS ALL 7-ZIPPED.

AWAIT PATIENT TO CONTACT TO CONFIRM EMAIL, EMAIL SENT 29/10/24. AGAIN 11/11/24.

FROM JOURNAL - AWAIT CONFIRMATION

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11/11/2024, 15:30

Email - TAY Gloverstreet - Outlook

**Re: Confirmation****From:** TAY Gloverstreet [REDACTED]**Date:** Mon 11/11/2024 10:43**To:** [REDACTED] <robert.[REDACTED]>

Good morning,

As per our previous email on 29/10/24, we are once again writing for you to confirm your telephone number and that this is your current email address so that we can continue with your request for call recordings.

We have not had any contact from you confirming the above, hence my email today.

Regards

Secretary  
Practice Admin  
Victoria Practice  
133 Glover Street  
Perth  
PH2 0JB  
Telephone: [REDACTED]  
Fax: [REDACTED]  
[REDACTED]

*The content of this email is confidential and intended for the recipient specified in message only. Should you receive this message by mistake, we would be most grateful if you informed us that the message has been sent to you. In this case, we also ask that you delete this message from your mailbox, and do not forward it or any part of it to anyone else. Thank you for your cooperation and understanding.*

**From:** TAY Gloverstreet**Sent:** 29 October 2024 11:50**To:** robert.[REDACTED]**Subject:** Confirmation

Good morning,

Mr McNeil, can you please confirm that this is your email address? and can you also confirm your mobile number therefore we can check back our system for call recordings you have had with the Practice.

Kind regards

Secretary  
Practice Admin  
Victoria Practice  
133 Glover Street  
Perth

[https://\[REDACTED\]](https://[REDACTED]) iYThjLWQ4ZTczNDY4YmE0NgA... 1.

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11/11/2024, 15:30

Email - TAY Gloverstreet - Outlook

PH2 OJB

Telephone: [REDACTED]

Fax: 01738 635133

[REDACTED]

*The content of this email is confidential and intended for the recipient specified in message only. Should you receive this message by mistake, we would be most grateful if you informed us that the message has been sent to you. In this case, we also ask that you delete this message from your mailbox, and do not forward it or any part of it to anyone else. Thank you for your cooperation and understanding.*

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<https://outlook.office.com/mail/tay.gloverstreet@nhs.scot/sentitems/id/AAQkADhjMTczYjBmLTc0ZWQlNDgzMS1iYTJhLWQ4ZTczNDY4YmE0NgA...> 2/2

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### Full Report

Mr Robert Mcneil 01/07/1978 Male 477/78/073 Permanent

### Address

52 Stonefield Street Airdrie ML6 6JS

Address Type: Main address

### Communication numbers

Email

Mobile phone

Telephone - home

### Problems

Currently Relevant

Started: 11/08/2017 Ended:

### Medical History

27/06/2018 Telephone encounter feels unwell, temp, no urinary/bowel symptoms, no cough, eating and drinking ok. No vomiting. Advised re fluids, paracetamol. Up and about, at chemist when called. Dr Doris Li Yim  
30/05/2018 Telephone encounter vomiting started at 10pm last night and last vomited for last 10 hrs. no blood. still nauseated tolerating lots of fluids. no diarrhoea. adv to continue and rv as req. Dr Kathleen Yip  
14/03/2018 Telephone encounter Pain in back today. Ongoing 10 yrs "on & off". A bit higher up than usual & sore if coughs/takes a deep breath. Does not really have a cough & is not otherwise unwell. Not SOB. Taken paracetamol this morning. Only once. Some relief. Given pain on deep insp, offered fzf. Couldn't find a time to suit him over next cpl of days "other things on". Suggested in that case simple analgesia & worsening adv Dr Mark Russell  
15/11/2017 Telephone encounter continuation line from 13th Novneck and head still sorefor community service med 3 ML Dr Murray Lough  
08/11/2017 Telephone encounter 07535 232 066. asking for more diazepam. given further 6 and encourage to keep mobile. referral to ENT as advised by A&E (out of area). Dr Kathleen Yip  
06/11/2017 Telephone encounter Concussion after apparent assault at w/e. Folowing HI adv given at hospital, so signif but is still feeling lightheaded - comm service on wed. Med3 Dr Mark Russell  
08/09/2017 Notes summary on computer Nil to note as per ML Mrs Anne Murray  
06/09/2017 Telephone encounter up all night with sickness and diarrhoea. told by social worker to contact GP. I think he is doing community service also. did not ask for a line. Will get social worker to call me if req further info Dr Kathleen Yip  
05/09/2017 Patient MRE received from HB Ms Laura Higgins  
11/08/2017 Patient registration - Previous GP: Cowdenbeath Medical Practice. Not on any medication. Mrs Lindsey Kennedy

### Acute and Repeat Issue Therapy

08/11/2017 issued Diazepam 5mg tablets Supply: (6) tablet 1 TABLET TWICE A DAY

### Consultation

27/06/2018 Surgery consultation Dr Doris Li Yim  
27/06/2018 Surgery consultation Dr Doris Li Yim  
30/05/2018 Surgery consultation Dr Kathleen Yip  
14/03/2018 Surgery consultation Dr Mark Russell  
15/11/2017 Surgery consultation Dr Murray Lough  
08/11/2017 Referral Letter Dr Kathleen Yip  
08/11/2017 Surgery consultation Dr Mark Russell  
06/11/2017 Surgery consultation Mrs Anne Murray  
08/09/2017 Administration Mrs Anne Murray  
08/09/2017 Administration Mrs Anne Murray  
06/09/2017 Surgery consultation Dr Kathleen Yip  
05/09/2017 Administration Ms Laura Higgins  
11/08/2017 Administration Mrs Lindsey Kennedy

### Weight

11/08/2017 Weight: 63.5 kgs BMI: 20.2 O/E - weight

### Height

11/08/2017 Height: 1.77 metres O/E - height

Kennedy

Mrs Lindsey

### Ethnicity

11/08/2017 Ethnicity: White British

Mrs Lindsey Kennedy

Total patients for report 1

TINTO MEDICAL PRACTICE, Airdrie Community Hc, 86-88, Street, Airdrie, Lanarkshire, ML6 6DB

Tel:

Page 1/1

Printed by A MURRAY on 17/09/18 13:04:09

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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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FORTH VALLEY  
CRIMINAL JUSTICE  
DRUG TREATMENT  
SERVICE

Our Ref: AD/BMcG

2<sup>nd</sup> Floor  
Drummond House  
Wellgreen Place  
Stirling  
FK8 2EG

Tel: [REDACTED]

Fax: [REDACTED]

Dr Shiels  
Denny Cross Medical Centre  
Duke Street  
Denny  
FK6 6DB

8 August 2012

Dear Dr Shiels

RE: Robert McNeill c/o Grangelea Hotel  
CHI: 0107780372 6 Bridge Ct.

The above was recently reviewed by the Clinical Team, where he receives treatment under the Fast Track Programme.

For your information please find attached a copy of Robert's recent Care Plan.

I would be grateful if you would not prescribe any drugs of misuse to Robert including dihydrocodeine and benzodiazepines.

I will update you of Robert's progress at regular intervals and would appreciate if you would notify me of any changes in circumstances.

If you require any further information do not hesitate to contact myself.

Yours faithfully  
FOR FVCJDTS

Anne Denholm

Anne Denholm  
Treatment Nurse

enc

T:\Commadd\_Fast\_SecFast Track\Admin\FT\LETTERS\2012\08\McNeill\_Robert\_gp - review





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## FORTH VALLEY CRIMINAL JUSTICE DRUG TREATMENT SERVICE

## PERSONAL CARE PLAN – 18/07/2012

Name: Robert McNeill

Date of Birth: 01/07/1978

Address: 6 Bridge Crescent  
Denny

Key Worker: [REDACTED]

Social Worker: [REDACTED]

## Treatment (include all prescribed medication):

Methadone 30 mgs titrating

## Phase in Treatment:

Induction

## Child Care:

Has two children [REDACTED]

Weight: [REDACTED]

OFT results:

## Progress made in past month:

1. Has attended all appointments offered
2. Has engaged well at appointments
3. Has commenced methadone prescription

## Current identified needs and risks:

1. Needs to stabilize on prescription
2. Harm reduction
3. Relapse prevention
4. Needs to stop offending
5. Continue attending all appointments

## Goals:

1. Continue attending appointments
2. Eliminate illicit use
3. Harm reduction advice
4. BBV testing
5. Relapse prevention
6. No further offending

## Planned Intervention/ responsible person:

1. Weekly appointments
2. Harm reduction advice
3. Relapse prevention
4. Alternative coping strategies
5. Appointment at BBV clinic
6. Monthly 3way meeting to review care

## Date of next Review of Care Plan:

16/10/2012

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Treatment Nurse Signature:

Social Worker Signature:

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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### CHANGE OF ADDRESS

NAME Robert McNeil                     

DATE OF BIRTH 01-07-78 (Relationship):                     

NEW ADDRESS 59 Doocot Court Next of Kin Tel No:                     

Perth

PH1 1TL

NEW TELEPHONE NO. Home                      Mobile                     

DATE OF MOVING                     

### OTHER PATIENTS AT SAME ADDRESS:-

| Date of Birth | Contact no. |
|---------------|-------------|
| “ “ “         | “ “ “       |
| “ “ “         | “ “ “       |
| “ “ “         | “ “ “       |

Notify Health Visitor if under 5's Initials                      Date                     

COMPUTER UPDATED: Initials AMC Date 31.5.23

### NOTES ALTERED:-

|        |          |                             |
|--------|----------|-----------------------------|
| FRONT  | Initials | <u>                    </u> |
| INSIDE | Initials | <u>                    </u> |

**Appointments Office**  
Informed YES / NO (if hospital appointment is pending)

INITIALS

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Emergency Department  
Forth Valley Royal Hospital  
Stirling Road  
Larbert  
FK5 4WR

Dr JAMES LOUGH  
AIRDRIE HEALTH CENTRE  
MONKSCOURT AVENUE AIRDRIE  
ML6 0JH

Date: 05 Nov 2017

Dear Dr JAMES LOUGH,

**Re: ROBERT MCNEIL, 52 STONEFIELD STREET, AIRDRIE, ML6 6JS**  
**Date of Birth: 01/07/1978 CHI number: 0107780372**

Your patient attended Forth Valley Royal Hospital on the 05 Nov 2017 at 3:08 PM.

The presenting complaint was:

**ASSAULT**

Triage information:

**ASSAULTED LAST NIGHT GOT PUNCHED TO HEAD AND FACE, FELL ON THE GROUND AND HEAD HIT GROUND, DENIES LOC, TODAY FEELING DIZZY, CONFUSED NO C-SPINE TENDERNESS. T 36.6 P 69 BP 125/75 NO LOC/NAUSEA VOMITING PERL. SWOLLEN NOSE**

The following investigations were carried out:

**None**

The A&E diagnosis was:

**HEAD - MINOR HEAD INJURY**

The following treatment was given:

**ADULT HEAD INJURY ADVICE  
NECK SPRAIN ADVICE SHEET  
DIAZEPAM 5MG TAB (6)**

At the conclusion of treatment the patient was: **\*7 NO ALCOHOL-LEFT BY OWN MEANS**

Follow-up:

**1 GENERAL PRACTITIONER**

Additional information:

**Attended ED after being punched to face. Head, nose and jaw injury. No # on xray to jaw. Neurological examination normal. Discharged with head injury advice and diazepam 5mg x 6 tablets. Advised to attend GP for referral to ENT as out of area for further management of nose, prev septorhinoplasty and some new swelling present.**

Yours sincerely,

**DAVID HEADDEN  
FY2**

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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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NHS Tayside  
I-DART (Integrated Drug and Alcohol Recovery Team)  
Birmam  
Murray Royal Hospital  
Muirhall Road  
PERTH  
PH2 7BH

Dr MS Perry  
Yellow Practice, Drumhar Health Cen  
North Methven Street  
Perth  
PH1 5PD

|              |                   |
|--------------|-------------------|
| Date         | 04/12/2024        |
| Clinic Date  | 03/12/2024        |
| Your Ref     |                   |
| Our Ref      | A+HRL/ 0107780372 |
| Enquiries to |                   |
| Direct Line  |                   |
| Email        |                   |

Dear Dr Perry

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Diagnosis: opiate dependent moving to buprenorphine.

Following on from my last letter I met with Robert yesterday (03/12/2024). He advised that he had not taken his methadone for the last 5 days although he did collect his 3 x 40mls bottles of methadone from Well Pharmacy yesterday. He is desperate to get onto buvidal and given he has not used methadone I have agreed to start him on this on Thursday 05/12/2024. He is to return all unused methadone to pharmacy (he states he has 6 bottles on his person but although I could hear them "clinking" in his bag he refused to let me physically see it. He is fully aware of the risks associated with what he has done and his plan ewas to take codeine up until today and then start the buprenorphine tomorrow. I have stopped his methadone prescription at Well Pharmacy and advised them that he should be returning 6 x 40mls unused methadone to them for destruction. He will commence on buprenorphine as follows:

Thursday 05/12/2024 – 4mg oral buprenorphine to be administered and observed for 1 hour if no adverse effects he will have 1 x 16mg buvidal injection on this day.  
Thursday 12/12/2024 – 1 x 16mg buvidal injection to be administered.

I will phone him following this injection if he feels fine on the dose and has not required a top up injection of 8mg between first and second dose we will move to monthly (every 28 days) buvidal. I will request prescription/change kardex once I have spoken to him. I hope the above information is of use. Please do not hesitate to contact us should you wish to discuss any issues raised. We managed to get blood from him (with great difficulty as his veins have very poor access) to check his Liver Function Test yesterday. We will keep you informed of his progress.

Yours sincerely

Authorised on 04/12/2024 08:12:06 by Anne Henderson.

Anne Henderson  
Non Medical Prescriber  
Senior Charge Nurse/Clinical Improvement  
I-DART (Integrated Drug and Alcohol Recovery Team)

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30-Jun-2026  
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Filename:  
Extension:  
Pages:

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Dr. D. S. FOSTER  
Dr. E. E. MATTHEWS  
Dr. J. R. RICHES  
Dr. R. K. MCCALLUM  
Dr. L. WELSH  
Dr. C. Cormack

VICTORIA PRACTICE  
GLOVER STREET MEDICAL CENTRE  
133 GLOVER STREET  
PERTH PH2 0JB

Telephone (01738) 639746

Practice Code 13941

Robert McNeil  
59 Doocot Court  
Perth  
PH1 1TL

10<sup>th</sup> August 2023

Dear Robert

This is to inform you that your abusive and aggressive behaviour on 28<sup>th</sup> July 2023 at Glover Street Medical Centre is unacceptable to the practice.

This has been discussed with the partners and the members of the team involved. Whilst we appreciate that illness or social situations can make it difficult for people to understand the way the practice or health service operates, it is not acceptable for members of the team to be abused in this way.

The partners also have a responsibility as an employer to protect staff from such events.

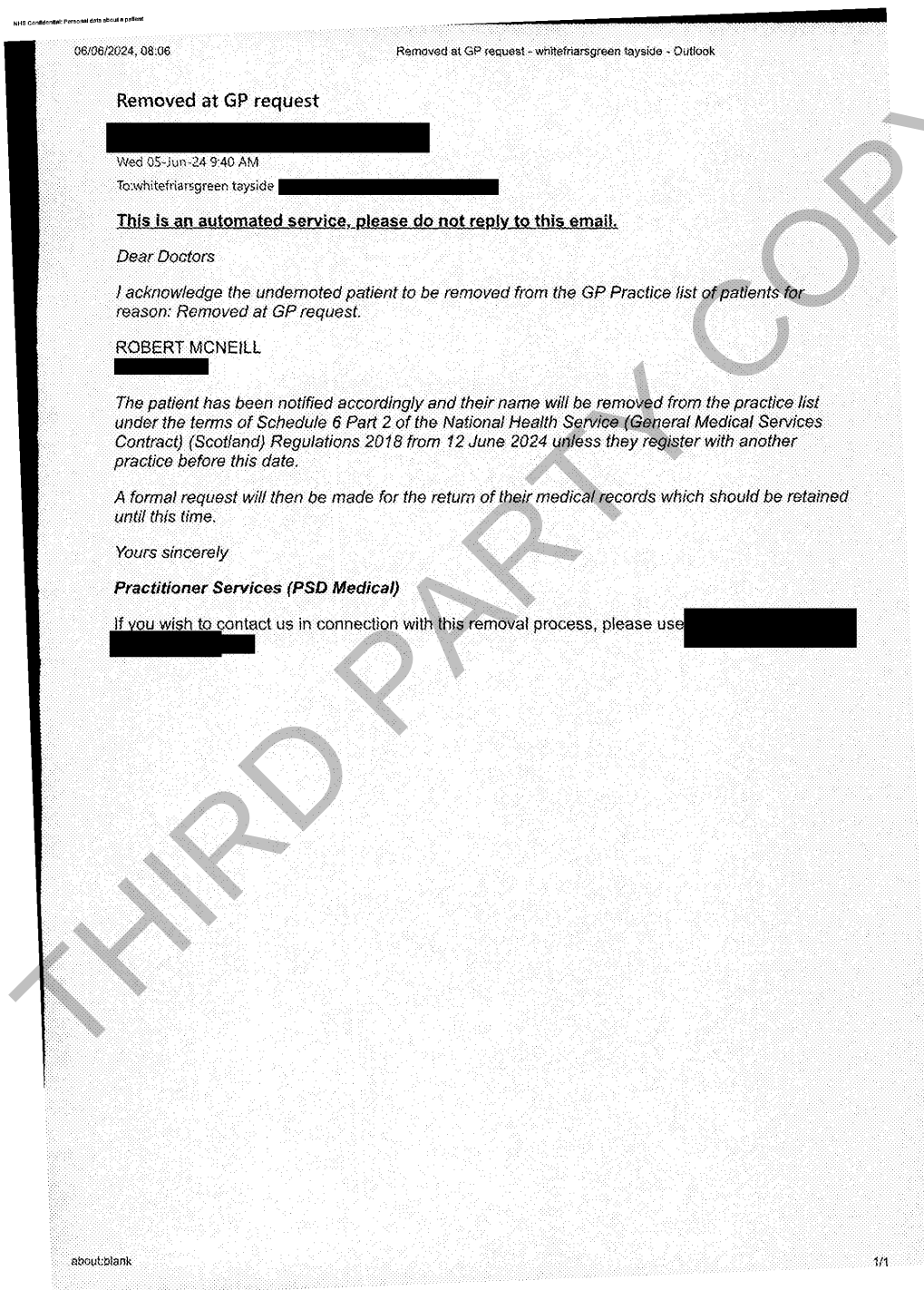
Please treat this letter as a formal warning that any such behaviour in the future will not be tolerated. Any repetition of abusive or aggressive behaviour will result in you being removed from this practice's patient list and you will be required to register elsewhere.

Yours sincerely

The Partners  
Victoria Practice

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:



Additional document  
30-Jun-2026  
Additional:Additional document



Filename:  
Extension:  
Pages:

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Emergency Department Perth Royal Infirmary

LM Nelson  
13941/1, Victoria Practice  
Glover Street Medical Centre, 133 Glover  
Street, Perth  
Perth  
PH2 0JB

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

Dear Doctor

Mr Robert McNeill  
59 Doocot Court  
Perth  
PH1 1TL

Date of Birth: 01/07/1978  
ACHI Number: 0107780372  
ED Attendance Number: E0000448204  
No. of Previous Attendances: 0  
Occupation:  
School:  
Responsible Consultant: Dr Jenna Headley

The above patient attended the Emergency Department Perth Royal Infirmary on 28/05/2023 at 12:12 and was discharged with no follow up on 28/05/2023 at 15:00. The letter has been collated by James Wood.

| Diagnosis:                                |           |            |
|-------------------------------------------|-----------|------------|
| Description                               | Body Site | Laterality |
| ED injury - soft tissue - Ligament strain |           |            |

Diagnosis Comments:

Investigations: XR Ankle Rt

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:  
J Wood ST3 EM  
Written in retrospect 1644hrs

PC- R ankle injury.

Created on 28/05/2023 16:50 by James Wood

Version 1

Page 1 of 2

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PMH:  
Prev. IVDU- ongoing methadone prescription  
Chronic arthritis L ankle 2\* #- due f/u appt 1/52.

HPC  
hit w/ champagne bottle thrown from distance by passerby. Sustained inversion injury at time of insult- roughly 24hrs prior to ED attendance.

On examination- PWB on R.  
Moderate effusion lateral aspect ankle.  
Pain centred around medial malleolus  
No swelling/bruising/deformity. NVI distal to insult.  
Pain medial malleolus posteriodistal edge to palpation

XR- no #

Impression: ankle sprain.

Plan:  
H w/ co-codamol, crutch, RICE and worsening advice. Ankle injury advice & leaflet given.

-Note: long d/w patient regarding analgesia options. Aware on methadone programme & previous problems with opiate use. Pt has been weaning this down. Gave option of non-opiate analgesia versus co-codamol (advised best analgesia achieved w/multimodal analgesia). Pt keen for co-codamol due to pain- but is aware of potential for issues in the context of his medical history and advises me will contact TSMS in order to discuss options after the BH.

