

Subject Access Request



Patient	Mr Trevor Trueman
Date of birth	03-Jun-1979 (age 46)
Gender	M
NHS number	
Patient's address	5 Shaw Road Templand Lockerbie Dumfriesshire DG11 1TX
Date range selected	Full record
Organisation	Aiker Legal
Reference	DSAR - Trevor Trueman

Problems

Active

16-Dec-2022 Mrs Linsay Harkness (LH)
[X]Disorders of adult personality and behaviour

09-Nov-2021 Mrs Kathleen Boyd (KB)
Gynaecomastia

23-July-2021 Mrs Linsay Harkness (LH)
Arrested in police custody
seen by CATS (discharged)

21-Apr-2021 Mrs Linsay Harkness (LH)
[X]Paranoid personality disorder

08-Nov-2020 Mrs Linsay Harkness (LH)
Vomiting

05-Jun-2019 Mrs Linsay Harkness (LH)
Cardiovascular stress test using ***** protocol
no symptoms noted

01-Oct-2009 Mrs Linsay Harkness (LH)
[X]Post - traumatic stress disorder

Significant Past

14-Jun-2025 Mrs Joyce Harley (JH)
Laceration
Left thumb - refused ant tetanus, antibiotics and X-ray

24-May-2021 Ms Julia Ferguson (JF)
ECG
sinus rythmn

08-July-2015 Mrs Linsay Harkness (LH)
Repair of umbilical hernia

08-Sept-2014 Mrs Linsay Harkness (LH)
Laparoscopic cholecystectomy

04-Sept-2012 Mrs Linsay Harkness (LH)
[X]Emotionally unstable personality disorder

18-Jan-2011 Mrs Linsay Harkness (LH)
Admit psychiatric emergency
depression

01-Oct-2009 Mrs Linsay Harkness (LH)
Anxiety with depression

06-Jun-2009 Mrs Linsay Harkness (LH)
Fracture of radius NOS

18-May-1998 Mrs Linsay Harkness (LH)
Closed fracture of mandible, body, other and unspecified
left side

17-May-1993 Mrs Linsay Harkness (LH)
Eye injury
sphincter tear & partial disinsetion of *****

Minor Past

This section is empty.

Consultations

23-July-2025 Miss Sophie Little (SL) iGPR

History Medical report sent Subject Access Request sent to third party (Edenfield Law, Ref: KQ/EF.0635.MID)

15-July-2025 Miss Sophie Little (SL) iGPR

History Medical report requested Subject Access Request requested by third party (Edenfield Law, Ref: KQ/EF.0635.MID)

25-July-2024 Ms Jacqueline Hoggan (JH1) Data Entry

Comment Comment patient failed to respond to an invitation for a BP review. Excepted from BP review, recall set for a further 12 months

22-July-2024 Dr David Gibson (DG) Telephone

History History Routine - see letter from Sandyford. They wouldn't see Trevor with a view to assessment of surgical orchiectomy based on his religious beliefs. I explained this to Trevor, I stated that this is also the case in Scotland from transgender patients wishing to transition from male to female. I did explain they could discuss with him GnRH analogue (as per letter) which he called "chemical castration" - he doesn't wish to explore this. HE said he will look in to what they use for goats - he has made flitting remarks similar to this for a long time, but has made no attempts at self-orchidectomy - psychiatry have been aware of these remarks and had no concerns. I re-iterated this is not sensible. I suggest he speak to private clinics, he states he can't afford any procedure just now, but I did say if he was to find out about cost and genuinely wishes this it gives him something to save for. He was asking about ADHD paperwork that he handed in to CMHT, I advised he speaks with them

05-July-2024 Dr David Gibson (DG) Lochmaben Medical Group Main Surgery

History History Routine - see my consult below and urology letter. As I suspected, this procedure would not be covered on the NHS. DGRI urology team have discussed with ***** of Scotland colleagues and they agree. They did say Professor GEBLER at Sandyford would see patients for psychological input in patients considering gender reassignment surgery, but that most of this is done privately. I called Trevor to explain, he is frustrated as this procedure is done for people for "sexual reasons" so why can't he for religious reasons. He still wishes to be a eunuch. He hasn't been sexually active with a female for two years, he values his "external life in heaven over lust" and "the testicles/penis are the bane of his life" and he wants rid of them. He was very polite on phone. I explained he likely needs to consider private options (but he can't afford this he says), I offered referral to Professor Gebler for psychological assessment, but can't guarantee this changes anything and long wait. He would like referral.

New Referral New Referral 8H7T.: Refer to psychologist (SCI Gateway Referral)

07-Mar-2024 Dr David Gibson (DG) Telephone

History History Routine list - see below. Ongoing thoughts of wanting to become a eunuch due to religious beliefs. Has been assessed by Dr Coulthard and no current suspicion of psychotic mental health illness. Was there on Monday (no letter), but have checked note on portal and CMHT have said to contact GP about progressing things with urology. JW had previously written to urology who said for psychological review first then urology referral in a major centre. I clearly have no expertise or knowledge in this area or who to refer to. Agree to refer to urology in DGRI to discuss and if they feel to refer to Glasgow/Edinburgh for them to refer to appropriate place. I will mention for them to contact Dr Coulthard to discuss mental state if needed. Trevor happy for referral

New Referral New Referral 8H5B.: Referred to urologist (SCI Gateway Referral)

11-Aug-2023 Dr Jon Ward (JW) Telephone Consultation

History **History** See previous entries. Trevor didn't attend for CMHT assessment as was distrustful of letters as they said terms like 'routine review' instead of ADHD assessment. I've explained to him it is a difficult position because I cannot guarantee what they will assess for him but certainly a generalised mental health assessment will be part of it due to the stated desire to become a eunuch. I've advised all I can do is write to CMHT again and ask them to see if a form of assessment can be arranged but that as GPs we have no control over what their assessment will compromise.

07-Jun-2023 Dr David Gibson (DG) Telephone

History **History** Note below entries - complex patient. Trevor is hoping for assessment for ADHD and psych assessment to become a eunuch. He has ongoing firm, fixed and consistent religious beliefs about this. D/W JW who has been dealing with Trevor. Trevor wasn't keen on local CMHT assessing him, due to trust issues stemming from when they detained him for assessment. There was correspondence with Dr Coulthard and the clinical lead for psychiatry and it was agreed that Dumfries team would assess Trevor. I note from clinical portal an appointment was offered on 22nd May, but Trevor didn't attend. Trevor mentioned he didn't attend as the letter he received wasn't professional looking, contained no signature - note the CMHT have commented on this on 3rd May on clinical portal where Trevor said the same. He is keen for his assessment, I explained I will write to them to ensure he is given another appointment and ask if they would call him with appointment details, he is happy with this, I have mentioned I can't promise they will do this, but I can ask.

17-Mar-2023 Dr Jon Ward (JW) Telephone Consultation

History **History** Trevor has requested fitnote extension or 3/12 - issued. I tried to contact Trevor to give update on my call with Dr Coulthard on 15/03. Essentially, Dr Bhatti has retired, she (Dr Coulthard) has requested the head of local mental health team to see if Trevor can be assigned to another team for an appointment. This is likely to take the form of a general mental health review rather than a specific ADHD assessment - I advised Dr Coulthard I would let Trevor know this information. I tried to call Trevor at around 9.55am on mobile but phone just kept ringing. I'll try again later this morning.

Comment **Comment** No answer again. If returns call then please pass on above message.

17-Mar-2023 Dr Jon Ward (JW) Lochmaben Medical Group Main Surgery**15-Mar-2023 Dr Jon Ward (JW) Telephone Consultation**

History **History** Discussed case with Dr ***** Coulthard (at her request). Advised of recent consults and patient's request for assessment via different team. She will send email to head of her department to see what can be done.

09-Mar-2023 Dr Jon Ward (JW) Telephone Consultation

History **History** Trevor looking for update on referrals to urology and CMHT. Reminded Trevor we discussed urology response on 11/01 and that they were looking for psychiatric evaluation prior to onward referral to specialist centre. I've advised that letter from CMHT suggested he had declined appointment with local Annandale & Eskdale team but his info to me on 11/01 was that he had discussed with CMHT member who was going to make alternative arrangements for assessment. Advised I don't have control over CMHT appointment allocation but I will write back to them and advise of situation.

18-Jan-2023 Dr Jon Ward (JW) Lochmaben Medical Group Main Surgery

11-Jan-2023 Dr Jon Ward (JW) Telephone Consultation

History **History** Looking for extension of fitnote. I've advised current one runs until 18/01 so I can issue new one then. Discussed recent referrals (see note on 30/11/22) - 1) CMHT - local team offered appt but pt rejected this as says doesn't trust them following previous detention - he has specified wants Dr Bhatti to assess - says mental health team are sorting this - no further action needed by us. 2) urology - advice request response suggested psychiatric evaluation would be required and so if this takes place then would need referral on to specialist uroandrology service in Glasgow or Edinburgh. I've advised patient to discuss at mental health review and they can write to us if needed for onward referral.

30-Nov-2022 Dr Jon Ward (JW) Telephone Consultation

History **History** Trevor advised that he wants to be considered for surgery to become a eunuch. Quoted lots of bible passages at me and advised he will need to do this in order to get into heaven. Fixed belief and consistent reasoning for wanting to do this. When I advised urology might not accept this as a referral and/or they might require a psychiatric evaluation then patient not happy and suggested he might do the procedure himself. Says if he was transgender then NHS wouldn't have any issue in doing surgical procedures for this. I have strongly advised against doing this himself and suggested that as well as a referral to urology (I've advised of extremely long waiting list) that I advise CMHT of this as well - pt keen for me to do this.

04-Nov-2022 Dr Jodi Callander (JC) Telephone Consultation

History **History** History of paranoid personality disorder and PTSD. He reports when saw Dr Bhatti in 2021 he recommended getting referral to him for ?ADHD: requesting referral. Explained I can send, but can't promise which consultant will be allocated. Trevor reports mood low, struggling to leave ***** some days, anxious. He doesn't feel fit to work due to this, keen for support from CMHT re this also.

New Referral **New Referral** 8H49.: Psychiatric referral (SCI Gateway Referral)

29-Dec-2021 Dr F M Jefford (FJ) Phone Encounter

History **History** Passing urine more frequently. Also noticed blood in loose stools this morning. Thinks he may have an infection. Agreed f2f app probably best. Likely 2 separate issues.

29-Dec-2021 Dr F M Jefford (FJ) Lochmaben Medical GroupMain Surgery

History **History** Urinary frequency but no dysuria. PR bleeding x1 today. Has female ***** and vaginal sex only. Has suspicions that she may have STI so keen to be tested. Declined rectal examination- advised to monitor and let us know if persisting. If further loose stools, for stool c&ms. Keen to avoid medications- tends he goes for natural remedies instead.

Examination **Examination** Urinalysis negative.

14-Oct-2021 Dr Olaoluwa Ayangade (OA) Lochmaben Medical GroupMain Surgery

History **History** Noticed to have developed a lump in the left nipple area x 3months. He mentions this has gradually gotten bigger and now sore . He denies any nipple discharge, nipple retraction. No gynecomastia. no fever, no weight loss, no trauma to the chest.

Comment **Comment** Appt give for this pm

14-Oct-2021 Dr Olaoluwa Ayangade (OA) Lochmaben Medical GroupMain Surgery

History **History** Hx as below. Mentions he 2 of his ***** and ***** had breast cancer.

Examination **Examination** Right breast normal. Left breast bigger than right, about 3x3 cm lump , painful, no nipple discharge or retraction, no peau'd'orange. No axillary LN enlargement.

Comment **Comment** Discussed re sending a referral to breast clinic . Trevor happy with plan although says he is not keen on having biopsy.

New Referral **New Referral** 8HTI.: Referral to breast clinic (SCI Gateway Referral)

28-July-2021 Dr Jon Ward (JW) Data Entry

History **History** IRD (Initial Referral discussion) received from Police Scotland. Trevor recently detained by police under MHA and was assessed by CATS team due to incident of agitated behaviour at a local Church. Assessed by CATS team and on call psych doctor and felt not to be detainable. Has diagnosis of Paranoid personality disorder. Has declined further input from CMHT. Alert added to notes as history of threatening and aggressive behaviour. In 2012 armed police were called to property due to concerns he may have a crossbow and machete in his *****.

21-Apr-2021 Mrs Emma McEwan (EMCE) Lochmaben Medical Group Main Surgery

Comment **Comment** ***** Holm SW Annan called from mobile number (working from home) & unable to verify pt CHI - under Data Protection I called her back at ***** for them to forward me to her mobile but cut off x2

19-Apr-2021 Ms Alice Lee (AL) Telephone Call

History **History** Not keen to tell me what's going on RE chest pain as in prev consultation. Tells me he is getting pain when lifting his left arm. The pain begins in the anterior chest and moved up into the shoulder/armpit area. ?Muscular strain. No numbness, no tingling. Has been going on for a few weeks now. Occurs on certain movements e.g. reaching up to catch a football - does not sound cardiac in nature. Associates with smoking, poor air quality due to "the aluminium they spray into the ***** to cool down global warming", 5G towers radiation sickness. Believes COVID-19 is a conspiracy, and that Satan is subjecting the world to all these problems and doing a good job of it. Clear evidence of delusions, CMHT aware of ongoing concerns with deteriorating mental health, did not confront him on this today. Amoxicillin has helped with his "pleurisy". No pain on coughing or taking a deep breath. Taking aspirin recently due to fear of blood clots - thinks it helps a little with the pain too. Has also been taking potassium iodide for radiation sickness as droplets. Keen on smoking cessation.

Comment **Comment** Discussed with FJ - agreed likely muscular pain. Reassured Trevor who agrees is likely muscular. Advised can try paracetamol/ibuprofen if he needs but should resolve with time. RE: chest infection to complete course of amoxicillin and if no improvement can call up again. Given number for smoking cessation services.

15-Apr-2021 Dr Nicholas Brown (NB) Lochmaben Medical Group Main Surgery

Comment **Comment** Universal Credit medical form completed.

14-Apr-2021 Dr Paul Shields (PS) Telephone Call

History **History** Complaining of "pleurisy". Normal XR in January - he does not believe this is the case, is getting his lawyer involved. Pain on breathing in. Refusing to elaborate on what he describes as "pleurisy" - initially difficult to get history from but subsequently was quite forthcoming. Productive cough - dark black-brown sputum. Reduced exercise tolerance. No fevers. Gets wheezy, blames this on poor air quality and poisons in the atmosphere such as aluminium, says he can taste and see it in the air at night time. Also thinks he is suffering from radiation poisoning from 5G signals. Has ordered potassium iodide to take due to these fears.

Comment **Comment** Some evidence of abnormal/paranoid thoughts. Not challenged on these today as I can seem CMHT aware of these behaviours. ?element of asthma/COPD at play here. Black sputum is a concern. Pt keen to try antibiotic, advised happy to try but not optimistic about success. Advised to call back if problems ongoing, consider examination - ?needs referred given duration of cough.

Medication **Medication** Amoxicillin Capsules 500 mg 15 capsule 1 CAP THREE TIMES DAILY

12-Apr-2021 Dr Nicholas Brown (NB) Telephone Consultation

Comment **Comment** Spoke to ***** Irving, SW, some concerns raised about erratic, paranoid and bizarre behaviour, is being discussed at CMHT this morning, no recent contacts with surgery.

18-Jan-2021 Mrs Sharon Hamid (SH) Telephone Consultation

Comment **Comment** 9.34 am. I attempted to call on mobile number given line engaged. I will try calling again.

18-Jan-2021 Mrs Sharon Hamid (SH) Telephone Consultation

History **History** Trevor is requesting a fit note as he has PTSD and would find attending the job centre and going through the application process difficult.

Comment **Comment** Fit note requested from GP.

History **History** Trevor wanted an assessment of his breathing, he feels that he is becoming more SOBEOE for >1 year, he has been smoking very heavily usually 20 cigarettes per day, and cannabis also, he finds that he can cough when moving from hot to cold environments, he does expectorate sputum at times which is mostly clear, his cough has been for >1yrs, he has been in prison for 6 months and has gained some weight, whilst in prison he did report seeing some pink streaks in his sputum, there is no ankle or calf swelling and no chest pains.

Medication **Medication** Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER TWO PUFFS WHEN REQUIRED

Medication **Medication** Quetiapine Fumarate Tablets 25 mg 30 tablet ONE TO BE TAKEN AT NIGHT

Comment **Comment** I will refer for an urgent CXR. Px issued for salbutamol inhaler and discussed. Trevor plans to contact the pharmacy to discuss smoking cessation. Trevor

History **History** Trevr requested a px for quetiapine 25mgs, he has been managing to cut up his 200mgs tablets to give himself an approximate dose of 25mgs per night, he has been doing this for several months now. He finds that it keeps his mental health issues stable. I offered Trevor a referral back to psychiatry but he declined this and he also declined an appointment with Yvonne MHW in surgery. He does not feel there is any change to his mental health and finds the quetiapine 25mgs keeps things stable.

Comment **Comment** I have discussed with Dr Jefford and px issued for 25mgs at night.

18-Jan-2021 Dr Nicholas Brown (NB) Lochmaben Medical GroupMain Surgery**08-Nov-2020 Miss Sophie Little (SL) Data Entry**

Comment **Comment** OOH's - Advice

01-May-2020 Ms Julia Ferguson (JF) Lochmaben Medical GroupMain Surgery

Comment **Comment** Currently ***** HMP Edinburgh

11-Apr-2020 Miss Sophie Little (SL) Data Entry

Comment **Comment** OOH's - COVID-19 Advice

08-Mar-2020 Miss Sophie Little (SL) Data Entry

Comment **Comment** OOH's - PCC

11-Feb-2020 Mrs Yvonne Schneider (MH) Lochmaben Medical GroupMain Surgery

Comment **Comment** Did not opt in to be seen by CMHNT. Complex.

08-Jan-2020 Dr Jodi Callander (JC) Lochmaben Medical GroupMain Surgery

History **History** Trevor came to request CBD script. Been off quetiapine since July as made him feel blunted. Prev on olanzapine but weight inc to 20 ***** so stopped. Using CBD oil at night time, feels helping sleep and mood greatly. Finds cost excessive, requesting on NHS. Explained not available on NHS for this indication currently, only very small number conditions use for, and only by specialists. Trevor accepting of this, pleasant in manner. Did express views that he feels cancer is a political industry, and that it is 'disgusting' CBD not being used as could cure it. Has been re-referr CMHT by Yvonne.

07-Jan-2020 Mrs Yvonne Schneider (MH) Lochmaben Medical GroupMain Surgery

History History Attended for assessment appt today after being seen by ANP in December

Examination Examination Trevor has stopped his Quetiapine (800mgs) over the year, stating he felt emotionally blunt and didnt feel any positive effect form taking. Now feels more alert and "switched on". Denies any decline in functioning or change in presentation since stopping medication. Long conversation about him being a target form Police, and looking to 'catch him out' and described being followed etc. Believes some colluding to get him sent back to jail. Unclear if this is truthful but appeared to be heightened paranoia and pressure of speech and was passive aggressive in demeanour due to expressed feelings of being "got at" and unsupported. Wants CBD oil prescibed as he cant afford it, advised I was not able to do this he would need to discuss futrther with GP.

Seen by CMHNT in Castle *****, diagnosed with EUPD (impulsive type). PTSD in past from time in Army. Past police involvement and custodial sentence. Trevor asked to see a psychiatrist as he wants his diagnosis reviewed. Declined he needs for pharmacological interventions, believing he dies not require them but would like supports to get back to some form of employment in the near future and to overcome anxiety about leaving his home due to persecutory thoughts regarding Police.

Comment Comment I will send referral to CMHNT to see if they will see and assess.

05-Dec-2019 Mrs Sharon Hamid (SH) Lochmaben Medical GroupMain Surgery

History History Trevor stopped his Quetiapine 800mg at night in July 2019, has been using alternative remedies cannabis oil with coconut oil and has found this helpful. He is unkeen to recommence any antidepressants at present. He feels more alert and feels he has a focus for moving forward. He does not feel depressed. His friend committed suicide in July and he is currently in talks with the police regarding alledged damage to his friends grave. He finds this is distressing. He lives alone but his dog is a protective factor and has no thoughts of self harm. He just wants to get on top of things. He is keen for referral to psychiatry.

Comment Comment Trevor has accepted a referral to Yvonne Schneide MHW in first instance.

27-Nov-2019 Dr F M Jefford (FJ) Phone Encounter

History History Trevor had an RTA last week and has been suffering from some neck pain and headache. He describes the pain as muscular, but has some discomfort at the base of the skull. I suggested that he try taking some anti-inflammatories after food. he has also got some other issues which he has an appointment booked for a couple weeks time. He is keen to be seen sooner. He has a mental health issue and recently stopped his medication. I have given him an appointment with ***** next week and he is happy with this.

27-Nov-2019 Mrs Lindsay Harkness (LH) Lochmaben Medical GroupMain Surgery

Comment Comment OOH's - A

25-Jun-2019 Mrs Tracy Johnston (TJ) Lochmaben Medical GroupMain Surgery

Comment Cryotherapy 15secs freeze thaw freeze wart rt index finger.

30-Apr-2019 Dr Joanne Lua (JL) Lochmaben Medical GroupMain Surgery

History **History** 1 week history of anterior chest pain. dull, heaviness in chest, comes on when exerting self. associated SOB on exertion. not pleuritic, different nature from previous chest pains. cough productive of clear sputum, no haemoptysis. current smoker but hoping to quit. **** and **** have heart problems but not sure what. family history of cancers, not sure what kind but ages around 50-60. no long distance travel/immobility. also has a recurrent wart on right index finger, previous cryotherapy twice.

Examination **O/E** - blood pressure reading SpO2 97&; T36.5, HR 77, heart sounds 1+2+0. chest clear. no peripheral oedema, calves SNT. ECG sinus rhythm, no ischaemia

Examination **Systolic blood pressure** 120 mm Hg

Examination **Diastolic blood pressure** 71 mm Hg

Comment **Comment** d/w Dr ****, to start on aspirin and GTN spray for angina sounding symptoms. for referral to rapid access chest pain clinic and bloods to be done. patient requested referral to smoking cessation. for removal of wart in wart clinic

Medication **Medication** Aspirin E/c tablets 75 mg 56 tablet 1 TAB DAILY

Medication **Medication** Glyceryl Trinitrate Pump spray 400 micrograms/dose 200 dose ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

08-Apr-2019 Mrs Sharon Hamid (SH) Telephone Consultation

History **History** Pleuritic chest pains for 3 days, no blood, mild cough current smoker, no leg swelling, no haemoptysis, no recent foreign travel

Comment **Comment** Appt given for review today.

08-Apr-2019 Mrs Sharon Hamid (SH) Lochmaben Medical GroupMain Surgery

History **History** Right sided pleuritic chest pains for 3 days, mild productive cough with green sputum, no blood, current smoker, no calf or ankle swelling, no chest pains although feels tight when coughing, no recent foreign travel, fully mobile, no recent weight loss. No throat pain. No personae or f/h of VTE. was sweating but thinks this is due to the heat.

Examination **Examination** Apyrexial, HR 66 regular, O2 sats 98%, RR 14, cervical lymphadenopathy - bilateral tonsillar glands, No ankle or calf swelling. Chest examination clear.

Medication **Medication** Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

Comment **Comment** Px issued and discussed cover with antibiotics. To return if symptoms ongoing for CXR and bloods.

11-Sept-2018 Mrs Linsay Harkness (LH) Lochmaben Medical GroupMain Surgery

Comment **Comment** Did not attend - no reason - Double appt with HCA

05-Sept-2018 Dr Mark Miller (MM) Lochmaben Medical GroupMain Surgery

History **History** Episode of chest pain (right sided) last night. Lasted x1 min, no trigger, watching Tv at the time. Settled by itself - no associated Sx. Feel breathing gradually worsening. Smokes about 15-20per day - as well as x5 cannabis daily - for yrs. Missed appointment re bloods/ECG - I have taken bloods today.

Examination **Examination** Chest clear. HS pure.

Comment **Comment** For ECG and review back - smoking matters - advised re cannabis.

29-Aug-2018 Ms Sharon Farrell (SF) Lochmaben Medical GroupMain Surgery

Comment **Comment** Did not attend - no reason

22-Aug-2018 Dr Mark Miller (MM) Lochmaben Medical GroupMain Surgery

History **History** Chest pains. Left sided. Ongoing for yrs. Maybe x2 per week. Different from right sided chest pain - since completely cleared. Pain comes on ?trigger ?? Anxiety/social situations and maybe last 5mins, then goes with time. No associated Sx re SOB ?palpitations. Pain at rest but also with activity - but not predictable.

Examination **Examination** Sats 98. Chest and heart clear. B/Pressure 115/70. HR 78 irreg.

Comment **Comment** For ECG and bloods please. Suspect due to anxiety - consider 48hr holter if ECG normal.

15-Aug-2018 Mrs Sharon Hamid (SH) Lochmaben Medical GroupMain Surgery

Comment Comment Cryotherapy 10 second freeze thaw freeze to wart on right forefinger.

10-Aug-2018 Dr Mark Miller (MM) Lochmaben Medical GroupMain Surgery

History **History** Recurrence of pleuritic chest pain. Improved with Abx 1mth ago, reoccured about 1-2wks ago. Right side again. SOre with deep breaths, some mild SOB. Not feeling 100% at present. No temps/cough etc. No IVDU/Long travel etc.

Examination **Examination** Apyrexial. Sats 97. Chest - grossly clear. Small bilateral cervical LNs. No ankle swelling. Minimal to no chest wall tenderness - sore with deep breaths mainly.

Comment **Comment** Cover chest with Abx - Bloods taken. If ongoing - CXRay please.

Medication **Medication** Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

28-Jun-2018 Dr Nicholas Brown (NB) Lochmaben Medical GroupMain Surgery

History **History** R sided pleuritic chest pain from this morning. Sore to breathe in. No SOB, haemoptysis. Mild cough, wondered about early chest infection. Usually fit, attends gym regularly. No leg swelling, recent travel.

Examination **Examination** Afebrile. HR76. Sats 100%. Chest clear. No chest wall tenderness.

Medication **Medication** Naproxen Tablets 500 mg 28 tablet ONE TO BE TAKEN TWICE DAILY

Medication **Medication** Amoxicillin Capsules 500 mg 21 CAPSULE 1 THREE TIMES A DAY

Comment **Comment** ?pleurisy - low risk for PE. Start Abx and NSAID, review if worsening, worsening advice given.

05-Jun-2018 Dr David Foster (DF) Lochmaben Medical GroupMain Surgery

Comment **Comment** Cryotherapy 3 warts on digits of R hand. 10 sec burst on each

02-May-2018 Dr Mark Miller (MM) Lochmaben Medical GroupMain Surgery

History **History** Dental pain. Awaiting extraction next week at some point. Right side facial pain, ongoing last few weeks. Feels like migraine he states. Watery eye. Sore with eating. Ibuprofen not helping. Chronic nasal Sx - improved slightly with steroid spray - but only used for short time.

Examination **Examination** O/E - blood pressure reading Sats 98. Throat clear. Nasal passages narrow - esp on left side (reduced Air flow). Fundoscopy normal (chronic abnormality left eye noted - from previous injury) - mild photophobia.

Examination **Examination** Systolic blood pressure 115 mm Hg

Examination **Examination** Diastolic blood pressure 71 mm Hg

Comment **Comment** Trial of naproxen re pain. Steroid nasal spray. Awaiting dental input. Also aware that nasal Sx maybe better if stops smoking.

Medication **Medication** Naproxen Tablets 250 mg 56 tablet ONE TO BE TAKEN TWICE A DAY

Medication **Medication** Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 dose 2 Puffs Twice daily

History **History** Warty lesion on right index finger - keen to have off - tried multiple OTC things - there for 1yr - for L.Nitrogen please.

23-Nov-2017 Dr Mark Miller (MM) Telephone Consultation

History **History** Asking for sick note. Missed appointment with Department for Work and Pensions - appointment was on 21st (2 days ago). Reportedly told them he wasn't able to attend the day prior. Sites reason for non attendance is chronic Sx of anxiety and inability to leave his ***** They sent a letter asking for doctors sick note/note explaining why he couldn't attend. Explained that I would be uncomfortable doing sick note, and generally wouldn't do letter to ATOS as they would contact us directly. Became upset, explained that I could do a letter to ATOS explaining that, but suggested there would be a charge. Very disgruntled and hung up phone. Letter not done.

30-Jun-2017 Dr F M Jefford (FJ) Data Entry

History **History** Jobcentreplus form completed.

12-Apr-2017 Dr Emma Knowles (EK) Lochmaben Medical GroupMain Surgery

History	History Wanting results from skin biopsy last week - not available and will likely be informed of results by ophthalmology.
History	History Requesting a "full cancer screen" - worried following eye lesion that there is something more serious to it. Had exposure to lots of sun and chemicals, specifically uranium, when in the forces and "I just have a feeling that its caused something". Mentioned 2x further skin lesions - one of upper right chest and one on lower right abdomen. Not really noticed any changes to them and had them for years but thinks they are similar in appearance to the lesion on his eye. Smoker 15 cpd, has intermittent non-specific chest pains but no cough, wheeze or SOB. No heartburn, abdo pain, changes in bowels, nausea, PR bleeding. No urinary sx. No hx Ca/FH of note.
Examination	Examination Well. Looked at skin lesions only today - 1-2mm nodular skin coloured fleshy lesion upper right chest with stuck on appearance, uniform. Further lesion of ***** description lower left abdomen that is 2-3mm in diam.
Comment	Comment Neither look particularly concerning at this stage, advised to monitor for changes in size/shape/colour/bleeding/pain or itch and let us know if he notices anything like this. Tried to reassure of relatively benign nature of BCC and usually don't spread, nil specific in hx to suggest that he has cancer elsewhere.

23-Mar-2017 Dr Mark Miller (MM) Lochmaben Medical GroupMain Surgery

History	History Sinus' Sx ongoing for yrs, worse over the last few weeks. Thinks has infection. Tastes horrible. Lots of post nasal drip. Blocked nose all the time, again worse more recently. No temps etc. Slight cough.
Examination	Examination Apyrexial. Sats 98. Nasal septum deviated. Nasal cavity - inflamed turbinates. Mucus. Throat clear.
Comment	Comment Discussed - in view of chronic Sx - cover with nasal steroid. Was keen for Abx - willing to try this however - will phone if Sx not improving.
Medication	Medication Beclometasone Aqueous nasal spray 50 micrograms/actuation 200 dose 2 Puffs Twice daily
History	History Lesion right lower eye lid. There for eyes - scabs and breaks off - about 2-3mm in size , rolled edge. Keen for removal - catches on things. Eye referral.

15-Nov-2016 Dr Jon Ward (JW) Data Entry

History	History Task created as pt requested increased amount of quetiapine tabs on rpt prescription. D/W MM and increased to 120tabs per px which should last him 1/12 at a time.
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04-Aug-2016 Miss Sophie Little (SL) Data Entry

Social	Teetotaler	
Social	Single	
Social	Current smoker	
Social	Cigarette consumption	15 /day
Read Code	Patient mobile telephone number	07498954402
Read Code	White Scottish	
Read Code	Emergency contact details	07706146675 ***** Trueman
Read Code	Active exercise	Weights

28-July-2016 Dr N Hassan (NH) Lochmaben Medical GroupMain Surgery

History	History newly registered - moved from KBT. h/o PTSD stable on Quetiapine 800 mg nocte and Trazodone 100 mg nocte for some time. No contcat with CMHT for long due to stable condition. settling well. has got GF. Hoping to start own business soon.
Comment	Comment Px issued. will add on repeats once notes available.
Medication	Medication Quetiapine Fumarate Tablets 200 mg 60 tablet FOUR TABLETS TO BE TAKEN AT NIGHT
Medication	Medication Trazodone Hydrochloride Capsules 100 mg 56 capsule 1 CAP AT NIGHT

Medications (inc. issues)

Acute

Repeat

Past

14-Apr-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - 1 CAP THREE TIMES DAILY

14-Apr-2021 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 capsule - 1 CAP THREE TIMES DAILY

18-Jan-2021 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-Jan-2021 Quetiapine Fumarate Tablets 25 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

18-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS WHEN REQUIRED

18-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS WHEN REQUIRED

08-Aug-2019 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

11-Jun-2019 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

30-Apr-2019 Glyceryl Trinitrate Pump spray 400 micrograms/dose Acute Medication (Past)
200 dose - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

30-Apr-2019 Glyceryl Trinitrate Pump spray 400 micrograms/dose Acute Medication (Past)
200 dose - ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED

30-Apr-2019 Aspirin E/c tablets 75 mg Acute Medication (Past)
56 tablet - 1 TAB DAILY

30-Apr-2019 Aspirin E/c tablets 75 mg Acute Medication (Past)
56 tablet - 1 TAB DAILY

17-Apr-2019 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

08-Apr-2019 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

08-Apr-2019 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

22-Feb-2019 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

31-Dec-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

12-Nov-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

24-Sept-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

24-Sept-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

22-Aug-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

22-Aug-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

10-Aug-2018 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
140 dose - 2 PUFFS ONCE DAILY

10-Aug-2018 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

10-Aug-2018 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY

10-Aug-2018 Mometasone Furoate Nasal spray 50 micrograms/dose Acute Medication (Past)
140 dose - 2 PUFFS ONCE DAILY

09-July-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

09-July-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

28-Jun-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - 1 THREE TIMES A DAY

28-Jun-2018 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE DAILY

28-Jun-2018 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 CAPSULE - 1 THREE TIMES A DAY

28-Jun-2018 Naproxen Tablets 500 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE DAILY

11-Jun-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

11-Jun-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

05-Jun-2018 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - 2 Puffs Twice daily

02-May-2018 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - 2 Puffs Twice daily

02-May-2018 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

05-Jun-2018 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - 2 Puffs Twice daily

02-May-2018 Naproxen Tablets 250 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

17-Apr-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

17-Apr-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

16-Mar-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

16-Mar-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

14-Feb-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

14-Feb-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

16-Jan-2018 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

16-Jan-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

18-Dec-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

18-Dec-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

15-Nov-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

15-Nov-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

04-Oct-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

04-Oct-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

30-Aug-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

30-Aug-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

25-July-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

25-July-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

28-Jun-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

28-Jun-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

31-May-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

31-May-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

02-May-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

02-May-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

23-Mar-2017 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - 2 Puffs Twice daily

23-Mar-2017 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
200 dose - 2 Puffs Twice daily

22-Mar-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

22-Mar-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

22-Feb-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

22-Feb-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

25-Jan-2017 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

25-Jan-2017 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

29-Dec-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

15-Nov-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
120 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

02-Nov-2016 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

02-Nov-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

27-Oct-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

27-Oct-2016 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

14-Oct-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

03-Oct-2016 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

03-Oct-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

16-Sept-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

30-Aug-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

30-Aug-2016 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

11-Aug-2016 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

11-Aug-2016 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

28-July-2016 Trazodone Hydrochloride Capsules 100 mg Acute Medication (Past)
56 capsule - 1 CAP AT NIGHT

28-July-2016 Quetiapine Fumarate Tablets 200 mg Acute Medication (Past)
60 tablet - FOUR TABLETS TO BE TAKEN AT NIGHT

08-Aug-2019 Quetiapine Fumarate Tablets 200 mg Repeat Medication (Past)
112 TABLET - FOUR TABLETS TO BE TAKEN AT NIGHT

24-Sept-2018 Trazodone Hydrochloride Capsules 100 mg Repeat Medication (Past)
28 CAPSULE - 1 CAP AT NIGHT

Allergies

This section is empty.