Yours sincerely

Emergency Department Perth Royal Infirmary

Created on 28/05/2023 16:50 by James Wood

Version 1

Page 2 of 2

**Additional document**

**30-Jun-2026**

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**Pages:**

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| NHS Tayside: Clinical Report - Ninewells Hospital                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Page 1 of 2                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>59 DOOCOT COURT, PERTH, PH1 1TL<br>Ref. Locn. : <b>GENERAL PRACTITIONER</b><br>Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH</b><br>Referrer : GP Locum                                                                                                                                                                                                                                                     |  |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | DoB : <b>01-Jul-1978</b><br>Hosp. No. :<br>CRIS No. : <b>1141379</b><br>CHI No. : <b>0107780372</b> |
| <b>SYNTAX CHECKED</b> by : NIAMH ANDERSONN 26-Jan-2026<br>Report By : Auto Report 26-Jan-2026<br>Typed By : ANDERSONN 26-Jan-2026                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                     |
| <b>Clinical History :</b><br><br>47M. Longstanding nerve type pain in legs. Right being the worse. But can occasionally get it in left as well. No other CES found. Worse on SLR. Numbness diff to test. No clear power issue. But hard to differentiate due to pain limiting movement. Discussed the pros/cons of scan. Pt still keen on scan in cause there is a surgical option. Thanks Dr AM locum.<br>ENTERED BY: Mark Perry (Medical)<br><br>BLEEP: 01738 621726 |  |                                                                                                     |
| <b>MRI Spine lumbar &amp; sacral :</b><br><br>As below.                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                     |
| Event Number : E-8307564<br>Copy To :<br>Examinations : <b>MRI Spine lumbar &amp; sacral,Did Not Attend</b>                                                                                                                                                                                                                                                                                                                                                            |  | Examination Date : <b>25-Jan-2026</b><br>Attendance Number : 1                                      |

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| NHS Tayside: Clinical Report - Ninewells Hospital                                                                                                                                                                                                                                                                                                                                                                             |  | Page 2 of 2                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                                                                                                                                                                                                        |  | DoB : 01-Jul-1978              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                                                                                                                                                                                                                                               |  | Hosp. No. :                    |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                                                                                                                                                                                                                                                                                                                      |  | CRIS No. : 1141379             |
| Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH1 1TL</b>                                                                                                                                                                                                                                                                                                                                       |  | CHI No. : 0107780372           |
| Referrer : GP Locum                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                |
| <b>Did Not Attend :</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                |
| <p>We would like to inform you that this patient failed to arrive for their Radiology appointment. We are experiencing a high number of patients who repeatedly do not attend. A further request for this patient's current presentation will not be accepted unless there is explicit referrer confirmation that the need for this exam has been reviewed and is still required. This will be treated as a new referral.</p> |  |                                |
| Event Number : E-8307564                                                                                                                                                                                                                                                                                                                                                                                                      |  | Examination Date : 25-Jan-2026 |
| Copy To : ,                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Attendance Number : 1          |
| Examinations : <b>MRI Spine lumbar &amp; sacrat,Did Not Attend</b>                                                                                                                                                                                                                                                                                                                                                            |  |                                |

Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

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## NHS TAYSIDE PRISONER HEALTHCARE IN POSSESSION MEDICATION CONTRACT

### RESPONSIBILITIES OF THE PATIENT

Medicines prescribed for you may be administered to you by a nurse or given to you to take as instructed on the label. It has been agreed that you can be responsible for keeping medicines in your possession and taking them correctly. Failing to look after or take your medicines properly may result in them being removed from your possession, or treatment with that medication stopping.

- You must follow the instructions on the label of any medication you are prescribed
- You must not give or sell any medication to other prisoners
- You must return any unused medication to the Health Centre
- You must not have in your possession any medication or medication containers that have been issued to another prisoner
- You must keep any medication issued to you in the original labelled container
- You must keep all medications locked away in the cell safe provided
- You must not tamper with any medication or container in your possession
- If you lose any medication in your possession, or are unable to comply with this policy, you must report this to a member of staff immediately
- You will comply with routine drug inspections and checks to ensure your medications are correct

### Declaration of Understanding

I have read (or had read to me) the above instructions and understand that failure to comply with them will result in me not being allowed to be responsible for keeping and taking my own medication, and my medication may be stopped. Information will be shared with GPs who may charge you under The Prisons & Young Offenders Institutions (Scotland) Rules 2011 & Directions: Rule 110 Breaches of Discipline: Charge 13.

This agreement can be discontinued immediately if you fail to comply.

Establishment: **HMP PERTH**

Signature of Patient: *X [Signature]*

Name of Patient: **ROBERT MCNEIL**

Date of Birth: **01/07/78**

SPIN No.: **17280**

Date: **29/10/2020**

NHS Staff Member Signature: *[Signature]*

NHS staff Member Name: **STEVEN LONG**

NHS Staff Member Designation: **S/N**

Medication Check Protocol Agreed with Medicines Management Group – September 2016

Additional document  
30-Jun-2026  
Additional:Additional document

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Extension:  
Pages:

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MS Perry  
Yellow Practice drumhar health cen  
North Methven Street  
Perth  
PH1 5PD

11/09/2025

Dear Colleague

Please see the following outcome from the vetting process.

**Patient Name:** Robert Duncan McNeill  
**CHI Number:** 0107780372  
**Referral Date:** 10/09/2025

**Referral Source:** General Practitioner

**Referral Priority was:** Advice  
**Vetted Priority is:** Back to Referrer

**ADVICE TO REFERRER**  
**Vetted By: Tayside Substance Misuse Service**

*Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.*

**Comment** As Robert is open to us and has made threats to Dr Elworthy previously I am currently prescribing for this gentleman. I am aware that he does struggle with pain and therefore would ask that you refer this gentleman to the Pain Management Team they run a specialist pain and addictions clinic, quite a long wait at the moment I believe, with Dr Colvin and Michael Lowrie our Specialist Pharmacist attached to the Substance Use Services across Tayside. I do not think it is just drug seeking but genuine in nature. This would be my recommendation at this time.

Yours sincerely

Anne Henderson  
Non Medical Prescriber  
Senior Charge Nurse/Clinical Improvement  
IDART (Integrated Drug and Alcohol Recovery Team)



Everyone has the right to experience person-centred care  
Henderson, Anne, Senior Charge Nurse, IDART, Perth  
Gordon, 10/09/2025, 10:25 AM, Dr. Elworthy

Chair - NHS Patient Survey  
Chief Executive, NHS Scotland



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Everyone has the best care experience possible  
Immunisation, Screening, Referral, Self-Help and Support  
Dental (GPs and most NHS 111 for dentists)  
Care - NHS Care Connect  
Other: Specialist Referral Centre



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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

**NHS** Prescription Sheet No. .... of ..... Kardex Re-written Date ..... Side A

**REGULAR PRESCRIPTIONS**

|   | Start Date | Review Date / Initials | Review Date / Initials | Review Date / Initials | Stop Date / Initials | MEDICATION / FORM    | Dose | Route | Times of Administration |       |    |       |            | Issue | Prescriber's Signature | Discontinued Date / Initials | Pharmacist Date / Initials |
|---|------------|------------------------|------------------------|------------------------|----------------------|----------------------|------|-------|-------------------------|-------|----|-------|------------|-------|------------------------|------------------------------|----------------------------|
|   |            |                        |                        |                        |                      |                      |      |       | AM                      | 12 MD | PM | Night | Once Daily |       |                        |                              |                            |
| A | 29/1/20    | 29/1/20                |                        |                        |                      | MEMORINE 1mg/1ml SOL | 60ml | 0     |                         | S     | V  |       |            | S     |                        |                              |                            |
| B | 25/1/20    |                        |                        |                        | 31/1/20              | DIAZEPAM             | 20mg | 0     |                         |       | V  |       |            | S     |                        |                              |                            |
| C | 1/1/20     |                        |                        |                        | 8/1/20               | DIAZEPAM             | 15mg | 0     |                         |       | V  |       |            | S     |                        |                              |                            |
| D | 4/1/20     |                        |                        |                        | 6/1/20               | DIAZEPAM             | 10mg | 0     |                         |       | V  |       |            | S     |                        |                              |                            |
| E | 7/1/20     |                        |                        |                        | 9/1/20               | DIAZEPAM             | 5mg  | 0     |                         |       | V  |       |            | S     |                        |                              |                            |
| F |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| G |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| H |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| I |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| J |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| K |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| L |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| M |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| N |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| O |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| P |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| Q |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| R |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| S |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |
| T |            |                        |                        |                        |                      |                      |      |       |                         |       |    |       |            |       |                        |                              |                            |

NAME ROBERT MCNEIL SPIN NO 17280 DOB 1/7/78 LOCATION C2 ALLERGIES NKA

Issue Key: M = Monthly F = Fortnightly ● = Weekly D = Daily Issue ● = Supervised Individual Doses

**AS REQUIRED PRESCRIPTIONS**

|    | Start Date | Review Date / Initials | Review Date / Initials | Review Date / Initials | Stop Date / Initials | MEDICATION / FORM | Dose | Route | Frequency of Administration | Issue | Prescriber's Signature | Discontinued Date / Initials | Pharmacist Date / Initials |
|----|------------|------------------------|------------------------|------------------------|----------------------|-------------------|------|-------|-----------------------------|-------|------------------------|------------------------------|----------------------------|
| 1  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 2  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 3  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 4  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 5  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 6  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 7  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 8  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 9  |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 10 |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 11 |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 12 |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 13 |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |
| 14 |            |                        |                        |                        |                      |                   |      |       |                             |       |                        |                              |                            |

**ONCE ONLY PRESCRIPTIONS**

| Administration Date | Administration Time | MEDICATION | Dose | Route | Prescriber's Signature | Given By | Time Given | Pharmacist Initials | Date |
|---------------------|---------------------|------------|------|-------|------------------------|----------|------------|---------------------|------|
| 18                  |                     |            |      |       |                        |          |            |                     |      |
| 19                  |                     |            |      |       |                        |          |            |                     |      |
| 20                  |                     |            |      |       |                        |          |            |                     |      |
| 21                  |                     |            |      |       |                        |          |            |                     |      |

NAME \_\_\_\_\_ SPIN NO \_\_\_\_\_ DOB \_\_\_\_\_ LOCATION \_\_\_\_\_ ALLERGIES \_\_\_\_\_

Issue Key: M = Monthly F = Fortnightly ● = Weekly D = Daily Issue ● = Supervised Individual Doses

Additional document  
30-Jun-2026  
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Filename:  
Extension:  
Pages:

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### Tayside Out of Hours Service OOH Call Incident Report

|                    |                                 |                  |                                            |
|--------------------|---------------------------------|------------------|--------------------------------------------|
| Call number:       | <b>54198</b>                    | Receive Date:    | <b>28-May-2023 11:18</b>                   |
| Patient's Name:    | <b>Robert Mcneill</b>           |                  |                                            |
| Date of birth:     | <b>1-Jul-1978 ( 44 years )</b>  | Gender:          | <b>M</b>                                   |
| Address:           | <b>16 Skinnergate<br/>Perth</b> | Current Address: | <b>59 Doocot Court<br/>Perth</b>           |
|                    | <b>PH1 5JH</b>                  |                  | <b>PH1 1TL</b>                             |
| Return Contact No: |                                 |                  |                                            |
| Tel No:            | <b>■■■■■■■■■■</b>               |                  | <b>■■■■■■■■■■</b>                          |
| Mobile No:         |                                 |                  |                                            |
| Priority:          | <b>within 4 hours</b>           | Call Origin:     | <b>NHS24</b>                               |
| Received:          | <b>28-May-2023 11:18</b>        | Calltype:        | <b>MIU Telephone / Remote Consultation</b> |
| Advised:           | <b>11:28</b>                    | Arrived PCC:     |                                            |
| Cons start:        | <b>28-May-2023 11:45</b>        | Cons End:        | <b>28-May-2023 11:53</b>                   |
| Consulting Doctor: | <b>Shobhan Thakore</b>          | Own doctor:      |                                            |

Reported Condition:  
**FOOT INJURY - 14 HOURS**

#### Consultation details:

History - **Injury to foot and ankle following a disturbance last night**  
**Foot hit by bottle of champagne and he went over it**  
**Unable to wt bear today**  
**Prev h/o issue with foot on other leg that he is awaiting an ortho appt for**  
 Treatment **Explained that we could see him in PRI ED today**  
**- He then asked for an ambulance**  
**I said this would not be seen as an emergency issue for SAS**  
**Asked if anyone could take him but he claimed everyone was in Dundee**  
**He then said he lived on the same road as the hospital and would just make his own way there**  
**Attend ED now**

Followups:  
**Referred to ED Immediately**

Clinical Codes:

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NHS24 details:

Disposition **Accident & Emergency / MTU within 4 Hours**

-

THIRD PARTY COPY

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30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

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Perth & Kinross Integrated Drug & Alcohol Recovery Team  
 Drumbar Medical Centre  
 North Methven Street  
 Perth  
 PH1 5PD  
[www.nhs.tayside.scot.nhs.uk](http://www.nhs.tayside.scot.nhs.uk)

Dr LM Nelson  
 Victoria Practice  
 Glover Street Medical Centre  
 133 Glover Street  
 Perth  
 PH2 0JB

|              |                 |
|--------------|-----------------|
| Date         | 07/08/2023      |
| Clinic Date  | 21/07/2023      |
| Your Ref     |                 |
| Our Ref      | JD/TE/          |
| Enquiries to | Jennifer Dallas |
| Extension    | 62448           |
| Direct Line  |                 |
| Email        |                 |

Dear Dr Nelson

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Robert McNeill attended for medical review on the 21<sup>st</sup> July 2023. He is currently prescribed methadone 80mls which is dispensed daily under supervision. He reports abstinence from all illicit drugs apart from cannabis and also stated he was not drinking alcohol. He did admit to using co-codamol 30/500mg tablets that he obtained when he was in hospital in May. He stated he needed this for pain relief for his feet. I note that this is not a current acute prescription nor on his repeat prescriptions and I have advised him to stop using this medication. Even though he uses it less than once per day by his account, it does risk destabilising his addiction and makes abstinence from illicit opiates difficult to objectively verify. He should look at other means to manage his pain and I was pleased to see he has been seen by orthotics who are going to give him a custom insole for his feet.

He tells me he is in a new relationship although not co-habiting. He also told me his [REDACTED] died last month and his funeral is next week. He did not appear overly effected by this.

We will continue with his current treatment of methadone 80mls dispensed daily under supervision and he will be seen by his key worker who will help him too objectively evidence his abstinence through drug screens. We will then look at his dispensing arrangements to see whether these are appropriate.

Yours sincerely

Authorised on 17/08/2023 10:26:38 by Dr Tim Elworthy.

**Dr Tim Elworthy**  
 Consultant Psychiatrist  
 Perth and Kinross Integrated Drug & Alcohol Recovery Team

Additional document

30-Jun-2026

Additional:Additional document

Filename:  
Extension:  
Pages:

Page 1 of 4

|                         |        |             |      |                 |
|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care  
Pathway Number**  
101038692684X

**REFERRAL TO**

Physiotherapy MSKR5TV  
TAY General Referral v6.2

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

— Consultant / receiving practitioner  
and/or specialty clinic

— Hospital and hospital address

Hospital unit no.

T202H

Email address

-

**Date of Referral (set by  
referrer)**

08-Jan-2026

**Date referral was submitted**

08-Jan-2026

**Urgency of referral**

Routine

**Armed Forces Personnel,  
Immediate Families & Veterans**

☐ On active service

☐ Condition related to service

☐ Immediate family member

**Impairment(s)**

☐ Learning

☐ Visual

☐ Hearing

**Miscellaneous**

Interpreter Required: None

Details of "Other" Language: None

**PATIENT DETAILS**

Surname

MCNEILL

Forename(s)

ROBERT

Title

MR

Sex

Male

Date of birth

01-Jul-1978

CHI no.

0107780372

Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice:

**REGISTERED GP DETAILS**

Name

Dr M Perry

GMC code

4412043

GP code

73431

Practice name

Yellow Practice Drumhar HC

Practice code

14342

Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice:

**REFERRING PRACTITIONER DETAILS**

Name

Dr. Fiona Sinclair

GMC code

6134518

GP code

73687

Practice name

Yellow Practice, Drumhar Health Cen  
(14342)

Practice code

14342

Practice address

North Methven Street  
Perth

Contact number(s)

Voice:

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00944055.HTM 10/06/2026

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: Neck and arm pain with numbness into hand

Comment: Dear Colleague,  
I would be grateful for your input with this 47 year old man who has had neck pain for some time, but told me 3 days ago he woke up with excruciating pain down his right arm into his hand and numbness in the thumb, index and middle finger of his right hand. He feels his grip is reduced as he finds it more difficult to hold things and more inclined to drop things. He has a history of chronic leg pain and sciatica and drug misuse and has been referred to the Pain Clinic regarding this.

On examination he had slightly reduced range of movement in his neck and the movements were painful and elicited pain between the neck and the shoulder. His range of movement of the shoulder was normal. He had reduced sensation in the thumb, index and middle finger and power was intact. I couldn't elicit the bicep reflex on the right side, but it was present on the left.

Many thanks for your assessment and input.

Yours sincerely,

DR FIONA SINCLAIR

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15  
Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

*Most recent height, weight, BMI and Blood Pressure*

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.75   | m                 | Recorded Date: None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: None provided |

*Reason for referral*

Care type requested: Out Patient  
Expected outcome: Not Specified

Additional document

30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

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Perth Health and Social Care Partnership  
Perth and Kinross Integrated Drug & Alcohol Recovery Team  
Drunhar Medical Centre  
North Methven Street  
Perth  
PH1 5PD  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr LM Nelson  
Victoria Practice  
Glover Street Medical Centre  
133 Glover Street  
Perth  
PH2 0JB

|              |                   |
|--------------|-------------------|
| Date         | 13/02/2023        |
| Clinic Date  | 03/02/2023        |
| Your Ref     |                   |
| Our Ref      | JD/TE/ 0107780372 |
| Enquiries to | Jennifer Dallas   |
| Extension    | 62448             |
| Direct Line  |                   |
| Email        |                   |

Dear Dr Nelson

**Robert McNeill, 16 Skinnergate, Perth, Perthshire, PH1 5JH DOB: 01/07/1978**

Robert McNeill was seen for medical review on the 3<sup>rd</sup> February 2023. He has recently transferred from NHS Fife where he was receiving methadone 70mls which was collected daily but not taken under supervision. He is currently staying in Skinnergate homeless hostel but told me that he is possibly going to move again to Falkirk to be closer to his [REDACTED]. For the time being he continues to use heroin every few weeks, the last time being around 2-3 weeks ago. He says he will smoke or inject it and has access to safe injecting equipment if need be. He also uses cocaine occasionally and takes illicit diazepam at a rate of 5-10mg per day to help sleep. We discussed increasing this methadone dose to help him stabilise and he was agreeable to increase it to 80mls in the coming week. He was aware of the risk of overdose with poly drug use and I have advised him to try to reduce and stop using the diazepam. I also explained to him that if he does not stabilise on his prescription we would look at him moving back to supervised dispensing in order to reduce risks. I will reassess him in 6 weeks time to see how things are going and he will be seen by his key worker in the meantime.

Yours sincerely

Authorised on 14/02/2023 09:42:09 by Dr Tim Elworthy.  
**Dr Tim Elworthy**  
Consultant Psychiatrist  
Perth and Kinross Integrated Drug & Alcohol Recovery Team

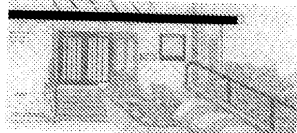
Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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## THE YELLOW PRACTICE

TEL: [REDACTED]



Drumhar Health Centre  
North Methven Street  
Perth  
PH1 5PD

30 December 2024

AH/AW

Dr T Elworthy  
iDART Clinic  
Murray Royal Hospital  
Perth  
PH2 7BH

Dear Dr Elworthy,

**Re: Mr Robert McNeill, 59 Doocot Court, Perth, PH1 1TZ - CHI: 0107780372**

Thank you for setting up such a good working relationship for Mr McNeill with Anne Henderson. We are well aware that he has been on quite a journey and he has engaged with respect and with good humour. *us NH*

Going on the Buprenorphine has worked very well him as it did in prison and he has returned all the Methadone to the Wells pharmacy. He has at last had a proper Orthotic assessment and is able to get around better than before with the pain from his foot.

The bloods you have done for Mr McNeill on our behalf are not visible on ICE for us. Can I bother you to forward them over please.

Please do keep up us in the loop regarding his ongoing care

Kind regards

  
DR GLASDAIRE HONEYMAN

Drs Milne, Perry & Sinclair

## Additional document

30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

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F Sinclair  
Yellow Practice drumhar health cen  
North Methven Street  
Perth  
PH1 5PD

01/12/2025

Dear Colleague

Please see the following outcome from the vetting process.

**Patient Name:** Robert Duncan McNeill  
**CHI Number:** 0107780372  
**Referral Date:** 12/09/2025

**Referral Source:** General Practitioner

**Referral Priority was:** Routine  
**Vetted Priority is:** Back to Referrer

**BACK TO REFERRER - CANCELLED**  
**Vetted By: Pain Management**

*Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.*

**Comment** (Please add comments below for the referrer as required)

This referral has been cancelled due to non-return of pre-clinic questionnaire.

Yours sincerely

Gillian Shepherd  
Chronic Pain Service Secretary



Everyone has the right to care and support services.  
We will not discriminate on the basis of age, sex, race, ethnicity, religion, sexual orientation, gender identity or disability.  
We will ensure that our services are accessible to all.





Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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NHS Tayside  
I-DART (Integrated Drug and Alcohol Recovery Team)  
Birmam  
Murray Royal Hospital  
Muirhall Road  
PERTH,  
PH2 7BH

Dr MS Perry  
Yellow Practice, Drumhar Health Cen  
North Methven Street  
Perth  
PH1 5PD

|             |                   |
|-------------|-------------------|
| Date        | 15/11/2024        |
| Clinic Date | 15/11/2024        |
| Your Ref    |                   |
| Our Ref     | AH/RL/ 0107780372 |
| Enquires to |                   |
| Direct Line |                   |
| Email       |                   |

Dear Dr Perry

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Diagnosis: opiate dependent an on methadone prescription.

I am sorry I have not written earlier but thought I would update you on Robert who was passed over to me for review following his relationship with Dr Elworthy breaking down due to continued aggressive outbursts and threats to harm Dr Elworthy. Robert's prescription was moved to twice weekly collection (Tuesday and Friday) as he had managed to evidence stability with illicit drug free samples as of 17/09/2024. Robert was keen to look at potential micro dosing with oral buprenorphine so we could then move to buvidal injection. However he has not attended an appointment with me on 11/10/2024 so was rebooked for face to face appointment today and my plan was to discuss this and look at potential for commencing this. However Robert had telephoned requesting call back as would not be able to make his appointment in person. I did telephone him but the call was ended quite quickly when he became so verbally abusive to me screaming down the phone that we had advised his GP to put "drug dependence" on his sick note. There was obviously no chance of reasoning with Robert so I terminated the call. As Robert has fallen out with most of the prescribers within the service and his behaviour is continuing to be quite abusive I will be discussing the latest incident with the full team at our clinical meeting on Tuesday 19/11/2024 as we do seem to be at an impasse as to how to deal with Robert effectively and whilst I appreciate his frustrations I am not accepting of being screamed at down the phone. He had mentioned about wishing an advocate present for his appointments and I have absolutely no issues with this and was going to check whether he had one when his frustrations over ran and he started screaming at me down the phone. Datix will be raised as per protocol.

I have no doubt we will update you on the decision regarding Robert's continued treatment with us. In meantime his prescription continues at level of 40mls methadone daily – collected twice weekly, Tuesday and Friday from Well pharmacy.

Yours sincerely

Authorised on 15/11/2024 11:37:21 by Anne Henderson.

Anne Henderson  
Non Medical Prescriber  
Senior Charge Nurse/Clinical Improvement  
I-DART (Integrated Drug and Alcohol Recovery Team)

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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**Whyteman's Brae Hospital**  
Whyteman's Brae  
Kirkcaldy  
Fife  
KY1 2ND

NHS Fife Community Services  
NHS Fife Addiction Services  
Tel: [REDACTED]  
<http://www.nhsfife.scot.nhs.uk>

**Fife Health  
& Social Care  
Partnership**



Dr MA Johnston  
Cowdenbeath Surgery  
Cowdenbeath Medical Practice  
173 Stenhouse Street  
Cowdenbeath  
KY4 9DH



CHI: 0107780372

Letter ID: 3101775

Dear Dr Johnston

Clinic Date: 14/09/2018

Date: 03/10/2018

**Robert McNeill, 95 Broad Street, Cowdenbeath, Fife, KY4 8JR**

**Date of Birth: 01/07/1978**

#### Diagnosis

- Opiate dependence syndrome

#### Current Medication

- Methadone mixture 60ml daily

Robert was prescribed Methadone 60ml daily for his heroin addiction by Addiction Services in Airdrie. He has now come back to Fife to live with [REDACTED]. He has also started working on a part-time basis with a garage repairing cars. He said he has not used any heroin for a while now. His last urine result was negative to illicit drugs. His mental and physical health appears to be stable. He said he is looking at college courses and he would like to work as a painter in the future. He is also a registered carer for his [REDACTED] and spend weekends looking after him.

#### Plan

At the moment we have suggested him to continue taking Methadone 60ml daily. He will speak to his Addiction Nurse at the time of the next appointment and his plan is to reduce this medication gradually.

Yours sincerely

Dr. Ravinder Dagar  
Locum Speciality Doctor

Authorised on 16/10/2018 13:49:47 by Ravinder Dagar.

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Forth Valley  
Acute Hospitals NHS Trust

Physiotherapy Dept  
Denny Health Centre  
Carronbank House  
Denny  
FK6 6GA  
Telephone [REDACTED]  
Fax [REDACTED]

**NHS**  
Forth Valley

09-Aug-07

Dr. R. Deuchar  
Denny Cross Medical Group  
Denny

Dear Dr. R. Deuchar

Robert McNeill  
6 Chestnut Cres  
Dunipace  
FK6 6LG

DOB 01/07/1978 11729

This patient was referred by Dr. R. Deuchar on

The reason for referral was given as Thoracic pain

Robert McNeill was seen on 2 occasion(s) between 19 July 2007 and 09 August 2007

This referral was made for the above Robert McNeill junior. Due to problems with change of address, the physiotherapy appointment was attended by [REDACTED] who now resides at the above address and failed to notice his [REDACTED] DOB on the letter. [REDACTED] has no physiotherapy issues and is therefore discharged from physiotherapy. His [REDACTED] has been advised to get back in touch with yourself re another referral.

This patient has been discharged as he / she not responded to an offer of appointment.

Yours sincerely

*Alison McNally*  
Alison McNally  
Senior Physiotherapist

Item of service code: 1

|                 |                             |
|-----------------|-----------------------------|
| Problem: A      | Appliances Issued: 0        |
| Intervention: A | PIUs: 0                     |
| Outcome: A      | Movement Date: 13 July 2007 |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

NHS Confidential: Personal data about a patient

-----  
Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (HW)  
-----  
Name: MCBELL Robert Sex: M PID: 0107780372 DOB: 01 Jul 1978  
Drumhar Health Centre Clinician: J G P LOUM Lab No: 2233064529  
DRUGS: LOC  
-----  
SODIUM 143 mmol/L ( 133-146 )  
POTASSIUM 4.0 mmol/L ( 3.5-5.3 )  
UREA 80 mmol/L ( 22-102 )  
ESTIMATED GFR 67.60 mL/min  
eGFR should not be used to assess renal function for any drug dosing in  
over 75s or extremes of BMI and for DCAC dosing in those with an eGFR less  
than 60ml/min.  
CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA  
ALT 34 U/L ( 5-55 )  
BILIRUBIN 7 U/L ( 0-21 )  
ALKALINE PHOSPHATASE 80 U/L ( 30-130 )  
ALBUMIN 43 g/L ( 35-50 )  
CALCIUM 2.30 mmol/L ( 2.10-2.55 )  
CALCIUM (CORRECTED) 2.26 mmol/L ( 2.10-2.55 )  
TSH 0.45 mU/L ( 0.4-4.0 )  
Lab Comments: Transferrin analysis reverted back to original methodology and reference range as of 05/03/25. Sample in blood unless  
Be aware of method change between 17/07/25 and 05/08/25 otherwise stated  
when interpreting serial results. Sample Date/Time  
01 Oct 2025 13:38  
-----  
Clin.Details: On T4? No Page 1 of 2  
Numbness/tingling tips of fingers/feet as well as scatica.  
-----  
Request Entered: 01 Oct 2025 16:54 Report Printed: 01 Oct 2025 17:02  
-----

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-----  
Tayside Clinical Laboratory Services Telephone: 01739 473223 (PRI) 01382 832602 (NWX)  
-----  
Name: MCBILL Robert Sex: M PID: 0107380372 DoB: 01 Jul 1978  
Dumbar Health Centre Clinician: J. G. P. LOCOM Lab No: 0253064529  
DPUBEC / LOC  
-----  
C-REACTIVE PROTEIN 4.6 ug/L ( 0.0-10.0 )  
TPOR 24 umol/L ( 5-32 )  
TRANSFERRIN 2.45 g/L ( 2.00-4.00 )  
% SATN OF TRANSFERRIN 39 % ( 22-55 )  
FERRITIN 125 ug/L ( 30-400 )  
FASTING GLUCOSE 6.3 > mmol/L ( 3.3-5.8 )  
AKI NOT AVAILABLE  
-----  
Lab.Comments: Sample is blood unless otherwise stated  
Sample Date/Time: 01 Oct 2025 19:33  
-----  
Clin.Details: No T4? No Page 2 of 2  
Numbness/tingling tips of fingers/feet as well as scatica.  
-----  
Request Entered: 01 Oct 2025 18:24 Report Printed: 01 Oct 2025 17:02  
-----

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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09 MAR 2021



Orthopaedics  
Surgical Directorate  
NHS Tayside - Operational Unit

Perth Royal Infirmary  
Jeanfield Road  
Perth  
PH1 1NX

[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Robert McNeill  
The Health Centre  
P.O. Box 7639  
Perth  
PH2 1GG

|              |                                 |
|--------------|---------------------------------|
| Date         | 05/03/2021                      |
| Clinic Date  | 05/03/2021                      |
| Your Ref     |                                 |
| Our Ref      | TNAV7/ 0107780372               |
| Enquiries to | Tayside Virtual Fracture Clinic |
| Extension    | 13696                           |
| Direct Line  |                                 |
| Email        |                                 |

Dear Robert McNeill

**Robert McNeill, The Health Centre, P.O. Box 7639, Perth, PH2 1GG DOB: 01/07/1978**

I have reviewed the notes and images after your visit to Perth Royal Infirmary. I can see from the x-ray that you have fractured your left foot 5<sup>th</sup> metatarsal base and you also have a small calcaneus fracture. Both are undisplaced and can be treated conservatively in a boot given to you. You are allowed to mobilise as you feel comfortable. You are allowed to take the boot off during the night and when you are resting. I would advise you to elevate the leg for the next 10 days to reduce swelling and use pain medication as needed. This kind of fracture should heal in the next 6 to 8 weeks. Your foot might be swollen in the months to come and that is quite normal. You should not do any high impact activities (running, jumping, ball games etc.) for the next 4 to 6 months. Normally after these kind of fractures we wouldn't review you in our fracture clinic but do get in touch with us if there are any concerns after eight weeks of trauma.

Yours sincerely

Authorised on 05/03/2021 12:46:07 by Typist Vicki Taylor, not verified by Consultant.

**Miss T Nurm**  
Consultant Orthopaedic Surgeon

(P) Medical Officer, The Health Centre, HM Prison, PO BOX 7639, Perth, PH2 1GG

*mu wls/2r*

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30-Jun-2026  
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Pages:

NHS Confidential: Personal data about a patient

-----  
Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)  
-----  
Name: MENEILL Robert Sex: M PID: 0107730372 DoB: 01 Jul 1978  
Glover St Med Ctr (Victoria) Clinician: Dr J. GFST(B) Lab No: 0231098881  
GSPERC GFSTB  
-----  
SODIUM 142 mmol/L ( 133-146 )  
POTASSIUM 3.6 mmol/L ( 3.5-5.2 )  
CREATININE 74 umol/L ( 62-106 )  
ESTIMATED GFR 67u mL/min  
eGFR should not be used to assess renal function for any drug dosing in  
over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less  
than 60mL/min.  
CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA  
TOTAL CHOLESTEROL 4.85 mmol/L ( 0.00-5.00 )  
HDL-CHOLESTEROL 1.55 mmol/L ( 0.60-2.50 )  
TOTAL CHOL/HDL-CHOL 3.00  
TESTOSTERONE 13.1 nmol/L ( 3.0-27.4 )  
FASTING GLUCOSE 5.5 mmol/L ( 3.3-5.8 )  
AKI NOT AVAILABLE  
-----  
Lab.Comments: PHONED GP AND CONFIRMED BY PHONE SAMPLES TAKEN 140523 Sample is blood unless  
otherwise stated  
Sample Date/Time  
14 Jun 2023 10:04  
-----  
Clin.Details: Testosterone: collected before 11 A.M.  
erectile dysfunction  
-----  
Request Entered: 14 Jun 2023 16:51 Report Printed: 15 Jun 2023 11:37  
-----

Additional document  
30-Jun-2026  
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Pages:

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MCNEILL, Robert (Mr) 01/07/1978 (45y)

21/05/2024

S+f

MCNEILL, Robert (Mr) (TRANSFERRED OUT)

Born 01-Jul-1978 (45y) Gender Male CHI No.01077

#### Allergies

Very severe Certain Allergy : H/O: non-drug allergy

Significant Medical History showing all records for priority 1

30 Oct 2023 Drug addictn therap-methadone

16 Aug 2023 Pain

28 Apr 2021 Drug addiction therapy

11 Mar 2021 Metatarsal bone fracture

21 Oct 2020 In prison

19 Feb 2007 Rhinoplasty

19 Feb 2007 Allergic rhinitis

01 Jan 2007 Misuse of drugs NOS

01 Jan 2007 Injecting drug user

Procedures showing all records

None

Active Repeat medication

None

#### Acute Medication

Sildenafil 100mg tablets 8tablet 1 TABLET WHEN REQUIRED Prescribed: 15 Feb 2024

Ibuprofen 10% gel 100gram APPLY THREE TIMES DAILY TO THE AFFECTED AREA(S) Prescribed: 09 Feb 2024

Sildenafil 100mg tablets 8tablet 1 TABLET WHEN REQUIRED Prescribed: 25 Jan 2024

Ibuprofen 10% gel 50gram APPLY THREE TIMES DAILY TO THE AFFECTED AREA(S) Prescribed: 04 Jan 2024

Sildenafil 100mg tablets 8tablet 1 TABLET WHEN REQUIRED Prescribed: 04 Jan 2024

Sildenafil 100mg tablets 8tablet 1 TABLET WHEN REQUIRED Prescribed: 11 Dec 2023

Duloxetine 60mg gastro-resistant capsules 28capsule 1 CAP DAILY FOR PAIN Prescribed: 05 Dec 2023

#### Medication Review

No Medication review

#### Examination Findings

No Height data, No Weight data, No Waist data

#### Lifestyle

20 Jun 2023 Drinks 1 units per week

#### Referrals in the last 6 months

None

Home Visit Report

Page 1 of 2



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MCNEILL, Robert (Mr) 01/07/1978 (45y)

21/05/2024

Tests in the last 3 months  
None

Consultations in the last 3 months  
21 May 2024 Administration with Mrs Suzie McGowne  
07 Mar 2024 Administration with Dr James Riches

Home Visit Report

Page 2 of 2

**Additional document**  
**30-Jun-2026**  
**Additional:**Additional document

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**Extension:**  
**Pages:**

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# **APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE** ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

**NHS**  
SCOTLAND

## **1. PERSONAL DETAILS**

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 complete a temporary resident form)

Male ☒ Female ☐

Date of birth \*

1/7/78

Address \*

59 DOOCOT COUG  
PERTH

Title \*

MR

Surname \*

MENGLI

Forenames \*

ROBERT DUNCAN

Previous surname \*

Postcode \*

PH1 1TL

Telephone #

Mobile #

Email address #

# the data supplied in the Community Health Index (CHI), but will be held on the GP Practice's system.

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 \*

FALKIRK

Country of birth \*

SCOTLAND

Registered district of birth  
(Scotland only)

FALKIRK

## **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 \*

61 GLOUCESTER STREET MEDICAL PRACTICE  
59 DOOCOT COUG  
PERTH

Name and address of previous GP Practice in UK \*

61 GLOUCESTER STREET MEDICAL PRACTICE  
PERTH

Postcode \*

PH1 1TL

Postcode \*

PH1

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 provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes ☐ No ☒

1

GMSGPR01 V27 1 2021

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THE GREEN PRACTICE  
WHITEFRIARS SURGERY PERTH

Dr J R Hamilton • Dr S A Elliott • Dr D N A Smith  
Dr J A Crichton • Dr S Smith • Dr C Stein

## New Patient Health Questionnaire

|                                  |                                                                                        |
|----------------------------------|----------------------------------------------------------------------------------------|
| Surname: <u>McNeill</u>          | First Names: <u>Robert Duncan</u>                                                      |
| Date of Birth: <u>01/07/1978</u> | Occupation: <u>SPRAY PAINTER</u><br><u>PAINT BEATCH</u>                                |
| [REDACTED]                       | Marital status: <u>Single</u> / Married / Co-habiting / separated / divorced / widowed |

### YOUR HEALTH

What is your height: 5'10 your weight: 10 stone

Have you ever suffered from any of the following:

| Condition                | Please tick (✓) | Details                                                                                                                      |
|--------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|
| Asthma                   |                 |                                                                                                                              |
| Diabetes                 |                 |                                                                                                                              |
| Epilepsy                 |                 | Do you have seizures or fits? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If so, when was your last seizure? |
| Osteoporosis             |                 |                                                                                                                              |
| Blindness/glaucoma       |                 |                                                                                                                              |
| High blood pressure      |                 |                                                                                                                              |
| Thyroid problems         |                 |                                                                                                                              |
| Stroke                   |                 |                                                                                                                              |
| Nervous/mental breakdown |                 |                                                                                                                              |
| Cancer                   |                 |                                                                                                                              |
| Heart attack             |                 |                                                                                                                              |
| Angina                   |                 |                                                                                                                              |

The Green Practice • Whitefriars Surgery • Whitefriars Street • Perth • PH1 1PP



[www.greenpracticeperth.co.uk](http://www.greenpracticeperth.co.uk)

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THE GREEN PRACTICE  
WHITEFRIARS SURGERY PERTH

#### Other Significant illnesses, disability or operations

ARTHRITIS ON FEET AND SEVERE PAIN  
IN MOST OF MY JOINTS KNEES HANDS  
AND WRIST ARE WORST AFFECTED

Have your p[REDACTED] or [REDACTED] and [REDACTED]  
suffered from any of the above, or an inherited  
disease? [REDACTED]

YES ☒ NO ☐

If yes, please state relationship and condition:  
[REDACTED]

#### Ongoing Treatment

Are you currently receiving treatment from a hospital? YES ☒ NO ☐

If yes, please give details below including the Dr's name and hospital

STEVEN ROBINSON, ORTHOTIC DEPARTMENT  
WESTERN AVE, PERTH ROYAL INFIRMARY

#### Medication

Are you currently taking any tablets, medicine or injections? YES ☒ NO ☐

If yes, please give details below

(If you have a printed sheet of your current medications from your previous GP, please attach/bring with you to your appointment)

VIAGRA METHYLDONE ANUSOL  
IBUPROFEN GEL

#### Allergies

Have you any allergies to medicines or to anything else? YES ☒ NO ☐

If Yes, please give details

BEES WASPS MUSTARD

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THE GREEN PRACTICE  
WHITEFRIARS SURGERY PERTH

**Female patients only – Please tick or complete/delete appropriate sections**

|                                                                                               |                                                                                |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| I currently have/have previously had a coil                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/>                       |
| This was fitted/removed in                                                                    | Date:                                                                          |
| Are you taking the oral contraceptive pill or using the Depo injection or implant at present? | YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, which one: |
| My last cervical smear was on (date):                                                         | Where was the smear taken?:<br>The result was:                                 |
| I have never had a smear                                                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                       |
| Have you ever had a mammogram?                                                                | YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?:        |

**Lifestyle**

| Smoking                                        | Please tick (✓)                                          | Comments                                |
|------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
| I have never smoked                            |                                                          |                                         |
| Ex-smoker                                      |                                                          |                                         |
| I have given up smoking                        |                                                          | Please state when:                      |
| I currently smoke                              |                                                          | Please state below how much you smoke?: |
| Would you like advice and help to stop smoking | YES <input type="checkbox"/> NO <input type="checkbox"/> |                                         |

**Drinking**

|                                                                   | 0<br>Never | 1<br>Less than<br>monthly | 2<br>Monthly | 3<br>Weekly | 4<br>Daily |
|-------------------------------------------------------------------|------------|---------------------------|--------------|-------------|------------|
| MEN: How often do you have EIGHT or more drinks on one occasion?  |            |                           |              |             |            |
| WOMEN: How often do you have SIX or more drinks on one occasion?  |            |                           |              |             |            |
| (1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits) |            |                           |              |             |            |

NHS Confidential Personal data about a patient



THE GREEN PRACTICE  
WHITEFRIARS SURGERY PERTH

### Ethnic Origin

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background

|                                           |                        | Please tick (✓)                     |                 |
|-------------------------------------------|------------------------|-------------------------------------|-----------------|
| A. White                                  | Scottish               | <input checked="" type="checkbox"/> |                 |
|                                           | Other British          | <input type="checkbox"/>            |                 |
|                                           | Irish                  | <input type="checkbox"/>            |                 |
|                                           | Other                  | <input type="checkbox"/>            | Please specify: |
| B. Mixed                                  |                        |                                     | Please specify: |
| C. Asian, Asian Scottish or Asian British | Indian                 | <input type="checkbox"/>            |                 |
|                                           | Pakistani              | <input type="checkbox"/>            |                 |
|                                           | Bangladeshi            | <input type="checkbox"/>            |                 |
|                                           | Chinese                | <input type="checkbox"/>            |                 |
|                                           | Other Asian            | <input type="checkbox"/>            | Please specify: |
| D. Black, Black Scottish or Black British | Caribbean              | <input type="checkbox"/>            |                 |
|                                           | African                | <input type="checkbox"/>            |                 |
|                                           | Other Black            | <input type="checkbox"/>            | Please specify: |
| E. Other Ethnic background                |                        |                                     | Please specify: |
| F. Other                                  | Prefer not to disclose | <input type="checkbox"/>            |                 |

|                                              |                                                          |
|----------------------------------------------|----------------------------------------------------------|
| What is your main Language?                  | ENGLISH                                                  |
| If not English, do you require a translator? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

### CARERS:

Do you, without payment, provide help and support to a [redacted] child, relative, friend or [redacted] who could not manage without your help? This could be due to age, physical or mental illness, addiction or disability.

YES ☒ NO ☐

Thank you for completing this form. All information given is treated as confidential. I agree to being contacted by the practice via text message to my mobile or via my email address.

Signed: \_\_\_\_\_

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### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland 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 exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

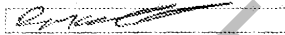
### 5. PATIENT DECLARATION

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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

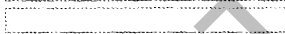
This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

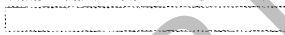


Date \* 7/5/24

Representative's name (if applicable)



Relationship to patient (if applicable)

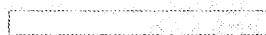


### 6. FOR PRACTICE USE

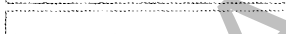
GP reference number



GP name



Practice code



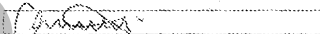
#### Identification seen – do not take or retain photocopies

Please initial each relevant box (It is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or ☐ Home Office ☐ Other / None ☐  
HC2 cert ☐ app reg card ☐

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.

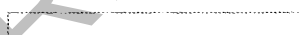
Authorised Practice signature



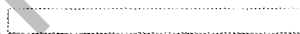
Date \* 08/05/24

### 7. FOR OFFICIAL USE ONLY

Input by



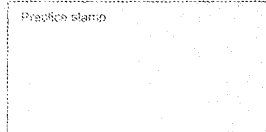
Checked by



Date



Practice stamp



Additional document  
30-Jun-2026  
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Extension:  
Pages:

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General Surgery  
Surgical Directorate  
NHS Tayside  
Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr MS Perry  
Yellow Practice, Drumhar Health Cen  
North Methven Street  
Perth  
PH1 5PD

|              |                     |
|--------------|---------------------|
| Date         | 13/04/2026          |
| Clinic Date  | 13/04/2026          |
| Your Ref     |                     |
| Our Ref      | NEH-UG / 0107780372 |
| Enquiries to | Dorothy Batchelor   |
| Extension    | 13690               |
| Direct Line  |                     |

Dear Dr Perry

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Thank you for referring this gentleman who has had symptoms of fresh PR bleeding but also complains of pain during and after bowel motion. He says the pain persists throughout the day sometimes. He does notice what seems to be some protrusion possibly haemorrhoids or possibly mucosa.

We have had a detailed discussion and he has expressed very explicit dissatisfaction of how he has been treated or managed medically especially with being labelled falsely. He has also mentioned the sexual abuse he has suffered previously and this affects him deeply emotionally. He did however give permission and consent to be examined today.

I performed a PR examination followed by a proctoscopy. He found it difficult to tolerate the proctoscopy due to tenderness. There was some evidence of haemorrhoids but I could not definitely see any anal fissure.

I have explained the findings to him and he was quite emotional following the examination.

I have reassured him and given him a prescription of Proctosedyl suppositories to use once in the morning for the next two weeks to treat the haemorrhoids but I have also given him Diltiazem cream which he will use at night for the next four weeks.

I have arranged another face to face clinic appointment for 4-5 weeks time to discuss his response to the treatment.

Yours sincerely,

Authorised on 20/04/2026 09:43:16 by Neville Ekpete.

**Neville Ekpete**  
Specialty Doctor in Colorectal Surgery

Additional document  
30-Jun-2026  
Additional:Additional document



Filename:  
Extension:  
Pages:

Page 1 of 5

|                         |        |             |      |                 |
|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

**Unique Care  
Pathway Number**  
101038770216D

**REFERRAL TO**

Pain ManagementC31  
TAY General Referral v6.2

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

— Consultant / receiving practitioner  
and/or specialty clinic

— Hospital and hospital address

Hospital unit no.

T202H

address

**Date of Referral (set by  
referrer)**

15-Jan-2026

**Date referral was submitted**

15-Jan-2026

**Urgency of referral**

Routine

**Armed Forces Personnel,  
Immediate Families & Veterans**

☐ On active service

☐ Condition related to service

☐ Immediate family member

**Impairment(s)**

☐ Learning

☐ Visual

☐ Hearing

**Miscellaneous**

Interpreter Required: None

Details of "Other" Language: None

**PATIENT DETAILS**

Surname **MCNEILL**  
Forename(s) **ROBERT**  
Title **MR**  
Sex **Male**  
Date of birth **01-Jul-1978**  
CHI no. **0107780372**

Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]

**REGISTERED GP DETAILS**

Name **Dr M Perry**  
GMC code **4412043** GP code **73431**  
Practice name **Yellow Practice Drumhar HC**  
Practice code **14342**

Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]

**REFERRING PRACTITIONER DETAILS**

Name **Dr. Fiona Bullions**  
GMC code **4738066** GP code **73890**  
Practice name **Yellow Practice, Drumhar Health Cen  
(14342)**  
Practice code **14342**

Practice address

North Methven Street  
Perth

Contact number(s)

Voice: [REDACTED]

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**Periods of Future  
Unavailability**

None provided.