Vaccinations

17-May-2021 Miss Leah Dickson (LD)
2019-nCoV (novel coronavirus) vaccination declined

Referrals

05-July-2024 Dr David Gibson (DG)
8H7T.: Refer to psychologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Mar-2024 Dr David Gibson (DG)
8H5B.: Referred to urologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

11-Aug-2023 Dr Jon Ward (JW)
8H49.: Psychiatric referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Mental Health Assessment

07-Jun-2023 Dr David Gibson (DG)

JHCRE4: Referral to mental health service (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Mental Health Assessment

10-Mar-2023 Dr Jon Ward (JW)

8H7A.: Refer to mental health worker (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Mental Health Assessment

16-Dec-2022 Dr Jon Ward (JW)

8H49.: Psychiatric referral (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Mental Health Assessment

16-Dec-2022 Dr Jon Ward (JW)

EMISSPR101: Urology referral (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Out Patient

04-Nov-2022 Dr Jodi Callander (JC)

8H49.: Psychiatric referral (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Mental Health Assessment

14-Oct-2021 Dr Olaoluwa Ayangade (OA)

8HTI.: Referral to breast clinic (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Breast Cancer Referral

19-Jan-2021 Dr F M Jefford (FJ)

8HQ1.: Refer for X-Ray (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Radiology Referral

03-May-2019 Dr Nicholas Brown (NB)

8HTK.: Referral to stop-smoking clinic (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Smoking Matters Referral

03-May-2019 Dr Nicholas Brown (NB)

8HTG.: Referred to acute chest pain clinic (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Rapid Access Chest Pain Service Referral

05-Sept-2018 Dr Mark Miller (MM)

8H7i.: Referral to smoking cessation advisor (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Smoking Matters Referral

27-Mar-2017 Dr Mark Miller (MM)

EMISSPR130: Ophthalmology referral (SCI Gateway Referral)
 . Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

29-Dec-2021 Mr Anonymous User (ANON)

Result:(Non Coded Event - Urinary MC&S)

Urine microscopy - casts, 0	0 cells/uL	(No range available)
Epithelial cell count, 0	0 cells/uL	(No range available)
Urine microscopy: red cells	1 cells/uL	(No range available)
Urine microscopy: pus cells, 0	0 cells/uL	(No range available)
Flow cytometry results - (Non Coded Event - Flow cytometry results -)		(No range available)

29-Dec-2021 Mr Anonymous User (ANON)

Result:(Non Coded Event - N. gonorrhoeae nucl acid detn)

N. gonorrhoeae nucl acid detn Negative (No range available)

29-Dec-2021 Mr Anonymous User (ANON)

Result:(Non Coded Event - Chlam trach nucleic acid detn)

Chlam trach nucleic acid detn Negative (No range available)

19-Jan-2021 Mr Anonymous User (ANON)

Result:(Non Coded Event -)

ReadCodeId (No range available)

05-Sept-2018 Mr Anonymous User (ANON)**Result:** Full blood count - FBC

Basophil count	0.1 x10 ⁹ /l	(No range available)
Eosinophil count	0.1 x10 ⁹ /l	(No range available)
Monocyte count	0.8 x10 ⁹ /l	(Range: 0.3 - 0.8)
Lymphocyte count	2.2 x10 ⁹ /l	(Range: 1.5 - 3.5)
Neutrophil count	7.4 x10 ⁹ /l	(Range: 2 - 7.5)
Mean corpusc. Hb. conc. (MCHC)	336 g/L	(Range: 324 - 360)
Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 34)
Mean corpuscular volume (MCV)	90 fl	(Range: 82 - 100)
Haematocrit	0.47 l/l	(Range: 0.38 - 0.52)
Red blood cell (RBC) count	5.21 x10 ¹² /l	(Range: 4.5 - 6.5)
Platelet count	174 x10 ⁹ /l	(Range: 140 - 400)
Haemoglobin estimation	157 g/L	(Range: 135 - 180)
Total white cell count	10.6 x10 ⁹ /l	(Range: 4 - 11)

05-Sept-2018 Mr Anonymous User (ANON)**Result:** Thyroid function tests

Serum TSH level	2 mU/L	(Range: 0.3 - 5)
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05-Sept-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

GFR calculated abbreviatd MDRD > 60		(No range available)
Serum creatinine	93 umol/L	(Range: 65 - 140)
Serum urea level	5.4 mmol/L	(Range: 2.5 - 7.5)
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5)
Serum sodium	143 mmol/L	(Range: 135 - 145)

05-Sept-2018 Mr Anonymous User (ANON)**Result:** Liver function test

Serum gamma GT level	8 iu/L	(No range available)
ALT/SGPT serum level	27 iu/L	(No range available)
Serum alkaline phosphatase	49 iu/L	(Range: 35 - 130)
Serum total bilirubin level	8 umol/L	(No range available)

10-Aug-2018 Mr Anonymous User (ANON)**Result:** Full blood count - FBC

Basophil count, 0	0 x10 ⁹ /l	(No range available)
Eosinophil count	0.1 x10 ⁹ /l	(No range available)
Monocyte count	0.9 x10⁹/l	(Range: 0.3 - 0.8)
Lymphocyte count	2 x10 ⁹ /l	(Range: 1.5 - 3.5)
Neutrophil count	5.7 x10 ⁹ /l	(Range: 2 - 7.5)
Mean corpusc. Hb. conc. (MCHC)	333 g/L	(Range: 324 - 360)
Mean corpusc. haemoglobin(MCH)	30.3 pg	(Range: 27 - 34)
Mean corpuscular volume (MCV)	91 fl	(Range: 82 - 100)
Haematocrit	0.51 l/l	(Range: 0.38 - 0.52)
Red blood cell (RBC) count	5.6 x10 ¹² /l	(Range: 4.5 - 6.5)
Platelet count	211 x10 ⁹ /l	(Range: 140 - 400)
Haemoglobin estimation	170 g/L	(Range: 135 - 180)
Total white cell count	8.8 x10 ⁹ /l	(Range: 4 - 11)

10-Aug-2018 Mr Anonymous User (ANON)**Result:** Plasma C reactive protein

Serum C reactive protein level	5 mg/L	(No range available)
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10-Aug-2018 Mr Anonymous User (ANON)**Result:** Urea and electrolytes

GFR calculated abbreviatd MDRD > 60		(No range available)
Serum creatinine	95 umol/L	(Range: 65 - 140)
Serum urea level	7.4 mmol/L	(Range: 2.5 - 7.5)
Serum potassium	4.7 mmol/L	(Range: 3.5 - 5)
Serum sodium	144 mmol/L	(Range: 135 - 145)

10-Aug-2018 Mr Anonymous User (ANON)**Result:** Liver function test

ALT/SGPT serum level	36 iu/L	(No range available)
Serum alkaline phosphatase	60 iu/L	(Range: 35 - 130)
Serum total bilirubin level	14 umol/L	(No range available)

Other Items

14-Jun-2025	Read Code	Laceration Left thumb - refused ant tetanus, antibiotics and X-ray
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16-Dec-2022	Read Code	[X]Disorders of adult personality and behaviour
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09-Nov-2021	Read Code	Gynaecomastia
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23-July-2021	Read Code	Arrested in police custody seen by CATS (discharged)
24-May-2021	Read Code	ECG sinus rythmn
21-Apr-2021	Read Code	[X]Paranoid personality disorder
08-Nov-2020	Read Code	Vomiting
24-Jun-2019	Read Code	E-mail sent to patient Jobbieman1 gmail.com: Please remember to attend your appointment at Lochmaben Medical Group On: 25/06/2019 15:10 With: Mrs ***** Please ring the surgery on 01387 810252 if you cannot attend this appointment.
24-Jun-2019	Read Code	SMS text message sent to patient 0789****108: Please remember to attend your appointment: On: 25/06/2019 15:10 With: Mrs ***** At: Lochmaben Medical Group
05-Jun-2019	Read Code	Cardiovascular stress test using ***** protocol no symptoms noted
01-May-2019	Read Code	E-mail sent to patient Jobbieman1 gmail.com: Please remember to attend your appointment at Lochmaben Medical Group On: 02/05/2019 09:30 With: Ms ***** Please ring the surgery on 01387 810252 if you cannot attend this appointment.
01-May-2019	Read Code	SMS text message sent to patient 0789****108: Please remember to attend your appointment: On: 02/05/2019 09:30 With: Ms ***** At: Lochmaben Medical Group
08-Apr-2019	Read Code	E-mail sent to patient Jobbieman1 gmail.com: Please remember to attend your appointment at Lochmaben Medical Group On: 08/04/2019 17:00 With: Mrs Hamid Please ring the surgery on 01387 810252 if you cannot attend this appointment.
08-Apr-2019	Read Code	SMS text message sent to patient 0789****108: Please remember to attend your appointment: On: 08/04/2019 17:00 With: Mrs Hamid At: Lochmaben Medical Group
03-Jan-2019	Read Code	Medication review done
30-Aug-2017	Read Code	Medication review done
18-July-2017	Read Code	Notes summary on computer
28-Dec-2016	Read Code	Smoking cessation advice
26-July-2016	Read Code	Scottish - ethnic category 2001 census
08-July-2015	Read Code	Repair of umbilical hernia
08-Sept-2014	Read Code	Laparoscopic cholecystectomy
04-Sept-2012	Read Code	[X]Emotionally unstable personality disorder
18-Jan-2011	Read Code	Admit psychiatric emergency depression
01-Oct-2009	Read Code	Anxiety with depression
01-Oct-2009	Read Code	[X]Post - traumatic stress disorder
06-Jun-2009	Read Code	Fracture of radius NOS
18-May-1998	Read Code	Closed fracture of mandible, body, other and unspecified left side
17-May-1993	Read Code	Eye injury sphincter tear & partial disinsetion of *****

Attachments

Scanned Document

11-Dec-2025 JH

Additional:Scanned Document

Filename: 11007 - Docman.pdf

Extension:.tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER
MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Gender GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Sandyford Services NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G030G
	Email address -
Urgency of referral Routine	Date sent 05-Jul-2024
Date of referral 05-Jul-2024	

PATIENT DETAILS		Patient's address
Surname Trueman		5 Shaw Road
Forename(s) Trevor		Templand
Title Mr		Lockerbie
Sex Male		DG11 1TX
Date of birth 03-Jun-1979		Contact number(s)
CHI no. 0306793490		Voice: 07895216108
Area of Residence -		Voice: 07895216108
		E-mail: Jobbleman1@gmail.com

101033547921J

Unique Care Pathway Number: 101033547921J

REGISTERED GP DETAILS		Practice address
Name Dr Nicholas Brown		42- 44
GMC code 6097026	GP code 25321	High Street
Practice name Lochmaben Medical Group (17369)		Lochmaben
Practice code 18377		Lockerbie
		DG11 1NH
		Contact number(s)
		Voice: 01387 810252
		Facsimile: dg.gpclin.y18377@nhs.scot

REFERRING GP DETAILS		Practice address
Name Dr David Gibson		42-44 High Street
GMC code 7608099	GP code 25674	Lochmaben
Practice name Lochmaben Medical Group (18377)		DG11 1NH
Practice code 18377		Contact number(s)
		Voice: 01387 810215

file:///R:/PCTI/DOCMAN7/DATA_S1/Document/DMEDOC01/00011200/00839805.... 11/12/2025

Facsimile: dg.gpclin.y18377@nhs.scot

THIRD PARTY COPY

file:///R:/PCTI/DOCMAN7/DATA_S1/Document/DMEDOC01/00011200/00839805.... 11/12/2025

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Complex patient - wishes to become a eunuch

Comment: Dear colleagues, Trevor is a 44-year-old gentleman. He was referred to Urology in December 2022 in Dumfries. He is very fixed on the idea that he would like to have surgery (surgical removal of penis and testicles) to become a eunuch. At the time, urology replied asking for a psychiatric review in the first instance. This was due to a history of paranoid personality disorder according to CMHT assessments in the past (likely secondary to cannabis use). He has strict religious beliefs (he quoted a variety of religious passages at me) and previously has said this is the only way to get into heaven. He has been previously advised this surgery would be radical. The previous urology reply was that he should be referred to uroandrolgist in Glasgow or Edinburgh following psychiatric review. He has been reviewed by psychiatry consultant Dr Kath Coulthard. She doesn't feel he has current psychiatric issues or psychosis. She would be the person to contact to discuss his mental health state at present if needed (her letters and details are on portal). This is clearly something that a GP is asked often. I wrote back to urology in Dumfries. They have discussed with urologists in West of Scotland and agree this wouldn't be offered in Scotland on the NHS. They suggested referral to Professor Gebler for psychological assessment which could help Trevor/may help if considers going private. Trevor is very frustrated at lack of NHS service for him. He still has these same fixed beliefs. He would be keen to see Professor Gebler. He is aware this is likely along wait and may not change the situation as is current.

Kind regards,
Dr David Gibson

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[X]Disorders of adult personality and behaviour	-	16-Dec-2022	16-Dec-2022
Gynaecomastia	-	09-Nov-2021	09-Nov-2021
Arrested in police custody	seen by CATS (discharged)	23-Jul-2021	23-Jul-2021
[X]Paranoid personality disorder	-	21-Apr-2021	21-Apr-2021
Vomiting	-	08-Nov-2020	08-Nov-2020
[X]Emotionally unstable personality disorder	-	04-Sep-2012	04-Sep-2012
Anxiety with depression	-	01-Oct-2009	01-Oct-2009
[X]Post - traumatic stress disorder	-	01-Oct-2009	01-Oct-2009
Fracture of radius NOS	-	06-Jun-2009	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	left side	18-May-1998	18-May-1998
Eye injury	sphincter tear & partial disinsertion of iris	17-May-1993	17-May-1993

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
ECG	sinus rhythm	24-May-2021	24-May-2021
Cardiovascular stress test using Bruce protocol	no symptoms noted	05-Jun-2019	05-Jun-2019
Repair of umbilical hernia	-	08-Jul-2015	08-Jul-2015
Laparoscopic cholecystectomy	-	08-Sep-2014	08-Sep-2014
Admit psychiatric emergency	depression	18-Jan-2011	18-Jan-2011

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
30-Apr-2019	120	71
02-May-2018	115	71

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		04-Aug-2016
Cigarette consumption, 15 /day:		04-Aug-2016
Teetotaler:		04-Aug-2016

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

101032390535J

Unique Care Pathway Number: 101032390535J

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Urgency of referral Routine	Protocol Name
REFERRAL TO	
UrologyCB DG-HN General Referral	— Consultant / receiving practitioner and/or specialty clinic
Dumfries & Galloway Royal Infirmary Cargenbridge Dumfries DG2 8RX	— Hospital and hospital address
	Hospital unit no. Y146H
	Email address -

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	101032390535J	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home: 07895216108 Mobile: 07895216108 E-mail: Jobbieman1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot	

REFERRING PROFESSIONAL DETAILS						
Name	Dr David Gibson		GMC code	7608099	GP code	15903

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CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name		
History of presenting complaint / examination findings / investigation results				
Presenting complaint				
Description: Patient wishes to become a eunuch				
Comment: Dear colleagues,				
<p>Trevor is a 44-year-old gentleman. He was referred to Urology in December 2022. He is very fixed on the idea that he would like to have surgery to become a eunuch. At the time, urology replied asking for a psychiatric review in the first instance. This was due to a history of paranoid personality disorder according to CMHT assessments in the past (likely secondary to cannabis use). He has strict religious beliefs (he quoted a variety of religious passages at me) and previously has said this is the only way to get into heaven. He has been previously advised this surgery would be radical and unclear if even available on NHS. The previous urology reply was that he should be referred to uroandrogist in Glasgow or Edinburgh following psychiatric review. He has been reviewed by psychiatry consultant Dr Kath Coulthard. She doesn't feel he has current psychiatric issues or psychosis. She would be the person to contact to discuss his mental health state at present if needed (her letters and details are on portal). I have no idea what this surgery or process involves so obviously cannot counsel him, so have agreed to refer back to yourself. I have no idea of the services in Glasgow/Edinburgh, so if you are unable to see to discuss in Dumfries, please forward this referral on to the appropriate team in Glasgow/Edinburgh.</p>				
Kind regards,				
Dr David Gibson				
Examinations and Investigations				
Blood Pressure (Systolic):	120 -			
Blood Pressure (Diastolic):	71 -			
Current smoker:	04-Aug-2016 00:00			
Cigarette consumption, 15 /day:	04-Aug-2016 00:00			
Teetotaler:	04-Aug-2016 00:00			
Reason for referral				
Care type requested: Out Patient				
Expected outcome: Not Specified				
Past medical history				
Pre-existing conditions				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
[X] Disorders of adult personality and behaviour	-	-	-	16-Dec-2022
Gynaecomastia	-	-	-	09-Nov-2021
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X] Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X] Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X] Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye injury	-	-	sphincter tear & partial disinsetion	17-May-

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			of iris	1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks			Smoking status	Alcohol consumption
Exercise status: Not Known			Number per day	Units per day 0 (teetotaler)
Additional relevant information				
Administrative information				
Any Identified Child in Need Issues :Not Specified				
Any Identified Vulnerable Adult Protection Issues :Not Specified				
Social circumstances				

<hr/>	
Signature of referring doctor (or other professional)	Date

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

101030437234Z

Unique Care Pathway Number: 101030437234Z

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral	Routine	Protocol Name
REFERRAL TO		
General Psychiatry (Mental Illness)G1 DG-HN CMHT		— Consultant / receiving practitioner and/or specialty clinic
Annandale and Eskdale LHP Virtual location code - SCI Gateway		— Hospital and hospital address
		Hospital unit no. Y001G
		Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	101030437234Z	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home:07895216108 Mobile:07895216108 E-mail:Jobbieman1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice:01387 810252 Facsimile:dg.gpclin.y18377@nhs.scot	

REFERRING PROFESSIONAL DETAILS					
Name	Dr J Ward			GMC code	7491071
			GP code	25178	

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CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name		
History of presenting complaint / examination findings / investigation results				
Presenting complaint				
Description: FAO: Dr Coulthard and team. Update re Trevor				
Comment: Dear colleagues,				
<p>Thank you for attempting to arrange an assessment of Trevor via Dr McKenzie's team. I understand he didn't attend the appointment. Trevor has been in touch with myself again today and said the reasons for not attending were the following:</p> <ol style="list-style-type: none"> 1) He was distrustful of the appointment letter because it wasn't signed 2) He did not like the fact that the letter referred to the appointment in a way of a 'routine review' whereas he is very clear, as I mentioned previously, that he is wanting an ADHD assessment 3) He is still fixed on the idea of becoming a eunuch. <p>I've tried to explain to Trevor that it is understandable that the CMHT would want to do a generalised mental health review, especially in light of his stated desire to become a eunuch, which is a highly unusual, and irreversible procedure. He was calm and measured during my conversation with him, but I appreciate this hasn't always been the case, and it seems he was verbally aggressive towards members of Dr McKenzie's team on the call.</p> <p>I'm at a loss to know what more I can do here other than to see if some form of assessment could be arranged. I've explained to Trevor that he might have to accept that any discussion of an ADHD assessment might need to initially take place in a general mental health review and he may need to make allowances for this.</p> <p>Kind regards, Dr Jon Ward (GP - Lochmaben)</p>				
Examinations and Investigations				
Suicide risk:	Suicide Risk unknown	-		
Risk of Harm to others:	Risk of harm to others unknown	-		
Risk of Harm from others:	Risk of harm from others unknown	-		
Risk to children:	Risk of harm to children unknown	-		
Any Forensic History:	Forensic History unknown	-		
Social/Psychological stress factors:	Social/Psychological stress factors unknown	-		
Client consented to referral:	Client not consented to referral unknown	-		
Are the symptoms getting progressively worse?:	N/A	-		
Blood Pressure (Systolic):	120	-		
Blood Pressure (Diastolic):	71	-		
Current smoker:		04-Aug-2016 00:00		
Cigarette consumption, 15 /day:		04-Aug-2016 00:00		
Teetotaler:		04-Aug-2016 00:00		
Reason for referral				
Care type requested: Mental Health Assessment				
Expected outcome: Not Specified				
Past medical history				
Pre-existing conditions				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
[X]Disorders of adult personality and behaviour	-	-	-	16-Dec-2022
Gynaecomastia	-	-	-	09-Nov-2021
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021

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Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye injury	-	-	sphincter tear & partial disinsertion of iris	17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks		Smoking status		Alcohol consumption
Exercise status: Not Known		Number per day ? (not known)		Units per day 0 (teetotaler)
Additional relevant information				
Administrative information				
Clinic Location:Old Post Office Annan				
Any Identified Child In Need Issues :Not Specified				
Any Identified Vulnerable Adult Protection Issues :Not Specified				
Social circumstances				

_____ Signature of referring doctor (or other professional)		_____ Date
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

1010298167167

Unique Care Pathway Number: 1010298167167

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Dumfries Psychiatric G1Y4 DG-HN CMHT	— Consultant / receiving practitioner and/or specialty clinic
Dumfries and Upper Nithsdale LHP Virtual location code - SCI Gateway	— Hospital and hospital address
	Hospital unit no. Y002G
	Email address -
Urgency of referral	Routine GP

PATIENT DETAILS		Patient's address
Surname	Trueman	5 Shaw Road Templand Lockerbie DG11 1TX
Forename(s)	Trevor	
Title	Mr	
Sex	Male	
Date of birth	03-Jun-1979	
CHI no.	0306793490	Contact number(s)
		Voice: 07895216108 Voice: 07895216108 E-mail: Jobbieman1@gmail.com

REGISTERED GP DETAILS		Practice address
Name	Dr Nicholas Brown	42- 44 High Street Lochmaben Lockerbie
GMC code	6097026 GP code 25321	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr David Gibson	42- 44 High Street Lochmaben Lockerbie
GMC code	7608099 GP code 15903	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

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

Description: FAO Clare Hanson

Comment: Dear Clare,

I believe Dr Mackenzie and yourself were due to see Trevor on 22nd May. I have never met Trevor before, but have discussed with my colleague who knows him well. I note that Dumfries CMHT were planning to see him as arranged by Dr Coulthard/Walker, due to Trevor's hesitation to see the Annan Team.

I read from your entries on portal on 3rd and 22nd May, that Trevor has mentioned his suspicions of his appointment letter. He called today to say the same to me. He feels it wasn't professional looking, had no signature, is frustrated it is routine. He continues to have his fixed, consistent beliefs of becoming a eunuch. He is keen to be seen by the CMHT still. He would like to make sure that he has been allocated to another appointment. He would like if as well as a letter, he could be called to confirm appointment (due to his trust issues over letters). I explained I couldn't promise this, but could ask.

Kind regards,
Dr David Gibson
GPST3

Examinations and Investigations

Suicide risk:	Suicide Risk unknown	-
Risk of Harm to others:	Risk of harm to others unknown	-
Risk of Harm from others:	Risk of harm from others unknown	-
Risk to children:	Risk of harm to children unknown	-
Any Forensic History:	Forensic History unknown	-
Social/Psychological stress factors:	Social/Psychological stress factors unknown	-
Client consented to referral:	Client not consented to referral	unknown
Are the symptoms getting progressively worse?:	N/A	-
Blood Pressure (Systolic):	120	-
Blood Pressure (Diastolic):	71	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00
Teetotaler:		04-Aug-2016 00:00

Reason for referral

Care type requested: Mental Health Assessment

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
[X]Disorders of adult personality and behaviour	-	-	-	16-Dec-2022
Gynaecomastia	-	-	-	09-Nov-2021
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-

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Closed fracture of mandible, body, other and unspecified	-	-	left side	2009
Eye injury	-	-	sphincter tear & partial disinsertion of iris	18-May-1998 17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks		Smoking status	Alcohol consumption	
Exercise status: Not Known		Number per day ? (not known)	Units per day 0 (teetotaler)	
Additional relevant information				
Administrative information				
Temporary Resident: No				
Clinic Location: Nithbank Dumfries				
Any Identified Child in Need Issues : Not Specified				
Any Identified Vulnerable Adult Protection Issues : Not Specified				
Social circumstances				
Ethnic Origin: (White) Scottish				

Signature of referring doctor (or other professional)	Date
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

101028989680Y

Unique Care Pathway Number: 101028989680Y

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral <i>Advice Request</i>	Protocol Name Community Mental Health Protocol
REFERRAL TO	
General Psychiatry (Mental Illness)G1 DG-HIN CMHT	— Consultant / receiving practitioner and/or specialty clinic
Annandale and Eskdale LHP Virtual location code - SCI Gateway	— Hospital and hospital address
	Hospital unit no. Y001G
	Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	101028989680Y	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home:07895216108 Mobile:07895216108 E-mail:Jobbie1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice:01387 810252 Facsimile:dg.gpclin.y18377@nhs.scot	

REFERRING PROFESSIONAL DETAILS					
Name	Dr J Ward		GMC code	7491071	GP code 25178

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CLINICAL INFORMATION

Urgency of referral	<i>Advice Request</i>	Protocol Name	Community Mental Health Protocol	
History of presenting complaint / examination findings / investigation results				
Presenting complaint				
Description: Update on previous referral				
Comment: Dear colleagues,				
<p>Following my previous referral regarding Trevor I understand he was offered and declined an appointment with the Annandale CMHT team. He advises he spoke to someone within CMHT who advised Dr Bhatti was unavailable but that there would be a message passed onto a different team for an alternative arrangement for assessment to be made.</p> <p>He asked that I let you know this and also that urology team referral for his request to become a eunich received a response suggesting a psychiatric evaluation would be required.</p> <p>Kind regards, Dr Jon Ward (GP - Lochmaben)</p>				
Examinations and Investigations				
Suicide risk:	Suicide Risk unknown	-		
Risk of Harm to others:	Risk of harm to others unknown	-		
Risk of Harm from others:	Risk of harm from others unknown	-		
Risk to children:	Risk of harm to children unknown	-		
Any Forensic History:	Forensic History unknown	-		
Social/Psychological stress factors:	Social/Psychological stress factors unknown	-		
Client consented to referral:	Client not consented to referral unknown	-		
Are the symptoms getting progressively worse?:	N/A	-		
Blood Pressure (Systolic):	120	-		
Blood Pressure (Diastolic):	71	-		
Current smoker:			04-Aug-2016 00:00	
Cigarette consumption, 15 /day:			04-Aug-2016 00:00	
Teetotaler:			04-Aug-2016 00:00	
Reason for referral				
Care type requested: Mental Health Assessment				
Expected outcome: Not Specified				
Past medical history				
Pre-existing conditions				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
[X]Disorders of adult personality and behaviour	-	-	-	16-Dec-2022
Gynaecomastia	-	-	-	09-Nov-2021
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009

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Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye Injury	-	-	sphincter tear & partial disinsertion of iris	17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks			Smoking status	Alcohol consumption
Exercise status: Not Known			Number per day ? (not known)	Units per day 0 (teetotaler)
Additional relevant information				
Administrative information				
Clinic Location:Old Post Office Annan				
Any Identified Child in Need Issues :Not Specified				
Any Identified Vulnerable Adult Protection Issues :Not Specified				
Social circumstances				

_____ Signature of referring doctor (or other professional)		_____ Date
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

1010282509747

Unique Care Pathway Number: 1010282509747

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral	<i>Advice Request</i>	Protocol Name	General Referral Protocol
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REFERRAL TO	
UrologyCB DG-HN General Referral	— Consultant / receiving practitioner and/or specialty clinic
Dumfries & Galloway Royal Infirmary Cargenbridge Dumfries DG2 8RX	— Hospital and hospital address Hospital unit no. Y146H Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	1010282509747	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home:07895216108 Mobile:07895216108 E-mail:Jobbieman1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice:01387 810252 Facsimile:dg.gpclin.y18377@nhs.scot	

REFERRING PROFESSIONAL DETAILS					
Name	Dr J Ward			GMC code	7491071
			GP code	25178	

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CLINICAL INFORMATION

Urgency of referral	<i>Advice Request</i>	Protocol Name	General Referral Protocol		
History of presenting complaint / examination findings / investigation results					
Presenting complaint					
Description: Request by patient for surgery to become a eunuch					
Comment: Dear colleagues,					
<p>I am sorry to take up your time but I have a patient who is very fixed on the idea that he would like to have surgery to become a eunuch. He advises he has strict religious beliefs (he quoted a variety of religious passages at me) and says this is the only way to get into heaven. I've advised him that such surgery would be radical and that I wasn't even sure if such a procedure was available on the NHS. He was unhappy at this and said if he was going through a transgender process then it would be arranged!</p> <p>He has a history of paranoid personality disorder according to CMHT assessments in the past. I have advised him that not only might the op not be available on the NHS but it might also require some form of psychiatric/psychological evaluation first. I have referred him back to CMHT team to see if it is possible for his general mental health to be assessed anyway (pt wanting himself to be assessed for possible ADHD).</p> <p>I've also advised of the very long waiting lists for secondary care teams. The patient was insistent I at least ask you the question about the possibility of this and hence my advice request.</p> <p>Kind regards, Dr Jon Ward (GP - Lochmaben)</p>					
Examinations and Investigations					
Blood Pressure (Systolic):	120	-			
Blood Pressure (Diastolic):	71	-			
Current smoker:	04-Aug-2016	00:00			
Cigarette consumption, 15 /day:	04-Aug-2016	00:00			
Teetotaler:	04-Aug-2016	00:00			
Reason for referral					
Care type requested: Out Patient					
Expected outcome: Not Specified					
Past medical history					
Pre-existing conditions					
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>	
Gynaecomastia	-	-	-	09-Nov-2021	
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021	
[X]Paranoid personality disorder	-	-	-	21-Apr-2021	
Vomiting	-	-	-	08-Nov-2020	
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012	
Anxiety with depression	-	-	-	01-Oct-2009	
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009	
Fracture of radius NOS	-	-	-	06-Jun-2009	
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998	
Eye injury	-	-	sphincter tear & partial disinsertion of iris	17-May-1993	
Past procedures					
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>		

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ECG	-	-	24-May-2021
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019
Repair of umbilical hernia	-	-	08-Jul-2015
Laparoscopic cholecystectomy	-	-	08-Sep-2014
Admit psychiatric emergency	-	-	18-Jan-2011

Current and recent medication
No medications recorded

Clinical warnings

Lifestyle risks	Smoking status	Alcohol consumption
Exercise status: Not Known	Number per day ? (not known)	Units per day 0 (teetotaler)

Additional relevant information

Administrative information

Any Identified Child in Need Issues :Not Specified
Any Identified Vulnerable Adult Protection Issues :Not Specified

Social circumstances

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

1010282509474

Unique Care Pathway Number: 1010282509474

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Dumfries Psychiatric G1Y4 DG-HN CMHT	— Consultant / receiving practitioner and/or specialty clinic
Dumfries and Upper Nithsdale LHP Virtual location code - SCI Gateway	— Hospital and hospital address
	Hospital unit no. Y002G
	Email address -
Urgency of referral	Routine GP

PATIENT DETAILS		Patient's address
Surname	Trueman	5 Shaw Road Templand Lockerbie DG11 1TX
Forename(s)	Trevor	
Title	Mr	
Sex	Male	
Date of birth	03-Jun-1979	
CHI no.	0306793490	Contact number(s)
		Voice: 07895216108 Voice: 07895216108 E-mail: Jobbiemani@gmail.com

REGISTERED GP DETAILS		Practice address
Name	Dr Nicholas Brown	42- 44 High Street Lochmaben Lockerbie
GMC code	6097026	
GP code	25321	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	Contact number(s)
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr J Ward	42- 44 High Street Lochmaben Lockerbie
GMC code	7491071	
GP code	25178	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	Contact number(s)
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

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

Description: ?Needs mental health assessment - patient asking for ADHD but displaying some possible paranoid behaviours

Comment: Dear colleagues,

Thank you for your recent letters regarding this gentleman.

He contacted the surgery recently requesting 2 referrals. The first was he was fixed in his belief and request that he wanted me to refer him to urology for consideration of surgery to become a eunuch for his apparently strict religious beliefs. He was fixed on the idea (and quoted numerous bible passages at me, as well as colourful language, during the consult) that the only way he could get into heaven was if he becomes a eunuch. Obviously this is quite a radical procedure and I'm not even sure urology would even consider such a request but I've agreed to refer him. He got to the point of saying that he would consider doing it to himself. I have obviously strongly advised him against doing this.

The other request was for an ADHD assessment. Trying to tease out why he felt he needed this assessment was difficult and other than what sounds like being disorganised and struggling to concentrate I am unclear as to whether he actually might have ADHD or not. The reason for being unable to provide you with the information you mentioned in your November letter is because he has a very rapid speech pattern and has fixed beliefs about religion and his conviction that he definitely has ADHD so I struggled to get much of a word in edgeways.

He denied suicidal or harmful thoughts (apart from the thinly veiled threat of removing his own penis and testicles!) and also denied any recent drug use although I do note this has been an issue in the past.

I can see that since talking to this patient and sending this referral, he has been in touch with the CMHT and requested Dr Bhatti (that letter is also attached). I wonder if this gentleman might require a mental health assessment that incorporates a possible ADHD assessment in order for him to engage with the process. I've advised him that urology might require a psychological or psychiatric assessment prior to any radical surgery but I haven't made this a contingency or promised him any definite review for ADHD etc.

I'm just worried that with recent contacts and his fixed beliefs that we might be looking at a picture of worsening of the paranoid personality order that was diagnosed last year.

Kind regards,
Dr Jon Ward (GP - Lochmaben)

Examinations and Investigations

Suicide risk:	Suicide Risk unknown	-
Risk of Harm to others:	Risk of harm to others unknown	-
Risk of Harm from others:	Risk of harm from others unknown	-
Risk to children:	Risk of harm to children unknown	-
Any Forensic History:	Forensic History unknown	-
Social/Psychological stress factors:	Social/Psychological stress factors unknown	-
Client consented to referral:	Client not consented to referral unknown	-
Are the symptoms getting progressively worse ?:	N/A	-
Blood Pressure (Systolic):	120	-
Blood Pressure (Diastolic):	71	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00
Teetotaler:		04-Aug-2016 00:00

Reason for referral

Care type requested: Mental Health Assessment

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Gynaecomastia	-	-	-	09-Nov-

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Arrested in police custody	-	-	seen by CATS (discharged)	2021 23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye Injury	-	-	sphincter tear & partial disinsetion of iris	17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECCG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks		Smoking status		Alcohol consumption
Exercise status: Not Known		Number per day ? (not known)		Units per day 0 (teetotaler)
Additional relevant information				
Administrative information				
Temporary Resident:No				
Clinic Location:Old Post Office Annan				
Any Identified Child in Need Issues :Not Specified				
Any Identified Vulnerable Adult Protection Issues :Not Specified				
Social circumstances				
Ethnic Origin: (White) Scottish				

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

101027878746U

Unique Care Pathway Number: 101027878746U

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Dumfries Psychiatric G1Y4 DG-HN CMHT	— Consultant / receiving practitioner and/or specialty clinic
Dumfries and Upper Nithsdale LHP Virtual location code - SCI Gateway	— Hospital and hospital address
	Hospital unit no. Y002G
	Email address -
Urgency of referral	Routine GP

PATIENT DETAILS		Patient's address
Surname	Trueman	5 Shaw Road Templand Lockerbie DG11 1TX
Forename(s)	Trevor	
Title	Mr	
Sex	Male	
Date of birth	03-Jun-1979	
CHI no.	0306793490	Contact number(s)
		Voice: 07895216108 Voice: 07895216108 E-mail: Jobbieman1@gmail.com

REGISTERED GP DETAILS		Practice address
Name	Dr Nicholas Brown	42- 44 High Street Lochmaben Lockerbie
GMC code	6097026 GP code 25321	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	
		Contact number(s)
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr Jodi Callander	42- 44 High Street Lochmaben Lockerbie
GMC code	7451774 GP code 25712	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	
		Contact number(s)
		Voice: 01387 810252 Facsimile: dg.gpclin.y18377@nhs.scot

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: FAO Dr Bhatti (if possible)

Comment: I would be grateful if you could arrange review for Trevor (with Dr Bhatti if possible). He has a history of paranoid personality disorder and PTSD. His last contact with psychiatry was at the time of CATS assessment in 2021 (following being brought to A&E by Police). Trevor reports recently struggling with his mental health. Describes low mood, anxiety and struggling to leave house. Trevor is adamant that when he saw Dr Bhatti in 2021 that he was told could be referred directly to him for ADHD assessment, which he is now requesting. I have explained that I can't see this in the letters from that time, and it may not be Dr Bhatti he is allocated to, but he remains adamant this was offered. I would be grateful for your review.