THIRD PARTY COPY

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00945013.HTM 10/06/2026

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: Chronic pain in legs

Comment: Dear Doctor,  
 This 47 year old chap has chronic pain in his legs. He struggles with many aspects of life and has a background of complex trauma. He feels very much let down by the health service and often gets side-tracked during consultations talking about past grievances. He feels he has been wronged by particular doctors in the past. Dr Elworthy of ISMS had advised at one point that drugs of abuse were not suitable. Patient takes issue with this and it is a very sore point with him. He remains on Buprenorphine under the care of ISMS with a different doctor in charge of his care. He has a history of heroin and illicit Diazepam use, but has been clean for over a year, I am uncertain how long exactly. He does continue to use cannabis I believe. He was previously referred to Pain Clinic but did not manage to complete the pre-clinic questionnaire as it very much triggered his memories of past difficulties. He has some support now and a support worker will be able to assist him with the questionnaire. I advised this is a necessary part of the process and he did take this on board. He does frequently refer to "getting this sorted" and I have advised that a resolution of pain is not the treatment goal.  
 Main current pain is longstanding nerve type pain in his legs. He can be a difficult historian and it can be challenging to get a straight answer to a question.  
 Recent consultation note below:

" leg pains:  
 patient fell down stairs twice in last few weeks  
 both legs give way underneath him  
 can be up all night with pain and cramps he tells me  
 immediately prior to legs giving way he gets shooting pains, tightening in muscles, burning pain and says "it feels like my veins solidify"  
 also complains of pain on ejaculation - pain in scrotum, pain also shoots down legs  
 also pain on moving bowels, pain is in bottom of back and shoots down legs  
 Also left foot numbness and pain and if moves toes his foot cramps up  
 pain down inside left leg  
 No back pain

I'll re-refer Pain Clinic, support worker will help with sending back form "it will be hard to read with all the tears" patient says  
 because he finds thinking about past treatment difficult as he gets distracted by all the wrongs of previous doctors (patient's words)  
 several segues into previous doctors treatment including a GP that told other doctors not to treat him due to drug seeking behaviour  
 I explained purpose of Pain Clinic.  
 patient reports he's been "told to learn to live with it (the pain)"  
 explained that's not quite what was meant, however chronic pain is difficult to treat and Pain Clinic is about management not 'getting it sorted', ie he can't expect to be pain free as this is unlikely to be the case."

Many thanks for seeing this chap, who I think has genuine pain and a history of traumatic life events.

Yours sincerely,

DR FIONA BULLIONS

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15  
 Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

*Most recent height, weight, BMI and Blood Pressure*

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.75   | m                 | Recorded Date: None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: None provided |

*Reason for referral*

Care type requested: Out Patient  
 Expected outcome: Not Specified

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00945013.HTM 10/06/2026

**Additional document**

30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

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-----  
Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (NW)  
-----  
Name: MCBILL Robert Sex: M PID: 0107380372 DoB: 01 Jul 1978  
Glover St Med Ctr (Victoria) Clinician: Dr D.S. FOSTER Lab No: 0241648021  
GSPER0 / F08D16  
-----  
SODIUM 135 mmol/L ( 133-145 )  
SODIUM DELIVERY TO THE LABORATORY WAS DELAYED  
CREATININE 72 umol/L ( 42-106 )  
ESTIMATED GFR GFR mL/min  
eGFR should not be used to assess renal function for any drug dosing in  
over 75s or extremes of BMI and for DGAC dosing in those with an eGFR less  
than 60mL/min.  
CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HEMATURIA AND PROTEINURIA  
ALT 16 U/L ( 5-55 )  
BILIRUBIN 7 umol/L ( 0-21 )  
ALKALINE PHOSPHATASE 82 U/L ( 30-130 )  
ALBUMIN 40 g/L ( 35-50 )  
CALCIUM 2.16 mmol/L ( 2.10-2.55 )  
CALCIUM (CORRECTED) 2.15 mmol/L ( 2.10-2.55 )  
TSH 1.05 mIU/L ( 0.4-4.0 )  
-----  
Lab Comments: Sample is blood unless otherwise stated  
Sample Date/Time: 08 Feb 2024 15:30  
-----  
Clin Details: On T4? No Page 1 of 2  
chronic joint pain  
-----  
Request Entered: 08 Feb 2024 14:21 Report Printed: 08 Feb 2024 15:22  
-----

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Tayside Clinical Laboratory Services

Telephone 01339 473223 (PRI) 01382 832602 (NWX)

Name: MCBILL Robert

Sex: M PID: 0107380372

DoB: 01 Jul 1978

Glover St Med Ctr (Victoria)

Clinician: Dr D.S. FOSTER

Lab No: 0241648021

C-REACTIVE PROTEIN

LT0.5 mg/L ( 0.0-10.0 )

AKI Not detected May not exclude AKI in all cases

88PER0 / F08D16

Lab.Comments:

Sample is blood unless otherwise stated

Clin.Details: On T4? No chronic joint pain

Sample Date/Time: 08 Feb 2024 15:30

Request Entered: 08 Feb 2024 14:21

Report Printed: 08 Feb 2024 15:22

Page 2 of 2

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

NHS Confidential: Personal data about a patient

|                                                                                   |                    |                                                                                        |                                             |                                      |                                    |                                          |                                                     |                                                |                                                          |
|-----------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
|  |                    | PATIENT<br><b>MCNEILL, ROBERT</b>                                                      |                                             |                                      |                                    |                                          |                                                     | UNIT NUMBER<br><b>0107780372</b>               |                                                          |
|                                                                                   |                    | PATIENT'S ADDRESS<br><b>68 Little Denny Road, DENNY</b>                                |                                             |                                      |                                    |                                          |                                                     |                                                |                                                          |
|                                                                                   |                    | CONSULTANT<br><b>Dr. F. Shiels</b>                                                     |                                             |                                      |                                    | DOB<br><b>01/07/1978</b>                 |                                                     | SEX<br><b>Male</b>                             |                                                          |
|                                                                                   |                    | WARD AND HOSPITAL / GENERAL PRACTICE<br><b>Dr F Shiels, Denny Cross Medical Centre</b> |                                             |                                      |                                    |                                          |                                                     | SAMPLE TYPE OF LATEST SPECIMEN<br><b>Serum</b> |                                                          |
| AREA LABORATORY SERVICE                                                           |                    | CLINICAL DETAILS REFERRING TO LATEST REQUEST                                           |                                             |                                      |                                    | COPY DETAILS                             |                                                     |                                                |                                                          |
| DATE / TIME OF COLLECTION                                                         | LABORATORY NUMBER  | TIME OF COLLECTION                                                                     | PLASMA GLUCOSE fasting 3.3-5.5 mmol/l       | BLOOD GAS Specimen type              | [H+] 36-43 nmol/l                  | pCO <sub>2</sub> 4.6-5.0 kPa             | CALCULATED BICARBONATE 20-28 mmol/l                 | pO <sub>2</sub> 10.5-15.5 kPa                  | INSPIRED OXYGEN %                                        |
| DATE / TIME OF COLLECTION                                                         | LABORATORY NUMBER  | Total CO <sub>2</sub> 23-30 mmol/l                                                     | OSMOLALITY 276-295 mosm/kg H <sub>2</sub> O | SODIUM 135-145 mmol/l                | POTASSIUM 3.5-5.0 mmol/l           | CHLORIDE 97-107 mmol/l                   | UREA 2.5-8.0 mmol/l                                 | CREATININE 60-130 µmol/l                       | eGFR ml/min/1.73m <sup>2</sup> <60 = CKD stage 3, 4 or 5 |
| 01/12/10 10:45                                                                    | 400405E            |                                                                                        |                                             | 143                                  | 3.8                                | 107                                      | 4.2                                                 | 104                                            | >59                                                      |
| DATE / TIME OF COLLECTION                                                         | LABORATORY NUMBER  | AMYLASE up to 60 iu/l 37°C                                                             | AST 12-34 iu/l 37°C                         | ALT 11-57 iu/l 37°C                  | BILIRUBIN up to 17 µmol/l          | TOTAL PROTEIN 52-80 g/l                  | ALBUMIN 36-52 g/l                                   | ALKALINE PHOSPHATASE 0 - 270 iu/l 37°C         | γGT 7-43 iu/l 37°C                                       |
| 31/08/10 09:15<br>01/12/10 10:45                                                  | 137350Y<br>400405E |                                                                                        | 23<br>14                                    | 36<br>18                             | 7<br>13                            | 77<br>67                                 | 49<br>46                                            | 210<br>201                                     | 24                                                       |
| DATE / TIME OF COLLECTION                                                         | LABORATORY NUMBER  | IRON 1-26 µmol/l                                                                       | TIBC 45-72 µmol/l                           | CALCIUM 2.15-2.60 mmol/l             | CORRECTED CALCIUM 2.15-2.60 mmol/l | PHOSPHATE 0.87-1.45 mmol/l (12-60 years) | MAGNESIUM 0.7-1.0 mmol/l                            | URATE 0.12-0.42 mmol/l                         | CK (Total) 25-176 (male) iu/l 37°C                       |
| DATE / TIME OF COLLECTION                                                         | LABORATORY NUMBER  | T.S.H. 0.35-5.5 mU/L from 25.1.07                                                      | FREE T4 9-24 pmol/l                         | TOTAL T3 0.8-2.8 nmol/l from 25.1.07 | PSA <4.0 µg/L                      | TRIGLYCERIDE fasting <2.0 mmol/l         | CHOLESTEROL mmol/l target levels are risk dependent | H.D.L. >0.9 mmol/l                             | L.D.L. mmol/l target levels are risk dependent           |
|                                                                                   |                    |                                                                                        |                                             |                                      |                                    |                                          |                                                     |                                                |                                                          |
| Filing Range from: 01/12/2010 to: 31/08/2010                                      |                    | Page 1 of 1                                                                            |                                             |                                      |                                    | Date of Report 01/12/2010 14:00          |                                                     |                                                |                                                          |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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## Community Alcohol and Drug Service

Substance Misuse Services  
(Former Maternity Outpatient  
Building)  
Stirling Community Hospital  
Livilands Gate  
STIRLING  
FK8 2AU



### MEDICAL IN CONFIDENCE

Dr Craig  
Denny Cross Medical Centre  
1 Duke Street  
DENNY  
FK6 6DB

Date 5<sup>th</sup> July 2012  
Dictated 2<sup>nd</sup> July 2012  
Qui Ref IMcD/CM 020712

Enquiries to Administration Office  
Extension [REDACTED]  
Direct Line [REDACTED]  
Email [REDACTED]

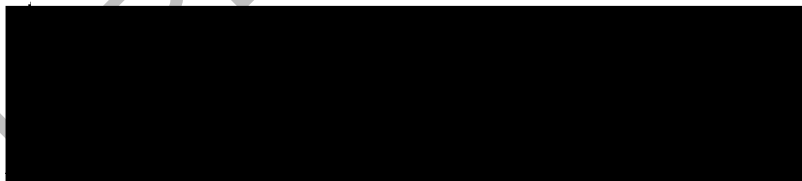
Dear Dr Craig

**Re: Robert McNeill, 6 Bridge Crescent, Denny, FK6 6PB**  
**DOB: 01/07/1978 CHI: 010778 0372**

This 34 year old man attended the Fast Track Clinic in Falkirk this morning with a view to starting methadone assisted treatment for his heroin addiction. His Court Order began on 11<sup>th</sup> May 2012 and runs for 2 years. His drug history began at the age of 11 with cannabis and from there he graduated over the years through magic mushrooms, amphetamine, ecstasy and cocaine until he first smoked heroin at the age of 19. At the age of 23 he was injecting and reached a maximum habit of over £100 a day. He has had numerous custodial sentences and has been intermittently free of drugs for up to a year at a time but has always relapsed when back in the community.

His current usage is up to 4 bags of heroin a day which he usually injects into his left groin. He does not drink alcohol but smokes 4 - 7 roll-ups of tobacco a day. He last used heroin yesterday evening. This morning he took 2 DF118s. He also sometimes uses street methadone. He denies using street valium.

His medical history includes a nasal fracture and septorhinoplasty at Stirling a couple of years ago. He says he is on no regular medication apart from nutritional supplements (Fortisip compact) which he obtains from you. He is concerned because he feels he is underweight.



Chairman Alex Linkston CBE  
Chief Executive Fiona Mackenzie MA(Hons) MBA CIHM DipHSM



INVESTORS  
IN PEOPLE BRONZE

Forth Valley NHS Board is the common name for Forth Valley Health Board  
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW  
Page 1 of 2 11/07/2012  
[www.nhs.uk/forthvalley.com](http://www.nhs.uk/forthvalley.com)

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Robert shares a council flat with his current [REDACTED] who is a heroin user. I understand she is due to start methadone assisted treatment soon.

Robert gets occasional casual work in landscape gardening but is at present receiving Sickness Benefit.

He describes his mood as good and he is optimistic about the future. He says he wants to get free of drug misuse and perhaps go back to college.

On examination he showed no obvious signs of intoxication this morning. His mood and his speech appeared appropriate. He was dressed in clean casual clothes. Weight 82kg. There were no new needle tracks in his arms. There were bilateral groin pits, more marked on the left.

Robert has already been through naloxone training and is aware of the safety issues surrounding methadone assisted treatment. He has had 3 oral fluid tests which confirmed his opioid misuse. We agreed that he would start next week on a low dose of methadone, increasing gradually at weekly intervals until he is stable and not requiring illicit drugs. He was negative for blood-borne viruses in 2008 and has not shared equipment since then. He thinks he had a hepatitis B immunisation course in 2000 so he is probably overdue for a booster. I would be grateful if you would offer this to him at his next attendance.

He will continue seeing his keyworker weekly and I will review him in due course.

Yours sincerely

Electronically checked by Dr Iain McDonald

DR IAIN MCDONALD  
Speciality Doctor

c.c. Jackie Brookes, keyworker FV CJDTs

L:\MEDICAL OFFICE\MEDICAL OFFICE LETTERS\PATIENT LETTERS\McNeill Robert 010778 [REDACTED]

Page 2 of 2 11/07/2012

#### Additional document

30-Jun-2026

Additional: Additional document

Filename:

Extension:

Pages:



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05/11/2020

Fife f20305cowdenbeath - Outlook

TR

**MARAC 1264R McNeil Request for Information**

Fife marac [REDACTED]

Thu 05/11/2020 09:21

To: Fife f20305cowdenbeath [REDACTED]

2 attachments (122 KB)

MARAC 1264R RM (GP).docx; NOTIFICATION 1264R McNeil.pdf;

**For the attention of the GP for: Robert McNeil (D.O.B 01.07.78)**

Following an incident of domestic abuse, this case has been referred to MARAC (multi-agency risk assessment conferencing). Please can you share any relevant information you have regarding the patient.

MARAC is a high level, inter-agency information sharing process dealing with only the most serious cases of domestic abuse. The purpose of MARAC is to prevent further violence or homicide through the development of a safety plan, designed to address the key identified risk factors.

Please can you fill in the attached form using brief notes (this is not a request for a full report) and return it via email to Fife [REDACTED] by Midday on **Tuesday 17<sup>th</sup> November 2020**. Please save the form before adding any information on to it.

Typed versions only.

Thanks and kind regards,

[REDACTED]  
Administrator  
Gender Based Violence Team  
Sexual Health  
Whyteman's Brae Hospital  
Whyteman's Brae  
Kirkcaldy  
Tel: [REDACTED]  
Ext: 29258  
Email: [REDACTED]

[https://outlook.office\[REDACTED\]eeplink?version=20201024001.04&popoutv2=1](https://outlook.office[REDACTED]eeplink?version=20201024001.04&popoutv2=1)

1/1

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**MARAC INFORMATION REQUEST FORM****Please return via email by Tuesday 17<sup>th</sup> November by 12 noon**

Name: Robert McNeil

MARAC number: 1264R

The above named patient of yours is being discussed at a Multi-Agency Risk Assessment Conference (MARAC) because high risk domestic abuse has been identified.

Brief notes only, this is **not** a request for a full report. (Typed Only)

**When was the patient last seen and by whom?**

|  |
|--|
|  |
|--|

**Has the patient disclosed any recent incidents of domestic abuse (within the last 12 months)?**

|  |
|--|
|  |
|--|

**Has the patient presented with any problems or conditions that may be associated with domestic abuse? Does the victim have any disabilities, mental health needs, problematic substance use issues, pregnancy (within the last 12 months) or other safeguarding needs that may increase the risk of violence and abuse?**

|  |
|--|
|  |
|--|

Form completed by: (Blocked Capitals)

Date:

**Please return this form via email to:** [REDACTED]**CONFIDENTIAL**

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Date: 19/11/2020

Case Number: 1264R

Victim: [REDACTED]

Repeat: Yes

Previous MARAC Case Number(s): 1264, 10/11/2016. 1264R, 23/04/2020.

If a case has previously been heard at MARAC please provide any information you have since that date. You do not need to resubmit information provided previously and that can be found on the risk management plan from the above meeting.

Source of Referral: Police

Legal authority to share this information is in line with MARAC Fife SASPI (Scottish Accord on the Sharing of Personal Information) This is available from your organisation's MARAC rep.

High Risk Domestic Abuse Cases are discussed at MARAC (Multi-Agency Risk Assessment Conference)

Information is gathered and shared in order to establish a comprehensive understanding of risks and agree a risk management plan (RMP) for the adult victim and any children.

Information pertaining to the victim, perpetrator or any children, should be returned to your agency representative in the days prior to the MARAC meeting. It should summarise:

- Last time you had contact,
- Nature of your relationship / frequency of contact,
- Any domestic abuse you are aware of,
- Concerns / risks you identify,
- Protective factors in place,
- Any particular supports that are in place from your own service or otherwise,
- Any additional support you propose to offer.

If you have any queries regarding this notification please contact your MARAC Representative in the first instance or the MARAC Coordinator: [REDACTED] MARAC Coordinator, Contact Number: [REDACTED] Ext 441965.

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## Personal Details for case number: 1264R

|               | Victim ✓ | Alleged Perpetrator ✓                                 |
|---------------|----------|-------------------------------------------------------|
| Surname       |          | McNeill                                               |
| Forenames     |          | Robert                                                |
| Date of Birth |          | 01/10/1978 or 01/07/1978                              |
| Gender        |          | Male                                                  |
| Address       |          | 94 Broad Street, Cowdenbeath,<br>KY4 8JD or HMP Perth |

Children's Details  
No Children

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Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Tinto Medical  
PracticeAirdrie Community Health Centre  
85-88 Graham Street  
ML6 6DB  
Tel: [REDACTED]  
www.tintopractice.com

## New Patient Health Check Form

As a new patient to our Practice we need to know a little bit about your past medical history in order to care for your health. It would be helpful to us if you could complete the following questionnaire in full.

New patients must obtain at least 1 month supply of repeat medication from their previous GP prior to new registration

If you are unsure of any questions the staff will be happy to help you.

|                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| TITLE: MR<br>FORNAME: ROBERT DUNCAN<br>SURNAME: MCGILL<br>DATE OF BIRTH: 1/7/78                                                                                                                                                                                                                                                                                |  | PREVIOUS GP NAME: DR PANDAL<br>PREVIOUS GP ADDRESS: STENHOUSE ST<br>CONDENSBEATH, FIFE                                 |  |
| ADDRESS: 52 STONEFORD STREET<br>AIRDRIE<br>POSTCODE: ML6 6JS                                                                                                                                                                                                                                                                                                   |  | HOME TELEPHONE NO: 60 7022<br>MOBILE NO: [REDACTED]<br>EMAIL: [REDACTED]<br>OCCUPATION: UNEMPLOYED CARE FOR [REDACTED] |  |
| ARE YOU A CARER: YES/NO<br>DO YOU HAVE A CARER: YES/NO                                                                                                                                                                                                                                                                                                         |  | DO YOU NEED AN INTERPRETER OR SIGN LANGUAGE SUPPORT: YES/NO<br>IF YES, WHAT LANGUAGE DO YOU SPEAK:                     |  |
| ETHNIC ORIGIN: WHITE <input checked="" type="checkbox"/> MIXED ETHNIC GROUP <input type="checkbox"/> ASIAN <input type="checkbox"/><br>AFRICAN/CARIBBEAN/BLACK <input type="checkbox"/> CHINESE <input type="checkbox"/> OTHER ETHNIC GROUP <input type="checkbox"/><br>If you DO NOT wish to give this information, please tick here <input type="checkbox"/> |  |                                                                                                                        |  |
| <b>MEDICAL HISTORY</b><br>Do you suffer from ANY of the following conditions? If so please CIRCLE appropriate heading.                                                                                                                                                                                                                                         |  |                                                                                                                        |  |
| ASTHMA / COPD<br>HIGH BLOOD PRESSURE<br>ANGINA / HEART DISEASE<br>DIABETES<br>STROKE / TIA                                                                                                                                                                                                                                                                     |  | SEVERE MENTAL ILLNESS<br>DEPRESSION<br>EPILEPSY<br>THYROID DISEASE<br>CANCER                                           |  |
| Do you attend any SPECIALIST hospital clinic? If YES please give details:                                                                                                                                                                                                                                                                                      |  |                                                                                                                        |  |
| Have you been admitted or attended hospital as an Emergency over the past 12 months? If YES please give details:                                                                                                                                                                                                                                               |  |                                                                                                                        |  |

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Are there any illnesses which run in your family? If YES please give details:

**MEDICATION:** Please list the name of medication and dose that you take regularly or attach a copy of your repeat order slip here.

METHADONE 60ML DAILY

You can visit [www.tintopractice.com](http://www.tintopractice.com) to order your medication online.

**ALLERGIES:** Please list anything you are allergic to, particularly medicines / tablets / injections

**SMOKING:** Do you smoke? If YES, how many do you smoke per day?

**ALCOHOL INTAKE:** Please state how many units of alcohol you drink per week.

**YOUR HEIGHT:** 5'10

**YOUR WEIGHT:** 10<sup>3</sup> STONE

**WOMEN ONLY - LAST CERVICAL SMEAR TEST :**

Tinto Medical Practice --- Airdrie Community Health Centre --- 86-88 Graham Street --- ML6 6DB

Partners: Dr M Lough - Dr K Yip - Dr M Russell - Dr D Li Yin  
Manager: Ms L Hendry Nurse Practitioner:

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## APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



## 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\* 1 7 78 Address\* 52 STANFORD ST AIRDRIE  
 Title\* MR  
 Surname\* MCNEILL  
 Forenames\* ROBERT DUNCAN Postcode\* M6 6JS  
 Previous Surname\* Telephone #  
 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\* FALKIRK Country of Birth\* SCOTLAND  
 Registered district of birth (Scotland only) FALKIRK

# 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\*  
 CONDENS BATH MEDICAL PRACTICE  
 STENHOUSE STREET  
 CONDENS BATH  
 Postcode\* KY4 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:

Enlistment date\* Service Number  
 Are you a Reservist? Yes ☐ No ☒ If yes, please provide your address before enlisting\*  
 Leaving date\* Postcode\*  
 Is this your first registration with a GP since leaving the Armed Forces? Yes ☐ No ☐

## 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](http://www.organdonation.nhs.uk).

Any of my organs and tissue ☐ Or my  
 Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐  
 Patient signature Date

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 NHS Scotland 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.nhs.uk](http://www.nhs.uk). 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](http://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

*L. McNeil*

Date 11-8-17

Representative's name (if applicable)

Relationship to patient (if applicable)

**6. FOR PRACTICE USE**

GP reference number

GP name

Practice code

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

*RP*

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

*S. J.*

Date 11-8-17

**7. OFFICIAL USE ONLY**

Input by

Practice Stamp

Checked by

Date

GMSGPR001 v1 (05-2013)

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30-Jun-2026

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Filename:

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Pages:



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## Patient Registration



While you are in prison your healthcare will be provided by the Health Board for the prison you are in.

Please use **BLOCK CAPITALS** to complete the form and tick all boxes that apply to you.

Please complete this form as best you can. It will help us to get your medical records quickly.

This form will not go into your community health record.

Is this the first time you have registered with a GP (doctor)?

yes ☐ no ☐

1. What is your first name?

R O B E R T

middle name(s)

2. What is your surname?

M C N E I L

Title (Mr / Mrs / Miss / other)

M R

3. Are you male ☒ female ☐ (please tick)

4. What is your last or other surname?

What is your date of birth?

0 1 0 1 7 7 8

5. Address

Postcode

6. What is your town of birth,

and country of birth?

7. What is your maiden name?

8. What was your last address in the United Kingdom?

Postcode

9. If you have a doctor, what is their name and address?

Postcode

10. Do you know your:  
Community Health Index (CHI) number

NHS number

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I understand that:

- my medical record may be transferred from my doctor (or community healthcare provider) to the prison health centre;
- my information may be shared as detailed in the box below.

#### Your information

- We need this information to make sure we give you the best level of health care we can.
- We may need to share relevant information with other NHS staff involved in your care. This makes caring for you safer, easier and faster.
- We may need to share information about your health and medication with people outside the NHS, such as other prison staff, community healthcare providers or community health agencies. This will only be done when they need it to be able to give you care and treatment.

I also give consent for Health Care staff to access my Emergency Care Summary to identify any medications I am taking and any allergies I have

I confirm that, as far as I know, the information I have given on this form is correct.

Signed

X 

Date

20 JAN 2020

PRACTICE  
CODE

GP NAME

GP REFERENCE NUMBER

#### OFFICIAL USE ONLY

Input by:

DATE

Checked by:

Patient set up on GP IT System as: (please tick one box only)

TR ☐

PR ☐

If status has changed from TR to PR please tick

☐

Please store this form in the prison "blue file" health record

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Emergency Department  
Stirling Royal Infirmary  
Livilands  
Stirling

Dr DEUCHAR

November 21,  
2010

Dear Dr Deuchar,

Re. **ROBERT MCNEILL, H M PRISON & YOUNG OFFENDERS I, GLENOCHIL VILLAGE, ALLOA, FK10 3AD.** Date of Birth 01.07.78 Hospital Number: 0107780372, CHI No. 0107780372

Your patient attended the Stirling Royal Infirmary on the 21 NOV 2010 16:02.

The presenting complaint was: **NOSE INJ PROB. STARTED OR ACUTELY WORSENERD WITHIN WEEK  
PUNCH INJURY TO FACE SWELLING TO NOSE NO LOC  
PERL GCS 15**

The following investigations were carried out:

The A&E diagnosis was: **CLOSED FRACTURE - FACE - FRONT**

The following treatment was given: **HEAD INJURY ADVICE SHEET - PATIENT**

At the conclusion of treatment the patient was: **LEFT IN CUSTODY. Departure Ready Date/Time: 21 NOV 2010 16:52, Actual Departure Date/Time: 21 NOV 2010 16:52**

Follow-up: **ENT**

Additional Information: **Alledged assault with swelling over nasal bones. Hx rhinoplasty.  
Referred to ENT for review 1/52**

Yours sincerely,  
AILSA CLEPHANE  
EMERGENCY NURSE PRACTITIONER

Consultants:

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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NHS Tayside Communication to GP

|             |                                                   |            |                                                                                 |
|-------------|---------------------------------------------------|------------|---------------------------------------------------------------------------------|
| Ward/Clinic | IDART (Integrated Drug and Alcohol Recovery Team) | CHI        | 0107780372                                                                      |
| Hospital    | Drumhar Health Centre                             | Surname    | MCNEILL                                                                         |
| Clinician   | Anne Henderson                                    | First Name | ROBERT                                                                          |
| Specialty   | COMMUNITY PSYCHIATRY                              | Address    | 59 DOOCOT COURT<br>PERTH<br>PH1 1TL                                             |
| Date        | 19/02/2025                                        | GP/Address | Yellow Practice, Drumhar Health Cen<br>North Methven Street<br>Perth<br>PH1 5PD |

Dear Doctor,

Provisional/Diagnosis is: opiate dependent and on Buprenorphine (Buvidal injection)

Comment/Recommendations: Robert has re-arranged his next buvidal appointment to Friday 21/02/2025 and requested his buvidal injection be reduced to 64mg every 28 days. I have agreed and arranged this and advised him for best chance of success in his ultimate aim of being abstinent he should take this for 3 months to ensure appropriate stability/plasma levels before stopping (this is lowest buvidal injection for monthly so most people stop at this point and then we have telephone contact/support as any opiate withdrawal symptoms can take 8 - 12 weeks to materialise due to the long acting nature of this medication). Hopefully Robert will engage with this.

Follow up by clinic required: Yes

Follow up by clinic required: Due to attend on 21/02/2025 so first dose of 64mg buvidal will be given thereafter every 28 days.

Specific Monitoring Required: No

The following treatment is recommended:

|    | Medication | Dose | Frequency | Indication | Duration |
|----|------------|------|-----------|------------|----------|
| 1. |            |      |           |            |          |

Is any Medication to be discontinued: No

Anne Henderson | Senior Charge Nurse | Tel:01738 564281  
Rumwath Sexual Health Unit Tel:01738 560111

Page: 1 of 1

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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-----  
Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)  
-----  
Name: MENEILL Robert Sex: M PID: 0107730372 DoB: 01 Jul 1978  
Glover St Med Ctr (Victoria) Clinician: Dr J. GFRD(B) Lab No: G231098881  
GSPERC GFRD  
-----  
SODIUM 142 mmol/L ( 133-146 )  
POTASSIUM 3.6 mmol/L ( 3.5-5.2 )  
CREATININE 74 umol/L ( 62-106 )  
ESTIMATED GFR 67.0 mL/min  
eGFR should not be used to assess renal function for any drug dosing in  
over 75% or extremes of BMI and for DOAC dosing in those with an eGFR less  
than 60mL/min.  
CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA  
TOTAL CHOLESTEROL 4.85 mmol/L ( 0.00-5.00 )  
HDL-CHOLESTEROL 1.55 mmol/L ( 0.60-2.50 )  
TOTAL CHOL/HDL-CHOL 3.10  
FASTING GLUCOSE 5.5 mmol/L ( 3.3-5.8 )  
AKI NOT AVAILABLE  
TESTOSTERONE TO FOLLOW  
-----  
Lab.Comments: PHONED GP AND CONFIRMED BY PHONE SAMPLES TAKEN 140523 Sample is blood unless  
otherwise stated  
Sample Date/Time  
14 Jun 2023 10:04  
-----  
Clin.Details: Testosterone: collected before 11 A.M.  
erectile dysfunction  
-----  
Request Entered: 14 Jun 2023 16:51 Report Printed: 14 Jun 2023 17:20  
-----

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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«For\_MARAC\_to\_be\_held\_on\_date» / «Victim\_surname» / «New\_MARAC\_Number»



### MARAC Risk Management Plan (RMP)

Date: 10/11/2016. MARAC Case Number: 1264

17 NOV 2016

Victim: DOB: 27/07/1978

#### Present

| NAME | DESIGNATION                    | ORGANISATION                                     |
|------|--------------------------------|--------------------------------------------------|
|      | MARAC Sergeant (Chair)         | Police Scotland                                  |
|      | MARAC Support Assistant        | Fife Domestic & Sexual Abuse P'ship              |
|      | Domestic Abuse Liaison Officer | Police Scotland                                  |
|      | MARAC Advocate                 | Independent Advocacy Service                     |
|      | NHS Nurse Advisor              | NHS Fife                                         |
|      | Team manager                   | Social Work Criminal Justice Services            |
|      | MARAC Advocate                 | Independent Advocacy Service                     |
|      | Senior Practitioner            | Social Work Children & Families                  |
|      | Lead Officer                   | Housing and Communities                          |
|      | Women's Support Worker         | Fife Women's Aid                                 |
|      | Educational Psychologist       | Education Service                                |
|      | Service Manager                | 3 <sup>rd</sup> Sector Drug and Alcohol Agencies |
|      | Acting Team Leader             | NHS Addiction Services                           |

#### Observing:

|  |                       |                        |
|--|-----------------------|------------------------|
|  | Social Work Assistant | SWCJS                  |
|  | Youth Issues Officer  | Safer Communities Team |

#### Ethical Information Sharing

An Information Sharing Protocol has been agreed by your organisations, details can be obtained from your MARAC Agency Representative or the MARAC Coordinator  
Information is shared to;

- increase the safety, health and well-being of victims adults and their children;
- determine the risk posed by the perpetrator to any particular individual or to the general community;
- agree and implement a risk management plan that provides professional support to all those at risk;
- improve accountability and
- improve support for staff involved in high-risk domestic abuse cases.

This RMP should only be shared to enhance the immediate safety and wellbeing of the victim(s). Its contents are highly confidential and include sensitive information about multiple individuals. The Data Protection Act 1998 demands that careful consideration should be applied and justification evidenced, when deciding to share the contents both within your own organisation and other professional forums.

Notifying Person: MARAC Chair, [REDACTED] Scotland. Contact Number: [REDACTED]

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protecting victims of domestic abuse

Additional background information from the MARAC meeting has been sent to your MARAC representative. If you require additional information to enable you to enhance the safety of this victim, their child (ren), or any other vulnerable adult then please contact your MARAC Representative or the MARAC Coordinator in the first instance.

**Repeat Referrals to MARAC**

If any agency is aware of a victim experiencing ongoing abusive incidents (does not require involvement) within 12 months of the last MARAC case discussion, they have a responsibility to make another referral to MARAC regardless if it meets MARAC referral criteria.

**Personal Details for case number: 1264**

| Victim                 |  | Alleged Perpetrator             |
|------------------------|--|---------------------------------|
| Surname                |  | McNeill ✓                       |
| Forenames              |  | Robert                          |
| Date of Birth          |  | 01/07/1978                      |
| Gender                 |  | Male                            |
| Address                |  | 164B High Street<br>Cowdenbeath |
| Ethnic Origin          |  | White                           |
| Status of relationship |  | Separated                       |

No Children

Notifying Person: MARAC Chair, DS [REDACTED] Police Scotland. Contact Number: [REDACTED]

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For MARAC to be held on date: / Victim surname: / New MARAC Number:

**OVERALL AGREEMENT**

Through multi-agency discussion specific actions have been identified by the MARAC group. In addition to these identified actions:

- All agencies will share appropriate information with relevant person(s) within their organisations;
- Highlight concerns where appropriate with a view to protecting the victim, any identified children, staff members or any other person who may be at risk of harm.
- If there is an on-going Criminal Prosecution for the perpetrator, notification will be sent to the Procurator Fiscal.

**These actions will be carried out for all MARAC cases**

It should be noted that responsibility for carrying out the tasks identified lies with the agency representatives.

| Task Reference | Risks                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Protective Factor                                                                                                                                       | Agreed Task                                                   | Agency |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------|
| 1264/01        | <p>and Robert were in a relationship for 5 years.</p> <p>Robert has various previous convictions.</p> <p>Robert has a warning marker recorded on police systems for drugs.</p> <p>Robert carried out a physical assault on kicking her, grabbing her hair, choking her, burned her with cigarette and banged her head on wall</p> <p>Robert is verbally abusive to he has threatened to kill her</p> <p>Robert is controlling towards and financially dependant</p> | <p>Special Bail in place not to approach or contact nor attempt to approach or contact ID 22/12/16 T 05/01/17</p> <p>FWA referral now been made for</p> | Update crimefile to ensure robust policing of bail conditions | Police |

Notifying Person: MARAC Chair, DS Scotland. Contact Number:

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For MARAC to be held on date: / Victim surname: / New MARAC Number:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |                                                    |            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|
| 1264/01 | <p>on her.</p> <p>Robert has previously assaulted a family friend and has mistreated the family pet</p> <p>is terrified of further violence, she feels she is not strong enough to leave him long term. There have been previous attempts to separate, this is when the abuse escalates feels.</p> <p>fears for her life with Robert</p> <p>has previously been locked out the house by Robert and had to sleep in the shed.</p> | <p>Storm marker placed on address</p> <p>has had telephone contact with DAU</p> <p>HSR arranged</p> <p>Special Bail now in place at friends address so she can stay over on occasions.</p> |                                                    |            |
| 1264/02 | <p>Robert uses heroin, he is now obtaining a methadone prescription in Cowdenbeath, his drug use remains unstable</p>                                                                                                                                                                                                                                                                                                            | Open to addictions                                                                                                                                                                         | Share RMP with Robert's keyworker                  | Addictions |
| 1264/03 | <p>having trouble sleeping at night</p> <p>is diagnosed with Bi-Polar</p>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            | Share RMP with GP                                  | NHS        |
| 1264/04 | <p>was referred for counselling however it was</p>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            | Share RMP and ABI with Dr Tidder, psychiatrist and | NHS        |

Notifying Person: MARAC Chair, DS Scotland. Contact Number:

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For MARAC to be held on date / Victim surname / New MARAC Number

**MARAC**  
protecting victims of domestic abuse

|              |                                                                                    |                               |                                                        |                 |
|--------------|------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|-----------------|
|              | noted there was non engagement, this may be due to them not having updated address |                               | Update address and request new appointment is sent out |                 |
| 1264/05      |                                                                                    |                               | Provide with feedback from today's meeting             | MARAC Advocates |
| 1264/NO TASK | is currently in temporary accommodation                                            | Housing officer visits weekly |                                                        |                 |

All agencies have 14 days to action/complete tasks. Please use the feedback forms provided and return to

Notifying Person: MARAC Chair, DS Scotland. Contact Number:

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30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

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|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

**ADVICE REQUEST**  
MEDICAL IN CONFIDENCE**Unique Care  
Pathway Number**  
101037612542P

|                                                                |                                                                                         |                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|
| <b>REQUESTED OF</b>                                            |                                                                                         |                                   |
| Tayside Substance Misuse PerthG1TX<br>Tay Advice Protocol v1.2 | — Consultant / receiving practitioner<br>and/or specialty clinic                        |                                   |
| Highland House<br>St Catherines Road<br>Perth<br>PH1 5YA       | — Hospital and hospital address                                                         |                                   |
|                                                                | Hospital unit no.<br>T368C                                                              |                                   |
|                                                                | Email address<br>-                                                                      |                                   |
| <b>Date of Request (set by<br/>referrer)</b> 10-Sep-2025       | <b>Armed Forces Personnel,<br/>Immediate Families &amp; Veterans</b>                    | <b>Impairment(s)</b>              |
| <b>Date request was submitted</b> 10-Sep-2025                  | <input type="checkbox"/> On active service                                              | <input type="checkbox"/> Learning |
| <b>Urgency of request</b> Advice                               | <input type="checkbox"/> Condition related to service                                   | <input type="checkbox"/> Visual   |
|                                                                | <input type="checkbox"/> Immediate family member                                        | <input type="checkbox"/> Hearing  |
|                                                                | <b>Miscellaneous</b><br>Interpreter Required: None<br>Details of "Other" Language: None |                                   |

|                        |             |                          |
|------------------------|-------------|--------------------------|
| <b>PATIENT DETAILS</b> |             | <b>Patient's address</b> |
| Surname                | MCNEILL     | 59 DOOCOT COURT          |
| Forename(s)            | ROBERT      | PERTH                    |
| Title                  | MR          | PH1 1TZ                  |
| Sex                    | Male        |                          |
| Date of birth          | 01-Jul-1978 | Contact number(s)        |
| CHI no.                | 0107780372  | Voice: [REDACTED]        |

|                              |                            |                         |       |                   |
|------------------------------|----------------------------|-------------------------|-------|-------------------|
| <b>REGISTERED GP DETAILS</b> |                            | <b>Practice address</b> |       |                   |
| Name                         | Dr M Perry                 | NORTH METHVEN STREET    |       |                   |
| GMC code                     | 4412043                    | GP code                 | 73431 | PERTH             |
| Practice name                | Yellow Practice Drumhar HC |                         |       |                   |
| Practice code                | 14342                      |                         |       | Contact number(s) |
|                              |                            |                         |       | Voice: [REDACTED] |

|                                       |                                                |                         |   |                   |
|---------------------------------------|------------------------------------------------|-------------------------|---|-------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                                                | <b>Practice address</b> |   |                   |
| Name                                  | Adam Murray                                    | North Methven Street    |   |                   |
| GMC code                              | 7597353                                        | GP code                 | - | Perth             |
| Practice name                         | Yellow Practice, Drumhar Health Cen<br>(14342) |                         |   |                   |
| Practice code                         | 14342                                          |                         |   | Contact number(s) |
|                                       |                                                |                         |   | Voice: [REDACTED] |

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Advice requested**

Description: POA of Dr Elworthy- Neuropathetic pain.

Comment: Dear iDART team,

Robert is a 47 year old gentleman who presented complaining of numbness/tingling in his hands and feet as well as sciatic type pain down his legs with the left being worse than the right. This seems to be a chronic issue for years. There was a previous note from the substance misuse team that he is not for gabapentinoid drugs due to being high risk. He ran into SE when on AMT. I discussed his case with the one of the GP partners who suggested a trial of nortriptyline. It is unclear if this is drug seeking before, true neuropathic pain, or both. However, we have limited options regarding how we can treat him.

I would appreciate your teams advise on options to manage neuropathic pain in this gentleman and if you feel gabapentinoids are simple too high risk.

Thank you,  
Kind regard,  
Dr Adam Murray  
GP locum  
GMC 7597353

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15

Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

*Most recent height, weight, BMI and Blood Pressure*

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.75   | m                 | Recorded Date: None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: None provided |

*Reason for referral*

Care type requested: Advice

Expected outcome: Advice

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MARAC Risk Management Plan (RMP) 25 NOV 2020

Date: 19/11/2020. MARAC Case Number: 1264R

|               | Victim | Alleged Perpetrator                                     |
|---------------|--------|---------------------------------------------------------|
| Surname       |        | McNeil ✓                                                |
| Forenames     |        | Robert                                                  |
| Date of Birth |        | 01/10/1978 or 01/07/1978                                |
| Gender        |        | Male                                                    |
| Address       |        | 94 Broad Street,<br>Cowdenbeath KY4 8JD or<br>HMP Perth |

**Children's Details**  
No Children

**Ethical Information Sharing**

An Information Sharing Protocol has been agreed by your organisations, details can be obtained from your MARAC Agency Representative or the MARAC Coordinator. Information is shared to:

- increase the safety, health and well-being of victim adults and their children;
- determine the risk posed by the perpetrator to any particular individual or to the general community;
- agree and implement a risk management plan that provides professional support to all those at risk;
- improve accountability and
- improve support for staff involved in high-risk domestic abuse cases.

**This RMP should only be shared to enhance the immediate safety and wellbeing of the victim(s). Its contents are highly confidential and include sensitive information about multiple individuals. The Data Protection Act 1998 demands that careful consideration should be applied and justification evidenced, when deciding to share the contents both within your own organisation and other professional forums.**

Additional background information from the MARAC meeting has been sent to your MARAC representative. If you require additional information to enable you to enhance the safety of this victim, their child(ren), or any other vulnerable adult then please contact your MARAC Representative or the MARAC Coordinator in the first instance.

**Repeat Referrals to MARAC**

If any agency is aware of a victim experiencing ongoing abusive incidents (does not require Police involvement) within 12 months of the last MARAC case discussion, they have a responsibility to make another referral to MARAC regardless if it meets MARAC referral criteria.

**MARAC meetings have been suspended due to Covid-19 restrictions. Agencies have shared the following information**

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**SUMMARY OF CIRCUMSTANCES, SAFETY MEASURES AND AGENCIES INVOLVED****Police****Summary**

Robert has pending cases for 1/ Domestic assault, threatening abusive behaviour, Police resist 2/ Misuse of Drugs (produce) 3/ Breach of Bail (domestic) 4/ Misuse of Drugs (supply/possession) [REDACTED] has one pending case for 1/Assault, assault to injury (non domestic)

There are 2 domestic incidents recorded between the couple since the last MARAC:

1. On 22/05/2020 a concern was raised for [REDACTED] safety as she had not been seen for several days, she was giving false information about her whereabouts. Police initially attended Roberts address and were denied access. Information was thereafter received that [REDACTED] was at Roberts address. Police re attended and located [REDACTED] within. She refused to engage, stating she was willingly in Roberts company. Robert was arrested for a breach of bail. Trial Diet 10/11/2020.
2. About 2100 hours on 28/10/2020, [REDACTED] and Robert McNeill attended Victoria Hospital following a referral from her GP to be assessed for a chest infection. Whilst sat in the car Robert began shouting and being verbally abusive towards [REDACTED]. This was overheard by concerned witnesses who alerted security. Robert tried to forcibly remove [REDACTED] from the passenger seat and threw her belongings out the car. He grabbed [REDACTED] by the hair and kicked at her as he attempted to drag her from the car.

Witnesses attempted to calm the situation, along with the security officers, who tried to persuade [REDACTED] to exit the car and accompany them to safety. She was seen to be frightened and very distressed. Robert continued to shout and swear at [REDACTED] to get out the car.

Robert was arrested for assault and threatening abusive behaviour. **Court disposal – Bail refused. On 05/11/2020 no plea accepted, petition full committal**

**DAQ – 0 HIGH**

**Officers Observations-** It is clear that [REDACTED] is suffering domestic abuse at the hands of Robert McNeill, she was not wishing to engage with officers but this incident is too extreme to be isolated. She was described as being frozen with fright during the incident.