Examinations and Investigations

Suicide risk:	Suicide Risk unknown	-
Risk of Harm to others:	Risk of harm to others unknown	-
Risk of Harm from others:	Risk of harm from others unknown	-
Risk to children:	Risk of harm to children unknown	-
Any Forensic History:	Forensic History unknown	-
Social/Psychological stress factors:	Social/Psychological stress factors unknown	-
Client consented to referral:	Client not consented to referral unknown	-
Are the symptoms getting progressively worse?:	N/A	-
Blood Pressure (Systolic):	120	-
Blood Pressure (Diastolic):	71	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00
Teetotalier:		04-Aug-2016 00:00

Reason for referral

Care type requested: Mental Health Assessment
 Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Gynaecomastia	-	-	-	09-Nov-2021
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye injury	-	-	sphincter tear & partial disinsertion of iris	17-May-1993

Past procedures

Description	Laterality	Modifier	Date performed
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ECG	-	-	24-May-2021
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019
Repair of umbilical hernia	-	-	08-Jul-2015
Laparoscopic cholecystectomy	-	-	08-Sep-2014
Admit psychiatric emergency	-	-	18-Jan-2011

Current and recent medication

No medications recorded

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day
? (not known)Units per day
0 (teetotaler)**Additional relevant information****Administrative information**

Temporary Resident: No

Clinic Location: Old Post Office Annan

Any Identified Child in Need Issues : Not Specified

Any Identified Vulnerable Adult Protection Issues : Not Specified

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?
No

101024604529K

Unique Care Pathway Number: 101024604529K

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Urgency of referral	Urgent - Suspected Cancer	Protocol Name	Breast Cancer Protocol
REFERRAL TO			
Breast Clinic C1W DG-HN Breast		— Consultant / receiving practitioner and/or specialty clinic	
Dumfries & Galloway Royal Infirmary Cargenbridge Dumfries DG2 8RX		— Hospital and hospital address	
		Hospital unit no. Y146H	
		Email address -	

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	101024604529K	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home: 07895216108 Mobile: 07895216108 E-mail: JobbieMan1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice: 01387 810252 Facsimile: 01387 811595	

REFERRING PROFESSIONAL DETAILS						
Name	Dr Olaoluwa Ayangade		GMC code	7570762	GP code	86185

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CLINICAL INFORMATION

Urgency of referral	Urgent - Suspected Cancer	Protocol Name	Breast Cancer Protocol
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History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Left breast lump x 3months
Comment: Dear Colleagues

I will be glad if an urgent review appointment can be arranged for Mr Trueman, 42 year old who came in on account of left breast lump which was noticed about 3 months ago. He mentions this has progressively enlarged and now painful. He denies any nipple discharge, no nipple retraction or skin changes. He has a positive family history of breast cancer in 2 of his aunt and also granny.

He has a background of post traumatic stress disorder, paranoid personality disorder- Kindly read through his initial referral discussion on the clinical portal. He also mentions he is not keen on having a biopsy done

On examination, Right breast normal. Left breast enlarged than right, about 3x3 cm lump at the areola area , tender, no nipple discharge or retraction, no peau d'orange, no skin changes. No axillary lymphadenopathy

I will be grateful if an urgent review can be arranged for this gentleman

Kind Regards

Dr O Ayangade
GPST2

Examinations and Investigations

Lump: Suspected malignancy / Patient >30 years:	true	-
Right or left breast:	Left	-
Position of Main Lesion:	Central	-
Size:	2 - 5 cm	-
Axillary lymph nodes:	Non palpable	-
Duration of symptoms (months/weeks/days):	3 months	-
Previous breast history:	None	-
Menopausal status:	Not known	-
Blood Pressure (Systolic):	120	-
Blood Pressure (Diastolic):	71	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00
Teetotaler:		04-Aug-2016 00:00

Reason for referral

Care type requested: Breast Cancer Referral
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Arrested in police custody	-	-	seen by CATS (discharged)	23-Jul-2021
[X]Paranoid personality disorder	-	-	-	21-Apr-2021
Vomiting	-	-	-	08-Nov-2020
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-

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Fracture of radius NOS	-	-	-	2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	06-Jun-2009
Eye injury	-	-	sphincter tear & partial disinsertion of Iris	18-May-1998
				17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
ECG	-	-	24-May-2021	
Cardiovascular stress test using Bruce protocol	-	-	05-Jun-2019	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	
Current and recent medication				
No medications recorded				
Clinical warnings				
Lifestyle risks		Smoking status	Alcohol consumption	
Exercise status: Not Known		Number per day ? (not known)	Units per day 0 (teetotaler)	
Additional relevant information				
Administrative information				
Clinic Location: DGRI				
Any Identified Child In Need Issues :Not Specified				
Any Identified Vulnerable Adult Protection Issues :Not Specified				
Social circumstances				

_____ Signature of referring doctor (or other professional)	_____ Date
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REFERRAL TO Clinical RadiologyH1 DG-HS Radiology	*101022465831M* Unique Care Pathway Number REFERRAL LETTER	URGENCY OF REFERRAL Urgent
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PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road Templand Lockerbie DG11 1TX	
Forename(s)	Trevor				
Date of birth	03-Jun-1979	Title	Mr		
CHI Number	0306793490	Sex	Male		
UCPN Number	101022465831M	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home:07895216108 Mobile:07895216108 E-mail:Jobbleman1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44 High Street Lochmaben Lockerbie Voice:01387 810252 Facsimile:01387 811595	
GMC code	6097026	GP code	25321		
Practice name	Lochmaben Medical Group (17369)				
Practice code	18377				

REFERRING PROFESSIONAL DETAILS					
Name	Dr. Fiona Jefford	GMC code	4506933	GP code	27677

CLINICAL INFORMATION																											
Urgency of referral Urgent	Protocol Name Radiology Protocol																										
<p>Presenting complaint</p> <p>Description: Chest x-ray please Comment: Dear Doctor,</p> <p>I would appreciate an urgent chest x-ray for the above 41 year old gentleman.</p> <p>Mr Trueman reports becoming more SOBDE for > 1 year, he has been smoking very heavily usually 20 cigarettes per day and also cannabis. He finds that he can cough when moving from hot to cold environments. He does expectorate sputum at times which is mostly clear. His cough has been > 1 year, he did notice some pink streaks in his sputum a few months ago on a daily basis but this has now resolved.</p> <p>There is no history of weight loss. He has a history of pleurisy.</p> <p>Yours sincerely</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width:100%;"> <tr> <td style="width:70%;">Signature of referring doctor (or other professional)</td> <td style="width:30%;">Date</td> </tr> </table> </div>	Signature of referring doctor (or other professional)	Date	<p>Examinations, Investigations and Admin information</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Blood Pressure (Systolic):</td> <td style="text-align: right;">120</td> <td style="text-align: right;">-</td> </tr> <tr> <td>Blood Pressure (Diastolic):</td> <td style="text-align: right;">71</td> <td style="text-align: right;">-</td> </tr> <tr> <td>Any previous imaging?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> <tr> <td>Is the patient diabetic?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> <tr> <td>If Yes is the patient taking Metformin?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> <tr> <td>Is there any history of allergy to iodinated contrast or other significant allergy/atopy?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> <tr> <td>Is there a history of cardiac disease/ glaucoma?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> <tr> <td>Does this patient weigh more than 20 stone?:</td> <td colspan="2" style="text-align: right;">Not recorded</td> </tr> </table> <p>Clinic Location:DGRI Child Protection Issues?:Not Specified Any Identified Vulnerable Adult Protection Issues :Not Specified</p>	Blood Pressure (Systolic):	120	-	Blood Pressure (Diastolic):	71	-	Any previous imaging?:	Not recorded		Is the patient diabetic?:	Not recorded		If Yes is the patient taking Metformin?:	Not recorded		Is there any history of allergy to iodinated contrast or other significant allergy/atopy?:	Not recorded		Is there a history of cardiac disease/ glaucoma?:	Not recorded		Does this patient weigh more than 20 stone?:	Not recorded	
Signature of referring doctor (or other professional)	Date																										
Blood Pressure (Systolic):	120	-																									
Blood Pressure (Diastolic):	71	-																									
Any previous imaging?:	Not recorded																										
Is the patient diabetic?:	Not recorded																										
If Yes is the patient taking Metformin?:	Not recorded																										
Is there any history of allergy to iodinated contrast or other significant allergy/atopy?:	Not recorded																										
Is there a history of cardiac disease/ glaucoma?:	Not recorded																										
Does this patient weigh more than 20 stone?:	Not recorded																										

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No

101018621307M

Unique Care Pathway Number: 101018621307M

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Urgency of referral Routine	Protocol Name Rapid Access Chest Pain Service Protocol
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REFERRAL TO	
Chest Pain - Rapid Access A2Y1 DG-HN RACPS	— Consultant / receiving practitioner and/or specialty clinic
Dumfries & Galloway Royal Infirmary Cargenbridge Dumfries DG2 8RX	— Hospital and hospital address Hospital unit no. Y146H Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			5 Shaw Road	
Forename(s)	Trevor			Templand	
Date of birth	03-Jun-1979	Title	Mr	Lockerbie	
CHI Number	0306793490	Sex	Male	DG11 1TX	
UCPN Number	101018621307M	Marital Status	Single	Contact number(s)	
Ethnic Origin	(White) Scottish			Home:07895216108 Mobile:07895216108 E-mail:Jobbieman1@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Nicholas Brown			42- 44	
GMC code	6097026	GP code	25321	High Street	
Practice name	Lochmaben Medical Group (17369)			Lochmaben	
Practice code	18377			Lockerbie	
				Voice:01387 810252 Facsimile:01387 811595	

REFERRING PROFESSIONAL DETAILS					
Name	Dr. Nicholas Brown			GMC code	6097026
			GP code	25321	

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CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name	Rapid Access Chest Pain Service Protocol	
History of presenting complaint / examination findings / investigation results				
Presenting complaint				
Description: ** 1 week history of chest pain **				
Comment: Dear Doctor,				
<p>I was wondering if you would be able to review this gentleman in your clinic. This is a 39 year old gentleman with 1 week history of chest pain. He describes a dull heaviness across his anterior chest, brought on by exertion, no radiation. He also has associated shortness of breath on exertion. He is a smoker and has a chronic cough productive of clear sputum. He does not have haemoptysis and does not have any infective symptoms. His mother and sister both have heart problems although he is not exactly sure what problems.</p> <p>On examination, his chest is clear, normal heart sounds with no added sounds. No peripheral oedema and calves were soft and non-tender. An ECG shows normal sinus rhythm with no ischaemic features. He was started on aspirin and a GTN spray in view of his symptoms and bloods including lipid profile and fasting glucose will be checked.</p> <p>I was wondering if you would be able to review this gentleman's symptoms in your clinic.</p> <p>Many thanks for your help.</p> <p>Yours sincerely</p>				
Examinations and Investigations				
Blood Pressure (Systolic):	120 -			
Blood Pressure (Diastolic):	71 -			
Current smoker:	04-Aug-2016 00:00			
Cigarette consumption, 15 /day:	04-Aug-2016 00:00			
Teetotaler:	04-Aug-2016 00:00			
Investigations				
Using the criteria listed on the notes page is this patient suitable for referral to RACPS?: Yes -				
Reason for referral				
Care type requested: Rapid Access Chest Pain Service Referral				
Expected outcome: Not Specified				
Past medical history				
Pre-existing conditions				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
[X]Emotionally unstable personality disorder	-	-	-	04-Sep-2012
Anxiety with depression	-	-	-	01-Oct-2009
[X]Post - traumatic stress disorder	-	-	-	01-Oct-2009
Fracture of radius NOS	-	-	-	06-Jun-2009
Closed fracture of mandible, body, other and unspecified	-	-	left side	18-May-1998
Eye injury	-	-	sphincter tear & partial disinsertion of iris	17-May-1993
Past procedures				
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>	
Repair of umbilical hernia	-	-	08-Jul-2015	
Laparoscopic cholecystectomy	-	-	08-Sep-2014	
Admit psychiatric emergency	-	-	18-Jan-2011	

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Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Quetiapine Fumarate Tablets 200 mg	0402010ABAAADAD	112 TABLET	FOUR TABLETS TO BE TAKEN AT NIGHT	-	28-Jul-2016	-
Aspirin E/c tablets 75 mg	0209000A0AAAKAK	56 tablet	1 TAB DAILY	-	30-Apr-2019	42 Days
Glyceryl Trinitrate Pump spray 400 micrograms/dose	0206010F0AAA1A1	200 dose	ONE OR TWO SPRAYS TO BE USED WHEN REQUIRED	-	30-Apr-2019	42 Days
Doxycycline Hyclate Capsules 100 mg	-	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	08-Apr-2019	42 Days

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
0 (teetotaler)**Additional relevant information****Administrative information**

Clinic Location: DGRI

Any Identified Child in Need Issues :Not Specified

Any Identified Vulnerable Adult Protection Issues :Not Specified

Social circumstances

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No

101018621351T

Unique Care Pathway Number: 101018621351T

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Local Smoking Matters ANY3 DG-HS Smoking Matters	— Consultant / receiving practitioner and/or specialty clinic
Smoking Matters Service Garden Hill Primary Care Centre 2 Gardenhill Road Castle Douglas DG7 1EE	— Hospital and hospital address
	Hospital unit no. Y009G
	Email address
Urgency of referral Routine GP	

PATIENT DETAILS		Patient's address
Surname	Trueman	5 Shaw Road Templand Lockerbie DG11 1TX
Forename(s)	Trevor	
Title	Mr	
Sex	Male	
Date of birth	03-Jun-1979	
CHI no.	0306793490	Contact number(s) Voice: 07895216108 Voice: 07895216108 E-mail: Jobbieman1@gmail.com

REGISTERED GP DETAILS		Practice address		
Name	Dr Nicholas Brown	42- 44 High Street Lochmaben Lockerbie		
GMC code	6097026		GP code	25321
Practice name	Lochmaben Medical Group (17369)			
Practice code	18377			
		Contact number(s) Voice: 01387 810252 Facsimile: 01387 811595		

REFERRING PRACTITIONER DETAILS		Practice address		
Name	Dr. Nicholas Brown	42-44 High Street Lochmaben		
GMC code	6097026		GP code	25321
Practice name	Lochmaben Medical Group (18377)			
Practice code	18377			
		Contact number(s) Voice: 01387 810215		

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

Description: ** Smoking Matters **

Comment: Dear Colleague,

I was wondering if you would be able to review this gentleman in your clinic. He is a smoker of 15 a day for the last 20 years. He was previously a cannabis smoker but has since stopped.

He is keen to stop smoking and I was wondering if you would be able to review him and provide advice on smoking cessation.

Many thanks.

Yours sincerely

Examinations and Investigations

Blood Pressure (Systolic):	120	-
Blood Pressure (Diastolic):	71	-
Can we leave messages with family and/or colleagues?:	Not Specified	-
Is this Patient suitable for Bupropion (Zyban) ?:	Not Specified	-
Is this Patient suitable for Varenicline (Champix) ?:	Not Specified	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00

Reason for referral

Care type requested: Smoking Matters Referral

Expected outcome: Not Specified

Past medical history**Current and recent medication**

No medications recorded

Clinical warnings**Lifestyle risks**

Smoking status

Alcohol consumption

Number per day ? (not known)

Units per day

Additional relevant information**Administrative Information**

Temporary Resident:No

Clinic Location:DGRI

Child Protection Issues ? :Not Specified

Any Identified Vulnerable Adult Protection Issues :Not Specified

Social circumstances

Ethnic Origin: (White) Scottish

_____ Signature of referring doctor (or other professional)	_____ Date
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?
No

1010169182050

Unique Care Pathway Number: 1010169182050

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Local Smoking Matters ANY3 DG-HS Smoking Matters	— Consultant / receiving practitioner and/or specialty clinic
Smoking Matters Service Garden Hill Primary Care Centre 2 Gardenhill Road Castle Douglas DG7 1EE	— Hospital and hospital address
	Hospital unit no. Y009G
	Email address

Urgency of referral **Routine** GP

PATIENT DETAILS

Surname	Trueman	Patient's address 5 Shaw Road Templand Lockerbie DG11 1TX Contact number(s) Voice: 07498954402 E-mail: Jobbleman1@gmail.com
Forename(s)	Trevor	
Title	Mr	
Sex	Male	
Date of birth	03-Jun-1979	
CHI no.	0306793490	

REGISTERED GP DETAILS

Name	Dr Nicholas Brown	Practice address 42- 44 High Street Lochmaben Lockerbie Contact number(s) Voice: 01387 810252 Facsimile: 01387 811595
GMC code	6097026 GP code 25321	
Practice name	Lochmaben Medical Group (17369)	
Practice code	18377	

REFERRING PRACTITIONER DETAILS

Name	Dr. Mark Miller	Practice address 42-44 High Street Lochmaben Contact number(s) Voice: 01387 810215
GMC code	7039002 GP code 25569	
Practice name	Lochmaben Medical Group (18377)	
Practice code	18377	

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: ** Smoking Cessation please **

Comment: Dear Colleague,

Would you be kind enough to review this 39 year old gentleman who is a smoker of 20 cigarettes per day. Trevor is known to have a history of post traumatic stress disorder and a history of anxiety and depression. At present, he is on quetiapine and trazodone for this.

Trevor continues to smoke 15-20 cigarettes daily as well as maybe 5 roll ups of cannabis on a daily basis. Trevor is aware that he needs to stop with the cannabis but is keen for your input regarding his cigarette smoking.

Yours sincerely

Examinations and Investigations

Blood Pressure (Systolic):	115	-
Blood Pressure (Diastolic):	71	-
Can we leave messages with family and/or colleagues?:	Not Specified	-
Is this Patient suitable for Bupropion (Zyban) ?:	Not Specified	-
Is this Patient suitable for Varenicline (Champix) ?:	Not Specified	-
Current smoker:		04-Aug-2016 00:00
Cigarette consumption, 15 /day:		04-Aug-2016 00:00

Reason for referral

Care type requested: Smoking Matters Referral
 Expected outcome: Not Specified

Past medical history

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

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

Additional relevant information

Administrative information

Temporary Resident: No
 Clinic Location: DGRI
 Child Protection Issues ? : Not Specified
 Any Identified Vulnerable Adult Protection Issues : Not Specified

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Registration Details - Patient No: 22835

Personal details...		Address details...	
Date of Birth	03/06/1979	Post Code	DG6 4RW
Sex	M	House Name Flat No	
Surname	Trueman	No and Street	30 Merse Drive
Previous Surname		Village	
Forenames	Trevor Brian	Town	Kirkcudbright
Calling Name	Trevor	County	Kirkcudbrightshire
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		
CHI_NUMBER	0306793490		

HA/HB Details...		Contact details...	
Trading partner	Dumfries & Galloway	Home Tel No	
Registered GP	Dr W J Locke	Work Tel No	
Usual GP	Dr W J Locke	Mobile Tel No	07712729957
NHS Number		E Mail Address	
Residential Inst			
Branch Surgery	The Health Centre Kirkcudbright		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	09/10/2015		

Medical Record

Problems

Active Problems		Authorised By	Code
01/10/2009	[X]Post - traumatic stress disorder	Dr Hickman	Eu431

Past Problems		Authorised By	Code
08/07/2015	Repair of umbilical hernia	Mrs Telfer	7H15
08/09/2014	Laparoscopic cholecystectomy	Mrs Telfer	78105-1
04/08/2012	[X]Emotionally unstable personality disorder	Mrs Telfer	Eu603
01/10/2009	Anxiety with depression	Mrs Telfer	E2003
06/06/2006	Fracture of radius NOS	Mrs Telfer	S23x1-1
18/05/1998	Closed fracture of mandible, body, other and unspecified left side	Mrs Telfer	S0228
17/05/1993	Eye injury sphincter tear & partial disinsertion of iris	Mrs Telfer	SE1z-1

Health Admin Problems		Authorised By	Code
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Values			
Date	Last Entry	Normal Range Indicator	Normal Range
09/10/2015	Fast alcohol screening test 0 /16		
09/10/2015	Urine protein test negative		
09/10/2015	Urine glucose test negative		
09/10/2015	Urine blood test = negative		
09/10/2015	Body Mass Index 30.66	20-25
09/10/2015	O/E - weight 98.8 Kg		
09/10/2015	O/E - height 179.5 cm	10-250

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09/10/2015 Blood pressure reading 122/72 mm Hg

Attachments	Authorised By	Code
None		

Due Diary Entries	Authorised By	Code
02/06/2044 Influenza vaccination	Dr Locke	65E..

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
09/10/2015 No family history diabetes	Mrs McDavid	1228
09/10/2015 No FH: Hypertension	Mrs McDavid	1227
09/10/2015 No FH: Ischaemic heart disease	Mrs McDavid	1226
09/10/2015 No significant family history of CVA or stroke	Mrs McDavid	11545

Referrals	Authorised By	Code
None		

Immunisations	Authorised By	Code
None		

Health Status	Authorised By	Code
09/10/2015	Height 179.5 cm	
09/10/2015	Weight 98.8 Kg	
09/10/2015	Body Mass index 30.66 kg/m2	
09/10/2015	Blood pressure reading 122/72 mm Hg	
09/10/2015	Smoking Status Current smoker	
09/10/2015	Smoking cessation advice	

Other Observations	Authorised By	Code
15/12/2015 Notes summary on computer	Mrs Telfer	9344
15/12/2015 Date records held from 18/09/1979	Mrs Telfer	9R8
09/10/2015 Smoking cessation advice	Mrs McDavid	8CAL
09/10/2015 Patient's next of kin sister Nicola Trueman 07706146675	Mrs McDavid	9182
09/10/2015 Health ed. - diet	Mrs McDavid	6799
09/10/2015 White Scottish	Mrs McDavid	9S13
09/10/2015 Alcohol screen - fast alcohol screening test completed	Mrs McDavid	9K16
09/10/2015 Current smoker	Mrs McDavid	137R
09/10/2015 Aerobic exercise 2 times/week	Mrs McDavid	138A
09/10/2015 Diet average	Mrs McDavid	1FC
01/10/2015 Scottish - ethnic category 2001 census	Mrs Smith	9I21

Consultations	Authorised By	Code
29/04/2016 Dr W J Locke at The Health Centre Kirkcudbright		
History Sudden ant chest pains, few minutes, sl pleuritic. Exercises regularly with no		

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Examination	pain. P 60 reg HS normal. Lung clear
Comment	Muscular pain.

History	New partner. Several recent partners. No high risk as far as he knows.

<u>16/12/2015</u>	<u>Dr Peter Hickman at The Health Centre Kirkcudbright</u>
History	Had stopped Trazodone 1/52 ago; thinks he still needs it, albeit will try a lower dose
Examination	mood good today
Comment	200 => 100mg daily

<u>19/11/2015</u>	<u>Dr Catriona Buchan at Telephone Consultation</u>
History	Spoke to Nicola Loughrie Criminal Justice for court report.

<u>05/11/2015</u>	<u>Dr Catriona Buchan at The Health Centre Kirkcudbright</u>
History	Needs more medication. Has split with wife. There have been some issues. On quetiapine and trazodone. Has a court appearance soon over assault, he pleaded guilty. Feels he is manipulated by anger problems. Sleep OK. SW feel prison would be detrimental and supervision order is recommended.

<u>09/10/2015</u>	<u>Mrs Barbara McDavid at Gatehouse Surgery</u>
History	No significant family history of CVA or stroke Diet average
Examination	Blood pressure reading 122/72 mm Hg O/E - height, 179.5 cm O/E - weight, 98.8 Kg Body Mass Index, 30.66
Family History	No FH: ischaemic heart disease No FH: Hypertension No family history diabetes
Social	Aerobic exercise 2 times/week Current smoker
Comment	NP. Keen to stop smoking and happy to be referred to Smoking Matters. Acknowledges needs to get out, wants to get fit again. Given GP referral for swimming pool.
Result	Urine blood test = negative Urine glucose test negative Urine protein test negative
Additional	Fast alcohol screening test, 0 /16 Alcohol screen - fast alcohol screening test completed White Scottish Health ed. - diet Patient's next of kin sister Nicola Trueman 07706146675 Smoking cessation advice

<u>01/10/2015</u>	<u>Dr Peter Hickman at The Health Centre Kirkcudbright</u>
Problem (FIRST)	[X]Post - traumatic stress disorder
History	PTSD - partly childhood abuse, partly armed forces Recently split from wife; ongoing anxiety and depression see 3-4/52
Comment	Quetiapine Fumarate Tablets 200 mg 120 tablet 4 DAILY
Medication	Trazodone Hydrochloride Capsules 100 mg 56 capsule 2 OD

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
02/02/2016	Quetiapine Fumarate Tablets 200 mg 4 DAILY 120 tablet	30/06/2016P	Dr W J Locke	ACUTE
02/02/2016	Trazodone Hydrochloride Capsules 100 mg 1 od 28 CAPSULE	30/06/2016P	Dr W J Locke	ACUTE

Past				

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Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/11/2015	Quetiapine Fumarate Tablets 200 mg 4 DAILY 120 tablet	15/12/2015P	Dr W J Locke	ACUTE
01/10/2015	Quetiapine Fumarate Tablets 200 mg 4 DAILY 120 tablet	01/10/2015P	Dr W J Locke	ACUTE
01/10/2015	Trazodone Hydrochloride Capsules 100 mg 1 od 28 CAPSULE	15/12/2015P	Dr W J Locke	ACUTE

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Registration Details - Patient No: 14473

Personal details...		Address details...	
Date of birth	03/06/1979	Post Code	DG5 4FE
Sex	M	House Name Flat No	
Surname	Trueman	No and Street	6 Halliday Place
Previous Surname		Village	
Forenames	Trevor Brian	Town	Dalbeattie
Calling Name	Trevor	County	Kirkcudbrightshire
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Dumfries & Galloway	Home Tel No	01556 474368
Registered GP	Dr Sebastian Pflanz	Work Tel No	
Usual GP	Dr Sebastian Pflanz	Mobile Tel No	07712729957
Residential Inst		E Mail Address	
Branch Surgery	Dalbeattie Medical Practice		
CHI Number	0306793490		
NHS Number			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	23/06/2015		

AMSCMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Compliance Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
04/09/2012	<input checked="" type="checkbox"/> Emotionally unstable personality disorder	Mrs Shennan	Eu603
01/10/2009	<input checked="" type="checkbox"/> Post - traumatic stress disorder	Mrs Shennan	Eu431

Past Problems		Authorised By	Code
08/07/2015	Repair of umbilical hernia Open repair of paraumbilical hernia	Mrs Halliday	7H15
08/09/2014	Laparoscopic cholecystectomy	Mrs Shennan	78105-1
18/01/2011	Admit psychiatric emergency Depression	Mrs Shennan	8H23
01/10/2009	Anxiety with depression	Mrs Shennan	E2003
06/06/2006	Fracture of radius NOS Left	Mrs Shennan	S23x1-1
18/05/1998	Fracture of mandible Left side	Mrs Shennan	S0283
17/05/1993	Eye injury Left - Sphincter tear and partial disinsertion of iris	Mrs Shennan	SE1z-1

Health Admin Problems		Authorised By	Code

Values

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Date	Last Entry	Normal Range Indicator	Normal Range
01/07/2015	Urine blood test = negative		
01/07/2015	Urine protein test negative		
01/07/2015	Urine glucose test negative		
01/07/2015	Body Mass Index 32.1	..... |	20-25
01/07/2015	O/E - weight 104 Kg	..... |	10-250
01/07/2015	O/E - height 180 cm	..... |
01/07/2015	Blood pressure reading 106/70 mm Hg		

Attachments	Authorised By	Code
02/09/2015	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Post-traumatic stress disorder with psychotic features; Duration: Indefinite) FitNote_6722e757-dfdf-4135-ae0b-a948bcb31355.pdf	Dr Pflanz 9D15

Due Diary Entries	Authorised By	Code
02/08/2044	Influenza vaccination	Dr Pflanz 65E..

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
18/01/2011	Admit psychiatric emergency Depression	Mrs Shennan 8H23

Immunisations	Authorised By	Code
None		

Health Status	
01/07/2015	Height 180 cm
01/07/2015	Weight 104 Kg
01/07/2015	Body Mass Index 32.1 kg/m ²
01/07/2015	Blood pressure reading 106/70 mm Hg
01/07/2015	Smoking Status Current smoker

Other Observations	Authorised By	Code
28/07/2015	Notes summary on computer	Mrs Shennan 9344
02/07/2015	White Scottish	Mrs Johnstone 9S13
01/07/2015	New patient screen done	Mrs Porter 68R2
01/07/2015	Smoking cessation advice	Mrs Porter 8CAL
01/07/2015	Health ed. - exercise	Mrs Porter 6798
01/07/2015	Teetotaler	Mrs Porter 1361
01/07/2015	Current smoker	Mrs Porter 137R

Consultations

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<u>02/09/2015</u>	<u>Dr Sebastian Pflanz at Dalbeattie Medical Practice</u>
History	Has split up from wife, parted on good terms. Has been told by CAB he needs sick line (despite being signed off indefinitely in the past).
Comment	Thinks he will be rehoused in Kbt, explained he will need to register with GP there. Rept Rx for usual meds done yesterday so shouldn't run low on medication.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Post-traumatic stress disorder with psychotic features; Duration: Indefinite)

<u>28/07/2015</u>	<u>Mrs Mary Pflanz at Dalbeattie Medical Practice</u>
Comment	Area looking better cont with alginate and adhes dressing. Pt will change every second day and will rev next week.

<u>24/07/2015</u>	<u>Mrs Susan Johnstone at Dalbeattie Medical Practice</u>
Comment	pt states wound much improved, cleaned and dressed with alginate and adhesive.

<u>22/07/2015</u>	<u>Mrs Mary Pflanz at Dalbeattie Medical Practice</u>
Comment	Wound cleaned and some serous fluid expressed. , surr skin excoriated .Pt had been applying iodine. Cavalon spray applied silicone dressing and adhesive. Rev Fri.

<u>17/07/2015</u>	<u>Dr Sebastian Pflanz at Dalbeattie Medical Practice</u>
History	In for wound RV.
Examination	Erythema around wound sl more than when last seen but no significant spread or wound flare.
Comment	Treat conservatively, worsening advice given.

<u>14/07/2015</u>	<u>Dr Sebastian Pflanz at Dalbeattie Medical Practice</u>
History	In for more medication. Recovering well from peri-umbilical hernia repair.
Examination	Wound looks very healthy.
Comment	Continue meds as previously prescribed.
Medication	Trazodone Hydrochloride Capsules 100 mg 56 capsule TWO TO BE TAKEN AT NIGHT Quetiapine Fumarate Tablets 200 mg 120 tablet 4 TABS AT NIGHT

<u>01/07/2015</u>	<u>Mrs Lynsey Porter at Dalbeattie Medical Practice</u>
History	Current smoker Teetotaler
Examination	Blood pressure reading 106/70 mm Hg O/E - height, 180 cm O/E - weight, 104 Kg Body Mass Index, 32.1 Urine glucose test negative Urine protein test negative Urine blood test = negative
Comment	Health ed. - exercise Smoking cessation advice New patient screen done

<u>26/06/2015</u>	<u>Dr Sebastian Pflanz at Dalbeattie Medical Practice</u>
History	In with partner. Mix-up re appt, thought this was his NP reg appt. Gives h/o PTSD relating to time in forces and abuse as a child. On quetiapine 800 mg daily and trazodone 200 mg daily, wants to reduce medication so he can have a child.
Comment	Agreed he won't make any medication changes for now, urgent request for records (currently registered at CDMG), RV after notes have been received.

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
14/08/2015	Quetiapine Fumarate Tablets 200 mg 4 TABS AT NIGHT 120 tablet	01/09/2015P	Dr Jennifer Innes	ACUTE
14/08/2015	Trazodone Hydrochloride Capsules 100 mg TWO TO	01/09/2015P	Dr Jennifer Innes	ACUTE

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BE TAKEN AT NIGHT 56 capsule

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Registration Details - Patient No: 14617

Personal details...		Address details...	
Surname	Trueman	Post Code	DG5 4FE
Forenames	Trevor Brian	House Name Flat No	
28/05/61	03/06/1979	No and Street	6 Halliday Place
Sex	M	Village	
Previous Surname		Town	Dalbeattie
CHI_NUMBER	0306793490	County	Kirkcudbrightshire
Ethnic Origin	(White) British		
Calling Name	Trevor		
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		

HA/HB Details...		Contact details...	
Trading partner	Dumfries & Galloway	Home Tel No	01556 474368
Registered GP	Dr Angus MacGregor	Work Tel No	
Usual GP	Dr Angus MacGregor	Mobile Tel No	07712729957
NHS Number	BHCPK/64	E Mail Address	jobbieman@btinternet.com
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	5
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	25/03/2013		

AMSCMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Compliance Check	Yes		
CMS Status	Not Registered		

Medical Record

Problems

Active Problems		Authorised By	Code
21/06/2009	[X]Post - traumatic stress disorder seen at Hollybush House	Mrs Shanks	Eu431
04/09/2012	[X]Emotionally unstable personality disorder impulsive type	Ms Paterson	Eu603
27/03/2013	Patient's next of kin Patient ID 9762	Mrs Meechan	9182
14/05/2015	Paraumbilical hernia	Mrs Shanks	J32-2
24/04/2015	> Incisional hernia (Past Problem)	Dr Morton	J33-2

Past Problems		Authorised By	Code
14/04/1993	Macular oedema (Left) due to eye injury	Mrs Shanks	F42y9
14/04/1993	Corneal abrasion (Left) due to eye injury	Mrs Shanks	SD810
14/04/1993	Eye injury struck in left eye by marble fired from catapult - sphincter tear and partial disinsertion of the iris, corneal abrasion and moderate hyphaema, also macular oedema	Mrs Shanks	SE1z-1
22/12/1994	Aggressive behaviour referred to psychiatric children's services	Mrs Shanks	1P5
18/05/1998	Jaw fracture NOS left - fixation placement	Mrs Shanks	S02z-1
30/03/1999	Assault by bite of human being right arm	Mrs Shanks	TLxy0
17/06/1999	Removal of screws from bone	Mrs Shanks	7K1X-2
08/05/2001	Shin splint anterior	Mrs Shanks	8D58

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06/10/2001	Laceration of arm (Right) laceration to right wrist and disruption of the carpo-metacarpal joint due to motorcycle accident - wound exploration, washout and repair	Mrs Shanks	S9-1
06/10/2001	Motor vehicle traffic accidents (MVTA) came off his motorbike at 30mph	Mrs Shanks	T1
2006	Misuse of drugs NOS smokes cannabis	Mrs Shanks	E25z
06/08/2006	Closed fracture radius, head (Left)	Mrs Shanks	S2306
12/06/2006	Aggressive behaviour referred to psychiatry	Mrs Shanks	1P5
15/09/2006	Minor head injury assaulted - also lacerations	Mrs Shanks	S6460
21/06/2009	Depressed	Mrs Shanks	1B17
01/06/2011	Prison sentence cannabis possession	Mrs Shanks	13HQ-2
19/04/2012	Knee pain (Left)	Dr Purdie	1M10
19/04/2012	C/O nasal congestion	Dr Purdie	1C82-1
19/07/2012	Respiratory tract infection	Dr Purdie	H06z1-1
26/07/2012	Subfertility	Dr Williamson	K5Byz-1
02/08/2012	Urinary symptoms	Dr Purdie	1A-2
26/02/2013	Chlamydial infection	Dr Purdie	A78A
29/04/2013	Acne vulgaris	Dr Purdie	M2610
20/06/2013	Acne vulgaris	Dr Purdie	M2610
28/04/2014	Abdominal pain	Dr Purdie	1969
30/05/2014	Gallbladder calculus	Dr Joga	J64-4
08/09/2014	Laparoscopic cholecystectomy	Mrs Shanks	78105-1
28/05/2014	> Gallstones	Mrs Shanks	J64-5
28/05/2014	> Cholecystitis NOS	Mrs Hughes	J651z
28/05/2014	> Ultrasound scan of abdomen and pelvis gallbladder has grossly abnormal appearance. The wall is thickened and it appears to contain calculi and sludge. Appearances suggestive of cholecystitis	Mrs Hughes	585m
29/05/2014	> Abdominal pain	Dr Martin	1969

Health Admin Problems	Authorised By	Code
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Investigations	Authorised By	Code
05/07/2012	Full blood count - FBC (Source: LAB) .	424..
05/07/2012	Urea and electrolytes (Source: LAB) .	44JB.
05/07/2012	Liver function test (Source: LAB) .	44D6.
19/07/2012	Full blood count - FBC (Source: LAB) .	424..
28/04/2014	Full blood count - FBC (Source: LAB) .	424..
28/04/2014	Urea and electrolytes (Source: LAB) .	44JB.
28/04/2014	Serum amylase level (Source: LAB) .	44CN.
28/04/2014	Liver function test (Source: LAB) .	44D6.
30/04/2014	Other diagnostic ultrasound (Source: LAB) .	585..
05/06/2014	Full blood count - FBC (Source: LAB) .	424..
05/06/2014	Urea and electrolytes (Source: LAB) .	44JB.
05/06/2014	Liver function test (Source: LAB) .	44D6.