**DAQ Risks** - abuse over a significant period of time, hostile with officers, recent verbal and physical abuse from perpetrator, tried to leave relationship numerous times, isolated and little support and depends on perpetrator due to disability, mental health concerns. Robert has a criminal history and is known to misuse drugs.

**DALO:** Not engaging [REDACTED]

**Life Women's Aid**

[REDACTED] spoke with [REDACTED] 11/11/2020

[REDACTED] and Robert have been together for 11 years and married for 5. [REDACTED] says it is no fairytale relationship but it is one she wants to continue.

Her [REDACTED] is currently in prison and she wants him home.

She is visiting him in prison several times a week.

On the day of the incident [REDACTED] says Robert was trying to take her to hospital when she did not want to go. She said he was trying to get her treatment.

[REDACTED] is disabled and has an illness that affected her brain. She was in hospital for a long time and had to learn to walk again. She still has to use a wheelchair some of the time.

Prior to this [REDACTED] worked in forensic mental health and was based in Shetland. She says that she went from an independent life style to the two of them living in each other's pockets.

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■■■■ says Robert did not cope with her illness and had an affair. However, she says they have come through that and are working together to rebuild their lives. ■■■■ wants me to explain that she is a headstrong woman who is making her own choices and not a frightened victim.

■■■■ spoke of the issues that affect Robert. His ■■■■ had schizophrenia and ■■■■ wonders if Robert is just undiagnosed. He was abused as a child and has only recently opened up about it. He is on a methadone programme. ■■■■ says Robert is a shouter and can come across as arrogant but she loves him anyway.

■■■■ says she is safe in her home and she does not want to move. Nor does she want Robert kept away from her.

■■■■ happy to share her views but not looking for any support from WA. Nor is she looking for any support from the MARAC agencies.

■■■■ made no mention of any domestic abuse throughout our conversation, however, she was in refuge with us in 2016 and stayed in service til 2017. She was then in service with us again in March 2020.

[REDACTED]

NHS Fife

Robert McNeil:

- Referred to Psychiatry on the 02.06.20 through Addictions.
- Robert last saw GP on 10.12.19.

RMP to be shared with both GPs

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**NHS Addictions****Robert McNeil****Prescription details:** (including Pharmacy): Methadone 60mg which he collects 3 times a week.**Keyworker:** [REDACTED]**Risk Factors:**

Previous reports of domestic abuse where he was the Perp.

Previous test taken in March that was positive to Cocaine and Heroin.

Reported in April that he had had 'a fight with the [REDACTED] and I am on bail' but then reported on 26<sup>th</sup> May he had 'moved back in with the [REDACTED]'

Reported that he left court with 'no case to answer' in September and the service was then notified that he was remanded in HMP Perth 30/10/2020.

**Protective Factors:**

Kept in contact during the recent pandemic. Telephone contact.

Reports getting into College.

**Tasks:** Addiction Services will continue to provide pharmacological treatment once he is literated. Normal business.**Housing****Robert McNeil. 94 Broad Street Cowdenbeath or HMP**

- No change from last marac
- Arrears £3005.43 no action direct payment in place
- No recent repairs
- No housing or homeless application

The following Representatives have reviewed this case and request that the noted actions are undertaken by [REDACTED]

| NAME       | DESIGNATION            | ORGANISATION                       |
|------------|------------------------|------------------------------------|
| [REDACTED] | MARAC (Chair)          | Police Scotland                    |
|            | Co-ordinator           | Fife Violence Against Women P'ship |
|            | Social Work Assistant  | Fife Violence Against Women P'ship |
|            | L&D Officer            | Fife Violence Against Women P'ship |
|            | Women's Support Worker | Fife Women's Aid                   |
|            | Team Leader            | Fife Women's Aid                   |
|            | Team Manager           | Criminal Justice Service           |

**OVERALL AGREEMENT**

Through multi-agency discussion specific actions have been identified by the MARAC group. In addition to these identified actions:

- All agencies will share appropriate information with relevant person(s) within their organisations;
- Highlight concerns where appropriate with a view to protecting the victim, any identified children, staff members or any other person who may be at risk of harm.

It should be noted that responsibility for carrying out the actions identified lies with the agency representatives.

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Page 1 of 1

#### NHS Lanarkshire Primary Care Operating Division OOH Call Incident Report

|                     |                                                     |                  |                                                                              |
|---------------------|-----------------------------------------------------|------------------|------------------------------------------------------------------------------|
| Call number:        | <b>63539</b>                                        | Receive Date:    | <b>5-Nov-2017 14:18</b>                                                      |
| Patient's Name:     | <b>Robert Mcneil</b>                                | Gender:          | <b>M</b>                                                                     |
| Date of birth:      | <b>1-Jul-1978 ( 39 years )</b>                      | Current Address: | <b>Forth Valley Royal Hospital<br/>Stirling Road<br/>Larbert<br/>FK5 4WR</b> |
| Address:            | <b>52 Stonefield Street<br/>Airdrie<br/>ML6 6JS</b> |                  |                                                                              |
| Return Contact No:  |                                                     |                  |                                                                              |
| Tel No:             | <b>[REDACTED]</b>                                   |                  | <b>[REDACTED]</b>                                                            |
| Mobile No:          |                                                     |                  |                                                                              |
| Priority:           | <b>NHS24 Advised</b>                                | Call Origin:     | <b>NHS24</b>                                                                 |
| Received:           | <b>5-Nov-2017 14:18</b>                             | Calltype:        | <b>NHS24 Advice</b>                                                          |
| Advised:            | <b>14:44</b>                                        | Arrived PCC:     |                                                                              |
| Cons start:         |                                                     | Cons End:        |                                                                              |
| Consulting Doctor:  |                                                     | Own doctor:      | <b>Murray Lough</b>                                                          |
| Reported Condition: | <b>HEADACHE, DIZZINESS, BLURRY VISION - 1 HR</b>    |                  |                                                                              |
| Followups:          | <b>None</b>                                         |                  |                                                                              |
| NHSD details:       |                                                     |                  |                                                                              |
| Disposition -       | <b>Accident &amp; Emergency (ASAP)</b>              |                  |                                                                              |

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05/11/2017

Additional document  
30-Jun-2026  
Additional:Additional document



Filename:  
Extension:  
Pages:

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                  |  | Page 1 of 2                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>59 DOOCOT COURT, PERTH, PH1 1TL<br>Ref. Locn.: <b>GENERAL PRACTITIONER</b><br>Ref. Source: <b>VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,</b><br>Referrer: <b>DR DS FOSTER</b>                           |  | DoB: <b>01-Jul-1978</b><br>Hosp. No.:<br>CRIS No.: <b>1141379</b><br>CHI No.: <b>0107780372</b> |
| <b>VERIFIED</b> Verified By: Dr R PEARSON 18-Dec-2023<br>Typed By: PEAR 18-Dec-2023                                                                                                                                                                   |  |                                                                                                 |
| <b>Clinical History :</b><br>chronic pains hands and wrists<br>ENTERED BY: Duncan Foster (Medical)<br>BLEEP: [REDACTED]                                                                                                                               |  |                                                                                                 |
| <b>VERIFIED</b> Verified By: Dr R PEARSON 18-Dec-2023<br>Typed By: PEAR 18-Dec-2023                                                                                                                                                                   |  |                                                                                                 |
| <b>XR Hand Both : XR Wrist Both :</b><br>Minimal degenerative change with slight joint space narrowing at the left fourth PIP joint. Minimal early osteophytic lipping at the left second DIP and the right second and third DIP joints. No erosions. |  |                                                                                                 |
| <b>VERIFIED</b> Verified By: Dr R PEARSON 18-Dec-2023<br>Typed By: PEAR 18-Dec-2023                                                                                                                                                                   |  |                                                                                                 |
| Event Number : E-7540196<br>Copy To :<br>Examinations : <b>XR Hand Both, XR Wrist Both</b>                                                                                                                                                            |  | Examination Date : <b>17-Dec-2023</b><br>Attendance Number : 4                                  |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                |  | Page 2 of 2                           |
|-------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>MCNEILL, ROBERT</b>                                                              |  | DoB : <b>01-Jul-1978</b>              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                     |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                            |  | CRIS No. : <b>1141379</b>             |
| Ref. Source : <b>VICTORIA PRACTICE GLOVER STREET M/C, 133 GLOVER STREET, PERTH,</b> |  | CHI No. : <b>0107780372</b>           |
| Referrer : <b>DR DS FOSTER</b>                                                      |  |                                       |
| <b>XR Wrist Both :</b><br>See report above.                                         |  |                                       |
|                                                                                     |  |                                       |
| Event Number : E-7540196                                                            |  | Examination Date : <b>17-Dec-2023</b> |
| Copy To : ,                                                                         |  | Attendance Number : <b>4</b>          |
| Examinations : <b>XR Hand Both, XR Wrist Both</b>                                   |  |                                       |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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*update PR2*  
*13/3/21*

### MEDICAL MARKER INDICATION FORM

|                   |                |
|-------------------|----------------|
| Patient Name      | ROBERT MCNEILL |
| CHI               | 010778         |
| SPIN              | 17280          |
| Location          | C3/15          |
| Marker Issue Date | 11/3/21        |

|                                                       |                                                                    |                                           |
|-------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|
| Marker Indicated<br>(eg single cell, reduced working) | Single cell, lower bunk<br>Help getting meals                      |                                           |
| Rationale for Marker                                  | Healed foot fracture after<br>padding from top bunk<br>on crutches |                                           |
| Marker Priority<br>(please circle one)                | <input checked="" type="radio"/> Strong Recommendation             | <input type="radio"/> Weak Recommendation |
| Risks if Marker Not Implemented                       | Fracture not healing                                               |                                           |
| Review / End Date                                     | single cell - end 6 weeks<br>lower bunk - review 6 months          |                                           |
| Doctor Signature                                      | Review / End (delete as appropriate)<br><i>ne.no</i>               |                                           |

SPS Use Only

|                     |  |                 |          |             |          |
|---------------------|--|-----------------|----------|-------------|----------|
| Date Received       |  | Marker Approved | Yes / No | PR2 Updated | Yes / No |
| Reasons if rejected |  |                 |          |             |          |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

Page 1 of 4

|                         |        |             |      |                 |
|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care  
Pathway Number**  
101037641690H

**REFERRAL TO**

Pain ManagementC31  
TAY General Referral v6.2

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

— Consultant / receiving practitioner  
and/or specialty clinic

— Hospital and hospital address

Hospital unit no.

T202H

address

**Date of Referral (set by  
referrer)** 12-Sep-2025  
**Date referral was submitted** 12-Sep-2025  
**Urgency of referral** Routine

**Armed Forces Personnel,  
Immediate Families & Veterans**

- ☐ On active service  
☐ Condition related to service  
☐ Immediate family member

**Impairment(s)**

- ☐ Learning  
☐ Visual  
☐ Hearing

**Miscellaneous**

Interpreter Required: None  
Details of "Other" Language: None

**PATIENT DETAILS**

Surname **MCNEILL**  
Forename(s) **ROBERT**  
Title **MR**  
Sex **Male**  
Date of birth **01-Jul-1978**  
CHI no. **0107780372**

**Patient's address**

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]

**REGISTERED GP DETAILS**

Name **Dr M Perry**  
GMC code **4412043** GP code **73431**  
Practice name **Yellow Practice Drumhar HC**  
Practice code **14342**

**Practice address**

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]

**REFERRING PRACTITIONER DETAILS**

Name **Dr. Fiona Sinclair**  
GMC code **6134518** GP code **73687**  
Practice name **Yellow Practice, Drumhar Health Cen  
(14342)**  
Practice code **14342**

**Practice address**

North Methven Street  
Perth

Contact number(s)

Voice: [REDACTED]

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**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: Chronic leg pain

Comment: Dear Doctor,  
This 47 year old patient complains of numbness and tingling in his hands and feet as well as a longstanding sciatic type pain down his legs with the left being worse than the right. He has a history of drug misuse and is on Buprenorphine and under the Integrated Drug and Alcohol Recovery Team. He consulted recently with regard to his symptoms and saw one of our locum doctors who is arranging for some blood tests to investigate the numbness and tingling. There was a previous note from the Substance Misuse Team that he is not for Gabapentinoid drugs due to being high risk. He has previously tried Amitriptyline which caused side effects, therefore my colleague prescribed Nortriptyline to see if this may be better tolerated. He also wrote to the iDART Team for advice and we have received a response that recommends referring him to yourselves as you run a Specialist Pain and Addictions Clinic with Dr Colvin and Michael Lowrie, our Specialist Pharmacist attached to the Substance Use Services across Tayside. This response from Anne Henderson, one of the Senior Charge Nurses from iDART said that she does not think it is just drug seeking, but genuine in nature.

I would be most grateful for your input. Many thanks.

Yours sincerely,

DR FIONA SINCLAIR

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15  
Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

*Most recent height, weight, BMI and Blood Pressure*

|                 |        |                   |                |               |
|-----------------|--------|-------------------|----------------|---------------|
| Height:         | 1.75   | m                 | Recorded Date: | None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: | None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: | None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: | None provided |

*Reason for referral*

Care type requested: Out Patient  
Expected outcome: Not Specified

**Additional document****30-Jun-2026****Additional:**Additional document**Filename:****Extension:****Pages:**

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Page 1 of 5                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>59 DOOCOT COURT, PERTH, PH1 1TL<br>Ref. Locn. : <b>GENERAL PRACTITIONER</b><br>Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH1 1TL</b><br>Referrer : <b>DR MR MILNE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | DoB : <b>01-Jul-1978</b><br>Hosp. No. :<br>CRIS No. : <b>1141379</b><br>CHI No. : <b>0107780372</b> |
| <b>VERIFIED</b> Verified By : MAYA MAKAN (R MEDICA) 25-Feb-2025<br>Typed By : MAKANM 25-Feb-2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                     |
| <b>Clinical History :</b><br><br>RTC 2 days ago, but didn't attend A&E. Driver, wearing seat belt, when car spun out of control. Hit his right shoulder off the window. Attended because needs proof for the court that he was here. Took Ibuprofen that comes in a box, but doesn't know the dose. Dramatic response to palpation of thoracic spine and on passive rotation of right shoulder.<br>ENTERED BY: Michael Milne (Medical)<br><br>BLEEP: 01738 621726<br><br>RTC 2 days ago, but didn't attend A&E. Driver, wearing seat belt, when car spun out of control. Hit his right shoulder off the window. Attended because needs proof for the court that he was here. Took Ibuprofen that comes in a box, but doesn't know the dose. Dramatic response to palpation of thoracic spine and on passive rotation of right shoulder.<br>ENTERED BY: Michael Milne (Medical) |  |                                                                                                     |
| Event Number : E-8032489<br>Copy To :<br>Examinations : <b>XR Thoracic spine, XR Shoulder Rt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Examination Date : <b>17-Feb-2025</b><br>Attendance Number : 7                                      |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                             |  | Page 2 of 5                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                           |  | DoB : 01-Jul-1978              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                  |  | Hosp. No. :                    |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                                                                                         |  | CRIS No. : 1141379             |
| Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH1 1TL</b>                                                                                                          |  | CHI No. : 0107780372           |
| Referrer : DR MR MILNE                                                                                                                                                                           |  |                                |
| BLEEP: 01738 621726                                                                                                                                                                              |  |                                |
| Examination:<br>1. X-ray thoracic spine AP and lateral<br>2. X-ray Right shoulder AP and modified axial                                                                                          |  |                                |
| Findings:<br>Comparison: None.                                                                                                                                                                   |  |                                |
| 1. X-ray thoracic spine:<br><br>No acute bony injury is seen.<br>The the vertebral body heights and intervertebral disc spaces are preserved.<br>Normal thoracic kyphosis and alignment is seen. |  |                                |
| 2. X-ray Right shoulder:                                                                                                                                                                         |  |                                |
| Event Number : E-8032489                                                                                                                                                                         |  | Examination Date : 17-Feb-2025 |
| Copy To : ,                                                                                                                                                                                      |  | Attendance Number : 7          |
| Examinations : <b>XR Thoracic spine, XR Shoulder Rt</b>                                                                                                                                          |  |                                |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Page 3 of 5                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DoB : <b>01-Jul-1978</b>              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | CRIS No. : <b>1141379</b>             |
| Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH1 1TL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | CHI No. : <b>0107780372</b>           |
| Referrer : <b>DR MR MILNE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                       |
| <p>No bony injury or other abnormality is seen.<br/>The glenohumeral and acromioclavicular joints are preserved.<br/>No calcification noted within the joint space or soft tissue changes.</p> <p>Maya Makan<br/>Reporting Radiographer<br/>Medica Reporting Ltd<br/>HCPC: RA63074<br/>If you are a clinician and have a query on this report, please call Medica on [REDACTED] or email [REDACTED]</p> <p>Examination:<br/>1. X-ray thoracic spine AP and lateral<br/>2. X-ray Right shoulder AP and modified axial</p> <p>Findings:</p> |  |                                       |
| Event Number : E-8032489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Examination Date : <b>17-Feb-2025</b> |
| Copy To : ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Attendance Number : <b>7</b>          |
| Examinations : <b>XR Thoracic spine, XR Shoulder Rt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                       |



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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                                                                                                                           |  | Page 4 of 5                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|
| <b>MCNEILL, ROBERT</b><br>59 DOOCOT COURT, PERTH, PH1 1TL<br>Ref. Locn.: <b>GENERAL PRACTITIONER</b><br>Ref. Source: <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH1 1TL</b><br>Referrer: <b>DR MR MILNE</b> |  | DoB: <b>01-Jul-1978</b><br>Hosp. No.:<br>CRIS No.: <b>1141379</b><br>CHI No.: <b>0107780372</b> |
| Comparison: None.                                                                                                                                                                                                              |  |                                                                                                 |
| 1. X-ray thoracic spine:<br><br>No acute bony injury is seen.<br>The the vertebral body heights and intervertebral disc spaces are preserved.<br>Normal thoracic kyphosis and alignment is seen.                               |  |                                                                                                 |
| 2. X-ray Right shoulder:<br><br>No bony injury or other abnormality is seen.<br>The glenohumeral and acromioclavicular joints are preserved.<br>No calcification noted within the joint space or soft tissue changes.          |  |                                                                                                 |
| Maya Makan<br>Reporting Radiographer<br>Medica Reporting Ltd<br>HCPC: RA63074                                                                                                                                                  |  |                                                                                                 |
| Event Number : E-8032489<br>Copy To :<br>Examinations : <b>XR Thoracic spine, XR Shoulder Rt</b>                                                                                                                               |  | Examination Date : <b>17-Feb-2025</b><br>Attendance Number : 7                                  |

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| NHS Tayside: Clinical Report - Perth Royal Infirmary                                                                       |  | Page 5 of 5                           |
|----------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|
| <b>MCNEILL, ROBERT</b>                                                                                                     |  | DoB : <b>01-Jul-1978</b>              |
| 59 DOOCOT COURT, PERTH, PH1 1TL                                                                                            |  | Hosp. No. :                           |
| Ref. Locn. : <b>GENERAL PRACTITIONER</b>                                                                                   |  | CRIS No. : <b>1141379</b>             |
| Ref. Source : <b>DRUMHAR HC - YELLOW PRACTICE, NORTH METHVEN STREET, PERTH, PH</b>                                         |  | CHI No. : <b>0107780372</b>           |
| Referrer : <b>DR MR MILNE</b>                                                                                              |  |                                       |
| <p>If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email<br/>[REDACTED]</p> |  |                                       |
|                                                                                                                            |  |                                       |
| Event Number : E-8032489                                                                                                   |  | Examination Date : <b>17-Feb-2025</b> |
| Copy To : ,                                                                                                                |  | Attendance Number : <b>7</b>          |
| Examinations : <b>XR Thoracic spine, XR Shoulder Rt</b>                                                                    |  |                                       |

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30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Operational Division  
Queen Margaret Hospital

RECEIVED

06 OCT 2013

Whitefield Road  
Dunfermline  
Fife KY12 0SU  
Telephone [REDACTED]  
[www.show.scot.nhs.uk/faht](http://www.show.scot.nhs.uk/faht)



Date:- 31<sup>ST</sup> October 2013

Endoscopy Booking Unit – ext. x29140 x29144

Mr Robert McNeill  
29 Stenhouse Street  
Cowdenbeath  
Fife  
KY4 9DA

CHI 0107780372

Dear Mr McNeill

I am writing to inform you that following your failure to attend your appointment at the Endoscopy Unit on 20<sup>th</sup> September 2013, in accordance with the Hospital policy we have removed your name from our waiting list and we have sent a copy of this letter to your GP.

If you still require a Hospital appointment you will need to contact your GP.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Sheratt'.

Endoscopy Booking Unit

c/c: Dr Mary Lodge, Cowdenbeath Surgery, Cowdenbeath Medical Practice, 173 Stenhouse Street, Cowdenbeath KY4 9DH

Chief Executive Mr John Wilson  
Queen Margaret Hospital is part of The Operational  
Division of NHS Fife

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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F Bullions  
Yellow Practice drumhar health cen  
North Methven Street  
Perth  
PH1 5PD

26/02/2026

Dear Colleague

Please see the following outcome from the vetting process.

**Patient Name:** Robert Duncan McNeill  
**CHI Number:** 0107780372  
**Referral Date:** 16/01/2026

**Referral Source:** General Practitioner

**Referral Priority was:** Routine  
**Vetted Priority is:** Back to Referrer

**BACK TO REFERRER - CANCELLED**  
**Vetted By:** Pain Management

*Please note: If the vetting outcome is Redirecting Referral then the vetted by specialty will show as the redirected to specialty and not the specialty originally referred to.*

**Comment** (Please add comments below for the referrer as required)

This referral has been cancelled due to non-return of pre-clinic questionnaire.

Yours sincerely

Gillian Shepherd  
Chronic Pain Service Secretary



Everyone has the right to care and support when needed.  
We have been awarded the Disability Confident Leader status, which means we are committed to supporting our staff with disabilities and ensuring they can do their best for our patients.



Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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### RECORDING OF ETHNIC GROUP INFORMATION FOR PATIENTS

This Practice, in line with other healthcare providers, collects information about the ethnic group of patients. The UK is an increasingly ethnically diverse society and this information can help us plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong. All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with all names removed.

The classification is entirely voluntary but will help the NHS in Scotland to provide a better service. Please complete the form below by ticking the box of the ethnic group you feel you belong to.

NAME: ROBERT DUNCAN MURRAY

Date of Birth: 01/07/1978

|                              |                            |                                     |
|------------------------------|----------------------------|-------------------------------------|
| 9S13. White                  | Scottish                   | <input checked="" type="checkbox"/> |
| 9S14. White                  | Other White British        | <input type="checkbox"/>            |
| 9S11. White                  | Irish                      | <input type="checkbox"/>            |
| 9I2D. White                  | Traveller                  | <input type="checkbox"/>            |
| 9I2F. White                  | Polish                     | <input type="checkbox"/>            |
| 9I2R. White                  | Other European             | <input type="checkbox"/>            |
| 9I3.. Mixed                  | White & Black Caribbean    | <input type="checkbox"/>            |
| 9I4.. Mixed                  | White & Black African      | <input type="checkbox"/>            |
| 9I5.. Mixed                  | White & Asian              | <input type="checkbox"/>            |
| 9SB.. Mixed                  | Any Other Mixed Background | <input type="checkbox"/>            |
| 9S6.. Asian or Asian British | Indian                     | <input type="checkbox"/>            |
| 9S7.. Asian or Asian British | Pakistani                  | <input type="checkbox"/>            |
| 9S8.. Asian or Asian British | Bangladeshi                | <input type="checkbox"/>            |
| 9SH.. Asian or Asian British | Any Other Asian Background | <input type="checkbox"/>            |
| 9S2.. Black or Black British | Caribbean                  | <input type="checkbox"/>            |
| 9S3.. Black or Black British | African                    | <input type="checkbox"/>            |
| 9SG.. Black or Black British | Any Other Black Background | <input type="checkbox"/>            |
| 9S9.. Other Ethnic Groups    | Chinese                    | <input type="checkbox"/>            |
| 9SJ.. Other Ethnic Groups    | Any Other Ethnic Group     | <input type="checkbox"/>            |
| 9I2.. White                  | Other White                | <input type="checkbox"/>            |

9SD.. Ethnic Group

Patient Declined

☐

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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CONFIDENTIAL



### MARAC Risk Management Plan (RMP)

Date: 23/04/2020. MARAC Case Number: 1264R

|               | Victim | Alleged Perpetrator                      |
|---------------|--------|------------------------------------------|
| Surname       |        | McNeil                                   |
| Forenames     |        | Robert ✓                                 |
| Date of Birth |        | 01/07/1978                               |
| Gender        |        | Male                                     |
| Address       |        | 94 Broad Street,<br>Cowdenbeath, KY4 8JD |

### Children's Details

|                                                                                                            | Child 1 |
|------------------------------------------------------------------------------------------------------------|---------|
| Surname                                                                                                    |         |
| Forenames                                                                                                  |         |
| Date of Birth                                                                                              |         |
| <input type="checkbox"/> – Victim<br><input type="checkbox"/> Perpetrator<br><input type="checkbox"/> Both |         |
| Gender                                                                                                     |         |
| Address                                                                                                    |         |

### Ethical Information Sharing

An Information Sharing Protocol has been agreed by your organisations, details can be obtained from your MARAC Agency Representative or the MARAC Coordinator

Information is shared to:

- increase the safety, health and well-being of victim adults and their children;
- determine the risk posed by the perpetrator to any particular individual or to the general community;
- agree and implement a risk management plan that provides professional support to all those at risk;
- improve accountability and
- improve support for staff involved in high-risk domestic abuse cases.

**This RMP should only be shared to enhance the immediate safety and wellbeing of the victim(s). Its contents are highly confidential and include sensitive information about multiple individuals. The Data Protection Act 1998 demands that careful consideration should be applied and justification evidenced, when deciding to share the contents both within your own organisation and other professional forums.**

Additional background information from the MARAC meeting has been sent to your MARAC representative. If you require additional information to enable you to enhance the safety of this victim, their child(ren), or any other vulnerable adult then please contact your MARAC Representative or the MARAC Coordinator in the first instance.

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**Repeat Referrals to MARAC**

If any agency is aware of a victim experiencing ongoing abusive incidents (does not require Police involvement) within 12 months of the last MARAC case discussion, they have a responsibility to make another referral to MARAC regardless if it meets MARAC referral criteria.

**MARAC meetings have been suspended due to Covid-19 restrictions. Agencies have shared the following information.**

**SUMMARY OF CIRCUMSTANCES, SAFETY MEASURES AND AGENCIES INVOLVED**

Last heard at MARAC on: 10/11/2016

**Summary**

Robert and [REDACTED] have been married for approximately 9 years. [REDACTED] and Robert reside at separate addresses as they both enjoy their own independence. In March 2020 [REDACTED] suspected Robert had been unfaithful.

Robert has 4 pending cases for Breach of Bail, violence and disorder (some are domestic). He has 29 convictions for Road Traffic Offences, Violence, Disorder, Dishonesties, Breach of Orders and Misuse of Drugs. There is a marker for drugs on his record and Adult barred under PVG.

There are a number of **bail conditions** including that he does not enter Thistle Street, Cowdenbeath and that he does not approach or contact nor attempt to approach or contact [REDACTED] or [REDACTED] named in the charge in any way and to remain within his address between set hours. [REDACTED] is [REDACTED]

**Recent incident**

2 domestic incidents recorded between the couple since the last MARAC for Robert Assaulting [REDACTED] and the following incident:

29/03/20, Robert was drinking vodka, [REDACTED] was sober. She asked him questions about the female he had allegedly been seeing. Robert became irate, called her a derogatory name, grabbed her by the throat, pulled her hair and punched her to the face. He continued his violence by throwing her down to the floor, punching her, at one point stating, 'I AM GOING TO MURDER YOU'. [REDACTED] tried banging on the table to alert [REDACTED] who was asleep in the next room. [REDACTED] has woken and Robert is verbally abusive towards her. [REDACTED] tells [REDACTED] that they need to get away. Robert continued to assault [REDACTED] and stopped her from escaping through the window.

Robert got [REDACTED] up and made him get dressed and leave the property. Robert left in his vehicle with [REDACTED] who was crying and upset.

Police attended and found [REDACTED] considerably shaken up, with visible bruising to her cheek and eye.

On 30/03/20 Robert was arrested and granted specific bail conditions not to enter Thistle Street, Cowdenbeath and not to approach or contact nor attempt to approach or contact her in any way.

12/04/20, [REDACTED] was within her home decorating, when she fell and called Robert for assistance.

About 1010hrs, 13/04/20, officers attended at [REDACTED] address to carry out a safe and well check. She advised she was alone, but Officers traced Robert in the bedroom trying to hide under a blanket.

**Outcome** Robert was apprehended for Breach of Bail. **There is no trial date for this case at present.**

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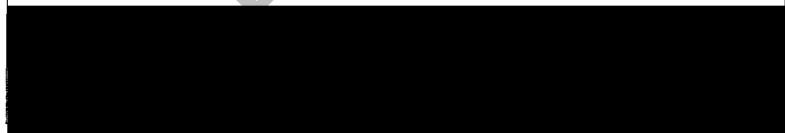
**NHS Addictions**

Robert receives methadone 60mls daily, dispensed on Tuesdays/Thursdays/Saturdays from Boots Cowdenbeath. Keyworker Lyndsey Jobson. Last seen by our service on 11<sup>th</sup> March 2020. Looked well and engaged well. Reporting he is not using opiates, although lapsed in March (took an opioid tablet). Still reports weekend/recreational Cocaine use. Generally, Robert seems to engage quite well, he occasionally misses appointments. Current contact is only by phone only due to Covid-19.

**Risk Factors** Relaxed dispensing of Methadone due to Covid-19. No face to face contact with patient at present.

**Protective Factors** Patient has been in treatment for some time and engages quite well. Robert was attending college (although cannot just now).

Addictions will continue with telephone appointments and liaise with pharmacy if any concerns in regard to presentation or non-engagement.



The MARAC Chair and MARAC co-ordinator have reviewed this case and request that the following actions are undertaken by [REDACTED]

| NAME       | DESIGNATION        | ORGANISATION                       |
|------------|--------------------|------------------------------------|
| [REDACTED] | MARAC (Chair)      | Criminal Justice Service           |
| [REDACTED] | MARAC Co-ordinator | Fife Violence Against Women P'ship |

OVERALL AGREEMENT



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Through multi-agency discussion specific actions have been identified by the MARAC group.  
In addition to these identified actions:

- All agencies will **share appropriate** information with relevant person(s) within their organisations;
- Highlight concerns where appropriate with a view to protecting the victim, any identified children, staff members or any other person who may be at risk of harm.

It should be noted that responsibility for carrying out the actions identified lies with the agency representatives.

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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|                                                                              |        |                                         |                    |
|------------------------------------------------------------------------------|--------|-----------------------------------------|--------------------|
| Tayside Clinical Laboratory Services                                         |        | Telephone 01332 632539                  | Internal Ext.32539 |
| Name: MENEILL                                                                | Robert | Sex: M PID: 0107780372                  | DoB: 01 Jul 1978   |
| Glover St Med Ctr (Victoria)                                                 |        | Clinician: Dr D.S. FOSTER               | Lab No: 1241648021 |
| CTD Screen                                                                   |        |                                         | SSPERC FOSD16      |
| Cyclic Citrullinated Peptide                                                 |        |                                         |                    |
| Negative                                                                     |        |                                         |                    |
| Anti URFAP, Ro, La, Centromere B, Scl-70, Jo-1, Fibrillarin, RNP Polymerase  |        |                                         |                    |
| III, Ribosomal P, PM-Scl, PCNA, Mi-2, Sm and dsDNA Ab's Negative.            |        |                                         |                    |
| 0.7 U/ml (0-10)                                                              |        |                                         |                    |
| 30% of patients with Rheumatoid arthritis have a negative anti-CCP antibody. |        |                                         |                    |
| so a negative result does not exclude a diagnosis of RA.                     |        |                                         |                    |
| Lab.Comments:                                                                |        | Sample is blood unless otherwise stated |                    |
|                                                                              |        | Sample Date/Time                        |                    |
|                                                                              |        | 08 Feb 2024 15:30                       |                    |
| Clin.Details: On T47 No chronic joint pain                                   |        |                                         |                    |
| Request Entered: 08 Feb 2024 14:21                                           |        | Report Printed: 13 Feb 2024 16:54       |                    |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Perth & Kinross Integrated Drug & Alcohol Recovery Team  
Drumhar Medical Centre  
North Methven Street  
Perth  
PH1 5PD  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Dr LM Welsh  
Victoria Practice  
Glover Street Medical Centre  
133 Glover Street  
Perth  
PH2 0JB

Date 17/11/2023  
Clinic Date 30/10/2023  
Your Ref  
Our Ref JD/TE/ 0107780372  
Enquiries to Jennifer Dallas  
Extension 62448  
Direct Line  
Email

Dear Dr Welsh

**Robert McNeill, 59 Doocot Court, Perth, PH1 1TL DOB: 01/07/1978**

Robert McNeill attended for medical review on the 30<sup>th</sup> of October 2023. He is currently prescribed methadone 80mls which he collects on a daily basis but is not taken under supervision. Very little was achieved in the appointment as he was quite aggressive in manner from the outset, and it was hard to have a meaningful discussion with him. He seemed angry that recent drug screens had not been analysed due to the machine breaking at the local laboratory, but he did not accept my explanation for this. He expressed a wish to move to the buvidal injection but did not want to reduce his methadone dose to 30mls in the community in order to transfer to buprenorphine safely. Instead, he stated he wanted to be admitted to hospital to undergo a high dose transfer to buprenorphine. However, when I explained that he would still have to reduce 60mls of methadone he stormed out of the room in anger. I note that he has failed to attend several appointments over the past year which have no doubt held things up. I will await the patient's decision as to what he wants to do next. He will continue to be seen by his key worker on a regular basis.

Yours sincerely

Authorised on 22/11/2023 11:03:03 by Dr Tim Elworthy.

**Dr Tim Elworthy**  
Consultant Psychiatrist  
Perth and Kinross Integrated Drugs & Alcohol Recovery Team

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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Our ref: MA/VT/ V763285X  
Clinic date: 25 August 2013  
Date Typed: 5 September 2013

Dr M Lodge  
Cowdenbeath Surgery  
Cowdenbeath Medical Practice  
173 Stenhouse Street  
COWDENBEATH  
Fife KY4 9DH

RECEIVED  
11 SEP 2013

medinet

Medinet Wales Ltd  
Arthur House  
21 Mere Green Road  
Sutton Coldfield  
West Midlands  
B75 5BL

Tel: [REDACTED]  
Fax: [REDACTED]

www.ukmedinet.com

**WAITING LIST INITIATIVE GASTROENTEROLOGY CLINIC**

Dear Dr Lodge

Re: **Robert McNEILL – d.o.b. 01/07/1978**  
**29 Stenhouse Street Cowdenbeath KY4 9DA**

*This patient was seen as part of a Waiting List Initiative Clinic at the Queen Margaret Hospital, Dunfermline, Fife by Dr M Akhtar, Consultant Gastroenterologist. All queries should be directed via Medinet on Tel: [REDACTED]*

**Diagnosis:** Painful swallowing, likely gastro-oesophageal reflux  
**Investigation:** Waiting for gastroscopy  
**Plan:** Discharge if normal

This gentleman who is an ex IV heroine abuser is on regular Methadone programme. He has been complaining of painful swallowing for the last couple of years. He does have acid reflux and describes pain between the shoulder blades. There is no vomiting or any weight loss. He does take regular Naproxen as well. He denies any melaena. He admits having injuries to his spine in the past and also once broke his nasal septum. He drinks only occasionally and is trying to stop smoking. On examination he has tattoos over his arms and abdomen. There is no pallor or jaundice, no lymphadenopathy. Abdominal examination is normal.

This gentleman seems to have gastro-oesophageal reflux. Because of the complaint of painful swallowing I have today requested gastroscopy. If this is normal, I do not think he will need further follow-up.

Yours sincerely

*Signed Electronically on Behalf of*

**Dr M Akhtar**  
**Consultant Gastroenterologist**

Company Registered in England Registration No. 4370686

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

NHS Confidential: Personal data about a patient

**Lynebank Hospital**  
Halbeath Road  
Dunfermline  
Fife  
KY11 4UW

Kirkcaldy & Levenmouth CHP  
NHS Fife Addiction Services  
Tel: [REDACTED] Ext: 35246  
<http://www.nhsfife.scot.nhs.uk>



Dr T Randall  
Cowdenbeath Surgery  
Cowdenbeath Medical Practice  
173 Stenhouse Street  
Cowdenbeath  
KY4 9DH

CLINIC LETTER



CHI: 0107780372  
Patient ID: 6820

Letter ID: 1169571

Dear Dr Randall

Clinic Date: 01/09/2014

Date: 02/09/2014

**Robert McNeill, 23 Brucefield Terrace, Lumphinnans, Fife, KY4 8AD**

**Date of Birth: 01/07/1978**

**Diagnosis:**

Opiate Dependence.

**Current Therapy:**

Methadone now reduced to 35ml daily and reducing by 5ml per month.

I reviewed Robert at Lynebank Addictions clinic on 01.09.14. He is stable on his therapy with Methadone and has now reduced to 35ml daily which is dispensed weekly. Robert reports that he has no GP prescribed therapy and now past medical history of note. He is currently doing a computer based plumbing and renewables training course and is seeking to get back into work.

Robert's improved social stability is encouraging. He plans to continue reducing his Methadone and detoxify. He will be followed up by his Keyworker, Addictions Nurse Tina Edmundson and will have a further medical review in due course.

Yours sincerely

Dr [REDACTED] Firth  
GP Specialist in Addictions

Authorised on 04/09/2014 16:32:38 by [REDACTED] Firth.

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

Page 1 of 5

|                         |        |             |      |                 |
|-------------------------|--------|-------------|------|-----------------|
| Hospital<br>use<br>only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|-------------------------|--------|-------------|------|-----------------|

Transport required?

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care  
Pathway Number**  
1010378818119

**REFERRAL TO**

General Surgery - Lower GIC1T2  
TAY General Referral v6.2

Ninewells Hospital  
Dundee  
DD1 9SY

— Consultant / receiving practitioner  
and/or specialty clinic

— Hospital and hospital address

Hospital unit no.

T101H

Email address

-

**Date of Referral (set by  
referrer)**

08-Oct-2025

**Date referral was submitted**

08-Oct-2025

**Urgency of referral**

Routine

**Armed Forces Personnel,  
Immediate Families & Veterans**

☐ On active service

☐ Condition related to service

☐ Immediate family member

**Impairment(s)**

☐ Learning

☐ Visual

☐ Hearing

**Miscellaneous**

Interpreter Required: None

Details of "Other" Language: None

**PATIENT DETAILS**

Surname

MCNEILL

Forename(s)

ROBERT

Title

MR

Sex

Male

Date of birth

01-Jul-1978

CHI no.

0107780372

Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice:

**REGISTERED GP DETAILS**

Name

Dr M Perry

GMC code

4412043

GP code

73431

Practice name

Yellow Practice Drumhar HC

Practice code

14342

Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice:

**REFERRING PRACTITIONER DETAILS**

Name

Dr. Mark Perry

GMC code

4412043

GP code

73431

Practice name

Yellow Practice, Drumhar Health Cen  
(14342)

Practice code

14342

Practice address

North Methven Street  
Perth

Contact number(s)

Voice:

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00015200/00926500.HTM 10/06/2026

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: ? Unresolving haemorrhoids- +/- alt cause given pus also present.

Comment: Dear General surgical team,

Robert is a 47 year old gentleman who has had long standing issues with intermittent fresh PR bleeding as well as intermittent "pus" from the back passage. Intermittent lump/"prolapse" that he has to push back in. He denies any sinus or extra opening around the anus. Symptoms have not resolved with OTC or prescribed treatments. Previous PR didn't find any obvious cause. He declined further examination today due to his past history of being sexually assaulted. I discussed that not updating the examination limits what information about what we should do next.

The history sounds like resolving haemorrhoids. Although the pus makes me wonder about a fistula or diverticular disease. He has previously injected drugs. His inflammatory markers.

I would appreciate your teams consideration for sigmoidoscopy or other treatment options. He state he is fine with getting the camera test. I have asked him to do a FIT test in the mean time to check a coloscopy or CT scan isn't needed.

Thank you,  
Dr Adam Murray  
GP Iocum  
GMC 7597353

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15

Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

*Most recent height, weight, BMI and Blood Pressure*

|                 |        |                   |                              |
|-----------------|--------|-------------------|------------------------------|
| Height:         | 1.75   | m                 | Recorded Date: None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: None provided |

*Reason for referral*

Care type requested: Out Patient

Expected outcome: Not Specified

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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#### Tayside Out of Hours Service OOH Call Incident Report

|                     |                                             |                  |                           |
|---------------------|---------------------------------------------|------------------|---------------------------|
| Call number:        | 93957                                       | Receive Date:    | 26-Jun-2024 15:10         |
| Patient's Name:     | Robert Mcneill                              |                  |                           |
| Date of birth:      | 1-Jul-1978 ( 45 years )                     | Gender:          | M                         |
| Address:            | 59 Doocot Court                             | Current Address: | 59 Doocot Court           |
|                     | 59 Doocot Court                             |                  | 59 Doocot Court           |
|                     | Perth                                       |                  | Perth                     |
|                     | PH1 1TL                                     |                  | PH1 1TL                   |
| Return Contact No:  |                                             |                  |                           |
| Tel No:             | ■■■■                                        |                  | ■■■■                      |
| Mobile No:          |                                             |                  |                           |
| Priority:           | within 4 hours                              | Call Origin:     | NHS24                     |
| Received:           | 26-Jun-2024 15:10                           | Calltype:        | NHS24 Advised (Info Only) |
| Advised:            | 15:41                                       | Arrived PCC:     |                           |
| Cons start:         |                                             | Cons End:        |                           |
| Consulting Doctor:  |                                             | Own doctor:      |                           |
| Reported Condition: | MENTAL HEALTH FEELS LIKE CAN'T COPE ONGOING |                  |                           |
| Followups:          | None                                        |                  |                           |
| NHS24 details:      |                                             |                  |                           |
| Disposition -       | Self Care                                   |                  |                           |

Additional document  
30-Jun-2026  
Additional:Additional document



Filename:  
Extension:  
Pages:

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Comp 10/02

**APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE** **NHS**  
**ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE** **SCOTLAND**

**1. PERSONAL DETAILS**

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 complete a temporary resident form)

Male ☒ Female ☐

Date of birth \* 01/07/1978

Title \* MR

Surname \* McNEIL

Foranames \* ROBERT DUNCAN

Previous surname \*

Address \* Skinnergate resettlement unit  
16 Skinnergate

Postcode \* PH1 5TH

Telephone #

Mobile #

Email address #

# 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.

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 \* FALKIRK

Country of birth \* SCOTLAND

Registered district of birth (Scotland only) Denny/FALKIRK

maiden

**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 \* ~~PERTH~~ HMP PERTH

Postcode \* PH1

Name and address of previous GP Practice in UK \* HMP PERTH / STENHOUSE ST  
CROOKSBATH GP PRACTICE

Postcode \* KY4

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:

Enlistment date \*

Service Number

Are you a Reservist? Yes ☐ No ☒

If you provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☒

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**3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION**

You have a choice about organ or tissue donation. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

**4. HOW WE USE INFORMATION**

The information you have provided will be used by NHS Scotland 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 exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

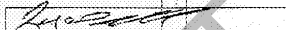
**5. PATIENT DECLARATION**

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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature



Date \* 07/02/23

Representative's name (if applicable)



Relationship to patient (if applicable)


**6. FOR PRACTICE USE**

GP reference number

73831

GP name

Dr Nelson

Practice code

T13941

**Identification seen – do not take or retain photocopies**

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None ☐

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



Date \* 15/2/23

**7. FOR OFFICIAL USE ONLY**

Input by



Checked by



Date



Practice stamp



2

GMSGPR001 V27 1 2021

Additional document

30-Jun-2026

Additional: Additional document

Filename:

Extension:

Pages:

|                   |        |          |      |              |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Date Referral Sent **2017-11-08**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*1010148568176\*

Unique Care Pathway Number: 1010148568176

**\*0107780372\***

CHI No:0107780372

|                                                                                |                                                                                         |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                             |                                                                                         |
| Ear, Nose & Throat (ENT)C5<br>LAN ENT                                          | — Consultant / receiving practitioner and/or specialty clinic                           |
| Monklands District General Hospital<br>Monkscourt Avenue<br>Airdrie<br>ML6 0JS | — Hospital and hospital address<br><br>Hospital unit no.<br>L106H<br>Email address<br>- |
| <b>Urgency of referral</b> Routine                                             |                                                                                         |

|                        |             |                                            |
|------------------------|-------------|--------------------------------------------|
| <b>PATIENT DETAILS</b> |             | Patient's address                          |
| Surname                | MCNEIL      | 52 STONEFIELD STREET<br>AIRDRIE<br>ML6 6JS |
| Forename(s)            | ROBERT      |                                            |
| Title                  | -           |                                            |
| Sex                    | Male        |                                            |
| Date of birth          | 01-Jul-1978 |                                            |
| CHI no.                | 0107780372  | Contact number(s)<br>[REDACTED]            |

|                                       |                                |                                                                |
|---------------------------------------|--------------------------------|----------------------------------------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b> |                                | Practice address                                               |
| Name                                  | Dr. Lai-Ching Yip              | Airdrie Community Health Centre<br>88 Graham Street<br>Airdrie |
| GMC code                              | 3199194    GP code    11703    |                                                                |
| Practice name                         | Tinto Medical Practice (61131) |                                                                |
| Practice code                         | 61131                          |                                                                |
|                                       |                                | Contact number(s)<br>[REDACTED]                                |

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| <b>Additional Administrative Information</b>                                                         |
| SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No<br>Is Patient Transport Required:No |

**CLINICAL INFORMATION***History of presenting complaint / examination findings / investigation results***Presenting complaint**

Main presenting  
Complaint: nasal injury following assault

Reason for  
Referral: this man was assaulted on the 4th November 2017. He attended Forth Valley A&E department and has been advised to be referred to local ENT as he was out of their area. Please find enclosed the A&E report.