Date	Last Entry	Normal Range Indicator	Normal Range
17/06/2014	O/E - weight 108 Kg		
17/06/2014	O/E - BP reading		
17/06/2014	Blood pressure reading 108/78 mm Hg		
05/06/2014	Serum total bilirubin level 8 umol/L	.....|	0-21
05/06/2014	Serum alkaline phosphatase 90 iu/L	.....|	35-130
05/06/2014	ALT/SGPT serum level 66 iu/L	.....|	0-50
05/06/2014	Serum sodium 145 mmol/L	.....|	135-145
05/06/2014	Serum potassium 4.6 mmol/L	.....|	3.5-5
05/06/2014	Serum urea level 5.8 mmol/L	.....|	2.5-7.5
05/06/2014	Serum creatinine 99 umol/L	.....|	65-140
05/06/2014	Glomerular filtration rate > 60		
05/06/2014	Total white cell count 6.1 x10^9/l	.....|	4-11
05/06/2014	Haemoglobin estimation 159 g/L	.....|	135-180
05/06/2014	Platelet count 226 x10^9/l	.....|	150-400
05/06/2014	Red blood cell (RBC) count 5.39 x10^12/l	.....|	4-6.5
05/06/2014	Haematocrit 0.48 l/l	.....|	0.38-0.52
05/06/2014	Mean corpuscular volume (MCV) 89 fl	.....|	80-100
05/06/2014	Mean corpusc. haemoglobin(MCH) 29.5 pg	.....|	24-34
05/06/2014	Mean corpusc. Hb. conc. (MCHC) 332 g/L	.....|	320-370
05/06/2014	Neutrophil count 3.6 x10^9/l	.....|	2.5-7.5
05/06/2014	Lymphocyte count 1.7 x10^9/l	.....|	1.5-3.5
05/06/2014	Monocyte count 0.5 x10^9/l	.....|	0.3-0.8
05/06/2014	Eosinophil count 0.2 x10^9/l	0-0.5
05/06/2014	Basophil count 0 x10^9/l	0-0.1

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05/06/2014	Large unstained cells $0.1 \times 10^9/l$	0-0.4
28/05/2014	Ultrasound scan of abdomen and pelvis gallbladder has grossly abnormal appearance. The wall is thickened and it appears to contain calculi and sludge. Appearances suggestive of cholecystitis		
30/04/2014	Other diagnostic ultrasound		
28/04/2014	Serum amylase level 44 iu/L	.....	0-100
20/12/2012	HAD scale: depression score 6 /21 ANXIETY 9/21	.....	0-21
20/12/2012	HAD scale: anxiety score 9 /21	.....	0-21
26/07/2012	Cigarette smoker 12 Cigarettes/day		
23/02/2012	Urine protein test negative		
23/02/2012	Urine glucose test negative		
23/02/2012	Alcohol consumption 0 units/week	.....	20-25
23/02/2012	Body Mass Index 25.68	.....	10-250
23/02/2012	O/E - height 183 cm	.....

Attachments	Authorised By	Code
16/02/2012	Administration Administration Letter CDMG GPR form	D7_00396696.XXX Mr Docman EMISATTACHMENT
23/02/2012	Administration Administration Letter New Patient Questionnaire	D7_00397688.XXX Mr Docman EMISATTACHMENT
28/02/2012	Administration Administration Letter FIT/Sick Note	D7_00398186.XXX Mr Docman EMISATTACHMENT
15/03/2012	Administration Administration Letter DSS Letter from outside agency	D7_00401498.XXX Mr Docman EMISATTACHMENT
29/03/2012	Administration Letter Crisis Assessment and Treatment Service	D7_00403285.XXX Mr Docman EMISATTACHMENT
17/04/2012	Letter from consultant Hospital Letter Airbles Road Resource Network Motherwell Psychiatry Department	D7_00415223.XXX Mr Docman EMISATTACHMENT
19/04/2012	Administration Result Gardenhill Primary Care Centre Had Scale	D7_00406286.XXX Mr Docman EMISATTACHMENT
12/08/2012	Administration Result Gardenhill Primary Care Centre Had Scale	D7_00414282.XXX Mr Docman EMISATTACHMENT
21/08/2012	Attachment Letter to Dr Ann Johnston	Letter to Dr Ann Johnston.doc Mrs Hughes EMISATTACHMENT
05/07/2012	Result, lab.- general Result DGRI Biochemistry U&E's & LFT's	D7_00418488.XXX Mr Docman EMISATTACHMENT
05/07/2012	Result, lab.- general Result DGRI Haematology FBC	D7_00418526.XXX Mr Docman EMISATTACHMENT
19/07/2012	Result, lab.- general Result DGRI Haematology FBC	D7_00420648.XXX Mr Docman EMISATTACHMENT
22/08/2012	Administration Gardenhill Primary Care Centre CMHT	D7_00426920.XXX Mr Docman EMISATTACHMENT
04/09/2012	Letter from consultant Psy Clin Let Midpark House Psychiatry	D7_00427278.XXX Mr Docman EMISATTACHMENT
20/12/2012	Administration Administration Letter HAD Scale	D7_00443710.XXX Mr Docman EMISATTACHMENT
01/02/2013	Attachment Letter to Patient Repeat HAD Scale	Letter to Patient Repeat HAD Scale.doc Mrs Shanks EMISATTACHMENT
04/02/2013	Administration Administration Letter Letter from Patient's ex partner	D7_00453004.XXX Mr Docman EMISATTACHMENT
04/03/2013	Administration Administration Letter Patient Summary Patient Summary Notes for exporting	D7_00453296.XXX Mr Docman EMISATTACHMENT
21/03/2013	Administration Administration Letter CDMG GPR form	D7_00456023.XXX Mr Docman EMISATTACHMENT
02/05/2013	Letter from consultant Psy Clin Let Midpark House Psychiatry	D7_00462617.XXX Mr Docman EMISATTACHMENT
06/09/2013	Letter from consultant Hospital Letter Gardenhill Primary Care Centre Smoking Matters	D7_00482631.XXX Mr Docman EMISATTACHMENT
24/02/2014	Accident & emergency Hospital Letter DGRI Accident & Emergency	D7_00506996.XXX Mr Docman EMISATTACHMENT
28/04/2014	Result, lab.- general BioChemistry Report Dumfries Hospital Biochemistry	D7_00515666.XXX Mr Docman EMISATTACHMENT
28/04/2014	Result, lab.- general Result DGRI Haematology FBC	D7_00515915.XXX Mr Docman EMISATTACHMENT
30/04/2014	Administration Referral Letter .Dumfries & Galloway Royal Infirmary X-Ray Department	D7_00515894.XXX Mr Docman EMISATTACHMENT
09/05/2014	Administration Referral Letter .Dumfries & Galloway Royal Infirmary Fertility & Reproductive	D7_00517418.XXX Mr Docman EMISATTACHMENT
09/05/2014	Letter from consultant Hospital Letter DGRI Gynaecology	D7_00517839.XXX Mr Docman EMISATTACHMENT
12/05/2014	Attachment Letter to patient regarding Fertility Clinic letter	Letter to patient regarding Fertility Clinic letter.doc Mrs Shanks EMISATTACHMENT
28/05/2014	Radiology - general Result DGRI Radiology Ultrasound Abdomen and Pelvis	D7_00521293.XXX Mr Docman EMISATTACHMENT

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28/05/2014	Radiology - general Result DGRI Biochemistry US Abdomen & Pelvis	<u>D7_00521467.XXX</u>	Mr Docman	EMISATTACHMENT
28/05/2014	Mammography offered Administration Letter OOH Patient Note Form	<u>D7_00522022.XXX</u>	Mr Docman	EMISATTACHMENT
29/05/2014	OOH report Out of Hours Out of Hours Service	<u>D7_00521982.XXX</u>	Mr Docman	EMISATTACHMENT
31/05/2014	OOH report Administration Letter OOH Patient Note Form	<u>D7_00522021.XXX</u>	Mr Docman	EMISATTACHMENT
05/06/2014	Result, lab. - general Result DGRI Haematology FBC	<u>D7_00522902.XXX</u>	Mr Docman	EMISATTACHMENT
06/06/2014	Result, lab. - general BioChemistry Report Dumfries Hospital Biochemistry	<u>D7_00522732.XXX</u>	Mr Docman	EMISATTACHMENT
16/06/2014	Letter from consultant Clinic Dumfries and Galloway Royal Infirmary General Surgery	<u>D7_00526720.XXX</u>	Mr Docman	EMISATTACHMENT
11/07/2014	OOH report Out of Hours Telephone Encounter Telephone Encounter	<u>D7_00528844.XXX</u>	Mr Docman	EMISATTACHMENT
09/09/2014	Diabetic retinopathy screening Discharge Letter DGRI General Surgery Discharge Letter	<u>D7_00538672.XXX</u>	Mr Docman	EMISATTACHMENT
09/09/2014	Discharged from hospital Discharge Dumfries and Galloway Royal Infirmary General Surgery	<u>D7_00538658.XXX</u>	Mr Docman	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
20/11/2015	Medication review	Dr MacGregor	8B314
02/06/2044	Influenza vaccination	Dr MacGregor	65E..

Overdue Diary Entries		Authorised By	Code
None			

Alerts		Authorised By	Code
None			

Drug Allergies		Authorised By	Code
None			

Non Drug Allergies		Authorised By	Code
None			

Family History		Authorised By	Code
None			

Referrals		Authorised By	Code
20/04/2012	Referral to stop-smoking clinic	Dr Purdie	8HTK
27/07/2012	8H49.: Psychiatric referral (SCI Gateway Referral)	Dr Purdie	8H49
16/08/2012	8H49.: Psychiatric referral (SCI Gateway Referral)	Dr Purdie	8H49
30/04/2014	Refer for ultrasound investign gallbladder.	Dr Purdie	8HQ2
02/06/2014	8H51.: General surgical referral (SCI Gateway Referral)	Dr MacGregor	8H51
24/04/2015	8H51.: General surgical referral (SCI Gateway Referral)	Dr MacGregor	8H51

Immunisations		Authorised By	Code
07/02/2005	Meningitis vaccination	Ms Paterson	6571
06/02/2010	Booster tetanus + polio vacc. (GMS (Another Practice))	Ms Paterson	65L4
06/02/2010	Booster diphtheria vaccination (GMS (Another Practice))	Ms Paterson	6544
11/12/2010	Yellow fever vaccination (GMS (Another Practice))	Ms Paterson	65C
22/04/2011	Booster hepatitis A vaccin. (GMS (Another Practice))	Ms Paterson	65FD

Health Status		Authorised By	Code
14/05/2015	Smoking Status	Ex smoker	
23/02/2012	Height	183 cm	
17/06/2014	Weight	108 Kg	
23/02/2012	Body Mass index	25.68 kg/m2	
	Blood pressure		

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17/06/2014 reading O/E - BP
reading
Blood pressure
17/06/2014 reading 108/78 mm
Hg

Other Observations	Authorised By	Code
16/02/2012 White British	Ms Reception	9S10
23/02/2012 Stop smoking monitor verb.inv.	Mrs Brogan	9007
23/02/2012 Health ed. - smoking	Mrs Brogan	6791
21/03/2012 Lloyd George+problem summary	Ms Paterson	9311
27/03/2012 Medicin review without patient	Dr Purdie	8B3h
27/03/2012 Medicin review without patient	Dr Purdie	8B3h
02/04/2012 Notes summary on computer	Mrs Shanks	9344
02/04/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
03/04/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
16/04/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
17/04/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
19/04/2012 Depression screening using questions	Mrs Shanks	6896
19/04/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
12/06/2012 Depression screening using questions	Mrs Shanks	6896
22/06/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
05/07/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
19/07/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
19/07/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
24/07/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
26/07/2012 Stop smoking monltor verb.inv.	Dr Williamson	9007
28/07/2012 Health ed. - smoking	Dr Williamson	6791
07/08/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
07/08/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
13/08/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
14/08/2012 [X]Post - traumatic stress disorder (REVIEW)	Mrs Brown	Eu431
17/08/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Swalwell	Eu431
28/08/2012 Medication review done	Dr Williamson	8B3V
10/09/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
13/09/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
20/09/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
27/09/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
16/10/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr MacGregor	Eu431
18/10/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
23/10/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
30/10/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
08/11/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
08/11/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
13/11/2012 Smok cessation advice declined May consider in future	Mrs McCoskry	81AJ
27/11/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
11/12/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
20/12/2012 Depression screening using questions	Mrs Shanks	6896
20/12/2012 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
10/01/2013 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
19/03/2013 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431
20/03/2013 Patient's next of kin Margaret Jamieson Emis no 9762 07803341305	Mrs Leslie	9182
03/04/2013 Lloyd George+problem summary	Ms Paterson	9311
08/04/2013 Notes summary on computer	Mrs Shanks	9344
09/04/2013 Medication review done	Dr Sproat	8B3V
09/04/2013 Medicin review without patient	Dr Sproat	8B3h
09/04/2013 Medication review done	Dr Sproat	8B3V
09/04/2013 Medication review	Dr Sproat	8B314
29/04/2013 Teetotaler	Dr Purdie	1361
29/04/2013 Alcohol units per week	Dr Purdie	136V
29/04/2013 Alcohol consumption screen	Dr Purdie	68S
29/04/2013 Alchl unt cons heavst drnk day	Dr Purdie	136X
29/04/2013 [X]Emotionally unstable personality disorder (REVIEW)	Dr Purdie	Eu603
21/05/2013 [X]Emotionally unstable personality disorder (REVIEW)	Dr Purdie	Eu603
20/08/2013 [X]Emotionally unstable personality disorder (REVIEW)	Dr Purdie	Eu603
02/07/2013 [X]Emotionally unstable personality disorder (REVIEW)	Dr Purdie	Eu603
02/07/2013 Acne vulgaris (REVIEW)	Dr Purdie	M2610
29/04/2014 Ref smoking cessn serv declnd	Dr Purdie	81Eo
29/04/2014 Ex smoker	Dr Purdie	137S
29/04/2014 Abdominal pain (REVIEW)	Dr Purdie	1969
29/04/2014 [X]Post - traumatic stress disorder (REVIEW)	Dr Purdie	Eu431

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20/11/2014	Medication review done	Dr MacGregor	8B3V
14/05/2015	Letter from consultant	Mr Docman	9N36-1
14/05/2015	Ex smoker	Mrs Shanks	137S

Consultations	
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<u>16/02/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter CDMG GPR form

<u>23/02/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter New Patient Questionaire

<u>23/02/2012 13:59</u>	<u>Mrs Gillian Brogan at Castle Douglas Medical Group</u>
Examination	Blood pressure reading 120/74 mm Hg O/E - height, 183 cm O/E - weight, 86 Kg Body Mass Index, 25.68
Social	Cigarette smoker, 12 Cigarettes/day Alcohol consumption, 0 units/week
Comment	New patient appt. PMH Psychosis, depression, anxiety, PTSD (since leaving parachute regiment) Blurred vision (L) eye following surgery. Medication to be reviewed and added to repeats after appt with Dr Purdie where he will also discuss 'lit' like episodes.
Result	Urine glucose test negative Urine protein test negative
Additional	Stop smoking monitor verb. inv. Health ed. - smoking

<u>28/02/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter FIT/Sick Note

<u>28/02/2012</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	Problems from childhood, compounded by experiences in the army. Finding present regular medication of value and best combination he has been on. Will come in for full review when I've had time to fully review notes.
Social	In rel new relationship - newly moved in - finding it v positive.
Comment	C8/62 PTSD and DEPRESSION.
Medication	Quetiapine Fumarate M/R tablets 200 mg 112 tablet FOUR TO BE TAKEN AT NIGHT Escitalopram Tablets 20 mg 28 tablet 1 TAB DAILY Diazepam Tablets 5 mg 84 tablet THREE TABS NOCTE

Problem	In clusion cysts in scrotal skin - observe.

<u>15/03/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter DSS

<u>26/03/2012</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	statement to police

<u>27/03/2012</u>	<u>Dr G Purdie at Castle Douglas Medical Group (17358)</u>
Additional	Medicn review without patient Medicn review without patient

<u>27/03/2012 11:49</u>	<u>Dr G Purdie at Home visit</u>
History	verbal statement to Child Protection

<u>27/03/2012 16:52</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	DD Alastair McGooghan - strategy meeting for Trevor to-morrow.

<u>29/03/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Letter from outside agency Administration Letter Crisis Assessment and Treatment Service

<u>02/04/2012 18:43</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>

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Problem (REVIEW)	[X]Post - traumatic stress disorder
History	feels that been mood stabilisers failing to work and would like a change - police do put him on quetiapine 400mg bd
Comment	to DW CMHT and then get back to Trevor

<u>03/04/2012 13:32</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Staying at sister's at the moment -SS say that danger to Holly - but apparently not a danger to nephew. I'm speaking CHMT to-day and Trevor happy work with them. The referral to CMHT is to discuss review of medication.

<u>08/04/2012 20:30</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	DATA ENTRY- message from Angie CPN - if contacts to stay on quetiapine pro tem but if depressive symptoms then to consider commencing sertraline at 50mg. I'll follow through on my return.

<u>16/04/2012 10:19</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	better on quetiapine on split dose. needs tci for review.

<u>17/04/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Letter from consultant Hospital Letter Airbles Road Resource Network Motherwell Psychiatry Department

<u>17/04/2012 11:12</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Greg Fuller - SS - seems settled and controlled at the moment - they are not seeing any child protection issues at the moment - Trvir back in the Haugh of Urr - I'll contact Greg Fuller after I've seen Trevor on Thursday.

<u>19/04/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Result Gardenhill Primary Care Centre Had Scale

<u>19/04/2012 15:26</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	much more settled at present - better from taking the quetiapine in two divided doses morning and night. Concerned that quetiapine may fail to hold back outbursts etc in the future like recent episode. Has had support from Combat Stress and training in coping skills. Found gardening therapeutic
Examination	HAD scale: depression score 7 /21 anxiety 10

Problem (FIRST)	C/O nasal congestion
History	always been bothered with nasal congestion
Medication	Xylometazoline Hydrochloride Nasal spray 0.1 % 1 spray TWO SPRAYS TO BE USED IN EACH NOSTRIL BD EACH DAY FOR 1 WK

Problem (FIRST)	Knee pain (Left)
History	long term pain in lower end of patella - worse when standing up etc.
Examination	tender over lower end of patella
Comment	Trial of ibuprofen - for review in about 2/52
Medication	ibuprofen Tablets 400 mg 56 tablet ONE TO BE TAKEN THREE TIMES A DAY

History	would like to stop smoking - for referral to smoking matters.

	for alcohol questionnaire at next encounter

<u>23/04/2012 10:55</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	updated Gregi Fuller - as per consultation on 19.04.12

<u>16/05/2012 12:00</u>	<u>Ms Shona Paterson at Castle Douglas Medical Group</u>
Comment	Summary faxed to 01387 272750 as per GP's instructions

<u>24/05/2012</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>

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Additional	
24/05/2012 11:00	<u>Dr G Purdie at Telephone Consultation</u>
History	Mgt thrown him out - Mgt says that was violent on two successive nights when asleep - no recollections - - talking v fast, anxious - wTrevor in Dfs now.
28/05/2012 19:04	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	now moved to sister's in Dfs - relationship over with Maggie - quire realistic about it - looking at cooking over the summer and gardening jobs.
Comment	Will look to register with a Dfs practice.
31/05/2012 10:33	<u>Mrs Jane Shanks at Castle Douglas Medical Group</u>
Comment	He is due to complete a repeat HAD scale, but see Dr Purdie's previous encounter therefore have not sent one.
11/06/2012 08:54	<u>Dr G Purdie at Telephone Consultation</u>
History	back with Mgt - feels needs to go into hosp to sort thigns out - earliest I can see him myself is to-moorow - appt given.
12/06/2012	<u>Mr Doc Docman at Docman</u>
Additional	Administration Result Gardenhill Primary Care Centre Had Scale
12/06/2012 09:31	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	Areas of concern needing addressed include - child abuse, events when in the army, anger and depression. Trevor and Maggie both feel that the quetiapine has run its course. Both keen for the relationship to prosper and Maggie happy to stand by Trevor.
Comment	I'll discuss his case with CMHT.
Examination	HAD scale: depression score 11 /21 A 14
21/06/2012	<u>Mrs Maureen Hughes at Externally Entered</u>
Additional	EMIS attachment reference code Letter to Dr Ann Johnston
22/06/2012 11:14	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	A lot calmer now but dry mouth, and no erections on the mirtazepine - to check that out - for face to face review in 2/52.
05/07/2012	<u>Mr Doc Docman at Docman</u>
Additional	Result, lab.- general Result DGRI Haematology FBC
05/07/2012	<u>Mr Doc Docman at Docman</u>
Additional	Result, lab.- general Result DGRI Biochemistry U&E's & LFT's
05/07/2012 08:31	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	getting much better - drowsy in the mornings - still episodes when temper can explode esp in crowds but no violence as would previously have happened. Still having erection problems.
Comment	We can now increase the mirtazepine and cut back on the quetiapine by 200mg - advises me has plenty for 2 /52 Review in 2/52. They would like me to fill in a bit of DLA form - they will ask at desk on way out how much that will cost. Review in 2.52 Also FBC and UEs and LFTs taken off.
Medication	Mirtazapine Tablets 15 mg 28 tablet 2 Tabs At night
16/07/2012 10:30	<u>Dr M Williamson at Telephone Consultation</u>
History	Unwell; sounds like chest infection.
19/07/2012	<u>Mr Doc Docman at Docman</u>
Additional	Result, lab.- general Result DGRI Haematology FBC
19/07/2012 08:31	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (FIRST)	Respiratory tract infection

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History green catarrh and sputum -
 Examination RS clear - nasal congestion +++
 Comment FBC taken off - note poss side effect of mirtazepine
 Medication Amoxicillin Capsules 500 mg 21 CAPSULE 1 THREE TIMES A DAY
 Xylometazoline Hydrochloride Nasal spray 0.1 % 1 spray TWO SPRAYS TO BE USED IN EACH NOSTRIL BD EACH DAY FOR 1 WK

Problem (REVIEW) **[X]Post - traumatic stress disorder**
 History temper getting less of a problem at the moment - had been embarrassing his partner - not so much now. Still very drowsy in the mornings - therefore to try cutting back on the quetiapine again to 500mg per day now and review in 2/52
 Medication Quetiapine Fumarate Tablets 200 mg 28 tablet 2 Tabs At night
 Quetiapine Fumarate Tablets 100 mg 14 tablet 1 TAB NOCTE

19/07/2012 11:36 Dr G Purdie at Telephone Consultation
 Problem (REVIEW) **[X]Post - traumatic stress disorder**
 History partner advises that in a deep depression because he wasn't given a prescription for viagra - advised that this is done through urology and would need assessed - that this is in motion.

23/07/2012 11:28 Dr G Purdie at Castle Douglas Medical Group
 History urinary flow not as good in the last week - will come in for review - appt given
 Comment quetiapine in MR form as per his usual prescription to replace the most recent Rx.
 Medication Quetiapine Fumarate M/R tablets 400 mg 14 tablet ONE TO BE TAKEN AT NIGHT
 Quetiapine Fumarate M/R tablets 50 mg 28 tablet 2 DAILY

24/07/2012 12:19 Dr G Purdie at Castle Douglas Medical Group
 History Now having poor flow when passing urine - has really come in the last week or two when mirtazepine dose increased - to cut back initially to 15mg daily as cannot suddenly stop and DW CMHT.

24/07/2012 12:37 Dr G Purdie at Castle Douglas Medical Group
 Problem (REVIEW) **[X]Post - traumatic stress disorder**
 History Advises me to-day takes 200mg in the morning and 300mg at night of quetiapine, therefore will return 400mg tabs and issued with 200mg tabs
 Comment I'll contact after discussion with CMHT.
 Medication Quetiapine Fumarate M/R tablets 200 mg 28 tablet 1 TAB TWICE DAILY

26/07/2012 16:09 Dr M Williamson at Castle Douglas Medical Group
 Problem (FIRST) **Subfertility**
 History No previous children; to have sperm count initially.
 Social Cigarette smoker, 12 Cigarettes/day
 Additional Stop smoking monitor verb.inv.
 Health ed. - smoking

26/07/2012 17:51 Dr G Purdie at Castle Douglas Medical Group
 History DATA ENTRY - meeting with CMHT re further management - defer urology at the moment as coming off the mirtazepine.

31/07/2012 14:29 Dr G Purdie at Castle Douglas Medical Group
 History data entry - case discussion with CMHT - to consider trial of trazodone - to check if he has had a SSRI in the past and to consider referral to First Base in Dumfries.

02/08/2012 15:14 Dr G Purdie at Castle Douglas Medical Group
 History In fact took full 30mg of mirtazepine yesterday - therefore trial again of cutting back to 30mg - this was because he felt low yesterday. PTSD - Trevor interprets as good days and bad days leading to thoughts rather than classical flashbacks.
 Comment Has had contact with both First Base and Combat Stress - not really impressed with Combat Stress - felt it was a repeating programme that is not actually move forward. Phone review in 4/7

Problem (FIRST) **Urinary symptoms**
 History persist
 Examination testes normal, PR examination - small prostate with central sulcus - smooth.

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Comment	We need to assess this again when off mirtazepine --he advises me that he has a low sperm count with poor mobility but does miss the "closeness" with Maggie.
06/08/2012 10:47 History	<u>Dr G Purdie at Telephone Consultation</u> no reply when called on either landline or mobile
07/08/2012 13:36 History Problem (REVIEW) Comment	<u>Dr G Purdie at Telephone Consultation</u> dd - bad morning yesterday but OK to-day [X]Post - traumatic stress disorder require further quetiapine - to continue on same dose at present and will come in for review.
07/08/2012 15:35 Problem (REVIEW) History	<u>Dr G Purdie at Telephone Consultation</u> [X]Post - traumatic stress disorder Maggie concerned that he is happy had dreams about cutting people's head off - Maggie feels that he is getting hyper again - therefore can increase quetiapine by 100mg bd and I'll phone review in 2/7 - has appt for 6/7
09/08/2012 17:31 History	<u>Dr G Purdie at Telephone Consultation</u> no reply - message left, saying therefore looking forward to catchin up at his appt.
13/08/2012 17:41 History	<u>Dr G Purdie at Castle Douglas Medical Group</u> patient left before being seen - surgery runnign really late.
13/08/2012 18:03 Problem (REVIEW) History Social Comment Medication	<u>Dr G Purdie at Telephone Consultation</u> [X]Post - traumatic stress disorder Trevor passed phone to Maggie - Maggie said that still a bit hyper - therefore stop mirtazepine and back to quetiapine 400mg bd. Erections coming back but still some urinary problems - review after off mirtazepine. Advises me that going riding for people with PTSD and also farm for therapeutic activities for soldiers with PTSD. I'll review him myself in September will see MBW if needs seen sooner. Will collect Rx in 3-4/7 Quetiapine Fumarate M/R tablets 400 mg 56 tablet 1 TAB TWICE DAILY
14/08/2012 11:04 Problem (REVIEW) History	<u>Mrs Pauline Brown at Telephone Consultation</u> [X]Post - traumatic stress disorder mgt (partner) reports' needs alternative to mirtazepine' as agitated . Explained action of quetiapine but not happy . Apt ken this am as Gregor no apts .
14/08/2012 11:10 History Examination Comment	<u>Dr K Scott at Castle Douglas Medical Group</u> On quetiapine 800 mg/ day but feels that it is ineffective. Remains anxious. Looking for an alternative drug. Blood pressure reading 94/58 mm Hg I think this is a decision for Dr Purdie or a psychiatrist.
14/08/2012 19:19 History Comment	<u>Dr G Purdie at Castle Douglas Medical Group</u> Discussed anxiety in relation to coming off the mirtazepine - to increase quetiapine to previous 800mg daily at present until assessed by CMHT. I've already spoken to dr Singh and she is happy to organise an assessment.
17/08/2012 15:27 Problem (REVIEW) History Medication	<u>Dr Debbie Swatwell at Telephone Consultation</u> [X]Post - traumatic stress disorder DD. Spoke to Trevors partner who has ongoing concerns regarding Trevors mental health. She expresses that his mental health is terrible and that he has a history of violence and that his depression has worsened since stopping the Mirtazapine. No suicidal thoughts but having violent dreams about killing people. Apparently Dr Purdie has spoken to the CMHT regarding treatment as I have done again today but A FORMAL REFERRAL HAS NOT BEEN MADE. The thoughts of the CMHT was that Trevors partner seemed to exaggerate Trevors problems and that Dr Purdie was seeking advice about where to go and considering an assessment by Dr Singh although no plans have been made. Dr Purdie is currently away and the CMHT have suggested restarting the Mirtazapine and suggest that if Trevor is still struggling next week, to try to assess him on his own without his partner and refer at that point if thought necessary. Mirtazapine Tablets 15 mg 14 tablet 1 TAB NOCTE

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<u>22/08/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Gardenhill Primary Care Centre CMHT
<u>28/08/2012 10:13</u>	<u>Dr M Williamson at Third party Consultation</u>
History	Was given 2 weeks supply of Mirtazapine only but is running out of Mirtazapine. Much much better since re-starting this. Has appt with CPN 4th Sept
Additional	Medication review done
<u>03/09/2012 19:12</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	partner advises that Trevor being assessed by CMHT in themorning. We will await their deliberations.
<u>04/09/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Letter from consultant Psy Clin Let Midpark House Psychiatry
<u>10/09/2012 18:55</u>	<u>Dr G Purdie at Telephone Consultation</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Maggie reports that he feels undermedicated on trazodone 50mg nocte and taken to his bed. Advised that can now to go to 100mg nocte and review later in the week.
Medication	Trazodone Hydrochloride Capsules 50 mg 30 capsule 2 CAPS NOCTE
<u>13/09/2012 14:00</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Doing v well on 100mg trazodone - Maggie reports that has had two really good nights of sound sleep. Appetite much better, conc still poor. Sexual function much improved and urinary symptoms settling v well indeed.
Social	Some one from his past life hanging about the village - police are aware and vigilant - disussed Trevor protecting himself if attacked but self defence only.
Comment	Review in 1/52 re dose
<u>18/09/2012 10:45</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	Maggie rreports that is obsessed that he is getting poisoned by the medication. Drug companies out to poison people and make profits. He has not slept at all since he last saw me. I advised that he is on a very low dose and that we start on low doses for the reason of minimising side effects. I advised him not to stop the medication suddenly but to stick to trazodone 50mg nocte and review next week.
<u>20/09/2012</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	Anne Marie Connor social services - incident at the home - case meeting at 12noon - Anne Marie will call me backthis afternoon with progress.
<u>20/09/2012 14:23</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Social Services and police involved again - claims about Trevor's behaviour. Interviewed on his own to-day. Trevor satya that he has shut himself away in the bedroom because he has felt so low. When he is like this = he cuts himself off from everyone until his depression lifts. Did not reduce dose of trazodone and keen to consider an increase - will go to 150mg nocte and review in 4/7
Medication	Trazodone Hydrochloride Capsules 50 mg 21 capsule 3 CAPS NOCTE
<u>24/09/2012 16:08</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	Holly taken away from them - allegations about Maggie - I've to speak to SS later this afternoon and plan for review later in the week.
<u>24/09/2012 17:00</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	asked to phone Greg Fuller - he was out on a visit and therefore will phone me to-morrow.
<u>25/09/2012 14:31</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	Greg Fuller - Scoail Services - I updated that I ws monitoring his condition and titrating his medication. There is to be case conference next week - apologies I will be on leave.

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27/09/2012 11:12	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Gaining benefit from trazodone - Maggie concerned about the positions he takes up whilst asleep. Still gets angry about what has happened re Holly. Feels best in the evenings.
Comment	For a further titration of increasing by 50mg - Trevor would like to try that in the morning - will report back on my return from leave.
Medication	Trazodone Hydrochloride Tablets 150 mg 21 tablet 1 TAB NOCTE Trazodone Hydrochloride Capsules 50 mg 21 capsule 1 CAP MANE
16/10/2012 15:01	<u>Dr Angus MacGregor at Telephone Consultation</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	DD: phoned for his drugs, none of which were on repeat prescription. He had Diazepam on repeat, despite this not being mentioned in his referral to Psychiatry, and hence not mentioned by Psychiatrists in their assessment of him. I advised him that this would not combine well with his other very sedative drugs and asked him to use his current supply to gradually tail off it's use, which he agreed to.
Comment	will make appt to see GP to discuss progress.
Medication	Trazodone Hydrochloride Tablets 150 mg 28 tablet ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY Trazodone Hydrochloride Capsules 50 mg 28 capsule 1 Cap Daily Quetiapine Fumarate Tablets 200 mg 120 tablet 2 TABS TWICE A DAY DISPENSE WEEKLY
18/10/2012 09:59	<u>Dr G Purdie at Telephone Consultation</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	DD - medication not on repeat as dose being titrated - unfort. given phone appt with me 2 days after his medication ran out. Will come in at 11.30 on 23rd to discuss medication and iddus further prescriptions. To consider phased withdrawal of diazepam.
23/10/2012 12:10	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Now in homeless accommodation. Moving on from Maggie - still loves her. Getting support from Mark Frankland to help him set up a small business.
Comment	To continue on medication, re diazepam - for 5mg bd dfor 1/52 then we will cut to 5mg dailly for a weekand then 2mg daily for a week. Review in 1/52
30/10/2012 15:07	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	making good progress, making plans go get away from Benyellary - MarkFrankland may be able to help.
Comment	To cut diazepam to half x 5mg tab bd and review in 1/52
Medication	Diazepam Tablets 5 mg 7 tablet HALF TAB TWICE DAILY
06/11/2012 12:32	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	coming on well - looking into possibilities for accommodation. No rblems with cutting daizepam to 2.5mg bd.
Comment	Will try 1mg bd now. review in 1/52
Medication	Diazepam Tablets 2 mg 14 tablet HALF TABLET TWICE DAILY
08/11/2012 18:06	<u>Dr G Purdie at Telephone Consultation</u>
History	requires cert for 02/10/12 - C13/53 Post traumatic stress disorder - I feel that it is worthwhile looking at what therapeutic work will become avallabe and to explore work opportunities with Trevor.
Problem (REVIEW)	[X]Post - traumatic stress disorder
13/11/2012	<u>Mrs Cheryl McCoskry at Castle Douglas Medical Group (17358)</u>
Additional	Smok cessation advice declined May consider in future
27/11/2012 15:26	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	much more settled and positive. Getting business plan together - clearing out police cells and grass cutting etc. To get own accommodation in either CD or Dfs.
Comment	Brighter off the diazepam and finding present medications v helpful.