**Investigations**

Current hearing aid user: No -  
Ears free from wax: No -  
Professional voice user: No -  
Previous ENT Surgery History: Yes -  
If Yes, please specify: septoplasty 2010 Stirling Royal Infirmary -

*Reason for referral*

Care type requested: Out Patient  
Expected outcome: Not Specified

*Past medical history**Current medication (Active Repeat medication issued within the last 12 months)*

No current medications recorded

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

| <u>Drug name</u>     | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u>        | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> |
|----------------------|-----------------|--------------------|----------------------|------------------|-----------------------|-----------------|
| Diazepam 5mg tablets | 58981020        | tablet             | 1 TABLET TWICE A DAY | -                | 08-Nov-2017           | -               |

*Clinical warnings***Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day  
? (not known)

Units per day  
? (not known)

*Additional Clinical information*

\_\_\_\_\_  
Signature of referring doctor (or other professional)      Date

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**Additional document**

30-Jun-2026

Additional:Additional document

Filename:

Extension:

Pages:

NHS Confidential: Personal data about a patient

## MEDICAL QUESTIONNAIRE

|                                                                          |                   |                          |
|--------------------------------------------------------------------------|-------------------|--------------------------|
| Surname: MCGILL                                                          | (Mr / Mrs / Miss) | Date of Birth 01/07/1978 |
| Forename: ROBERT DUNCAN                                                  |                   | Nationality: SCOTTISH    |
| Address                                                                  |                   | Tel No [REDACTED]        |
| Occupation:                                                              |                   |                          |
| Marital status: Single / Married / Divorced / Widowed / <u>Separated</u> |                   |                          |
| [REDACTED] Name [REDACTED]                                               |                   | Tel No: [REDACTED]       |
| Relationship [REDACTED]                                                  |                   |                          |

## PAST MEDICAL HISTORY

1. Please list in date order all important illness, including asthma, diabetes and heart disease or special investigations and operations.

| Date | Details and Place                      |
|------|----------------------------------------|
|      | SEPTO RHYNO PLASTIC / STIRLING & ROYAL |
|      |                                        |
|      |                                        |
|      |                                        |
|      |                                        |
|      |                                        |
|      |                                        |

NHS Confidential: Personal data about a patient

2. Are you at present suffering from any illness? Please list below

|  |
|--|
|  |
|  |
|  |
|  |

**MEDICATION -**

Please give details of drugs including dosages & frequency. These should be medicines you take regularly & anything you may purchase at the pharmacy. If available please provide a copy of the re-order list from your previous practice.

| NAME       | DOSE | INSTRUCTIONS |
|------------|------|--------------|
| METOPROLOL | 80ML | DAILY        |
|            |      |              |
|            |      |              |
|            |      |              |
|            |      |              |
|            |      |              |
|            |      |              |
|            |      |              |

Copy of repeat medication list received YES ☐ NO ☐

3. Are you a carer?

~~YES~~

NO

Do you require the help of a carer?

YES

~~NO~~

4. Do you smoke?

YES

~~NO~~

If YES, how many?

COFFEE PER DAY

Would you like help to stop smoking?

YES

~~NO~~

Do you drink alcohol?

~~YES~~

NO

If YES, how many units per week

NHS Confidential: Personal data about a patient

5. Please list any substances, including medicines and drugs, to which you are allergic:

---



---



---

6. Immunisations:

Are you currently protected against:

|         |                |               |
|---------|----------------|---------------|
| Tetanus | <del>YES</del> | NO            |
| Polio   | YES            | <del>NO</del> |
| Rubella | YES            | <del>NO</del> |
| Other:  | HEP B          |               |

7. Do you have any family history of the following?

|                 |                |    |
|-----------------|----------------|----|
| Heart Disease   | <del>YES</del> | NO |
| Thyroid Disease | <del>YES</del> | NO |
| Diabetes        | <del>YES</del> | NO |
| Asthma / eczema | <del>YES</del> | NO |
| Other:          |                |    |

8. FEMALES ONLY –

|                                                |       |    |
|------------------------------------------------|-------|----|
| Have you had a cervical smear?                 | YES   | NO |
| If YES, what was the date of your most recent? | <hr/> |    |
| How many pregnancies have you had?             | <hr/> |    |
| How many have resulted in live births?         | <hr/> |    |
| Are you taking oral contraceptives?            | YES   | NO |
| Do you have an IUCD fitted?                    | YES   | NO |
| Do you have an Implanon fitted?                | YES   | NO |

Additional document  
30-Jun-2026  
Additional:Additional document

Filename:  
Extension:  
Pages:

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|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

\*101013032966J\*

Unique Care Pathway Number: 101013032966J

Transport required?

## REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Suspected Cancer Site:**  
NOT A CANCER REFERRAL

\*ADULT-MSK\*

\*ADULT-MSK\*

|                                                                              |                                                                                        |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                           |                                                                                        |
| Adult MSK R5F2<br>Fife General Referral                                      | Consultant / receiving practitioner and/or specialty clinic                            |
| Physiotherapy Booking Unit<br>Queen Margaret Hospital<br>Dunfermline<br>Fife | Hospital and hospital address<br>Hospital Location Code<br>F015G<br>Email address<br>- |
| <b>Urgency of referral</b> Routine                                           |                                                                                        |

|                                        |                                                                        |
|----------------------------------------|------------------------------------------------------------------------|
| <b>PATIENT DETAILS</b>                 |                                                                        |
| Surname<br>MCNEILL                     | Patient's address<br>94 BROAD STREET<br>COWDENBEATH<br>FIFE<br>KY4 8JD |
| Forename(s)<br>ROBERT                  |                                                                        |
| Title<br>MR                            |                                                                        |
| Sex<br>Male                            |                                                                        |
| Date of birth<br>01-Jul-1978           |                                                                        |
| CHI no.<br>0107780372                  |                                                                        |
| Contact number(s)<br>Voice: [REDACTED] |                                                                        |

|                                              |                                                                                                    |
|----------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>REFERRING PRACTITIONER DETAILS</b>        |                                                                                                    |
| Name<br>Dr. Thomas Randall                   | Practice address<br>Cowdenbeath Medical Practice<br>173 Stenhouse Street<br>Cowdenbeath<br>KY4 9DH |
| GMC code<br>6128603                          |                                                                                                    |
| GP code<br>91383                             |                                                                                                    |
| Practice name<br>Cowdenbeath Surgery (20305) |                                                                                                    |
| Practice code<br>20305                       |                                                                                                    |
| Contact number(s)<br>Voice: [REDACTED]       |                                                                                                    |

Date submitted by practice: 15-Feb-2017

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

**Administrative Information**

Suspected Cancer Site: NOT A CANCER REFERRAL

Patient Contact: N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations: N/A Not a cancer referral

Previous Surname: RYAN

Patient can accept a short notice appointment: yes

Interpreter Required: no

Stylesheet version: 16.0.1.3 25-Mar 2013 Comments to: [REDACTED]



**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**

Description: Chronic back pain

Comment: I would be grateful if you could see Robert McNeil, who has been complaining of back pain on and off for a number of years. He was previously a landscape gardener and has also suffered from problems with addictions. He currently feels he is unable to work due to his back pain.

On examination he is of normal weight. He is tender over his SI joints, but has a reasonable range of movement in his back and good hip movements.

I would be grateful if he could be seen for some basic physiotherapy advice.

Many thanks.

**Examinations and Investigations**

|                      |                                                                                     |             |
|----------------------|-------------------------------------------------------------------------------------|-------------|
| Height (m):          | 1.803                                                                               | -           |
| Weight (kg):         | 66.678                                                                              | -           |
| Body Mass Index:     | 20.5                                                                                | -           |
| Cigarette smoker:    | Smoking status on date of event: Smoker.                                            | 07-Dec-2016 |
| Alcohol consumption: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 12. | 18-Jan-2013 |
| Exercise grading:    | Type of exercise: Vigorous. NOTES: WALKING, CYCLING AND WEIGHT TRAINING.            | 18-Jan-2013 |

**Past Medical History****Pre-existing conditions** (High and Medium Priority)

| <u>Description</u>                                 | <u>Modifier</u> | <u>Comment</u>                                     | <u>Date Recorded</u> |
|----------------------------------------------------|-----------------|----------------------------------------------------|----------------------|
| Subject of multi-agency risk assessment conference | -               | Risk Management Plan.                              | 10-Nov-2016          |
| Drug dependence                                    | -               | - on methadone                                     | 17-Jan-2013          |
| Misuse of drugs NOS                                | -               | -                                                  | 22-Feb-2012          |
| Fracture of facial bone NOS                        | -               | -                                                  | 21-Nov-2010          |
| [X]Drug addiction - opioids                        | -               | [YEAR OF EVENT 2010] NOTES: heroin use documented. | 01-Jan-2010          |
| Fracture of nasal bones                            | -               | -                                                  | 11-Aug-1997          |
| Greenstick fracture of distal radius               | -               | right                                              | 10-Oct-1994          |

**Past Procedures** (High and Medium priority)

| <u>Description</u>   | <u>Modifier</u> | <u>Comment</u> | <u>Date Recorded</u> |
|----------------------|-----------------|----------------|----------------------|
| Septorhinoplasty NEC | -               | -              | 19-Mar-2001          |

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

No medications recorded

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

No recent medications recorded

**Lifestyle risks**

Exercise status: Not Known

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Scanned Document

08-Jan-2026 Mrs Anne Watson

Additional: Scanned Document

SCI Referral Letter :

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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Transport required?

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care Pathway Number**  
101038692684X

## REFERRAL TO

Physiotherapy MSKR5TV  
TAY General Referral v6.2

Consultant / receiving practitioner and/or specialty clinic

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

Hospital and hospital address

Hospital unit no.  
T202H  
Email address

Date of Referral (set by referrer) 08-Jan-2026  
Date referral was submitted 08-Jan-2026  
Urgency of referral Routine

**Armed Forces Personnel, Immediate Families & Veterans**  
☐ On active service  
☐ Condition related to service  
☐ Immediate family member

**Impairment(s)**  
☐ Learning  
☐ Visual  
☐ Hearing

**Miscellaneous**  
Interpreter Required: None  
Details of "Other" Language: None

## PATIENT DETAILS

Surname MCNEILL  
Forename(s) ROBERT  
Title MR  
Sex Male  
Date of birth 01-Jul-1978  
CHI no. 0107780372

## Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]

## REGISTERED GP DETAILS

Name Dr M Perry  
GMC code 4412043 GP code 73431  
Practice name Yellow Practice Drumhar HC  
Practice code 14342

## Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]

| REFERRING PRACTITIONER DETAILS   |                                             |         |                              |
|----------------------------------|---------------------------------------------|---------|------------------------------|
| Name                             | Dr. Fiona Sinclair                          |         |                              |
| GMC code                         | 6134518                                     | GP code | 73687                        |
| Practice name                    | Yellow Practice, Drumhar Health Cen (14342) |         |                              |
| Practice code                    | 14342                                       |         |                              |
| Practice address                 |                                             |         |                              |
| North Methven Street<br>Perth    |                                             |         |                              |
|                                  |                                             |         | Contact number(s)            |
|                                  |                                             |         | Voice: [REDACTED] [REDACTED] |
| Periods of Future Unavailability |                                             |         |                              |
| None provided.                   |                                             |         |                              |

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Neck and arm pain with numbness into hand

Comment: Dear Colleague,  
I would be grateful for your input with this 47 year old man who has had neck pain for some time, but told me 3 days ago he woke up with excruciating pain down his right arm into his hand and numbness in the thumb, index and middle finger of his right hand. He feels his grip is reduced as he finds it more difficult to hold things and more inclined to drop things. He has a history of chronic leg pain and sciatica and drug misuse and has been referred to the Pain Clinic regarding this.

On examination he had slightly reduced range of movement in his neck and the movements were painful and elicited pain between the neck and the shoulder. His range of movement of the shoulder was normal. He had reduced sensation in the thumb, index and middle finger and power was intact. I couldn't elicit the bicep reflex on the right side, but it was present on the left.

Many thanks for your assessment and input.

Yours sincerely,

DR FIONA SINCLAIR

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3, 2024-10-15  
Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

**Most recent height, weight, BMI and Blood Pressure**

Height: 1.75 m Recorded Date: None provided  
Weight: 67.3 Kg Recorded Date: None provided  
BMI: 21.9 Kg/m<sup>2</sup> Recorded Date: None provided  
Blood Pressure: 125/81 mmHg Recorded Date: None provided

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

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08-Oct-2025 Dr Adam Murray  
Additional: Scanned Document  
SCI Referral Letter :

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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
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Transport required?

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care Pathway Number**  
1010378818119

## REFERRAL TO

General Surgery - Lower GIC1T2  
TAY General Referral v6.2

Ninewells Hospital  
Dundee  
DD1 9SY

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital unit no.  
T101H  
Email address

Date of Referral (set by referrer) 08-Oct-2025  
Date referral was submitted 08-Oct-2025  
Urgency of referral Routine

**Armed Forces Personnel, Immediate Families & Veterans**  
☐ On active service  
☐ Condition related to service  
☐ Immediate family member

**Impairment(s)**  
☐ Learning  
☐ Visual  
☐ Hearing

**Miscellaneous**  
Interpreter Required: None  
Details of "Other" Language: None

## PATIENT DETAILS

Surname MCNEILL  
Forename(s) ROBERT  
Title MR  
Sex Male  
Date of birth 01-Jul-1978  
CHI no. 0107780372

## Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]  
[REDACTED]

## REGISTERED GP DETAILS

Name Dr M Perry  
GMC code 4412043 GP code 73431  
Practice name Yellow Practice Drumhar HC  
Practice code 14342

## Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]

| REFERRING PRACTITIONER DETAILS   |                                             |         |                              |
|----------------------------------|---------------------------------------------|---------|------------------------------|
| Name                             | Dr. Mark Perry                              |         |                              |
| GMC code                         | 4412043                                     | GP code | 73431                        |
| Practice name                    | Yellow Practice, Drumhar Health Cen (14342) |         |                              |
| Practice code                    | 14342                                       |         |                              |
| Practice address                 |                                             |         |                              |
| North Methven Street<br>Perth    |                                             |         |                              |
|                                  |                                             |         | Contact number(s)            |
|                                  |                                             |         | Voice: [REDACTED] [REDACTED] |
| Periods of Future Unavailability |                                             |         |                              |
| None provided.                   |                                             |         |                              |

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: ? Unresolving haemorrhoids- +/- alt cause given pus also present.

Comment: Dear General surgical team,

Robert is a 47 year old gentleman who has had long standing issues with intermittent fresh PR bleeding as well as intermittent "pus" from the back passage. Intermittent lump/"prolapse" that he has to push back in. He denies any sinus or extra opening around the anus. Symptoms have not resolved with OTC or prescribed treatments. Previous PR didn't find any obvious cause. He declined further examination today due to his past history of being sexually assaulted. I discussed that not updating the examination limits what information about what we should do next.

The history sounds like resolving haemorrhoids. Although the pus makes me wonder about a fistula or diverticular disease. He has previously injected drugs. His inflammatory markers.

I would appreciate your teams consideration for sigmoidoscopy or other treatment options. He state he is fine with getting the camera test. I have asked him to do a FIT test in the mean time to check a coloscopy or CT scan isn't needed.

Thank you,  
Dr Adam Murray  
GP locum  
GMC 7597353

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3. 2024-10-15

Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

**Most recent height, weight, BMI and Blood Pressure**

|                 |        |                   |                |               |
|-----------------|--------|-------------------|----------------|---------------|
| Height:         | 1.75   | m                 | Recorded Date: | None provided |
| Weight:         | 67.3   | Kg                | Recorded Date: | None provided |
| BMI:            | 21.9   | Kg/m <sup>2</sup> | Recorded Date: | None provided |
| Blood Pressure: | 125/81 | mmHg              | Recorded Date: | None provided |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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12-Sept-2025 Mrs Anne Watson  
Additional: Scanned Document  
SCI Referral Letter :

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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Transport required?

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

**Unique Care Pathway Number**  
101037641690H

## REFERRAL TO

Pain Management C31  
TAY General Referral v6.2

Consultant / receiving practitioner and/or specialty clinic

Perth Royal Infirmary  
Taymount Terrace  
Perth  
PH1 1NX

Hospital and hospital address

Hospital unit no.  
T202H  
address

Date of Referral (set by referrer) 12-Sep-2025  
Date referral was submitted 12-Sep-2025  
Urgency of referral Routine

**Armed Forces Personnel, Immediate Families & Veterans**  
☐ On active service  
☐ Condition related to service  
☐ Immediate family member

**Impairment(s)**  
☐ Learning  
☐ Visual  
☐ Hearing

**Miscellaneous**  
Interpreter Required: None  
Details of "Other" Language: None

## PATIENT DETAILS

Surname MCNEILL  
Forename(s) ROBERT  
Title MR  
Sex Male  
Date of birth 01-Jul-1978  
CHI no. [REDACTED]

## Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]  
[REDACTED]

## REGISTERED GP DETAILS

Name Dr M Perry  
GMC code 4412043 GP code 73431  
Practice name Yellow Practice Drumhar HC  
Practice code 14342

## Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]



**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Chronic leg pain

Comment: Dear Doctor,

This 47 year old patient complains of numbness and tingling in his hands and feet as well as a longstanding sciatic type pain down his legs with the left being worse than the right. He has a history of drug misuse and is on Buprenorphine and under the Integrated Drug and Alcohol Recovery Team. He consulted recently with regard to his symptoms and saw one of our locum doctors who is arranging for some blood tests to investigate the numbness and tingling. There was a previous note from the Substance Misuse Team that he is not for Gabapentinoid drugs due to being high risk. He has previously tried Amitriptyline which caused side effects, therefore my colleague prescribed Nortriptyline to see if this may be better tolerated. He also wrote to the iDART Team for advice and we have received a response that recommends referring him to yourselves as you run a Specialist Pain and Addictions Clinic with Dr Colvin and Michael Lowrie, our Specialist Pharmacist attached to the Substance Use Services across Tayside. This response from Anne Henderson, one of the Senior Charge Nurses from iDART said that she does not think it is just drug seeking, but genuine in nature.

I would be most grateful for your input. Many thanks.

Yours sincerely,

DR FIONA SINCLAIR

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3, 2024-10-15

Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

**Most recent height, weight, BMI and Blood Pressure**

Height: 1.75 m Recorded Date: None provided

Weight: 67.3 Kg Recorded Date: None provided

BMI: 21.9 Kg/m<sup>2</sup> Recorded Date: None provided

Blood Pressure: 125/81 mmHg Recorded Date: None provided

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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10-Sept-2025 Dr Dr Locum  
Additional: Scanned Document  
SCI Referral Letter :

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| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Transport required?

# ADVICE REQUEST

MEDICAL IN CONFIDENCE

## Unique Care Pathway Number

101037612542P

### REQUESTED OF

Tayside Substance Misuse PerthG1TX  
Tay Advice Protocol v1.2

Consultant / receiving practitioner and/or specialty clinic

Highland House  
St Catherines Road  
Perth  
PH1 5YA

Hospital and hospital address

Hospital unit no.  
T368C  
Email address

Date of Request (set by referrer) 10-Sep-2025  
Date request was submitted 10-Sep-2025  
Urgency of request Advice

**Armed Forces Personnel, Immediate Families & Veterans**  
☐ On active service  
☐ Condition related to service  
☐ Immediate family member

**Impairment(s)**  
☐ Learning  
☐ Visual  
☒ Hearing

**Miscellaneous**  
 Interpreter Required: None  
 Details of "Other" Language: None

### PATIENT DETAILS

Surname MCNEILL  
Forename(s) ROBERT  
Title MR  
Sex Male  
Date of birth 01-Jul-1978  
CHI no. 0107780372

### Patient's address

59 DOOCOT COURT  
PERTH  
PH1 1TZ

Contact number(s)

Voice: [REDACTED]

### REGISTERED GP DETAILS

Name Dr M Perry  
GMC code 4412043 GP code 73431  
Practice name Yellow Practice Drumhar HC  
Practice code 14342

### Practice address

NORTH METHVEN STREET  
PERTH

Contact number(s)

Voice: [REDACTED]

| REFERRING PRACTITIONER DETAILS   |                                             |         |                   |
|----------------------------------|---------------------------------------------|---------|-------------------|
| Name                             | Adam Murray                                 |         |                   |
| GMC code                         | 7597353                                     | GP code | -                 |
| Practice name                    | Yellow Practice, Drumhar Health Cen (14342) |         |                   |
| Practice code                    | 14342                                       |         |                   |
| Practice address                 |                                             |         |                   |
| North Methven Street<br>Perth    |                                             |         |                   |
|                                  |                                             |         | Contact number(s) |
| Voice: 01738 621726              |                                             |         |                   |
| Periods of Future Unavailability |                                             |         |                   |
| None provided.                   |                                             |         |                   |

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Advice requested**

Description: POA of Dr Elworthy- Neuropathetic pain.

Comment: Dear iDART team,

Robert is a 47 year old gentleman who presented complaining of numbness/tingling in his hands and feet as well as sciatic type pain down his legs with the left being worse than the right. This seems to be a chronic issue for years. There was a previous note from the substance misuse team that he is not for gabapentinoid drugs due to being high risk. He ran into SE when on AMT. I discussed his case with the one of the GP partners who suggested a trial of nortriptyline. It is unclear if this is drug seeking before, true neuropathic pain, or both. However, we have limited options regarding how we can treat him.

I would appreciate your teams advise on options to manage neuropathic pain in this gentleman and if you feel gabapentinoids are simple too high risk.

Thank you,  
Kind regard,  
Dr Adam Murray  
GP locum  
GMC 7597353

**Examinations and Investigations**

Cigarette smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 3, 2024-10-15

Stopped drinking alcohol: Drinking status on eventdate: Ex-drinker. 2024-10-15

**Most recent height, weight, BMI and Blood Pressure**

Height: 1.75 m Recorded Date: None provided

Weight: 67.3 Kg Recorded Date: None provided

BMI: 21.9 Kg/m<sup>2</sup> Recorded Date: None provided

Blood Pressure: 125/81 mmHg Recorded Date: None provided

**Reason for referral**

Care type requested: Advice

Expected outcome: Advice