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<u>29/11/2012 11:27</u>	<u>Mrs Maureen Hughes at Castle Douglas Medical Group</u>
Comment	Request for Medical Report received from Service Personnel and Veterans Agency. FAO: Dr Purdie.
<u>11/12/2012 17:43</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	meeting up with Maggie and going shopping together. Much more settled - looking at work. Has own flat now
Comment	Will come in for face to face review to review medication in 10/7
<u>20/12/2012</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter HAD Scale
<u>20/12/2012 09:43</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	Undertaking voluntary work at First Base at the moment, living independently in his flat but getting on better with Maggie. Looking to take up part time employment in the New Year - flat cleaning in Arman.
Examination	HAD scale: depression score 6 /21 ANXIETY 9/21
Comment	Medication to dispense every 2 weeks now- can pick up on Monday next week in place of Tuesday. Appreciates report to pensions agency will note that he is making progress.
<u>10/01/2013 10:24</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (REVIEW)	[X]Post - traumatic stress disorder
History	A bit low living on his own at the moment. He has been told that his licence has been revoked and he is applying to get it back - this is because reminder had been sent to old address - someone has reported him to DVLA.
Comment	he will hand in the forms that I need to complete and will come in for face to face consultation 31.01.13 at 09.25
<u>24/01/2013 10:00</u>	<u>Mrs Jane Shanks at Castle Douglas Medical Group</u>
Comment	Brief message left on mobile answerphone to advise his form is ready for collection at reception (no fee).
<u>01/02/2013 08:27</u>	<u>Mrs Jane Shanks at Castle Douglas Medical Group</u>
Comment	Repeat HAD scale sent to him to complete and return.
Additional	EMIS attachment reference code Letter to Patient Repeat HAD Scale
<u>04/02/2013</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter Letter from Patient's ex partner
<u>05/02/2013 12:15</u>	<u>Mrs Maureen Hughes at Castle Douglas Medical Group</u>
Comment	Practice advised that patient no longer living at 11 Port Road but that mail from practice still going there. Message left with Mr Trueman to phone practice and advise us of his new address. Apparently staying in Dumfries - if this is the case, Mr Trueman should be advised to register with another practice. Dr Purdie advised of this information. He confirms that it is appropriate that Mr Trueman registers elsewhere as his condition is now much more stable.
<u>05/02/2013 14:27</u>	<u>Mrs Angela Murray at Castle Douglas Medical Group</u>
Comment	Mr Trueman came to practice to change address - He is now living in Kirkton which is 20 miles from here - advised that he will need to re register.
<u>13/02/2013 16:22</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	I spoke to Trevor - he is looking for a new practice. I'll contact in 5/7 to confirm new arrangements
<u>22/02/2013 10:22</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	To consider registering with Greyfriars. Keen to get his driving licence back. Working for first base at the moment cleaning flats - coming on well. Off cannabis now again.

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<u>26/02/2013 13:28</u>	<u>Dr G Purdie at Telephone Consultation</u>
Problem (FIRST)	Chlamydial infection
History	contact of a girl with chlamydia
Medication	Azithromycin Tablets 500 mg 2 TABLET TWO TO BE TAKEN AS A ONE-OFF DOSE

Social	Will register with Lochthorn.

<u>04/03/2013</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter Patient Summary Patient Summary Notes for exporting

<u>04/03/2013 10:30</u>	<u>Dr Priya Chandra at Third party Consultation</u>
History	DD:chemist don't have 50mg caps.pt reg with DFS surgery and this is last script here.
Comment	given syrup of same.
Medication	Trazodone Hydrochloride Liquid Sugar Free 50 mg/5 ml 70 ml 5ML DAILY

<u>19/03/2013 09:39</u>	<u>Mrs Angela Murray at Castle Douglas Medical Group</u>
Comment	Mr Trueman called to give us his new address, advised him that he is no longer registered with CDMG, he said he thought a doctor would have spoken to him before this would happen - I tried to advise that he had been spoken to 4 times re registering in Dumfries - he hung up.

<u>19/03/2013 14:09</u>	<u>Dr G Purdie at Telephone Consultation</u>
Problem (REVIEW)	XJPost - traumatic stress disorder
History	Spoke to both Trevor and Margaret - Trevor can re-register if he has moved back to stay in Haugh of Urr. Margaret happy and supports that - therefore will come in to re-register and make face to face appt to see me.
Comment	Trazodone now changed to 100mgmx 2 nocte
Medication	Trazodone Hydrochloride Capsules 100 mg 56 capsule 2 CAPS AT NIGHT DISPENSE TWO WEEKLY

<u>21/03/2013</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Administration Letter CDMG GPR form

<u>26/03/2013 16:41</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	only got 14 trazodone - checked with pharmacy - there is a further Rx waiting for him to-day.

<u>02/04/2013 19:17</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	Out of medication - too late for cghemist to-night - i'll check with chemist in the morning what is reqd.

	has a rash on his head -will make appt tci.

<u>09/04/2013</u>	<u>Dr L M E Sproat at Castle Douglas Medical Group (17358)</u>
Additional	Medicon review without patient Medication review done Medication review

<u>09/04/2013 10:09</u>	<u>Mrs Angela Murray at Castle Douglas Medical Group</u>
Comment	Script dated 2nd April, Pharmacy only dispensing 28 tabs so that his meds will run I sych, Pharmacy will contact when further script required.

<u>09/04/2013 10:58</u>	<u>Dr L M E Sproat at Telephone Consultation</u>
History	Only given 1 week of trazadone and 2 weeks of quetiapine. Asking for second week trazadone. Chemist phoned. L.S.

<u>15/04/2013 10:30</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
History	Trevor upset that I'd contacted SS regarding his use of this address. Social Worker thad said that I'd issues with Trevor - I contact ed SS to appraise them of the situation. I apologised to Trevor for not informing him that I had to inform SS after conversation with MBW saying that Holly was off at risk register because Trvor had moved out.

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Comment	Trevor's prescriptions are to be dispensed two weekly and he will come in for review. He tells me that Maggie is going to SS to look at how he can return to Port Rd.
29/04/2013 Additional Problem Problem Problem	<u>Dr G Purdie at Castle Douglas Medical Group (17358)</u> Teetotaler Alcohol units per week Alcohol consumption screen Aichi unt cons heavst drnk day
29/04/2013 08:46 Problem (FIRST) History Medication	<u>Dr G Purdie at Castle Douglas Medical Group</u> Acne vulgaris lesions on scalp as well - has been shaving head. Clindamycin Topical solution 1 % 30 ml <i>APPLY SPARINGLY MORNING AND NIGHT</i>
Problem (REVIEW) History	[X]Emotionally unstable personality disorder much better indeed - now out working, on electric cigarette, no alcohol, no cannabis -feeling so much better in himself.
02/05/2013 Additional	<u>Mr Doc Docman at Docman</u> Letter from consultant Psy Clin Let Midpark House Psychiatry
21/05/2013 14:17 Problem (REVIEW) History	<u>Dr G Purdie at Telephone Consultation</u> [X]Emotionally unstable personality disorder much better - off cannabis and would like to take a drug test to prove that he is off it. Now off tobacco now as well. Will make appt to for review as advocate has written to Social Worker Greg Fuller to see about getting back together with Maggie.
07/06/2013 16:53 History	<u>Dr G Purdie at Telephone Consultation</u> message to phone Greg Fuller - Greg on annual leave therefore asked the dept to get him to make phone consultation with me on his return.
20/06/2013 09:43 Problem (NEW) Comment Medication	<u>Dr G Purdie at Castle Douglas Medical Group</u> Acne vulgaris Clindamycin lotion not really of value therefore benoxyl peroxide trial instead for lesions on face and scalp Benzoyl Peroxide And Potassium Hydroxyquinoline Sulphate Cream 5 % + 0.5 % 50 gram <i>APPLY THINLY TWICE A DAY AS DIRECTED</i>
Problem (REVIEW) History Comment	[X]Emotionally unstable personality disorder much better indeed - see great report from psychiatry. Social Services happy for access to Holly Trial therefore of allowing monthly Rx
02/07/2013 19:16 Problem (REVIEW) History	<u>Dr G Purdie at Telephone Consultation</u> [X]Emotionally unstable personality disorder pharmacy has only given him a week's prescription - to check it out with them.
Problem (REVIEW) History	Acne vulgaris latest cream of value for skin therefore put on repeat.
08/07/2013 13:51 History	<u>Dr G Purdie at Telephone Consultation</u> advised that the pharmacy would be using up his present Rx and that when they came to dispense the next Rx it would be monthly.
06/09/2013 Additional	<u>Mr Doc Docman at Docman</u> Letter from consultant Hospital Letter Gardenhill Primary Care Centre Smoking Matters
27/09/2013 14:38 History	<u>Dr Angus MacGregor at Third party Consultation</u> DD: general information regarding patients current medication and frequency at attendance with ourselves passed verbally to Helen Jones, social work, in relation to current breach of the peace issues secondary to arguments with

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	neighbours.
<u>16/12/2013 17:37</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	DD - wife concerned that could have scabies - appt given.
<u>17/12/2013 09:48</u>	<u>Dr Kishore Joga at Castle Douglas Medical Group</u>
Problem	skin rash, looks like fungal rash
History	c/o rash in the neck, looks round, no other rashes, wife concerned of scabies, this person works for housing agency, works in very damp condition
Examination	not looking like scabied rash, looks round like fungal ring work
Comment	pt agreed to see me doesn't settle
Medication	Clotrimazole And Hydrocortisone Cream 1% + 1% 30 gram APPLY TWICE A DAY
<u>27/12/2013 13:57</u>	<u>Dr G Purdie at Telephone Consultation</u>
History	no reply when called
<u>24/02/2014</u>	<u>Mr Doc Docman at Docman</u>
Additional	Accident & emergency Hospital Letter DGR1 Accident & Emergency
<u>04/03/2014 15:28</u>	<u>Dr K Scott at Telephone Consultation</u>
Comment	No connection on the number given.
<u>07/04/2014 15:37</u>	<u>Dr Angus MacGregor at Telephone Consultation</u>
History	wanting referral for infertility, given appt to discuss face to face.
<u>28/04/2014</u>	<u>Mr Doc Docman at Docman</u>
Additional	Result, lab - general Result DGR1 Haematology FBC
<u>28/04/2014</u>	<u>Mr Doc Docman at Docman</u>
Additional	Result, lab - general BioChemistry Report Dumfries Hospital Biochemistry
<u>28/04/2014</u>	<u>Mrs Pauline Brown at Telephone Consultation</u>
Problem	mgt reports abdo pain
<u>28/04/2014 10:08</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u>
Problem (FIRST)	Abdominal pain
History	noted first had this pain about 2/12 ago and it has been back regularly in the past 5/7. takes a painkiller for it which eases it. Gets it at night. Has noted as greasy streak in motions- but brown in colour.
Examination	tender in R hypochondrium. otherwise abdo soft, moves easily with resp, BS +++
Comment	Ibiliary colic - FBC, UEs and LFTs and AMYLASE TAKEN OFF For USS GB. Will come in fasting glucose for completeness. I'll contact re results.
<u>29/04/2014</u>	<u>Dr G Purdie at Castle Douglas Medical Group (17358)</u>
Additional	Ref smoking ccessn serv declnd
Problem	Ex smoker
<u>29/04/2014 14:09</u>	<u>Dr G Purdie at Telephone Consultation</u>
Problem (REVIEW)	Abdominal pain
History	Advised bloods satis - advised that uss ordered.
Problem (REVIEW)	<input checked="" type="checkbox"/> Post - traumatic stress disorder
History	I've found that EMDR is available at Dumfries - needs tci for consultation to flesh out referral.
Comment	Referral would be to Rab McCole
History	ex-smoker - using electronic cigarette.
<u>30/04/2014</u>	<u>Mr Doc Docman at Docman</u>
Additional	Administration Referral Letter .Dumfries & Galloway Royal Infirmary X-Ray Department

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09/05/2014 Additional	<u>Mr Doc Docman at Docman</u> Letter from consultant Hospital Letter DGRI Gynaecology
09/05/2014 Additional	<u>Mr Doc Docman at Docman</u> Administration Referral Letter .Dumfries & Galloway Royal Infirmary Fertility & Reproductive
12/05/2014 14:49 History Additional	<u>Dr Kellie-Marie Martin at Docman</u> Note from the fertility clinic stating that sperm analysis was unsatisfactory as the density and motility were below the reference value. Has been ref to fertility clinic with partner. Request from fertility team to arrange repeat testing in 8-8 weeks time. letter sent asking Trevor to get backin contact with sandra black at this time. EMIS attachment reference code Letter to patient regarding Fertility Clinic letter
15/05/2014 08:56 Comment	<u>Mrs Betty Anderson at Castle Douglas Medical Group</u> DNA for fasting glucose. Tried to contact. Number not recognised.
28/05/2014 Additional	<u>Mr Doc Docman at Docman</u> Mammography offered Administration Letter OOH Patient Note Form
28/05/2014 Additional	<u>Mr Doc Docman at Docman</u> Radiology - general Result DGRI Biochemistry US Abdomen & Pelvis
28/05/2014 Additional	<u>Mr Doc Docman at Docman</u> Radiology - general Result DGRI Radiology Ultrasound Abdomen and Pelvis
29/05/2014 Additional	<u>Mr Doc Docman at Docman</u> OOH report Out of Hours Out of Hours Service
29/05/2014 09:20 Problem (NEW) History	<u>Dr Kellie-Marie Martin at Telephone Consultation</u> Abdominal pain TT; keen for w/s report - Gallbladder inflamed and stones / sludge noted. All other organs OK. Has had 2 similar attacks of biliary colic over the past 4 weeks - last one, 48hrs previously, needed OOH GP to give IM analgesia. No fevers / sweats. Not jaundice. TCI for assessment tomorrow and will need ref to surgical team. May need bloods tomorrow / early next week to assess LFTs.
30/05/2014 16:29 Problem (FIRST) History Examination Social Comment Medication	<u>Dr Kishore Joga at Castle Douglas Medical Group</u> Gallbladder calculus symptomatic gall stones , called OOH last night , recently increased episodes of pain , no fever , no clinical jaundice , looks comfortable , cleaner , fit and healthy agreed plan is referral and arranged LFT and other FBC Buscopan Tablets 10 mg 30 tablet 2 TABLETS 3 TIMES DAILY
31/05/2014 Additional	<u>Mr Doc Docman at Docman</u> OOH report Administration Letter OOH Patient Note Form
05/06/2014 Additional	<u>Mr Doc Docman at Docman</u> Result, lab.- general Result DGRI Haematology FBC
05/06/2014 13:16 Comment Medication	<u>Dr Cathy Van Zanten at Telephone Consultation</u> DD:Dr Hickman saw him on Sunday, only thing that has worked is co-dydramol- no OOH's report to confirm that yet. Agreed short supply- awaiting surgical review for abdo pain from suspected Galstones. Wishing more analgesia. Co-Dydramol 10/500 Tablets 30 tablet 1 or 2 Tabs 4 times daily
06/06/2014 Additional	<u>Mr Doc Docman at Docman</u> Result, lab.- general BioChemistry Report Dumfries Hospital Biochemistry

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<u>13/06/2014 13:36</u>	<u>Mrs Sandra Murphy at Castle Douglas Medical Group</u> BKS phoned to get an altered prescription for Benzoyl Peroxide 5% as it is out of stock. Asked if the 10% would be an adequate alternative, I spoke to Dr MAC who said that was fine.
<u>16/06/2014</u>	<u>Mr Doc Docman at Docman</u> Letter from consultant Clinic Dumfries and Galloway Royal Infirmary General Surgery
<u>17/06/2014 16:07</u>	<u>Dr G Purdie at Castle Douglas Medical Group</u> O/E - BP reading Blood pressure reading 108/78 mm Hg
History	feeling much better in himself - really rally in for a final chat before my retiral - off cigs for 8/12 now, feeling much better in himself - advises me does not require referral for PTSD.
Examination	O/E - weight 108 Kg
Comment	needs to lose 5kg to get back from being obese. to see Gillian re weight management - it would be valuable to have screening fasting bloods UEs LFTs, fasting chol:HDL ration and fasting glucose.
<u>11/07/2014</u>	<u>Mr Doc Docman at Docman</u> OOH report Out of Hours Telephone Encounter Telephone Encounter
<u>16/07/2014 11:33</u>	<u>Mrs Sandra Murphy at Castle Douglas Medical Group</u> Benzoyl 5% out of stock just now, pharmacy has suggest th Benzoyl 10% as he has had it before when it was previously out of stock
<u>31/07/2014 14:24</u>	<u>Dr Eflva Evans-Anplah at Castle Douglas Medical Group</u> Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 10 % + 0.5 % 50 gram APPLY THINLY TWICE A DAY
<u>09/09/2014</u>	<u>Mr Doc Docman at Docman</u> Discharged from hospital Discharge Dumfries and Galloway Royal Infirmary General Surgery
<u>09/09/2014</u>	<u>Mr Doc Docman at Docman</u> Diabetic retinopathy screening Discharge Letter DGR1 General Surgery Discharge Letter
<u>24/04/2015 10:35</u>	<u>Dr Alexander Morton at Castle Douglas Medical Group</u> Problem (FIRST) Incisional hernia History lap chole in September, has developed incisional hernia at umbilical wound. Examination reduceable, large defect in linea alba. Comment will refer back to gen surg (Ms Ashkenani) for their opinion.
<u>14/05/2015</u>	<u>Mr Doc Docman at Docman</u> Clinic Dumfries and Galloway Royal Infirmary General Surgery Letter from consultant

Medication

Current	Drug Details	Date Last Issue	Authorised By	Type
31/07/2014	Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 10 % + 0.5 % APPLY THINLY TWICE A DAY 50 gram	31/07/2014P	Dr Angus MacGregor	REPEAT
19/03/2013	Trazodone Hydrochloride Capsules 100 mg 2 CAPS AT NIGHT 56 CAPSULE Quetiapine Fumarate Tablets 200 mg 4 TABS NOCTE	05/06/2015P	Dr Angus MacGregor	REPEAT

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16/10/2012 120 TABLET 05/06/2015P Dr Angus MacGregor REPEAT

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
13/06/2014	Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 10 % + 0.5 % APPLY THINLY TWICE A DAY AS DIRECTED 25 gram	16/07/2014P	Dr Angus MacGregor	ACUTE
05/06/2014	Co-Dydramol 10/500 Tablets 1 or 2 Tabs 4 times daily 30 tablet	05/06/2014P	Dr Cathy Van Zanten	ACUTE
30/05/2014	Buscopan Tablets 10 mg 2 TABLETS 3 TIMES DAILY 30 tablet	30/05/2014P	Dr Angus MacGregor	ACUTE
17/12/2013	Clotrimazole And Hydrocortisone Cream 1 % + 1 % APPLY TWICE A DAY 30 gram	17/12/2013P	Dr Angus MacGregor	ACUTE
29/04/2013	Clindamycin Topical solution 1 % APPLY SPARINGLY MORNING AND NIGHT 30 ml	29/04/2013P	Dr G Purdie	ACUTE
04/03/2013	Trazodone Hydrochloride Liquid Sugar Free 50 mg/5 ml 5ML DAILY 70 ml	04/03/2013P	Dr Priya Chandra	ACUTE
26/02/2013	Azithromycin Tablets 500 mg TWO TO BE TAKEN AS A ONE-OFF DOSE 2 TABLET	26/02/2013P	Dr G Purdie	ACUTE
06/11/2012	Diazepam Tablets 2 mg HALF TABLET TWICE DAILY 14 tablet	06/11/2012P	Dr G Purdie	ACUTE
30/10/2012	Diazepam Tablets 5 mg HALF TAB TWICE DAILY 7 tablet	30/10/2012P	Dr G Purdie	ACUTE
23/10/2012	Diazepam Tablets 5 mg ONE TAB TWICE DAILY 28 tablet	11/10/2012P	Dr G Purdie	ACUTE
23/10/2012	Diazepam Tablets 5 mg ONE TWICE DAILY 14 tablet	23/10/2012P	Dr G Purdie	ACUTE
27/09/2012	Trazodone Hydrochloride Tablets 150 mg 1 TAB NOCTE 21 tablet	27/09/2012P	Dr G Purdie	ACUTE
27/09/2012	Trazodone Hydrochloride Capsules 50 mg 1 CAP MANE 21 capsule	27/09/2012P	Dr G Purdie	ACUTE
20/09/2012	Trazodone Hydrochloride Capsules 50 mg 3 CAPS NOCTE 21 capsule	20/09/2012P	Dr G Purdie	ACUTE
10/09/2012	Trazodone Hydrochloride Capsules 50 mg 2 CAPS NOCTE 30 capsule	10/09/2012P	Dr G Purdie	ACUTE
17/08/2012	Mirtazapine Tablets 15 mg 1 TAB NOCTE 14 tablet	28/08/2012P	Dr M Williamson	ACUTE
13/08/2012	Quetiapine Fumarate M/R tablets 400 mg 1 TAB TWICE DAILY 56 tablet	13/08/2012P	Dr G Purdie	ACUTE
24/07/2012	Quetiapine Fumarate M/R tablets 200 mg 1 TAB TWICE DAILY 28 tablet	07/08/2012P	Dr G Purdie	ACUTE
23/07/2012	Quetiapine Fumarate M/R tablets 400 mg ONE TO BE TAKEN AT NIGHT 14 tablet	23/07/2012P	Dr G Purdie	ACUTE
23/07/2012	Quetiapine Fumarate M/R tablets 50 mg 2 DAILY 28 tablet	07/08/2012P	Dr G Purdie	ACUTE
19/07/2012	Amoxicillin Capsules 500 mg 1 THREE TIMES A DAY 21 CAPSULE	19/07/2012P	Dr G Purdie	ACUTE
19/07/2012	Xylometazoline Hydrochloride Nasal spray 0.1 % TWO SPRAYS TO BE USED IN EACH NOSTRIL BD EACH DAY FOR 1 WK 1 spray	19/07/2012P	Dr G Purdie	ACUTE
19/07/2012	Quetiapine Fumarate Tablets 200 mg 2 Tabs At night 28 tablet	19/07/2012P	Dr G Purdie	ACUTE
19/07/2012	Quetiapine Fumarate Tablets 100 mg 1 TAB NOCTE 14 tablet	19/07/2012P	Dr G Purdie	ACUTE
05/07/2012	Mirtazapine Tablets 15 mg 2 Tabs At night 28 tablet	19/07/2012P	Dr G Purdie	ACUTE
12/06/2012	Mirtazapine Tablets 15 mg 1 TAB NOCTE 14 tablet	22/06/2012P	Dr G Purdie	ACUTE
19/04/2012	Xylometazoline Hydrochloride Nasal spray 0.1 % TWO SPRAYS TO BE USED IN EACH NOSTRIL BD EACH DAY FOR 1 WK 1 spray	19/04/2012P	Dr G Purdie	ACUTE
19/04/2012	Ibuprofen Tablets 400 mg ONE TO BE TAKEN THREE TIMES A DAY 56 tablet	19/04/2012P	Dr G Purdie	ACUTE
20/06/2013	Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 5 % + 0.5 % APPLY THINLY TWICE A DAY AS DIRECTED 50 gram	07/07/2014P	Dr G Purdie	REPEAT
16/10/2012	Trazodone Hydrochloride Tablets 150 mg ONE TO BE TAKEN AT NIGHT DISPENSE 2 WEEKS 28 TABLET	19/02/2013P	Dr G Purdie	REPEAT
16/10/2012	Trazodone Hydrochloride Capsules 50 mg 1 Cap Daily DISPENSE 2 WEEKS 28 CAPSULE	05/02/2013P	Dr G Purdie	REPEAT
28/02/2012	Diazepam Tablets 5 mg THREE TABS NOCTE 84 tablet	11/10/2012P	Dr M Williamson	REPEAT
28/02/2012	Quetiapine Fumarate M/R tablets 200 mg FOUR TO BE TAKEN AT NIGHT 112 tablet	07/06/2012P	Dr G Purdie	REPEAT
28/02/2012	Escitalopram Tablets 20 mg 1 TAB DAILY 28 tablet	07/06/2012P	Dr G Purdie	REPEAT

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No

101009122038Q

Unique Care Pathway Number: 101009122038Q

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral Routine	Protocol Name General Referral Protocol
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REFERRAL TO	
General Surgery C1 DG-HN General Referral	— Consultant / receiving practitioner and/or specialty clinic
Dumfries & Galloway Royal Infirmary Bankend Road Dumfries DG1 4AP	— Hospital and hospital address
	Hospital unit no. Y104H
	Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			6 Halliday Place	
Forename(s)	Trevor			Dalbeattie	
Date of birth	03-Jun-1979	Title	Mr	DGS 4FE	
CHI Number	0306793490	Sex	Male	Contact number(s)	
UCPN Number	101009122038Q	Marital Status	Not Known	Home: 01556 474368 Mobile: 07712729957	
Ethnic Origin	(White) British			E-mail: jobbieman@btinternet.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Angus MacGregor			Garden Hill Primary Care Centre	
GMC code	4608969	GP code	26239	2 Garden Hill Road	
Practice name	Castle Douglas Medical Group (17358)			Castle Douglas	
Practice code	18184			Voice: 01556 505900 Facsimile: 01556 504550	

REFERRING PROFESSIONAL DETAILS					
Name	Dr. Angus MacGregor			GMC code	4608969
				GP code	26239

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CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name	General Referral Protocol
History of presenting complaint / examination findings / investigation results			
Presenting complaint			
Description: Incisional hernia			
Comment: Dear Colleague			
<p>This pleasant 35 year-old gentleman underwent a laparoscopic cholecystectomy in September 2014 under Miss Ashkanani. He has since developed an incisional hernia at his umbilical wound. He is finding it troublesome especially when trying to pass stool, as whenever he increases the pressure in his abdomen it pops out of his umbilicus.</p> <p>On examination today there is a reducible incisional hernia at the umbilicus and a palpable weakness in the abdominal wall.</p> <p>I would very much appreciate your assessment of this hernia as to whether or not it needs a mesh repair.</p> <p>Yours sincerely</p> <p>Dr Alexander Morton ST3 Doctor in General Practice AM/JS 24.04.15</p>			
Examinations and Investigations			
Weight (kg):	108	-	
Height (m):	183	-	
BMI:	25.68	-	
Blood Pressure (Systolic):	108	-	
Blood Pressure (Diastolic):	78	-	
Ex smoker:	29-Apr-2014	00:00	
Cigarette smoker, 12 Cigarettes/day:	26-Jul-2012	00:00	
Cigarette smoker, 12 Cigarettes/day:	23-Feb-2012	00:00	
Teetotaler:	29-Apr-2013	00:00	
Alcohol units per week:	29-Apr-2013	00:00	
Alchl unit cons heavst drnk day:	29-Apr-2013	00:00	
Alcohol consumption, 0 units/week:	23-Feb-2012	00:00	
Reason for referral			
Care type requested: Out Patient			
Expected outcome: Not Specified			
Past medical history			
Pre-existing conditions			
<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>
Abdominal pain	-	-	-
Cholecystitis NOS	-	-	-
Gallstones	-	-	-
Patient's next of kin	-	-	Patient ID 9762
[X]Emotionally unstable personality	-	-	impulsive type
			<u>Date of onset</u>
			29-May-2014
			28-May-2014
			28-May-2014
			27-Mar-2013
			04-Sep-

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disorder					2012	
Prison sentence	-	-	cannabis possession		01-Jun-2011	
[X]Post - traumatic stress disorder	-	-	seen at Hollybush House		21-Jun-2009	
Depressed	-	-	-		21-Jun-2009	
Minor head injury	-	-	assaulted - also lacerations		15-Sep-2006	
Aggressive behaviour	-	-	referred to psychiatry		12-Jun-2006	
Closed fracture radius, head (Left)	Left	-	-		06-Jun-2006	
Misuse of drugs NOS	-	-	smokes cannabis		01-Jan-2006	
Motor vehicle traffic accidents (MVTA)	-	-	came off his motorbike at 30mph		06-Oct-2001	
Laceration of arm (Right)	Right	-	laceration to right wrist and disruption of the carpo-metacarpal joint due to motorcycle accident - wound exploration, washout and repair		06-Oct-2001	
Assault by bite of human being	-	-	right arm		30-Mar-1999	
Jaw fracture NOS	-	-	left - fixation placement		18-May-1998	
Aggressive behaviour	-	-	referred to psychiatric children's services		22-Dec-1994	
Eye injury	-	-	struck in left eye by marble fired from catapult - sphincter tear and partial disinsertion of the iris, corneal abrasion and moderate hyphaema, also macular oedema		14-Apr-1993	
Corneal abrasion (Left)	Left	-	due to eye injury		14-Apr-1993	
Macular oedema (Left)	Left	-	due to eye injury		14-Apr-1993	
Past procedures						
<u>Description</u>		<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>		
Laparoscopic cholecystectomy	-	-	-	06-Sep-2014		
Ultrasound scan of abdomen and pelvis	-	-	-	28-May-2014		
Shin splint	-	-	-	08-May-2001		
Removal of screws from bone	-	-	-	17-Jun-1999		
Current and recent medication						
<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 10 % + 0.5 %	-	50 gram	APPLY THINLY TWICE A DAY	-	31-Jul-2014	-
Trazodone Hydrochloride Capsules 100 mg	0403010X0AAABAB	56 CAPSULE	2 CAPS AT NIGHT	-	19-Mar-2013	-
Quetiapine Fumarate Tablets 200 mg	0402010ABAAADAD	120 TABLET	4 TABS NOCTE	-	16-Oct-2012	-
Clinical warnings			Smoking status	Alcohol consumption		
Lifestyle risks			Number per day ? (not known)		Units per day ? (not known)	
Exercise status: Not Known						
Additional relevant information						
Administrative information						

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Any Identified Child in Need Issues :Not Specified
Any Identified Vulnerable Adult Protection Issues :Not Specified

Social circumstances

Signature of referring doctor (or other professional) Date

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No

101007314564N

Unique Care Pathway Number: 101007314564N

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral Urgent	Protocol Name General Referral Protocol
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REFERRAL TO	
General Surgery C1 DG-HN General Referral	— Consultant / receiving practitioner and/or specialty clinic
Dumfries & Galloway Royal Infirmary Bankend Road Dumfries DG1 4AP	— Hospital and hospital address Hospital unit no. Y104H Email address

PATIENT DETAILS				Patient's address	
Surname	Trueman			11 Port Road	
Forename(s)	Trevor			Haugh of Urr	
Date of birth	03-Jun-1979	Title	Mr	Castle Douglas	
CHI Number	0306793490	Sex	Male	DG7 3JW	
UCPN Number	101007314564N	Marital Status	Not Known	Contact number(s)	
Ethnic Origin	(White) British			Mobile: 07712729957 E-mail: jobbieman@btinternet.com	

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Angus MacGregor			Garden Hill Primary Care Centre	
GMC code	4608969	GP code	26239	2 Garden Hill Road	
Practice name	Castle Douglas Medical Group (17358)			Castle Douglas	
Practice code	18184			Voice: 01556 505900 Facsimile: 01556 504550	

REFERRING PROFESSIONAL DETAILS					
Name	Dr. Angus MacGregor			GMC code	4608969
				GP code	26239

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CLINICAL INFORMATION

Urgency of referral	Urgent	Protocol Name	General Referral Protocol
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History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Gallstones

Comment: Thank you for seeing this gentleman in your clinic. He has been complaining of right upper quadrant pain for the last two months. His pain was initially on and off in nature. We organised an ultrasound of the gallbladder which has shown sludge and multiple calculi in the gallbladder with a thickened wall. There was no dilatation of the common bile duct. Bloods carried out in April showed normal liver function.

Mr Trueman re-presented complaining of more frequent right upper quadrant pain.

On physical examination, he was not physically jaundiced. He had mild right upper quadrant tenderness.

Due to the symptomatic nature of his gallstones, I would be grateful if you could see him and advise regarding further management.

Many thanks.

DR KISHORE SATYA JOGA
ST3 in General Practice

KSJ/MH/03-06-14

Examinations and Investigations

Weight (kg):	86	-
Height (m):	183	-
BMI:	25.68	-
Blood Pressure (Systolic):	94	-
Blood Pressure (Diastolic):	58	-
Ex smoker:	29-Apr-2014 00:00	
Cigarette smoker, 12 Cigarettes/day:	26-Jul-2012 00:00	
Cigarette smoker, 12 Cigarettes/day:	23-Feb-2012 00:00	
Teetotaler:	29-Apr-2013 00:00	
Alcohol units per week:	29-Apr-2013 00:00	
Alchl unit cons heavst drnk day:	29-Apr-2013 00:00	
Alcohol consumption, 0 units/week:	23-Feb-2012 00:00	

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Cholecystitis NOS	-	-	-	28-May-2014
Patient's next of kin	-	-	Patient ID 9762	27-Mar-2013
[X]Emotionally unstable personality disorder	-	-	impulsive type	04-Sep-2012
Prison sentence	-	-	cannabis possession	01-Jun-2011

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[X]Post - traumatic stress disorder	-	-	seen at Hollybush House	21-Jun-2009
Depressed	-	-	-	21-Jun-2009
Minor head injury	-	-	assaulted - also lacerations	15-Sep-2006
Aggressive behaviour	-	-	referred to psychiatry	12-Jun-2006
Closed fracture radius, head (Left)	Left	-	-	06-Jun-2006
Misuse of drugs NOS	-	-	smokes cannabis	01-Jan-2006
Motor vehicle traffic accidents (MVTA)	-	-	came off his motorbike at 30mph	06-Oct-2001
Laceration of arm (Right)	Right	-	laceration to right wrist and disruption of the carpo-metacarpal joint due to motorcycle accident - wound exploration, washout and repair	06-Oct-2001
Assault by bite of human being	-	-	right arm	30-Mar-1999
Jaw fracture NOS	-	-	left - fixation placement	18-May-1998
Aggressive behaviour	-	-	referred to psychiatric children's services	22-Dec-1994
Macular oedema (Left)	Left	-	due to eye injury	14-Apr-1993
Corneal abrasion (Left)	Left	-	due to eye injury	14-Apr-1993
Eye injury	-	-	struck in left eye by marble fired from catapult - sphincter tear and partial disinsertion of the iris, corneal abrasion and moderate hyphaema, also macular oedema	14-Apr-1993

Past procedures

Description	Laterality	Modifier	Date performed
Ultrasound scan of abdomen and pelvis	-	-	28-May-2014
Shin splint	-	-	08-May-2001
Removal of screws from bone	-	-	17-Jun-1999

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Benzoyl Peroxide And Potassium Hydroxyquinoline Sulfate Cream 5 % 0.5 %	-	50 gram	APPLY THINLY TWICE A DAY AS DIRECTED	-	20-Jun-2013	-
Trazodone Hydrochloride Capsules 100 mg	0403010X0AAABAB	56 CAPSULE	2 CAPS AT NIGHT	-	19-Mar-2013	-
Quetiapine Fumarate Tablets 200 mg	0402010ABAAADAD	120 TABLET	4 TABS NOCTE	-	16-Oct-2012	-
Buscopan Tablets 10 mg	0102000N0BBAAAB	30 tablet	2 TABLETS 3 TIMES DAILY	-	30-May-2014	42 Days

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day
? (not known)Units per day
? (not known)**Additional relevant information****Administrative information**

Any Identified Child in Need Issues :Not Specified

Any Identified Vulnerable Adult Protection Issues :Not Specified

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Social circumstances

Signature of referring doctor (or other professional) Date

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Sandyford

Sexual Health Services for
Greater Glasgow & Clyde

PRIVATE & CONFIDENTIAL

Dr David Gibson
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

CHI: 0306793490

Date dictated:
Date typed: 17-Jul-2024

Secretary: Jeremy Donald
Direct dial: 0141 211 8147

Dear Dr Gibson

Re: Trevor Trueman
5 Shaw Road
Templand
Lockerbie
DG11 1TX

D.O.B: 03/06/1979

CHI No: 0306793490

Thanks for your letter about a 44 year old gentleman who is requesting an orchidectomy on the basis that he identifies as a eunuch. I am afraid that stand-alone orchidectomy is not provided as a funded procedure as part of the current Scottish Gender Reassignment Protocol. We are also unable to access this as a stand-alone procedure for transgender women, some of whom wish to have orchidectomy as part of their transition. I would agree that there is no current NHS funded pathway that would meet Trevor's needs.

If he wishes to bring about the biochemical effects of orchidectomy without the surgical procedure, he could be prescribed a GnRH analogue eg triptorelin 11.25mg IM every 3/12, but he would need to be counselled about the associated health risks of having no sex steroids on board.

I am sorry that we are unable to assist.

Yours sincerely

Dr Susan Rooney
Consultant Psychiatrist
Gender Identity Clinic
Secretary: 0141 211 8137
GMC: 602 5107

adultgender.sandyford@ggc.scot.nhs.uk

Sandyford is
hosted by:



Sandyford Central

2-6 Sandyford Place, Glasgow G3 7NB
Tel: 0141 211 8130 | email: sandyford@ggc.scot.nhs.uk
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FILE NOTE

MR TREVOR TRUEMAN

DOB: 03/06/1979
CHI: 0306793490

CMHS

Locality: Annandale and Eskdale

Pathway: OT (AHP) Memory Clinic ID SDAS Stress and Distress

Leaflets Provided

Date of Referral/Request for Assistance: 04-04-2023 14:00
Source of Referral: Internal Mental Health

Primary ICD10: Z032 - OBSERVATION FOR SUSPECTED MENTAL AND BEHAVIOURAL DISORDERS

Secondary ICD10:

Contact Details

Start Date/Time of Contact: 12-04-2024 11:00
Length of Time of Contact (mins): 0
Location:

Planned / Unplanned: Planned
Is this person a carer?: No
Contact Category: Indirect
Visit Status:
Travel Time (in mins):
Consent to share information discussed: Yes

Emergency Services Contact/Referral?
Referral to Third Sector

Interventions:

- Admit to Hospital
Antidepressant/Antipsychotic Initiated
Carer Support
Early Intervention Psychosis
Group Work
Medication Review
Physical Health Needs/Yearly Check
Stress and Distress Pathway
Other
Advice
Assess
Cognitive Testing
ECT
Listen/Supportive Listening
Mental Health Act
Psychological Interventions
Treatment of Symptoms
Alcohol Harm Advice
8BV Testing
Consultation
Educate
Meal Support
Naloxone Supplied
Re-Assess
Treatment Review
Anticipatory Care Planning
Care Home Link
Drug Harm Advice
Enable/Facilitate
Medication Alteration
Perinatal Pathway
Signposting
Triage

Alcohol Brief Interventions Screened

Change in Risk Factor No

Part of Structured Clinical Management Program (SCM)

Should this contact be added to the Chronology of Significant Events?

SHS Coulthard: Personal Data - 03-03-2018

Visit Details

Trevor has handed in ADHD questionnaires.
Dr Coulthard to review.
Trevor has voiced that he does not wish for treatment should he have this condition, however would like to know merely for purposes of how to manage his condition more effectively and for professionals to be aware that this is how he can present.

Measure
Select...

Additional Activity **Length of Time for Additional Activity (in mins)**

Date of Discharge from Specialty Team: **Reason for Discharge:**

Verified By:
Tammie Gottschlich
Team Leader - CMHNS

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NHS DUMFRIES AND GALLOWAY**Emergency Department**Cargenbridge
DumfriesDG2 8RX
Telephone: 01387 246246

EDGPDISC2

Letter Printed 14 June 2025



Nicholas Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Dear Doctor

TREVOR TRUEMAN**D.O.B 03/06/1979****CHI 0306793490****5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX****Seen at Dumfries & Galloway Royal Infirmary on the 14/06/2025 17:24:00.****The A&E Diagnosis was:****USER FREETEXT (LACERATION OF THE LEFT THUMB)****Triage Information:**

laceration to tip of left thumb from Stanley blade, unsure of tetanus status but anti-vaccination.
Temp dressing in situ at triage, will remove when in cubicle

Additional Information:

Has had an accidental laceration to his left thumb fingertip while using the Stanley knife

Sustained superficial laceration at the lateral nail bed of the thumb

Active Flexion of the DIPJ

no bed tenderness

Bleeding stopped in the ED

Wound cleaned and dressed with dry dressing

Refuses Ant tetanus or antibiotic because he doesn't believe in Modern medications

Understands the risk and has capacity

He also didn't want an Xray: if when i explained to him that the laceration was over the joint (DIPJ)

Discharged with worsening advise

Given extra dressing pack back home

Treatment Given**Conclusion:**

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:**Leaflets Issued:**

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Seen By :

Dr A Segun

0306793490 - TREVOR TRUEMAN

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.....
.....

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NHS DUMFRIES AND GALLOWAY
Department of General Adult Psychiatry
Midpark House
Bankend Road
Dumfries
DG1 4TN



Ref: 167164
Letter Ref: KC/CG

Ver: 0.0

Trevor Trueman
5 Shaw Road
Templand
Lockerbie
DG11 1TX

Telephone:
Direct Dial: 01387 244118
Fax:
Website: www.nhsdg.scot.nhs.uk
Email:
CHI: 0306793490
Date dictated: 11/06/2024
Date Typed: 14/06/2024

Dear Trevor

I am just writing to let you know that Tammie Gottschlich has now left our Community Mental Health Team. I know you had had a discussion with her around ADHD and you have done some questionnaires.

I understand you do not want to pursue treatment for this. My sense was also when we spoke that ADHD symptoms weren't significantly getting in the way of things that you wanted to do with your life at the moment.

As such I don't think it is necessary for us to see you again at the Community Mental Health Team at the current time and will discharge you from the service.

Yours sincerely

Dr Katharine Coulthard
Consultant Psychiatrist

(D) Dr N Brown, Lochmaben Medical Group, 42-44 High Street, Lochmaben, DG11 1NH
(N) Annandale & Eskdale CMHNT (General Adult), Annan Health Centre, Stapleton Road,
Annan, DG12 6JP

Authorised on 18/06/2024 13:51:21 by Dr Katharine Coulthard.

0306793490

Job ID: 167164

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NHS DUMFRIES AND GALLOWAY

Department of Urology
 Dumfries and Galloway Royal Infirmary
 Cargenbridge
 Dumfries
 DG2 8RX



Ref: 2940298
 Letter Ref: IR/EP

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 241650
 Fax:
 Website: www.nhsdg.scot.nhs.uk
 Email:
 Date Typed: 14/06/2024

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Thank you very much for your referral regarding this 44 year old gentleman who has been previously seen in Urology. He was referred to Psychiatry and was obviously re-referred back to ourselves.

I do understand his religious views and personal feelings regarding his testes, however, at present and on further discussion with the **Clinical Team here and other Consultant Urologists around Scotland**, we would not advocate this as an elective procedure and, following counselling, the plan may be that Mr Trueman may have to seek further advice and possible treatment for this privately.

If indeed any of the private Uro-andrology Teams would consider this, it is very extreme surgery in a younger gentleman for no underlying cause; no malignancy, no inflammatory change, etc. or any psychological trauma and following this type of surgery, it would have a profound physiological and psychological impact as well as a cascade of negative issues moving forward in the long term.

A Consultant Psychologist at the Sandyford Centre, Professor GEBLER reviews patients who are considering gender re-assignment but again a lot of this treatment is done privately and it may well be worth a letter from yourselves to Professor GEBLER to see if he would be happy to have any input from the psychological point of view. Again I do not know of anybody within the services in Scotland that would consider such radical surgery without any underlying PHYSICAL CAUSE.

Thank you for your referral and I apologise that we cannot advise any further.

Yours sincerely

Dr Ian Russell
 Nurse Consultant in Urology/Andrology
 BSc, MSc, PhD (Sex Med)

Job ID: 2940298

0306793490

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(P) Mr Altaf Chaudhry, Consultant Urologist, Department of Urology, Dumfries & Galloway Royal Infirmary,
Cargenbridge, Dumfries, DG2 8RX
Authorised on 04/07/2024 15:46:24 by Dr Ian Russell.

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Job ID: 2940298

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Dumfries & Galloway Mental Health Directorate

CLINICAL RISK ASSESSMENT & MANAGEMENT TOOL

(George Sime Morgan, The Edinburgh Centre for Mental Health, Institute of Psychiatry, Glasgow, Dumfries & Galloway Mental Health Directorate)

PATIENT FORENAME	TREVOR	PATIENT SURNAME	TRUEMAN
CHI	0306793490	DOB	03/06/1979
PATIENT ADDRESS	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX		

Context of Completion*: **Review**

NETWORK OF SUPPORT	CONSULTED	NAME(S)* <small>(Name of contact)</small>	COPIES SHARED WITH
Patient	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Carer(s)	<input type="checkbox"/>		<input type="checkbox"/>
Key Worker	<input type="checkbox"/>		<input type="checkbox"/>
General Practitioner	<input checked="" type="checkbox"/>	Lochmaben Medical Practice	<input type="checkbox"/>
Psychiatrist	<input checked="" type="checkbox"/>	Dr Coulthard	<input type="checkbox"/>
Community Mental Health Nurse	<input checked="" type="checkbox"/>	Tammie Gottschlich (CMHNT)	<input type="checkbox"/>
Ward Link Nurse / Key Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Social Worker / Mental Health Officer	<input type="checkbox"/>		<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>		<input type="checkbox"/>
Psychologist	<input type="checkbox"/>		<input type="checkbox"/>
Support Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Voluntary Agency Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Drug & Alcohol Worker	<input type="checkbox"/>		<input type="checkbox"/>
Advocate	<input type="checkbox"/>		<input type="checkbox"/>
Named Person	<input type="checkbox"/>		<input type="checkbox"/>
Community Learning Disability Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

RISK INDICATORS						
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979	
Suicide						
	Yes	No	Not Assessed		Yes	No
S1) Previous attempts on their life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S8) Expressing high levels of distress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S2) Previous use of violent methods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S9) Helplessness and / or hopelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S3) Misuse of drugs and / or alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S10) Family history of suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S4) Major psychiatric diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S11) Separated / widowed / divorced	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S5) Expressing suicidal ideas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S12) Unemployed / retired	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S6) Considered / planned intent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S13) Recent significant life events	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S7) Lives alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S14) Major physical illness / disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
XX) Other (specify below Under "Comments")	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date	Author			Suicide Comments		

MH Care/Wal Personal Health Record

22-Feb-2024	Tammie Gottschlich	S3) Trevor reports he has abstained from Cannabis use for several months.
27-Jul-2023	M Smith	Information obtained from assessment on 23/07/21 S3) continues to smoke cannabis. S7) reports he has been sleeping in a caravan in a friends garden.
6-May-2021	A Pritchard	S4) Need to gain further assessment on mental state as at present no signs of psychotic illness. Potentially personality disorder. Has intense values and beliefs and unwilling to accept other peoples values and beliefs that are outwith his although does not appear psychotic. Sister agrees with all his values/ideas and does not feel he is any different to his usual self.
23-Apr-2021	Tammie Gottschlich	S3) Trevor has smoked cannabis for many years and has previous conviction for supplying substances. S4)He is currently presenting as psychotic, reporting delusional ideas and threatening towards other. S8) Trevor is unable to listen to other people and presents as grandiose and pressured in speech. When he is distressed this appears to become more apparent.
8-Jan-2020	YSchneider	S3) Reports having an occasional cannabis joint. Has been using CBD oil which can be bought over the counter. S4) Past diagnosis of Emotionally Unstable Personality Disorder- Impulsive type. S7)Lives in rented DGHP accommodation S8,9) Feels frustrated and distressed. Lost a friend from suicide last year which has affected him and he feels the Police are out to "trip him up" and want him sent back to jail. Reports to have PTSD from time in Army. has never sought support for this and states this is nit an issue and he manages this. S12) Not currently employed, would like to get back to work at some point in future when feels well enough to do so. S13) Recent death of friend a year ago to suicide. Breakdown of relationship. Ex-Partner was deceased friends sister.

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Neglect					
	Yes	No	Not Assessed	Yes	No
N1) Previous history of neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N8) Lack of positive social contacts	<input type="checkbox"/>
N2) Failing to drink properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N9) Unable to shop for self	<input type="checkbox"/>
N3) Failing to eat properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N10) Insufficient / inappropriate clothing	<input type="checkbox"/>
N4) Difficulty managing physical health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N11) Difficulty maintaining hygiene	<input type="checkbox"/>
N5) Living in inadequate accommodation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N12) Experiencing financial difficulties	<input type="checkbox"/>
N6) Lacking basic amenities (water / heat / light)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N13) Difficulty communicating needs	<input type="checkbox"/>
N7) Pressure of eviction / repossession	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N14) Denies problems perceived by others	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Date	Author	Neglect Comments
31-Jul-2023	KCarruthers/TGottschlich	Information obtained from assessment on 25/07/21 N13) - Trevor had no difficulties articulating himself at time of assessment.
27-Jul-2023	M smith	Information obtained from assessment on 23/07/21 N13) Trevor was able to articulate himself well during the assessment.
23-Apr-2021	Tammie Gottschlich	N13) N14) Trevor believes he is not mentally unwell and that there is a conspiracy amongst the police, social services and community mental health team to have him detained. He struggles to communicate in a meaningful way and often preaches to others regarding his beliefs. He believes that others are delusional and he is not. He has phoned his solicitor when he was detained on Wednesday and refused to listen and co-operate with police and medical/nursing staff, which requires mechanical restraint from police officers to bring him into hospital.
8-Jan-2020	YSchneider	N2,3)Reports when he feels stressed and annoyed will stop eating and drinking properly. N12) Reports to being in some debts and rent arrears, has someone to contact for support with this. N13) Trevor today had some pressure of speech, feeling frustrated and angry as he feels he is being persecuted by Police. Passive aggressive in demeanour but appeared mainly due to expression of frustration, not directed at self. N14)Trevor has been established in Quetiapine 800mg since 2013 and denies any deterioration in mental health since he has stopped taking this. some Paranoid beliefs of persecutory nature towards Police and others. unclear if any truth in this.

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Aggression / Violence					
	Yes	No	Not Assessed	Yes	No
A1) Previous incidents of violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A3) Paranoid delusions about others	<input type="checkbox"/>

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A2) Previous use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A9) Violent command hallucinations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A3) Misuse of drugs and / or alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A10) Signs of anger and frustration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A4) Male gender, under 35 years of age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A11) Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A5) Known personal trigger factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A12) Preoccupation with violent fantasy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A6) Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A13) Admissions to secure settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7) Previous dangerous impulsive acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A14) Denial of previous dangerous acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Aggression / Violence Comments
31-Jul-2021	KCarruthers/TGottschli	Information obtained from assessment on 26/07/21 A8) - No evidence of delusions. A10) - Trevor displayed frustration towards police, he was unhappy that he had been detained on a 297 and subsequently brought to A&E for assessment of his mental health.
27-Jul-2021	M Smith	Information obtained from assessment on 23/07/21 A8) no evidence of delusions. A10) voiced his frustration with current situation having been detained by police and brought to Accident & Emergency department.
6-May-2021	A Pritchard	A8) No evidence of paranoid delusions. Potentially personality disorder. Has intense values and beliefs and unwilling to accept other peoples values and beliefs that are outwith his although does not appear psychotic. Sister agrees with all his values/ideas and does not feel he is any different to his usual self. A10) Frustrated by being in hospital, does not feel he needs to be here. Can be intimidating and manipulative at times.
23-Apr-2021	Tammie Gottschlich	A8/A10/A14) Trevor believes that people are to get him, having seen a severed lambs head at the bottom of his road, he felt that this was a threat. He has been in possession of weapons in the past and had taped knives to his hands and worn a gas mask. He can come across as menacing and intimidating. He has an injunction on him from his ex-partner for violence towards her. He is known to record conversations and people who come to visit and live broadcast this on to the internet as a way of demonstrating whatever particular cause he is fighting for. He has had previous prison sentences, he drove into a police vehicle and he has driven into others and then accused them of running into him. He will get aggressive when discussing this. He is due to appear in court for intermediate report on 4th May and will appear again in June. He had made a blockade out of boulders and branches to ensure the police and services were unable to get to his accommodation.
8-Jan-2020	YSchneider	A1) IN 2012 barricaded self in his home, thought to have crossbow and machete in the home. Armed response team attended house but Trevor had left before they arrived. Mental Health Assessment completed after court appearance- no illness found at that time. A3) Reports to having an occasional cannabis joint. Denies any excess or use of other substances. Past 4 month sentence for drug offences in 2012 and was tagged. A10) Displayed as angry and frustrated at the way he interprets being targeted by Police at present. XX) Trevor denies having any active suicidal thoughts. States he is more danger to those causing him stress at present. Cites he is a trained killer to tie served in Army.

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979		
Wellbeing / Disability							
	Yes	No	Not Answered	Yes	No	Not Answered	
W1) Sensory Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W7) Wandering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W2) Intellectual Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W8) Accidental injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W3) Unsuitable home environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W9) Communication difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W4) Poor mobility inside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W10) Problems expressing sexuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W5) Poor mobility outside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W11) Impulsivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W6) Slips, trips & falls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W12) Inappropriate demand(s) on services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date	Author	Wellbeing / Disability Comments					
31-Jul-2021	KCarruthers/TGottschli	No concerns identified at time of assessment.					
8-Jan-2020	YSchneider						

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Drug & Alcohol					

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	Yes	No	Not Answered		Yes	No	Not Answered
D1) Dependence (Physical / Psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D8) Difficulty managing hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2) Withdrawal Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D9) Associated criminal activity / debt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D3) Increasing levels of use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D10) Driving whilst under the influence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4) Poly substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D11) Inadequate nutrition / hydration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5) History of overdose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D12) Engaging in sexually harmful activity (e.g. prostitution / promiscuity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D6) Physical ill-health (e.g. Abscesses, DVT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D13) Exploitative situations / relationships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D7) Blood Borne Virus (e.g. Sharing equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D14) Related child protection concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Drug & Alcohol Comments
27-Jul-2021	M Smith	Information obtained from assessment on 23/07/21 xx) admits to cannabis use.
23-Apr-2021	Jammie Gottschlich	There was a strong smell of cannabis coming from his accommodation on day of detention. He denies cannabis use.
8-Jan-2020	YSchneider	D1)Denies any use of illicit substances, admits to occasional cannabis joint.Uses CBD oil which can be bought over the counter. D9) Past 4 month sentence for drug offences in 2012 - unclear if abusing cannabis for self at the time

PATIENT NAME	TREVOR TRUEMAN	CHI	2806793490	DOB	03/06/1979
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Other							
	Yes	No	Not Answered		Yes	No	Not Answered
O1) Self-injury / Self-Harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O14) Exploitation by others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O2) Other self-harm (e.g. eating disorders)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O15) Exploitation of others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O3) Stated abuse by others (e.g. physical, sexual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O16) Culturally isolated situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4) Abuse of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O17) Non-violent sexual offence (e.g. exposure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O5) Harassment by others (e.g. racial, physical)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O18) Willful fire raising / Arson (deliberate fire-setting only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O6) Harassment of others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O19) Accidental fire risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O7) Risk to child(ren)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O20) Other damage to property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O8) Non-concordance with treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O21) Home safety (e.g. risk of falls)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O9) Disorientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O22) Trying to conceive / Pregnant / Post Natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O10) Moving and handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O23) Occupational risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O11) Financial Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O24) Vulnerability (e.g. sexual, social, financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O12) Cognitive impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O25) Risk of Absconding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O13) Physical ill-health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date	Author	Other Comments
23-Apr-2021	Jammie Gottschlich	O3)O4)O5)O6)O8)O25) Trevor reports childhood trauma. He also has been charged with harassment of others and has been posting derogatory information about others, police and social work online. He has abused an ex partner. Due to his lack of insight, he is of risk of absconding from hospital, prior to admission, he had been turning his phone off, to ensure his whereabouts were difficult to find. He refused to meet with social workers and phoned to decline appointment to see myself for mental health assessment.
8-Jan-2020	YSchneider	O5)Trevor reports being followed by Police and goaded as they are "trying to trip him up" to get him sent back to jail. Mentioned various names of Police officers. O8) Has stopped taking prescribed dose of Quetiapine over last year. O23)Passive aggressive when discussing feelings of anger and being persecuted, not directed at others on assessment today. O24)Unclear if socially isolated and vulnerable. Reports little positive social interactions with others, keeps himself isolated.

FORMULATION
(Include Predisposing Factors, Precipitating Factors, Perpetuating Factors & Protective Factors) (Also consider "Presenting Problems")

PATIENT NAME	TREVOR TRUEMAN	CHI	2806793490	DOB	03/06/1979
--------------	----------------	-----	------------	-----	------------

Date	Author

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22-Feb-2024	Tammie Gottschlich	<p>Presenting problem: Trevor wishes to become a eunuch, due to his faith. He believes that by not being influenced by sins of the flesh will allow him to achieve what he wishes within life. He also believes he may have ADHD</p> <p>Predisposing: long standing historical issues with cannabis misuse and related mental health. Disruptive childhood PTSD - from time within armed forces</p> <p>Precipitating and perpetuating: As above</p> <p>Protective factors: His faith and his wish to live a clean life. He is also looking for employment</p>
31-Jul-2021	KCarruthers/TGottschlich	<p>Information obtained from assessment on 26/07/21</p> <p>Presenting Problem: Trevor was brought to Accident and Emergency (A&E) department by police under a section 297 for a mental health assessment. Trevor had been at a friends house in Linduden and had a speaker on, preaching to people within Linduden. This had brought attention to others and police were subsequently called.</p> <p>Predisposing, Precipitating and Perpetuating Factors: As previously documented.</p> <p>Protective Factors: His religion.</p>
27-Jul-2021	M smith	<p>Information obtained from assessment on 23/07/21</p> <p>PRESENTING PROBLEMS: Trevor was brought to Accident & Emergency (A&E) department by police under a section 297 for a mental health assessment. Concerns had been raised regarding his presentation within the community.</p> <p>PREDISPOSING and PRECIPITATING FACTORS: As previously identified.</p> <p>PERPETUATING FACTORS: Cannabis use. Trevors clinical notes document that he has a diagnosis of paranoid personality disorder.</p> <p>PROTECTIVE FACTORS: His religion.</p>
23-Apr-2021	Tammie Gottschlich	<p>Presenting: Trevor has come to the attention of services through Criminal Justice Social Work. He has been increasingly verbally aggressive and presenting with psychotic phenomena. He has been leaving aggressive messages for social workers and refusing to engage with mental health services.</p> <p>Predisposing: Trevor has long standing difficulties with his mental health, previous diagnoses of personality disorder and PTSD. He is a veteran and formerly served within the British Army as a Paratrooper (3 Para). He also reports abuse from father in childhood and spent periods within the care system.</p> <p>Precipitating: Trevor has not been taking his psychotropic medication and reports suggest he has been using cannabis, however this is longstanding. Social Workers also believe his mental state has been affected by the effects of the global pandemic.</p> <p>Perpetuating: The pandemic has perpetuated Trevor's situation and presentation. His misuse of cannabis, his fixed beliefs and religious affiliations appear to contribute to his overall presentation.</p> <p>Protective: His family and his dog Bear are protective factors. He reports he has a few close friends. His religion is a strong protective factor.</p>

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8-Jan-2020	YSchneider	<p>Presenting: Reports being persecuted by Police. Wants help to change and wants diagnosis reviewed. Stopped taking medication</p> <p>Predisposing: Reports a horrible childhood, past abuse from his father.</p> <p>Precipitating: Increased stress and frustration over last year since friend committed suicide.</p> <p>Perpetuating: Denies misuse of substances, past cannabis use and admits to occasional use of cannabis.</p> <p>Protective: Reports lack of positive interactions with others at present. Does want to change lifestyle and get back to work at some point in future. Denies any suicidal thoughts.</p>
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RISK MANAGEMENT PLAN
(Includes Contingency Plan and Crisis Response where required)

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793480	DOB	03/06/1979
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Date	Author	
22-Feb-2024	Tammie Gottschlich	<p>At assessment today, Trevor was calm and rational when discussing his issues. He is abstaining from substance misuse and feels the benefits, no evidence of paranoia or overvalued ideas.</p> <p>He does not present as mentally disordered.</p> <p>PLAN: To meet with Trevor for another appointment to go through ADHD questionnaires and will be discharged following this. He wanted an appointment today due to wishing for surgery and he needs to be seen by psychiatry prior to being seen by Urology.</p>
31-Jul-2021	KCarruthers/TGottschlich	<p>Information obtained from assessment on 26/07/21 Trevor was reviewed by crisis team in A&E. No concerns in relation to Trevor's mental health at time of assessment. Police informed reviewers that they were going to charge Trevor with inciting trouble and convey him to police cells.</p>
27-Jul-2021	M smith	<p>Information obtained from assessment on 23/07/21 Trevor was reviewed by crisis staff, Dr Fernandez (consultant psychiatrist) and mental health officer, not deemed to be detainable and no follow up planned from mental health services.</p>
8-May-2021	S.Howat	<p>Review by Dr Livingstone and Dr J. Macklin - Over his time on the ward, continued assessment of Trevor showed that he was no longer detainable and detention was revoked on 07/05/2021. Discharged on 07/05/21.</p> <p>Trevor was offered a follow-up review with a Forensic psychologist, which he declined. Also declined input from Add-action for assistance reducing his cannabis use. Nursing staff have contacted CPN Tammie Gottschlich - to request a follow up within next week, Tammie will make telephone contact with Trevor next week.</p> <p>Informed Trevor of contact next week from CMHNT- Trevor does not wish input from CMHNT. Spoke about Named Person paperwork and requested that Trevor and his Sister Nicola sign paperwork before leaving Hospital, Trevor stated that he just wanted to leave the Hospital and wouldn't be asking his Sister to sign, states Social Work have his Sister's name.</p>
6-May-2021	A Pritchard	<p>Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment. Dr Livingston also happy to discuss adult ADHD with Trevor. Trevor will require tight support while in the community as his risks still remain problematic however unsure if he will engage with support offered.</p>
23-Apr-2021	Tammie Gottschlich	<p>Trevor's presentation is no longer manageable within the community. ASP meeting held Tuesday 19th April to discuss difficulties and concerns. Decided at meeting, he is a risk to himself and others. Decision made to try and locate him. Not currently staying at registered address and staying within isolated rural location in caravan.</p> <p>Wednesday 20th April, Dr Coulthard, myself, MHO Maria Porteous along side Police, attended his current accommodation in countryside. He was detained under the MHA on a Short Term Detention Certificate and transferred by Police to Midpark Hospital, he has been admitted to Balcarry Ward.</p>

STRENGTHS ASSESSMENT

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793480	DOB	03/06/1979
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Date	Author	

THERAPEUTIC RISK-TAKING PLAN

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793480	DOB	03/06/1979
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Date	Author	

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URGENT NEED			
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490
DOB	03/06/1979	Date	
Author		Date	
6-May-2021	A Pritchard	Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment.	
23-Apr-2021	Tammie Gottschlich	Requires assessment of concordance with medication and mental health.	

FURTHER SPECIALIST ASSESSMENT(S) NEEDED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<small>If "Yes" state exactly what assessment(s) are required, who is responsible for completion, timescale(s), and where the assessment(s) can be found.</small>			
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490
DOB	03/06/1979	Date	
Author		Date	
1-Aug-2021	Tammie Gottschlich	Assessment x2 due to concerns regarding mental state from Police Scotland, transferred to cells and awaiting court hearing.	
23-Apr-2021	Tammie Gottschlich	Currently an inpatient within Midpark Hospital, detained under an STDC. Requires mental health assessment and treatment.	
8-Jan-2020	YSchneider	Trevor requested review of diagnosis. Further review of mental health. Denies increased paranoia and decline since stopped taking Quetiapine.	

FURTHER INFO			
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490
DOB	03/06/1979	Date	
Author		Date	
DISCUSSED WITH	SOURCES OF INFORMATION ACCESSED		
22-Feb-2024	Tammie Gottschlich	Trevor Trueman Dr Coulthard GP	from patient Clinical portal
31-Jul-2021	KCarruthers/TGottschlich	Trevor Trueman Crisis team Police Scotland Dr Fernandez	Information obtained during assessment on 26/07/21 Clinical Portal - Assessment and Risk Assessments Trevor Police Scotland
27-Jul-2021	M Smith	Assessors Dr Fernandez	Information obtained during assessment on 23/07/21.
23-Apr-2021	Tammie Gottschlich	Dr Coulthard, MHO Maria Porteous, SCN Alistair Carlyle, Inpatient Service managers - Jody Ferguson& Jake Gattoi, Dr Ahmed (forensic specialist)	Clinical portal, Social work - Criminal Justice, Trevor.
8-Jan-2020	YSchneider	Trevor	EMIS, CLINICAL PORTAL, TREVOR

Completed By	Tammie Gottschlich	Date & Time	23-Feb-2024 10:26
Review Date		FOR COLLECTIVE RESPONSIBILITY	

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Nursing Assessment

PATIENT DEMOGRAPHICS			
Name	TREVOR TRUEMAN	DOB	03/06/1979
Address	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX	CHI	0306 / 03490
		Sex	Male
Carer/Contact Details			
Department Address	CMHS		

Assessment Date: 23-Jan-2024

Primary ICD10:

F60-F69: Disorders of adult personality and behaviour

Situation

GP referral

FAO: Dr Coultard and team. Update re Trevor

Comment: Dear colleagues, Thank you for attempting to arrange an assessment of Trevor via Dr McKenzie's team. I understand he didn't attend the appointment. Trevor has been in touch with myself again today and said the reasons for not attending were the following: 1) He was distrustful of the appointment letter because it wasn't signed 2) He did not like the fact that the letter referred to the appointment in a way of a routine review whereas he is very clear, as I mentioned previously, that he is wanting an ADHD assessment 3) He is still fixed on the idea of becoming a eunuch. I've tried to explain to Trevor that it is understandable that the CMHT would want to do a generalised mental health review, especially in light of his stated desire to become a eunuch, which is a highly unusual, and irreversible procedure. He was calm and measured during my conversation with him, but I appreciate this hasn't always been the case, and it seems he was verbally aggressive towards members of Dr McKenzie's team on the call. I'm at a loss to know what more I can do here other than to see if some form of assessment could be arranged. I've explained to Trevor that he might have to accept that any discussion of an ADHD assessment might need to initially take place in a general mental health review and he may need to make allowances for this. Kind regards, Dr Jon Ward (GP - Lochmaben)

Background

See Trevor's previous assessments for background information.
Well documented.

Diagnosis: PTSD- Paranoid Personality Disorder, and EUPD and schizotypal traits- cannabis misuse

Assessment

Mood: Trevor appeared euthymic, he reports his mood is at a good level.

Interests/hobbies: Trevor is keeping busy with his animals and birds. He plans to move to a small holding and live off the land with his animals. He has been hand rearing birds from chicks. He is also interested in horticulture and studying his faith. He plans to grow an orchard and build poly tunnels for his plants. Currently he is studying Hebrew and the scriptures. He is also interested in adopting a lifestyle free of temptations of the "flesh", which is why he is abstaining from sexual activity and relationships with females. He has also been doing his CBT - Motorcycle test and has passed and is hoping to re-sit his driving test.

Energy/motivation: Trevor has reported an increase in energy and motivation since stopping smoking Cannabis around 12 months ago. He is wishing to gain employment again.

Concentration/memory: He reports again an improvement in his memory and concentration since stopping Cannabis. However he does think he has attention deficits and has done since school.

Thoughts/anxiety: He tries to meditate to overcome any difficulties and challenges with his thoughts and will read his scriptures. He can feel anxious at times, however has noticed a decrease in agitation. He will get anxious in places with large groups of people, he alleviates this by staying at home and going out walking the dog. Reports he can be triggered (however not in context of PTSD) more so to of irritation with people, this is generally at LGBTQ+ due to types of sexuality and his belief that you are born and determined a sex and this should not be altered. He thinks about becoming a eunuch, this is due to his faith and wishes to be welcomed into the "kingdom". Discussed how the bible has been anglicised and the names within the bible are not the true names of religious characters. He plans to stay away from women and stays away from sinful thoughts.

Sleep: Generally fine. No issues with night terrors, previously did have but these are settled currently.

Appetite: Has gained weight since stopping cannabis. He is generally eating a healthy diet, has not gone up to 15 stone in weight. He plans to lose a little weight.

Suicidality: Denies any thoughts, plan or intent/

Lives with: Trevor lives on his own with his animals

Family: Has some family locally and has some contact with them.

House: Has tenancy in Templand near Lockerbie. No issues.

Finances: Currently in receipt of benefits, plans to gain employment.

MH Clinical: Personal data about a patient

Friends: Has a small group of close friends. People he can trust.

Main supports: friends.

Previous hospital admissions, support and medication: please see previous assessments and inpatient admission to Midpark in 2021.

Current physical health: Trevor believes he may have pleurisy, encouraged to go to GP. He also has been going to the toilet at night with more frequency, advised to also get his prostate examined.
No other current issues.

Alcohol: Nil current use

Substances: Previous heavy cannabis user, has stopped smoking cannabis for around 12 months.
Also well documented history of use of other substances.

Smoker: Has stopped smoking as does not wish to affect his health through addictions to nicotine and other substances.

Forensic: Nil currently, previous charges well documented in previous assessments. No pending charges.

Appearance: Well dressed, appropriate clothing, clean and smart. Looked physically well.

Demeanour/rapport: Calm and articulate, no evidence of agitation or irritability (as previous seen). Warm on contact and humour evident. Was able to rationalise why he wishes to become a eunuch despite being an extreme part of his faith. Was able to be challenged on this with no agitation.

Risk

Previous:
Forensic
Aggression and violence
Cannabis misuse leading to increase in overvalued ideas.

Current:
possible vulnerability with regards to faith and belief to become a eunuch.

Recommendations

Further assessment of mood, mental state and ADHD symptoms in 6 weeks time.
Trevor is not currently taking any medication and does not wish for medication, he wishes to understand himself better.
He is aware this is the first step prior to being referred to Urology for any procedure.
No evidence of major mental illness.

Assessor	Tammie Gottschlich	Co-Assessor	Katharine Coulthard
Designation	Team Leader	Designation	Consultant Psychiatrist
Signature		Signature	
Date	29-Jan-2024	Date	29-Jan-2024

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NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN



Ref: 164338
 Letter Ref: KC/CG

Dr J Ward
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone:
 Direct Dial: 01387 244118
 Email: caroline.grant2@nhs.scot
 Website: www.nhsdg.scot.nhs.uk

Clinic: Dr Katharine Coulthard
 Clinic Location: Annan Health Centre
 Clinic Date: 23/01/2024
 Date Typed: 25/01/2024

Dear Dr Ward

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Diagnosis: No clear psychiatric diagnosis on assessment today- specifically no clear evidence of psychotic episode, mood disorder or PTSD.

Medication: Nil.

Recommendations: We will offer one further appointment with Tammie Gottschlich, CMHN/Team Leader to review his mental state again and consider if there is any evidence of impairment in adult functioning related to ADHD symptoms. If he doesn't attend this we would discharge and he doesn't currently require follow up.

Risk: *Comment on suicide, neglect, aggression/violence, drugs/alcohol, wellbeing/disability, other*
 No major risks currently. Seeking surgical advice regarding castration in the context of religious beliefs. As far as I am aware there haven't been recent concerns about aggressive behaviour but previously there have been multiple breaches of peace and assault charges. In 2011 he served a four month prison sentence for drug offences. In 2012 police involvement when Trevor barricaded himself into a house and an armed response unit were called due to concerns he may have a crossbow and machete in the house. In 2021 attended court for hitting a car possibly related to the beliefs that the car in front was deliberately slamming on the breaks.

Follow-up: Tammie Gottschlich, CMHN/Team Leader.

Thank you for your referral regarding Trevor who I saw in our joint assessment clinic on 23 January 2024 at the Annan Health Centre. He had been offered three or four assessment appointments before this which he had either cancelled or not attended for a variety of reasons including not being able to get here in the rain and not wanting to attend for what had been communicated as an ordinary appointment. The first part of the assessment was done by Tammie Gottschlich, CMHN/Team Leader

0306793490

Job ID: 164338

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who has met Trevor on a number of occasions over the years. Both Tammie and I were struck by how calm Trevor was and the lack of agitation compared to when we have seen him previously.

He had been referred initially around the end of 2022 firstly as he had been requesting an ADHD assessment. At that point it sounded like he had been presenting as quite disorganised and pressured in his speech. The second reason was a combination of the concern about his apparent disorganisation and rapid speech but also his request for consideration of surgery to become a eunuch in the context of religious ideas.

Given that he has attracted a range of diagnoses in the past including an admission for what seemed to be a brief psychotic episode in the context of cannabis use and paranoid personality traits I was keen that we saw him to get a general sense of his mental health status.

Background

He had an admission in April 2021 under a Short Term Detention and discharged with a diagnosis of paranoid personality disorder with possible short term psychotic symptoms linked to cannabis use. Previous episodes of psychiatric input linked to diagnosis of PTSD, depression and adjustment to civilian life and possible EUPD traits.

Assessment

At the appointment today Trevor was well kempt and calm throughout. He made good eye contact and appeared bright and reactive. There was no evidence of pressure of speech. He discussed religious beliefs. I did not think these were of delusional intensity. There were no other symptoms of psychosis and he denied any symptoms of PTSD.

Related to his request for surgery to be a eunuch, he talked about the fact that because he has been married once he thinks any further sexual contact with women would be sinful. He is abstaining from sexual activity and trying to avoid contact with women. He feels that having surgery would remove any temptation to commit sin.

We discussed risks and benefits. He sees mainly benefits in terms of his spiritual life. The only downside that he could see was that he wouldn't be able to urinate standing up.

He discussed his religious beliefs and that he wouldn't define himself as a Christian but part of the Nazarene community. He talked about this being based on a particular translation of the bible. He agreed that few people would pursue being a eunuch due to religious beliefs and that he was unusual in this respect.

In terms of ADHD, he talked about difficulties in school with inattention and difficulty managing and disruptive behaviour and that he didn't sit any exams. I think it would probably be difficult to disentangle his various difficulties in adult life, particularly in the context of heavy cannabis use. He certainly wasn't wanting to pursue medication for ADHD today anyway.

He has stopped cannabis for a number of months although wasn't clear about the timeframe. He felt that that had led to a clearer mind, better memory, was able to eat more and definitely felt better off it. He talked about longstanding pattern of using cannabis, about half an ounce a week prior to this recent episode of abstinence.

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Summary

Overall my sense was that Trevor did not seem to be psychotic or suffering from a significant mood disorder or PTSD today. He didn't seem to be displaying particular paranoid personality traits that have previously been commented on. This was all in the context of having stopped cannabis a number of months ago.

We will offer to see him for a further one off appointment given the reported variability of his presentation in communication with you. However based on what I saw today we wouldn't be assertively following him up if he doesn't attend this.

Yours sincerely

Dr Katharine Coulthard
Consultant Psychiatrist

(N) Tammie Gottschlich, Team Leader, Annandale & Eskdale CMHNT, Annan Health Centre, Stapleton Road,
Annan, DG12 6JP
Authorised on 30/01/2024 17:15:38 by Dr Katharine Coulthard.

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NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN



Ref: 161714
 Letter Ref: KC/CG

Dr J Ward
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 244118
 Direct Dial:
 Fax:
 Website: www.nhsdg.scot.nhs.uk
 Email: caroline.grant2@nhs.scot
 Date Typed: 20/09/2023

Dear Dr Ward

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

I am just writing regarding Trevor. As you know he missed two joint assessment appointments with Dr Mackenzie. We offered him a further appointment during the week of 19 September 2023 which he phoned on the day to cancel as it was raining. We won't currently arrange a further appointment as it seems that he is not likely to attend. I am happy to continue to liaise with you and if risks are escalating we will need to think again about how we arrange an assessment.

Yours sincerely

Dr Katharine Coulthard
 Consultant Psychiatrist

(N) Tammie Gottschlich, Team Leader, Annandale & Eskdale CMHNT, Annan Health Centre, Stapleton Road, Annan, DG12 6JP
 Authorised on 26/09/2023 17:00:32 by Dr Katharine Coulthard.

0306793490

Job ID: 161714

Page 1 of 1

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TRIAGE FORM			
PATIENT DETAILS		REFERRER DETAILS	
Name	TREVOR TRUEMAN	Name	Dr Ward
CHI	0308793490	Source of Referral	Primary Care <input type="checkbox"/>
DOB	03/06/1979	Source 2	GP OOHs <input type="checkbox"/>
Address	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX	Address	Lochmaben Surgery
Phone		Phone	01387810252
Referral Date & Time			
11-Aug-2023 15:30			
Referral Taken By:			
Name	Team		
Tammie Gottschlich	CMHT Annan		<input type="checkbox"/>
Consent to Refer (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Who else resides at this address?			
Name	Relationship	Comments	
GP Details			
GP Name	Dr Jon Ward		
Practice	Lochmaben Surgery		
Phone	01387810252		
Date of Last Contact with GP (if known)	11-Aug-2023		
Other Agencies Involved	Name	Date of last contact (if known)	
Current Inpatient (Y/N) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Subject to Legal Frameworks <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Reason for referral / Summary of presenting problems			
<p>Dear Colleagues,</p> <p>Thank you for attempting to arrange an assessment of Trevor via Dr McKenzie's team. I understand he didn't attend the appointment. Trevor has been in touch with myself again today and said the reasons for not attending were the following:</p> <ol style="list-style-type: none"> 1) He was distrustful of the appointment letter because it wasn't signed 2) He did not like the fact that the letter referred to the appointment in a way of a 'routine review' whereas he is very clear, as I mentioned previously, that he is wanting an ADHD assessment 3) He is still fixed on the idea of becoming a eunuch. <p>I've tried to explain to Trevor that it is understandable that the CMHT would want to do a generalised mental health review, especially in light of his stated desire to become a</p>			

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eunuch, which is a highly unusual, and irreversible procedure. He was calm and measured during my conversation with him, but I appreciate this hasn't always been the case, and it seems he was verbally aggressive towards members of Dr McKenzie's team on the call.

I'm at a loss to know what more I can do here other than to see if some form of assessment could be arranged. I've explained to Trevor that he might have to accept that any discussion of an ADHD assessment might need to initially take place in a general mental health review and he may need to make allowances for this.

Kind regards,
Dr Jon
Ward (GP - Lochmaben)

Primary ICD10:

F60-F69: Disorders of adult personality and behaviour

Secondary ICD10:

Risk / Alerts

Risk to self	Self harm (wishes to become a eunuch) substance misuse
Risk to others	Aggression, intimidating behaviour
Environmental Risks	Nil known
Risk to Child(ren)	Nil known
Other issues <small>(Including communication issues, Alerts, ASP, Child protection)</small>	

Prescribed Medication

Name of Medication	Dose	Frequency	Source of Prescription
Nil			

Recent Medication Changes

Medication Changed	Who By	Type of Change Made	Date of change

Other Substance

Substance	Frequency of use	Current Use (Yes/No)
Cannabis	Frequent use	

Referrer's Impression

(Include referrers view on action required if attempted contact is unsuccessful)

Outcome of Triage

ABI Delivered Accepted for Crisis Assessment Required CMHT Inappropriate Not Medically Fit Not for assessment
 Patient Follow Referred to Third Sector SDAS Signposting to Other Agencies Suggested to Other Services

Action - Including Timescale	Phone call to Trevor, happy to come into Annan to see Dr Coulthard. Wishes for the letter to be marked as for ADHD assessment and to be a eunuch, as he is not "routine". Wishes for the letter to be signed. FOR JAC
-------------------------------------	--

Length of time of Triage Process (Minutes)

25

Information Recorded by

Name	Date	Designation
Tammie Gottschlich	11-Aug-2023	Team Leader

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JW
✓

50491 001075 0012 E 31800 HZ

Dr Unknown
 LOCHMABEN MEDICAL GROUP
 42-44
 HIGH STREET
 LOCHMABEN
 LOCKERBIE
 DG11 1NH

31800/12

Our phone number is: 0141 314 5496

If you have a textphone,
you can call on: 18001 0141 314 5496If you get in touch with us, tell us this
reference number: JS496483D

Date: 14th February 2023

About your patient**Address**Full Name Mr Trevor Trueman5, Shaw Road, Templand, Lockerbie, DG11
1TXNINo JS496483DDate of birth 3rd June 1979

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at <https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners>
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Jacqueline Wood

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
 RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

UC113

Client Name: Mr Trevor Trueman

Client NINo: JS496483D

Client Date of Birth: 03.06.1979

Freeport RTZY-JCHS-LZET
Centre for Health and Disability Assessments
Glasgow BSC
Mail Handling Site A
Wolverhampton
WV98 2EQ

Your reply
Please answer the following questions from the information which is currently available to you.
If you need more space for any of your answers please continue at Part 7.

1 When did your patient last see a GP?
11/01/23 *Telehealth Consult*

2 Current conditions affecting ability to work
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:
- Relevant symptoms and signs including side effects of medication with dates.
- For mental health conditions please provide brief mental state examination findings if available.
- Past, present and planned investigations and management including medication where relevant.
If you are sending a computerised printout of current medication you do not need to list this here.

Please complete both sides of this form and return the completed form in the supplied envelope with the above address showing in the window.

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
PTSD - 2009 EUPD - 2012 Paranoid Personality Disorder - 2021	Resistant low mood Paranoid beliefs where mood low.	Has been re-referred to Community Mental Health team late 2022 due to complex mental health issues. Not on any current regular medications

P303934/00075/2/3

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

UC113

About your patient - continued NINo: JS496483D

3. Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

NA

4. If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities:

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>
Reaching	<input type="checkbox"/>
Picking up objects	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Communicating with others	<input type="checkbox"/>
Continence	<input type="checkbox"/>
Learning simple tasks	<input type="checkbox"/>
Awareness of hazards	<input type="checkbox"/>
Initiating and completing personal actions	<input type="checkbox"/>
Coping with changes or social engagement	<input type="checkbox"/>
Appropriateness of behaviour	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>

5. Does the patient have a history of threatening or violent behaviour? No Yes

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

6. Could your patient travel to an examination centre by public transport or taxi? No Yes

Please tell us why at Part 7.


7. Additional information
Please continue on a separate sheet if necessary.

Taken from psychiatric letters:

- History of breach of the peace / assault charges including driving into a police vehicle.
- Frequent mentions of verbal aggression.
- Has a Criminal Justice Social Worker.
- Concerns in past of patient carrying weapons.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature: 

Name IN CAPITALS: Dr JONATHAN WARD

Date: 17/02/2023

Practice stamp
Dr J Ward
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY
Community Mental Health Service
Annan Health Centre



Stapleton Road
Annan
DG12 6NQ

Ref: 100677009
Letter Ref: TG/CAP

Dr N Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Telephone: 01461 633291.
Direct Dial: 01461 633291
Fax:
Website: www.nhsdg.scot.nhs.uk
Email: dg.cmhtannan@nhs.scot
Date Typed: 22/12/2022

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Trevor was offered an appointment in our Joint Assessment Clinic on the 10th January, he has phoned today, to say he does not trust anyone within Annan CMHT therefore wishes to cancel this.

This is partly due to his previous detention which myself and Dr Coulthard were involved in. He believes he has been "promised" an appointment with Dr Bhatti. Advised Dr Bhatti is currently unavailable, however I would pass this onto the appropriate departments to relay his concerns.

Yours sincerely

Tammie Gottschlich
Community Mental Health Nursing Team Leader

(P) Dr Graeme Bhatti, Consultant Psychiatrist, Intellectual Disability Psychiatry, Mountain Hall Treatment Centre, DG1 4HP

Authorised on 23/12/2022 08:41:44 by Tammie Gottschlich.

0306793490

Job ID: 100677009

NHS Confidential: Please do not share this information

NHS DUMFRIES AND GALLOWAY**CB - UROLOGY**

Dumfries and Galloway Appointment Centre
Dumfries

Telephone: 01387 246246

Jonathan Ward
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Date Dictated: 18/12/2022 13:28:21
Consultant: Aminu
CHI: 0306793490
Letter Ref: RET TO REF / 0306793490
Referral date: 16/12/2022

Dear Dr Jonathan Ward

TREVOR TRUEMAN

D.O.B 03/06/1979 00:00:00

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

Thank you for your referral/advice only request of the 16/12/2022 00:00:00.
Please see return reason, recommendations and further details below: -

Return Reason:- Alternative Service Recommended

Further Details:-

Dear Colleague,
Please refer him to psychiatrists for assessment first and if they feel he definitely needs it then refer him to Uroandrologists in the the major centres in Edinburgh or Glasgow

Yours sincerely

Sani Aminu
Urology Locum Consultant

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TRIAGE FORM			
PATIENT DETAILS		REFERRER DETAILS	
Name	TREVOR TRUEMAN	Name	Dr Ward
CHI	0308793490	Source of Referral	Primary Care <input type="checkbox"/>
DOB	03/06/1979	Source 2	GP OOHs <input type="checkbox"/>
Address	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX	Address	Lochmaben Surgery
Phone		Phone	01387810252
Referral Date & Time			
16-Dec-2022 10:30			
Referral Taken By:			
Name	Team		
Tammie Gottschlich	CMHT Annan		<input type="checkbox"/>
Consent to Refer (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Who else resides at this address?			
Name	Relationship	Comments	
Dr Ward			
GP Details			
GP Name	Dr Jon Ward		
Practice	Lochmaben Surgery		
Phone	01387810252		
Date of Last Contact with GP (if known)	15-Dec-2022		
Other Agencies Involved		Name	Date of last contact (if known)
Current Inpatient (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subject to Legal Frameworks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Reason for referral / Summary of presenting problems			
Needs mental health assessment - patient asking for ADHD but displaying some possible paranoid behaviours			
Comment:	<p>Dear colleagues,</p> <p>Thank you for your recent letters regarding this gentleman.</p> <p>He contacted the surgery recently requesting 2 referrals. The first was he was fixed in his belief and request that he wanted me to refer him to urology for consideration of surgery to become a eunuch for his apparently strict religious beliefs. He was fixed on the idea (and quoted numerous bible passages at me, as well as colourful language, during the consult)</p>		

NHS Confidential: Personal data about a patient

that the only way he could get into heaven was if he becomes a eunuch. Obviously this is quite a radical procedure and I'm not even sure urology would even consider such a request but I've agreed to refer him. He got to the point of saying that he would consider doing it to himself. I have obviously strongly advised him against doing this.

The other request was for an ADHD assessment. Trying to tease out why he felt he needed this assessment was difficult and other than what sounds like being disorganised and struggling to concentrate I am unclear as to whether he actually might have ADHD or not. The reason for being unable to provide you with the information you mentioned in your November letter is because he has a very rapid speech pattern and has fixed beliefs about religion and his conviction that he definitely has ADHD so I struggled to get much of a word in edgeways.

He denied suicidal or harmful thoughts (apart from the thinly veiled threat of removing his own penis and testicles!) and also denied any recent drug use although I do note this has been an issue in the past.

I can see that since talking to this patient and sending this referral, he has been in touch with the CMHT and requested Dr Bhatti (that letter is also attached). I wonder if this gentleman might require a mental health assessment that incorporates a possible ADHD assessment in order for him to engage with the process. I've advised him that urology might require a psychological or psychiatric assessment prior to any radical surgery but I haven't made this a contingency or promised him any definite review for ADHD etc.

I'm just worried that with recent contacts and his fixed beliefs that we might be looking at a picture of worsening of the paranoid personality order that was diagnosed last year.

Kind regards,
Dr Jon Ward (GP -
Lochmaben)

Primary ICD10:

F60-F69: Disorders of adult personality and behaviour

Secondary ICD10:

Risk / Alerts

Risk to self	Self harm (wishes to become a eunuch) substance misuse
Risk to others	Aggression, Intimidating behaviour
Environmental Risks	Nil known
Risk to Child(ren)	Nil known
Other issues <small>(including communication issues, Alerts, ASP, Child protection)</small>	

Prescribed Medication

Name of Medication	Dose	Frequency	Source of Prescription
Nil			

Recent Medication Changes

--

NOTE: Confidential: Personal data about a patient

Medication Changed	Who By	Type of Change Made	Date of change

Other Substance		
Substance	Frequency of use	Current Use (Yes/No)
Cannabis	Frequent use	

Referrer's Impression
(include referrers view on action required if attempted contact is unsuccessful)

Outcome of Triage	
ABI Delivered <input type="checkbox"/>	Accepted for Crisis <input type="checkbox"/>
Assessment Required <input checked="" type="checkbox"/>	CMHT <input checked="" type="checkbox"/>
Inappropriate <input type="checkbox"/>	Not Medically Fit <input type="checkbox"/>
Not for assessment <input type="checkbox"/>	Patient Follow <input type="checkbox"/>
Referred to Third Sector <input type="checkbox"/>	SDAS <input type="checkbox"/>
Signposting to Other Agencies <input type="checkbox"/>	Suggested to Other Services <input type="checkbox"/>
Action - including Timescale	Requires JAC assessment - to be sent appointment increase in bizarre behaviours over recent weeks and normally an indication of deterioration in mental state.

Length of time of Triage Process (Minutes)
25

Information Recorded by				
Name	Date	Designation		
Tammie Golttschlich	16-Dec-2022	Team Leader		

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NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Community Intellectual Disabilities Team
 Mountainhall Treatment Centre
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 155519
 Letter Ref: SA/CT

Dr J Callander
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 244244
 Fax:
 Website: www.nhsdg.scot.nhs.uk
 Email: dg.learning-disabilities@nhs.scot
 Date Typed: 08/12/2022

Dear Dr Callander

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

The Intellectual Disability admin team were contacted by Mr Trueman on Tuesday the 6th of December 2022, with Mr Trueman asking to speak to Dr Graeme Bhatti. Mr Trueman had apparently advised our admin team that he was seeking input from Dr Bhatti, and had previously had input with Dr Bhatti before. Unfortunately Dr Bhatti is currently off on sick leave, and Mr Trueman was notified that Dr Bhatti was expected to be back at work later in the week, but Mr Trueman was keen to speak to someone the same day.

I had a look at Mr Trueman's notes and noted your referral to Dr Bhatti for an ADHD assessment, and that this referral had been passed to the Annandale and Eskdale CMHT, and I note that Dr Coulthard has responded to your referral letter.

I phoned Mr Trueman back to respond to his request to "speak to someone today", and throughout the phone call he was animated and at times verbally abusive. I advised him that the referral you had made had been passed to the Annandale and Eskdale CMHT, and that they had responded with a letter back to you. I advised Mr Trueman that he would be best contacting the surgery to discuss what to do next. Mr Trueman made it clear that he wanted it recorded that he did not wish to be seen by Dr Coulthard, and wished to be seen by Dr Bhatti. He continued to insist to ask "what are you going to do about this?", and I advised Mr Trueman that I was simply returning his phone call as he had requested, and that I cannot make any decisions about his request for referral.

Yours sincerely

Dr Sakib Ahmed
 Locum Consultant Psychiatrist

Job ID: 155519

0306793490

NHS Confidential: Personal data about a patient

(E) Dr Graeme Bhatti, Consultant Psychiatrist, Intellectual Disability Psychiatry, Mountainhall Treatment Centre, Dumfries, DG1 4HP
(E) Dr Katharine Coulthard, Consultant Psychiatrist, Midpark House, Bankend Road, Dumfries, DG1 4TN
(E) Dr Nicholas Walker, Associate Medical Director (Mental Health), Midpark House, Bankend Road, Dumfries, DG1 4TN
Authorised on 09/12/2022 19:37:49 by Dr Sakib Ahmed.

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0306793490

Job ID: 155519

Page 2 of 2

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN



Ref: 154777
 Letter Ref: KC/CG

Dr J Callander
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone:
 Direct Dial: 01387 244118
 Fax:
 Website: www.nhsdg.scot.nhs.uk
 Email: caroline.grant2@nhs.scot
 Date Typed: 09/11/2022

Dear Dr Callander

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Thank you for your letter regarding Trevor. Dr Bhatti wouldn't currently be an appropriate route for a referral to ADHD (I have emailed Dr Bhatti who has confirmed this).

I was involved with assessing Trevor prior to his last admission to hospital. His difficulties appear to be quite longstanding and complicated.

I would be grateful, if you wanted us to consider assessment, if we could have a little bit more information regarding the main difficulties. It sounds like he was describing issues with low mood and anxiety mainly. I am not clear whether he is on treatment for that currently or is wanting consideration for treatment with that. Normally that would be commenced in primary care as I am sure you are aware.

In terms of ADHD, we would need to have a bit more information to base a decision about whether or not assessment is appropriate including whether he is struggling currently with significant issues with hyperactivity, impulsivity and concentration and whether this has been an issue going back to childhood years. From what I recall it seems unlikely that we would be making and offering treatment for a separate diagnosis for Trevor. From what I recall previously he has used cannabis quite heavily so it is unlikely we would assess him regarding ADHD if that was still the case.

We won't currently offer an assessment but we would be happy to discuss if that would be helpful.

Yours sincerely

Dr Katharine Coulthard
 Consultant Psychiatrist

0306793490

Job ID: 154777

NHS Confidential: Personal data about a patient

(N) Tammy Gottschlich, Team Leader, Annandale & Eskdale CMHNT, Annan Health Centre, Stapleton Road,
Annan, DG12 6JP
Authorised on 14/11/2022 13:51:33 by Dr Katharine Coulthard.

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0306793490

Job ID: 154777

Page 2 of 2

NHS Confidential: Personal data about a patient

MICROBIOLOGY LABORATORY, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

Surname: TRUEMAN Forename: TREVOR
 CHI: 030 679 3490 Date of Birth: 03/06/1979 Specimen number: MG663562R
 Location: Lochmaben Surgery Clinician: Jefford F (LM)
 Specimen Type : Urine First Void
 Clinical Details : urinary frequency

C.trachomatis (CT) NAAT : Negative
 N.gonorrhoeae (NG) NAAT : Negative

C.trachomatis DNA NOT detected
 NO evidence of Neisseria gonorrhoeae DNA

NOTE:

A negative result does not preclude the presence of infection because results depend on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.

Antibiotic(s) - PRIOR :
 Antibiotic(s) - PROPOSED: None
 Date & Time Taken : 29/12/2021 11:20
 Date & Time Received : 29/12/2021 14:24
 Date & Time Authorised : 31/12/2021 18:25
 Authorised by : Automatic validation

Page : 1

MSL Confidential: Personnel database's content

MICROBIOLOGY LABORATORY, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

Surname: TRUEMAN

Forename: TREVOR

CHI: 030 679 3490 Date of Birth: 03/06/1979 Specimen number: MG663561V

Location: Lochmaben Surgery

Clinician: Jefford F (LM)

Specimen Type : Urine MSU

Clinical Details : urinary frequency

Flow cytometry results - see information below

WBC count	: 0	cells/uL
RBC count	: 1	cells/uL
Epithelial cells count	: 0	cells/uL
Cast (Pathological) count	: 0.0	cells/uL

Flow cytometry results indicate culture not required.

WHITE CELL COUNT INTERPRETATION:

"0-39"	= not significant
"40-89"	= +
"90-599"	= ++
">=600"	= +++

This test is not UKAS accredited.

Antibiotic(s) - PRIOR :

Antibiotic(s) - PROPOSED: None

Date & Time Taken : 29/12/2021 11:20

Date & Time Received : 29/12/2021 14:28

Date & Time Authorised : 29/12/2021 14:45

Authorised by : Automatic validation

Page : 1

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of General Surgery
 Dumfries and Galloway Royal Infirmary
 Cargenbridge
 Dumfries
 DG2 8RX



Ref: 2511524
 Letter Ref: MBH/BS

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 243197
 Fax:
 Email: billie.sim@nhs.scot
 Website: www.nhsdg.scot.nhs.uk

Clinic: Miss Bews-Hair
 Clinic Location: Dumfries & Galloway Royal Infirmary
 Clinic Date: 09/11/2021
 Date Typed: 15/11/2021

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Type of Referral: **New** **Urgent**

Follow-up: **Awaiting Test Result**

I saw Mr. Trueman in clinic today after he came along with a left breast lump. He said it was tender and had progressively increased, although seems to have plateaued more recently. It remains tender as pressure was put on it. You mention his back ground of post traumatic stress disorder and paranoid personality disorder. He says he has been on a lot of medication previously but is now off all medications. He does still use cannabis.

On examination today he had a ridge of what felt like tender glandular tissue behind his left nipple areola in keeping with gynecomastia. There is no obvious abnormality to palpate on the right.

This appeared like benign gynecomastia and, not being on any medication currently and being years since he has taking anabolic steroids at the gym; it may be related to his cannabis use. For completeness we are arranging for him to have a mammogram performed which he told me he had been expecting and seemed happy to have, however, he did not remain with his partner in the waiting area and then when was contacted by radiology staff he did not return. They will send out an appointment for this in any case to see if he turns up for that.

I discussed management of this. He is not in favour of surgery and would not like to take any anti-hormonal medication for it, and as the tenderness from gynecomastia often subsides I suggested that we just did nothing. At this stage I have not arranged any further follow-up in breast clinic.

Yours sincerely

Maria Bews-Hair
 Consultant Surgeon

0306793490

Job ID: 2511524

NHS Confidential: Personal data about a patient

GMC Number: 4731595

Authorised on 15/11/2021 14:09:27 by Maria Bews-Hair.

THIRD PARTY COPY

0306793490

Job ID: 2511524

Page 2 of 2

NHS Confidential: Personal data about a patient

Dumfries & Galloway Mental Health Directorate			
CLINICAL RISK ASSESSMENT & MANAGEMENT TOOL			
<small>(Developed under Morgan's The Forensic Course for Mental Health Workers / www.nhs.uk / Dumfries & Galloway Mental Health Directorate)</small>			
PATIENT FORENAME	TREVOR	PATIENT SURNAME	TRUEMAN
CHI	0306793490	DOB	03/06/1979
PATIENT ADDRESS	5 SHAW ROAD TEMPLE AND LOCKERBIE DG11 1TX		

Context of Completion*: Review Admission Discharge

NETWORK OF SUPPORT	CONSULTED	NAME(S)* <small>(Please specify)</small>	COPIES SHARED WITH
Patient	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Carer(s)	<input type="checkbox"/>		<input type="checkbox"/>
Key Worker	<input type="checkbox"/>		<input type="checkbox"/>
General Practitioner	<input checked="" type="checkbox"/>	Lochmaben Medical Practice	<input type="checkbox"/>
Psychiatrist	<input checked="" type="checkbox"/>	Dr Coulthard	<input type="checkbox"/>
Community Mental Health Nurse	<input checked="" type="checkbox"/>	Tammie Gottschlich (CMHNT)	<input type="checkbox"/>
Ward Link Nurse / Key Nurse	<input checked="" type="checkbox"/>	Alistair Carlyle SCN - Balcary ICU	<input type="checkbox"/>
Social Worker / Mental Health Officer	<input checked="" type="checkbox"/>	Maria Porteous	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>		<input type="checkbox"/>
Psychologist	<input type="checkbox"/>		<input type="checkbox"/>
Support Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Voluntary Agency Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Drug & Alcohol Worker	<input type="checkbox"/>		<input type="checkbox"/>
Advocate	<input type="checkbox"/>		<input type="checkbox"/>
Named Person	<input type="checkbox"/>		<input type="checkbox"/>
Community Learning Disability Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

RISK INDICATORS									
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979				
Suicide									
	Yes	No	Not done		Yes	No	Not done		
S1) Previous attempts on their life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S8) Expressing high levels of distress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
S2) Previous use of violent methods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S9) Helplessness and / or hopelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
S3) Misuse of drugs and / or alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S10) Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
S4) Major psychiatric diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S11) Separated / widowed / divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
S5) Expressing suicidal ideas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S12) Unemployed / retired	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S6) Considered / planned intent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S13) Recent significant life events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
S7) Lives alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S14) Major physical illness / disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Date	Author			Suicide Comments					

MH Care/Wel: Personal care about a patient

27-Jul-2021	M Smith	Information obtained from assessment on 23/07/21 S3) continues to smoke cannabis. S7) reports he has been sleeping in a caravan in a friends garden.
6-May-2021	A Pritchard	S4) Need to gain further assessment on mental state as at present no signs of psychotic illness. Potentially personality disorder. Has intense values and beliefs and unwilling to accept other peoples values and beliefs that are outwith his although does not appear psychotic. Sister agrees with all his values/ideas and does not feel he is any different to his usual self.
23-Apr-2021	Tammie Gottschlich	S3) Trevor has smoked cannabis for many years and has previous conviction for supplying substances. S4)He is currently presenting as psychotic, reporting delusional ideas and threatening towards other. S8) Trevor is unable to listen to other people and presents as grandiose and pressured in speech. When he is distressed this appears to become more apparent.
8-Jan-2020	YSchneider	S3) Reports having an occasional cannabis joint. Has been using CBD oil which can be bought over the counter. S4) Past diagnosis of Emotionally Unstable Personality Disorder- Impulsive type. S7)Lives in rented DGHF accommodation S8,9) Feels frustrated and distressed. Lost a friend from suicide last year which has affected him and he feels the Police are out to "trip him up" and want him sent back to jail. Reports to have PTSD from time in Army. has never sought support for this and states this is nit an issue and he manages this. S12) Not currently employed, would like to get back to work at some point in future when feels well enough to do so. S13) Recent death of friend a year ago to suicide. Breakdown of relationship. Ex-Partner was deceased friends sister

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979	
Neglect						
	Yes	No	Not done	Yes	No	
N1) Previous history of neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N8) Lack of positive social contacts	<input type="checkbox"/>	<input type="checkbox"/>
N2) Failing to drink properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N9) Unable to shop for self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N3) Failing to eat properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N10) Insufficient / inappropriate clothing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N4) Difficulty managing physical health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N11) Difficulty maintaining hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N5) Living in inadequate accommodation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N12) Experiencing financial difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N6) Lacking basic amenities (water / heat / light)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N13) Difficulty communicating needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N7) Pressure of eviction / repossession	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N14) Derives problems perceived by others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Neglect Comments
31-Jul-2021	KCarruthers/TGottschlich	Information obtained from assessment on 25/07/21 N13) - Trevor had no difficulties articulating himself at time of assessment.
27-Jul-2021	M smith	Information obtained from assessment on 23/07/21 N13) Trevor was able to articulate himself well during the assessment.
23-Apr-2021	Tammie Gottschlich	N13) N14) Trevor believes he is not mentally unwell and that there is a conspiracy amongst the police, social services and community mental health team to have him detained. He struggles to communicate in a meaningful way and often preaches to others regarding his beliefs. He believes that others are delusional and he is not. He hasd phoned his solicitor when he was detained on Wednesday and refused to listen and co-operate with police and medical/nursing staff, which requires mechanical restraint from police officers to bring him into hospital.
8-Jan-2020	YSchneider	N2,3)Reports when he feels stressed and annoyed will stop eating and drinking properly. N12) Reports to being in some debts and rent arrears . has someone to contact for support with this. N13) Trevor today had some pressure of speech, feeling frustrated and angry as he feels he is being persecuted by Police. Passive aggressive in demeanour but appeared mainly due to expression of frustration, not directed at self. N14) Trevor has been established in Quetiapine 800mg since 2013 and denies any deterioration in mental health since he has stopped taking this. some Paranoid beliefs of persecutory nature towards Police and others, unclear if any truth in this.

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979	
Aggression / Violence						
	Yes	No	Not done	Yes	No	
A1) Previous incidents of violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A8) Paranoid delusions about others	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A2) Previous use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A9) Violent command hallucinations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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A3) Misuse of drugs and / or alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A10) Signs of anger and frustration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4) Male gender, under 35 years of age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A11) Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A5) Known personal trigger factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A12) Preoccupation with violent fantasy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A6) Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A13) Admissions to secure settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7) Previous dangerous impulsive acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A14) Denial of previous dangerous acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Aggression / Violence Comments
31-Jul-2021	KCarruthers/TGottschlich	Information obtained from assessment on 26/07/21 A8) - No evidence of delusions. A10) - Trevor displayed frustration towards police, he was unhappy that he had been detained on a 297 and subsequently brought to A&E for assessment of his mental health.
27-Jul-2021	M smith	Information obtained from assessment on 23/07/21 A8) no evidence of delusions. A10) voiced his frustration with current situation having been detained by police and brought to Accident & Emergency department.
6-May-2021	A Pritchard	A8) No evidence of paranoid delusions. Potentially personality disorder. Has intense values and beliefs and unwilling to accept other peoples values and beliefs that are outwith his although does not appear psychotic. Sister agrees with all his values/ideas and does not feel he is any different to his usual self. A10) Frustrated by being in hospital, does not feel he needs to be here. Can be intimidating and manipulative at times.
23-Apr-2021	Tammie Gottschlich	A8/A10/A14) Trevor believes that people are to get him, having seen a severed lambs head at the bottom of his road, he felt that this was a threat. He has been in possession of weapons in the past and had taped knives to his hands and worn a gas mask. He can come across as menacing and intimidating. He has an injunction on him from his ex-partner for violence towards her. He is known to record conversations and people who come to visit and live broadcast this on to the internet as a way of demonstrating whatever particular cause he is fighting for. He has had previous prison sentences, he drove into a police vehicle and he has driven into others and then accused them of running into him. He will get aggressive when discussing this. He is due to appear in court for intermediate report on 4th May and will appear again in June. He had made a blockade out of boulders and branches to ensure the police and services were unable to get to his accommodation.
8-Jan-2020	YSchneider	A1)IN 2012 barricaded self in his home , thought to have crossbow and machete in the home. Armed response team attended house but Trevor had left before they arrived. Mental Health Assessment completed after court appearance- no illness found at that time. A3) Reports to having an occasional cannabis joint. Denies any excess or use of other substances. Past 4 month sentence for drug offences in 2012 and was tagged. A10) Displayed as angry and frustrated at the way he interprets being targeted by Police at present. XX) Trevor denies having any active suicidal thoughts. States he is more danger to those causing him stress at present. Cites he is a trained killer to tie served in Army.

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/05/1979		
Wellbeing / Disability							
	Yes	No	No Answer		Yes	No	No Answer
W1) Sensory impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W7) Wandering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W2) Intellectual Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W8) Accidental injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W3) Unsuitable home environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W9) Communication difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W4) Poor mobility inside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W10) Problems expressing sexuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W5) Poor mobility outside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W11) Impulsivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W6) Slips, trips & falls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W12) Inappropriate demand(s) on services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date	Author	Wellbeing / Disability Comments					
31-Jul-2021	KCarruthers/TGottschlich	No concerns identified at time of assessment.					
8-Jan-2020	YSchneider						

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/05/1979
Drug & Alcohol					

M45 Court/M45: Personal data about a patient

	Yes	No	Not Answered		Yes	No	Not Answered
D1) Dependence (Physical / Psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D8) Difficulty managing hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2) Withdrawal Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D9) Associated criminal activity / debt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D3) Increasing levels of use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D10) Driving whilst under the influence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4) Poly substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D11) Inadequate nutrition / hydration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5) History of overdose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D12) Engaging in sexually harmful activity (e.g. prostitution / promiscuity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D6) Physical ill-health (e.g. Abscesses, DVT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D13) Exploitative situations / relationships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D7) Blood Borne Virus (e.g. Sharing equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D14) Related child protection concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Drug & Alcohol Comments
27-Jul-2023	M smith	Information obtained from assessment on 23/07/21 xx) admits to cannabis use.
23-Apr-2021	Jammie Gottschlich	There was a strong smell of cannabis coming from his accommodation on day of detention. He denies cannabis use.
8-Jan-2020	YSchneider	D1)Denies any use of illicit substances, admits to occasional cannabis joint.Uses CBD oil which can be bought over the counter. D9) Past 4 month sentence for drug offences in 2012 - unclear if abusing cannabis for self at the time

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
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Other							
	Yes	No	Not Answered		Yes	No	Not Answered
O1) Self-injury / Self-Harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O14) Exploitation by others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O2) Other self-harm (e.g. eating disorders)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O15) Exploitation of others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O3) Stated abuse by others (e.g. physical, sexual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O16) Culturally isolated situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4) Abuse of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O17) Non-violent sexual offence (e.g. exposure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O5) Harassment by others (e.g. racial, physical)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O18) Willful fire raising / Arson (deliberate fire-setting only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O6) Harassment of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O19) Accidental fire risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O7) Risk to child(ren)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O20) Other damage to property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O8) Non-concordance with treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O21) Home safety (e.g. risk of falls)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O9) Disorientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O22) Trying to conceive / Pregnant / Post Natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O10) Moving and handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O23) Occupational risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O11) Financial Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O24) Vulnerability (e.g. sexual, social, financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O12) Cognitive impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O25) Risk of Absconding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O13) Physical ill-health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Date	Author	Other Comments
23-Apr-2021	Jammie Gottschlich	O3)O4)O5)O6)O8)O25) Trevor reports childhood trauma. He also has been charged with harassment of others and has been posting derogatory information about others, police and social work online. He has abused an ex partner. Due to his lack of insight, he is of risk of absconding from hospital, prior to admission, he had been turning his phone off, to ensure his whereabouts were difficult to find. He refused to meet with social workers and phoned to decline appointment to see myself for mental health assessment.
8-Jan-2020	YSchneider	O5)Trevor reports being followed by Police and goaded as they are "trying to trip him up" to get him sent back to jail. Mentioned various names of Police officers. O8) Has stopped taking prescribed dose of Quetiapine over last year. O23)Passive aggressive when discussing feelings of anger and being persecuted, not directed at others on assessment today. O24)Unclear if socially isolated and vulnerable. Reports little positive social interactions with others, keeps himself isolated.

FORMULATION					
<i>(Include: Predisposing factors, Precipitating Factors, Perpetuating factors, Protective Factors) (Also consider "Presenting Problems")</i>					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date		Author			

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31-Jul-2021	KCarruthers/TGottschlich	<p>Information obtained from assessment on 26/07/21</p> <p>Presenting Problem: Trevor was brought to Accident and Emergency (A&E) department by police under a section 297 for a mental health assessment. Trevor had been at a friends house in Linduden and had a speaker on, preaching to people within Linduden. This had brought attention to others and police were subsequently called.</p> <p>Predisposing, Precipitating and Perpetuating Factors: As previously documented.</p> <p>Protective Factors: His religion.</p>
27-Jul-2021	M.smith	<p>Information obtained from assessment on 23/07/21</p> <p>PRESENTING PROBLEMS: Trevor was brought to Accident & Emergency (A&E) department by police under a section 297 for a mental health assessment. Concerns had been raised regarding his presentation within the community.</p> <p>PREDISPOSING and PRECIPITATING FACTORS: As previously identified.</p> <p>PERPETUATING FACTORS: Cannabis use. Trevors clinical notes document that he has a diagnosis of paranoid personality disorder.</p> <p>PROTECTIVE FACTORS: His religion.</p>
23-Apr-2021	Tammie Gottschlich	<p>Presenting: Trevor has come to the attention of services through Criminal Justice Social Work. He has been increasingly verbally aggressive and presenting with psychotic phenomena. He has been leaving aggressive messages for social workers and refusing to engage with mental health services.</p> <p>Predisposing: Trevor has long standing difficulties with his mental health, previous diagnoses of personality disorder and PTSD. He is a veteran and formerly served within the British Army as a Paratrooper (3 Para). He also reports abuse from father in childhood and spent periods within the care system.</p> <p>Precipitating: Trevor has not been taking his psychotropic medication and reports suggest he has been using cannabis, however this is longstanding. Social Workers also believe his mental state has been affected by the effects of the global pandemic.</p> <p>Perpetuating: The pandemic has perpetuated Trevor's situation and presentation. His misuse of cannabis, his fixed beliefs and religious affiliations appear to contribute to his overall presentation.</p> <p>Protective: His family and his dog Bear are protective factors. He reports he has a few close friends. His religion is a strong protective factor.</p>
8-Jan-2020	YSchneider	<p>Presenting: Reports being persecuted by Police. Wants help to change and wants diagnosis reviewed. Stopped taking medication</p> <p>Predisposing: Reports a horrible childhood, past abuse from his father.</p> <p>Precipitating: Increased stress and frustration over last year since friend committed suicide.</p> <p>Perpetuating: Denies misuse of substances, past cannabis use and admits to occasional use of cannabis.</p> <p>Protective: Reports lack of positive interactions with others at present. Does want to change lifestyle and get back to work at some point in future. Denies any suicidal thoughts.</p>

RISK MANAGEMENT PLAN					
Exclude Circumstances Where a Crisis Team might be required					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
31-Jul-2021	KCarruthers/TGottschlich	<p>Information obtained from assessment on 26/07/21</p> <p>Trevor was reviewed by crisis team in A&E. No concerns in relation to Trevor's mental health at time of assessment. Police informed reviewers that they were going to charge Trevor with inciting trouble and convey him to police cells.</p>			

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27-Jul-2021	M smith	Information obtained from assessment on 23/07/21 Trevor was reviewed by crisis staff, Dr Fernandez (consultant psychiatrist) and mental health officer, not deemed to be detainable and no follow up planned from mental health services.
8-May-2021	S.Howat	Review by Dr Livingstone and Dr J. Mackin - Over his time on the ward, continued assessment of Trevor showed that he was no longer detainable and detention was revoked on 07/05/2021. Discharged on 07/05/21. Trevor was offered a follow-up review with a Forensic psychologist, which he declined. Also declined input from Add-action for assistance reducing his cannabis use. Nursing staff have contacted CPN Tammie Gottschlich - to request a follow up within next week, Tammie will make telephone contact with Trevor next week. Informed Trevor of contact next week from CMHNT- Trevor does not wish input from CMHNT. Spoke about Named Person paperwork and requested that Trevor and his Sister Nicola sign paperwork before leaving Hospital, Trevor stated that he just wanted to leave the Hospital and wouldn't be asking his Sister to sign, states Social Work have his Sister's name.
6-May-2021	A Pritchard	Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment. Dr Livingston also happy to discuss adult ADHD with Trevor, Trevor will require tight support while in the community as his risks still remain problematic however unsure if he will engage with support offered. .
23-Apr-2021	Tammie Gottschlich	Trevor's presentation is no longer manageable within the community. ASP meeting held Tuesday 19th April to discuss difficulties and concerns. Decided at meeting, he is a risk to himself and others. Decision made to try and locate him. Not currently staying at registered address and staying within isolated rural location in caravan. Wednesday 20th April, Dr Coulthard, myself, MHO Maria Porteous along side Police, attended his current accommodation in countryside. He was detained under the MHA on a Short Term Detention Certificate and transferred by Police to Midpark Hospital, he has been admitted to Balcary Ward.

STRENGTHS ASSESSMENT					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				

THERAPEUTIC RISK-TAKING PLAN					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				

UNMET NEEDS					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
6-May-2021	A Pritchard	Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment.			
23-Apr-2021	Tammie Gottschlich	Requires assessment of concordance with medication and mental health.			

FURTHER SPECIALIST ASSESSMENT(S) NEEDED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
<small>If 'yes' state which specialist(s) are required, who is responsible for the referral, (specialist), (locality) and where the assessment can be carried out.</small>					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
1-Aug-2021	Tammie Gottschlich	Assessment x? due to concerns regarding mental state from Police Scotland, transferred to cells and awaiting court hearing.			
23-Apr-2021	Tammie Gottschlich	Currently an inpatient within Midpark Hospital, detained under an STDC. Requires mental health assessment and treatment.			
8-Jan-2020	YSchneider	Trevor requested review of diagnosis. Further review of mental health. Denies increased paranoia and decline since stopped taking Quetiapine.			

FURTHER INFO					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author	DISCUSSED WITH	SOURCES OF INFORMATION ACCESSED		

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31-Jul-2021	KCarruthers/TGottschlich	Trevor Trueman Crisis team Police Scotland Dr Fernandez	Information obtained during assessment on 26/07/21 Clinical Portal - Assessment and Risk Assessments Trevor Police Scotland
27-Jul-2021	M Smith	Assessors Dr Fernandez	Information obtained during assessment on 23/07/21.
23-Apr-2021	Tammie Gottschlich	Dr Coulthard, MHO Maria Porteous, SCN Alistair Carlyle, Inpatient Service managers - Jody Fergusson & Jake Garton, Dr Ahmed (Forensic specialist)	Clinical portal, Social work - Criminal Justice, Trevor.
8-Jan-2020	YSchneider	Trevor	EMIS, CLINICAL PORTAL, TREVOR
Completed By	KCarruthers/TGottschlich	Date & Time	01-Aug-2021 18:14
Review Date		FOR COLLECTIVE RESPONSIBILITY	

THIRD PARTY COPY

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FILE NOTE

MR TREVOR TRUEMAN	DOB:	03/06/1979
	CHI:	0306793490

Crisis Assessment & Treatment Service
 Queensberry West, Crichton Hall, Dumfries, DG1 4TG

Date of Referral: 8-Apr-2021 Source of Referral: Other

Primary ICD10: F60-F69; Disorders of adult personality and behaviour

Secondary ICD10:

Contact Details

Start Time of Contact: 26-07-2021 18:30 Length of time with patient (mins): 25 Location: Hospital

Planned / Unplanned: CATS Crisis Contact Category: Direct Visit Status: Contact Occurred Travel Time (in mins): 30 Consent to share information discussed:

Emergency Services Contact/Referral?

Interventions:

<input checked="" type="checkbox"/> Assess	<input checked="" type="checkbox"/> Listen/Supportive Listening	<input type="checkbox"/> Educate	<input type="checkbox"/> Enable/Facilitate
<input type="checkbox"/> Treatment of symptoms	<input checked="" type="checkbox"/> Consultation	<input type="checkbox"/> Other	<input type="checkbox"/> Psychological Interventions
<input type="checkbox"/> Perinatal Pathway	<input type="checkbox"/> Admit to hospital	<input type="checkbox"/> Mental Health Act	<input type="checkbox"/> Medication alteration
<input type="checkbox"/> Treatment review	<input type="checkbox"/> Naloxone supplied	<input type="checkbox"/> Group work	<input type="checkbox"/> Advice

Alcohol Brief Interventions

Screened

Change in Risk Factor

No

Vaccination

Part of Structured Clinical Management Program (SCM)

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Visit Details

Review of Mr Trueman who was brought in to A&E by Police under Section 297.
 Present: Karen Caruthers SHCSW, Tammie Gottschlich TL.
 Police had brought Trevor in to A&E, as they wanted to ensure he was not psychotic.
 He had been in Linduden at a friends house and had a speaker on, preaching to people within Linduden. This had brought some attention to others and Police were called. He had also been live streaming people that he had accused or suspected of murdering people and discussing conspiracy theories that this murderer and the police were in cahoots. Police were concerned for his well being, however the situation in Linduden had been challenging as they had been swarmed by the local community when they had turned up. The police required back up to deal with some of the crowd that had gathered. Trevor had 6 police officers with him in attendance at A&E.
 On meeting with Trevor he was receptive to our being present and he was warm and friendly. He reported he had remembered myself from when he was detained at his caravan at Eskdalemuir, he apologised for being angry with me at this point. He also recognised Karen from his assessment at the weekend.
 He reported that above his friend lived a drug dealer who was a murderer (the man he discussed is actually due in court for attempted murder charges). Trevor has been recording him, he feels it is his duty to expose what has been happening. We discussed how he often takes on a cause and he feels that he needs to speak out when something wrong is happening within the community.
 Trevor denied any perceptual abnormalities, no evidence of responding to unseen stimuli and denied voices or visual hallucinations. His speech was not pressured and there was no evidence of flight of ideas. His mood was at a good level and there was no suicidal intent or intent to harm others.
 He took guidance when asked to lower his voice and he was calm when discussing his concerns for local people with drug dealers.
 We discussed with Trevor how he did not appear to be psychotic and that he was at his baseline. Trevor agreed with this.
 We informed the police officers that we had no concerns about his mental health, that he has had a previous lengthy admission where he was not found to be psychotic and that this is his personality. I informed them that in actual fact he appeared at a good level and much improved since my dealings with him in April. Karen also confirmed that his presentation was no different to his presentation at the weekend.
 Trevor was placed in police custody and was due to appear in court in the morning.
 No further input at this stage.

Additional Activity	Length of time for additional activity (in mins)
Combination of Activities	80

Date of Discharge from Specialty Team:	Reason for Discharge:

Verified By:

Tammie Gottschlich
 Team Leader - CMHNS

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Dumfries & Galloway Mental Health Directorate

CLINICAL RISK ASSESSMENT & MANAGEMENT TOOL

(Developed under Morgan's The Secondary Course for Mental Health Workers / www.nhs.uk / Dumfries & Galloway Mental Health Directorate)

PATIENT FORENAME	TREVOR	PATIENT SURNAME	TRUEMAN
CHI	0306793490	DOB	03/06/1979
PATIENT ADDRESS	5 SHAW ROAD TEMPLE AND LOCKERBIE DG11 1TX		

Context of Completion*: **Review**

NETWORK OF SUPPORT	CONSULTED	NAME(S)* <small>(Please specify)</small>	COPIES SHARED WITH
Patient	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Carer(s)	<input type="checkbox"/>		<input type="checkbox"/>
Key Worker	<input type="checkbox"/>		<input type="checkbox"/>
General Practitioner	<input checked="" type="checkbox"/>	Lochmaben Medical Practice	<input type="checkbox"/>
Psychiatrist	<input checked="" type="checkbox"/>	Dr Coulthard	<input type="checkbox"/>
Community Mental Health Nurse	<input checked="" type="checkbox"/>	Tammie Gottschlich (CMHNT)	<input type="checkbox"/>
Ward Link Nurse / Key Nurse	<input checked="" type="checkbox"/>	Alistair Carlyle SCN - Balcary ICU	<input type="checkbox"/>
Social Worker / Mental Health Officer	<input checked="" type="checkbox"/>	Maria Porteous	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>		<input type="checkbox"/>
Psychologist	<input type="checkbox"/>		<input type="checkbox"/>
Support Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Voluntary Agency Worker(s)	<input type="checkbox"/>		<input type="checkbox"/>
Drug & Alcohol Worker	<input type="checkbox"/>		<input type="checkbox"/>
Advocate	<input type="checkbox"/>		<input type="checkbox"/>
Named Person	<input type="checkbox"/>		<input type="checkbox"/>
Community Learning Disability Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

RISK INDICATORS							
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979		
Suicide							
	Yes	No	Not done		Yes	No	Not done
S1) Previous attempts on their life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S8) Expressing high levels of distress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S2) Previous use of violent methods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S9) Helplessness and / or hopelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S3) Misuse of drugs and / or alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S10) Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S4) Major psychiatric diagnosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S11) Separated / widowed / divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S5) Expressing suicidal ideas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S12) Unemployed / retired	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S6) Considered / planned intent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S13) Recent significant life events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S7) Lives alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S14) Major physical illness / disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date	Author			Suicide Comments			

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A4) Male gender, under 35 years of age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A11) Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A5) Known personal trigger factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A12) Preoccupation with violent fantasy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A6) Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A13) Admissions to secure settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7) Previous dangerous impulsive acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A14) Denial of previous dangerous acts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Author	Aggression / Violence Comments
27-Jul-2021	M smith	Information obtained from assessment on 23/07/21 A8) no evidence of delusions. A10) voiced his frustration with current situation having been detained by police and brought to Accident & Emergency department.
6-May-2021	A Pritchard	A8) No evidence of paranoid delusions. Potentially personality disorder. Has intense values and beliefs and unwilling to accept other peoples values and beliefs that are outwith his although does not appear psychotic. Sister agrees with all his values/ideas and does not feel he is any different to his usual self. A10) Frustrated by being in hospital, does not feel he needs to be here. Can be intimidating and manipulative at times.
23-Apr-2021	Tammie Gottschlich	A8/A10/A14) Trevor believes that people are to get him, having seen a severed lambs head at the bottom of his road, he felt that this was a threat. He has been in possession of weapons in the past and had taped knives to his trousers and worn a gas mask. He can come across as menacing and intimidating. He has an injunction on him from his ex-partner for violence towards her. He is known to record conversations and people who come to visit and live broadcast this on to the internet as a way of demonstrating whatever particular cause he is fighting for. He has had previous prison sentences, he drove into a police vehicle and he has driven into others and then accused them of running into him. He will get aggressive when discussing this. He is due to appear in court for intermediate report on 4th May and will appear again in June. He had made a blockade out of boulders and branches to ensure the police and services were unable to get to his accommodation.
8-Jan-2020	YSchneider	A1)IN 2012 barricaded self in his home, thought to have crossbow an machete in the home. Armed response team attended house but Trevor had left before they arrived. Mental Health Assessment completed after court appearance- no illness found at that time. A3) Reports to having an occasional cannabis joint. Denies any excess or use of other substances. Past 4 month sentence for drug offences in 2012 and was tagged. A10) Displayed as angry and frustrated at the way he interprets being targeted by Police at present. XX) Trevor denies having any active suicidal thoughts. States he is more danger to those causing him stress at present. Cites he is a trained killer to tie served in Army.

PATIENT NAME	TREVOR TRUFMAN	CHI	0306793490	DOB	03/05/1975		
Wellbeing / Disability							
	Yes	No	Don't know	Yes	No	Don't know	
W1) Sensory impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W7) Wandering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W2) Intellectual Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W8) Accidental injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W3) Unsuitable home environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W9) Communication difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W4) Poor mobility inside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W10) Problems expressing sexuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W5) Poor mobility outside the home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W11) Impulsivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W6) Slips, trips & falls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	W12) Inappropriate demand(s) on services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date	Author	Wellbeing / Disability Comments					
8-Jan-2020	YSchneider						

PATIENT NAME	TREVOR TRUFMAN	CHI	0306793490	DOB	03/05/1975		
Drug & Alcohol							
	Yes	No	Don't know	Yes	No	Don't know	
D1) Dependence (Physical / Psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D8) Difficulty managing hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2) Withdrawal Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D9) Associated criminal activity / debt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D3) Increasing levels of use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D10) Driving whilst under the influence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4) Poly substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D11) Inadequate nutrition / hydration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5) History of overdose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D12) Engaging in sexually harmful activity (e.g. prostitution / promiscuity)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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D6) Physical ill-health (e.g. Abscesses, DVT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D13) Exploitative situations / relationships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D7) Blood Borne Virus (e.g. Sharing equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D14) Related child protection concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
XX) Other (specify below under "Comments")				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	Author	Drug & Alcohol Comments					
27-Jul-2021	M smith	information obtained from assessment on 23/07/21 xx) admits to cannabis use.					
23-Apr-2021	Tammie Gottschlich	There was a strong smell of cannabis coming from his accommodation on day of detention. He denies cannabis use.					
8-Jan-2020	YSchneider	D1)Denies any use of illicit substances, admits to occasional cannabis joint.Uses CBD oil which can be bought over the counter D9) Past 4 month sentence for drug offences in 2012 - unclear if abusing cannabis for self at the time					

PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979		
Other							
	Yes	No	Not Known	Yes	No	Not Known	
O1) Self-injury / Self-Harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O14) Exploitation <u>by</u> others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O2) Other self-harm (e.g. eating disorders)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O15) Exploitation <u>of</u> others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O3) Stated abuse <u>by</u> others (e.g. physical, sexual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O16) Culturally isolated situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4) Abuse <u>of</u> others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O17) Non-violent sexual offence (e.g. exposure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O5) Harassment <u>by</u> others (e.g. racial, physical)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O18) Wilful fire raising / Arson (deliberate fire setting only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O6) Harassment <u>of</u> others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O19) Accidental fire risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O7) Risk to child(ren)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O20) Other damage to property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O8) Non-concordance with treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O21) Home safety (e.g. risk of falls)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O9) Disorientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O22) Trying to conceive / Pregnant / Post Natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O10) Moving and handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O23) Occupational risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O11) Financial Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O24) Vulnerability (e.g. sexual, social, financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O12) Cognitive impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O25) Risk of Absconding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O13) Physical ill-health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
XX) Other (specify below under "Comments")				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Date	Author	Other Comments
23-Apr-2021	Tammie Gottschlich	O3)O4)O5)O6)O8)O25) Trevor reports childhood trauma. He also has been charged with harassment of others and has been posting derogatory information about others, police and social work online. He has abused an ex partner. Due to his lack of insight, he is of risk of absconding from hospital, prior to admission, he had been turning his phone off, to ensure his whereabouts were difficult to find. He refused to meet with social workers and phoned to decline appointment to see myself for mental health assessment.
8-Jan-2020	YSchneider	O5)Trevor reports being followed by Police and goaded as they are "trying to trip him up" to get him sent back to jail. Mentioned various names of Police officers. O8) Has stopped taking prescribed dose of Quetiapine over last year. O23)Passive aggressive when discussing feelings of anger and being persecuted, not directed at others on assessment today. O24)Unclear if socially isolated and vulnerable. Reports little positive social interactions with others, keep s himself isolated.

FORMATION*					
* Please see Best Practice Guidance: Preparing Formatted, Interpreting, Accessing & Maintaining Electronic Health Records: Trusting Problems					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date		Author			

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27-Jul-2021	M smith	<p>Information obtained from assessment on 23/07/21</p> <p>PRESENTING PROBLEMS: Trevor was brought to Accident & Emergency (A&E) department by police under a section 297 for a mental health assessment. Concerns had been raised regarding his presentation within the community.</p> <p>PREDISPOSING and PRECIPITATING FACTORS : As previously identified.</p> <p>PERPETUATING FACTORS: Cannabis use. Trevors clinical notes document that he has a diagnosis of paranoid personality disorder.</p> <p>PROTECTIVE FACTORS: His religion.</p>
23-Apr-2021	Tammie Gottschlich	<p>Presenting: Trevor has come to the attention of services through Criminal Justice Social Work. He has been increasingly verbally aggressive and presenting with psychotic phenomena. He has been leaving aggressive messages for social workers and refusing to engage with mental health services.</p> <p>Predisposing: Trevor has long standing difficulties with his mental health, previous diagnoses of personality disorder and PTSD. He is a veteran and formerly served within the British Army as a Paratrooper (3 Para). He also reports abuse from father in childhood and spent periods within the care system.</p> <p>Precipitating: Trevor has not been taking his psychotropic medication and reports suggest he has been using cannabis, however this is longstanding. Social Workers also believe his mental state has been affected by the effects of the global pandemic.</p> <p>Perpetuating: The pandemic has perpetuated Trevor's situation and presentation. His misuse of cannabis, his fixed beliefs and religious affiliations appear to contribute to his overall presentation.</p> <p>Protective: His family and his dog Bear are protective factors. He reports he has a few close friends. His religion is a strong protective factor.</p>
8-Jan-2020	YSchneider	<p>Presenting: Reports being persecuted by Police. Wants help to change and wants diagnosis reviewed. Stopped taking medication</p> <p>Predisposing: Reports a horrible childhood, past abuse from his father.</p> <p>Precipitating: Increased stress and frustration over last year since friend committed suicide.</p> <p>Perpetuating: Denies misuse of substances, past cannabis use and admits to occasional use of cannabis.</p> <p>Protective: Reports lack of positive interactions with others at present. Does want to change lifestyle and get back to work at some point in future. Denies any suicidal thoughts.</p>

RISK MANAGEMENT PLAN					
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PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
27-Jul-2021	M smith	<p>Information obtained from assessment on 23/07/21</p> <p>Trevor was reviewed by crisis staff, Dr Fernandez (consultant psychiatrist) and mental health officers, not deemed to be detainable and no follow up planned from mental health services.</p>			
8-May-2021	S.Howat	<p>Review by Dr Livingstone and Dr J. Macklin - Over his time on the ward, continued assessment of Trevor showed that he was no longer detainable and detention was revoked on 07/05/2021. Discharged on 07/05/21.</p> <p>Trevor was offered a follow-up review with a Forensic psychologist, which he declined. Also declined input from Add-action for assistance reducing his cannabis use. Nursing staff have contacted CPN Tammie Gottschlich - to request a follow up within next week. Tammie will make telephone contact with Trevor next week.</p> <p>Informed Trevor of contact next week from CMHNT- Trevor does not wish input from CMHNT. Spoke about Named Person paperwork and requested that Trevor and his Sister Nicola sign paperwork before leaving Hospital, Trevor stated that he just wanted to leave the Hospital and wouldn't be asking his Sister to sign, states Social Work have his Sister's name.</p>			

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6-May-2021	A Pritchard	Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment. Dr Livingston also happy to discuss adult ADHD with Trevor. Trevor will require tight support while in the community as his risks still remain problematic however unsure if he will engage with support offered. .
23-Apr-2021	Tammie Gottschlich	Trevor's presentation is no longer manageable within the community. ASP meeting held Tuesday 19th April to discuss difficulties and concerns. Decided at meeting, he is a risk to himself and others. Decision made to try and locate him. Not currently staying at registered address and staying within isolated rural location in caravan. Wednesday 20th April. Dr Coulthard, myself, MHO Maria Porteous along side Police, attended his current accommodation in countryside. He was detained under the MHA on a Short Term Detention Certificate and transferred by Police to Midpark Hospital, he has been admitted to Balcary Ward.

STRENGTHS ASSESSMENT					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				

THERAPEUTIC RISK-TAKING PLAN					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				

UNMET NEEDS					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
6-May-2021	A Pritchard	Dr Livingston has referred to Forensic Psychologist Bruce Kidd for assessment.			
23-Apr-2021	Tammie Gottschlich	Requires assessment of concordance with medication and mental health.			

FURTHER SPECIALIST ASSESSMENT(S) NEEDED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
<small>(If 'Yes', state exactly what assessment(s) are required, who is responsible for commissioning, assessment, and where the assessment(s) can be found)</small>					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author				
23-Apr-2021	Tammie Gottschlich	Currently an inpatient within Midpark Hospital, detained under an STDC. Requires mental health assessment and treatment.			
8-Jan-2020	YSchneider	Trevor requested review of diagnosis. Further review of mental health. Denies increased paranoia and decline since stopped taking Quetiapine.			

FURTHER INFO					
PATIENT NAME	TREVOR TRUEMAN	CHI	0306793490	DOB	03/06/1979
Date	Author	DISCUSSED WITH	SOURCES OF INFORMATION ACCESSED		
27-Jul-2021	M. Smith	Assessors Dr Fernandez	Information obtained during assessment on 23/07/21.		
23-Apr-2021	Tammie Gottschlich	Dr Coulthard, MHO Maria Porteous, SCN Alistair Carlyle, Inpatient Service managers - Jody Fergusson & Jake Garton, Dr Ahmed (Forensic specialist)	Clinical portal, Social work - Criminal Justice, Trevor.		
8-Jan-2020	YSchneider	Trevor	EMIS, CLINICAL PORTAL, TREVOR		

Completed By	Melanie smith	Date & Time	27-Jul-2021 19:39
Review Date		FOR COLLECTIVE RESPONSIBILITY	

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Appendix 2 Adult IRD (Initial Referral Discussion) Form

Date concern received	23/07/2021
Date of discussion	27/06/2021
Notifying Agency	Police

Adult's Name	Trevor Brian Trueman 03/06/1979
Date of Birth	
Chi (if known)	
MOSAIC ID (if known)	
Address	5 Shaw Road Templand DG11 1TX
Registered GP (if known)	
Previously or currently known to services (if yes please specify)	

Details of concern	<p>About 1100 hours on 23/07/2021 Trevor Trueman attended at his newly joined church and was becoming extremely agitated and aggressive in the way he was shouting about the scriptures. He was summoned in by the Pastor at which time Trevor began saying that only he had the right to start and end conversations and that he is the voice of God, and due to the fellowship not agreeing with his thoughts, that they were the Devil.</p> <p>He continued ranting and shouting about prayer and gospel resulting in police being called due to his delusions of grandeur.</p> <p>Trevor was detained under the MHA as he would not consent to having a voluntary CATS assessment.</p> <p>Taken to DGRI where after a 4 hour wait, his level of agitation and mood going up and down, he was deemed fit by medical staff and released.</p>
Information shared by Social Work	<p>** Information taken from IRD completed in April 2021**</p> <p>Trevor is currently open to Social Work under an ASP DTI. He is also open to Criminal Justice, CPO Supervision.</p> <p>Trevor has been known to Criminal Justice since September 2020 however has only come to the attention of Adult Social Work in April 2021.</p> <p>Trevor was a member of the British Army's Parachute Regiment, he was posted to Iraq during the war in 2003. Active service in that arena exposed him to</p>

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	<p>traumatic experiences. Information from a Court Report completed in October 2020 indicated Trevor regularly self-medicates by using cannabis to help him sleep. There are significant concerns about Trevor's mental health which has been deteriorating and he won't engage with the CATS to be assessed. CATS think he is delusional. He is deeply religious and he uses this to back up his beliefs and views. Anyone who goes against this is wrong and against him, he is deeply paranoid</p> <p>** Update**</p> <p>MHO Social Circumstances Report completed in May 2021 – Mr Trueman did not agree to any support from social work in the community. Mr Trueman agreed to having initial contact for the first couple of weeks of him being back in the community from the community mental health team. Mr Trueman was offered a referral to the forensic psychologist but he declined this. Mr Trueman is on a supervision order and has involvement from Criminal Justice social work.</p> <p>Adult Referral received from Dr Fernandez on 23/07/21 requesting a duty MHO.</p> <p>Trevor is currently open to Criminal Justice Unpaid work and Supervision.</p> <p>Trevor contacted his CJ worker on 20/07/2021 – Trevor felt Mossburn would not be a suitable placement due to travel restrictions via bus. Trevor asked if he could get a placement at a church. I said I would ask the CPO to look into this and will get back to him with an answer.</p>
<p>Information shared by Police</p>	<p>Referral details.</p>
<p>Information shared by Health</p>	<p>Trevor Trueman 0306793490</p> <p>Preliminary health information sourced from clinical portal health records in relation to the current concerns raised within this IRD.</p> <p>Previous IRD on 14/4/21.</p> <p>Diagnosis of Paranoid Personality Disorder.</p>

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Admits to smoking Cannabis on occasion.

He is well known to the Mental Health Service and had had a recent admission into Midpark Hospital under a short term detention order from 21/4/21 until 7/5/21. He was discharged from hospital on no medication, but with a follow-up by the Annan Community Mental Health Team for short period post-discharge care.

Assessed by CATS in A&E on 25/7/21 after being detained under section 297 by Police. Dr Fernandez, on-call Psychiatrist was contacted by CATS team to assist with the assessment. He was articulate when describing the course of events, although was evasive to answering certain questions. He was not deemed to be detainable under the Mental Health Act and no follow-up was planned by Mental Health services.

IRD to be notified to GP.

Outcome & Single Agency Responsibilities	Outcome:	✓ or X
	ASP Alert (To be added to NHS Systems)	
	ASPI:	
	DTI:	
	Locality SW:	CJSW
	Information shared with Assertive Outreach Service:	
	Universal Services (if yes please specify):	
	Police Investigation:	
	Multi Agency Discussion:	
	<p>Recognised that the risk with Trevor is always present, however, in managing the risk, for agencies, it is about having regular Multi Agency Discussions regarding his behaviour and reacting to any escalation. Based on the information in the referral, it is disconcerting, however, perhaps not enough for agencies to act on at this time.</p> <p>He is under CJSW and his current CJSW'r will be made aware. It may be pertinent to discuss Trevor at the Next police Liaison Meeting in respect of frequent</p>	

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attenders.

Areas of Dissent / Disagreement / Non unanimous decision regarding Outcome (Please record any disagreement and what actions were taken)

Sign Off		
Agency	Name	Date
Health	Elaine Wylie	26/07/2021
Police	Murray Richardson	26/07/2021
Social Work	Steff Ducker	26/07/2021

On completion of the IRD send copy to all participants for their records:

Adult MASH Mailbox: adultMASH@cumgal.nhs.uk

Police Concern Hub/MASH:

NHS Public Protection Team: ppp@nhs.uk

Fire Service (if appropriate):

For other send direct to involved staff member:

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NHS DUMFRIES AND GALLOWAY

Nicholas Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Emergency Department
Cargenbridge
Dumfries

DG2 6RX
Telephone: 01387 246246
EDGPDISC2

Letter Printed 27 July 2021



Dear Doctor

TREVOR TRUEMAN

D.O.B 03/06/1979

CHI 0306793490

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

Seen at Dumfries & Galloway Royal Infirmary on the 26/07/2021 17:12:00.

The A&E Diagnosis was:

USER FREETEXT (FRO MENTAL HEALTH ASSESSMENT)

Triage Information:

states police are protecting murders and talking about god.
denies any alcohol or substance misuse.

P 107 SA02 96% on air T 36.9 RR 24 BP 126/79

Additional Information:

fit for police custody

Treatment Given

Conclusion:

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr D Pedley

0306793490 - TREVOR TRUEMAN

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Nursing Assessment

PATIENT DEMOGRAPHICS			
Name	TREVOR TRUEMAN	DOB	03/06/1979
Address	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX	GPI	0306/93490
		Sex	Male
Carer/Contact Details	07895216108		
Department Address	Crisis Assessment & Treatment Service Queensberry West, Crichton Hall, Dumfries, DG1 4TG		

Assessment Date: 23-Jul-2021

Primary ICD10:

F60-F69: Disorders of adult personality and behaviour

Situation

The East Community Mental Health Team (CMHT) received contact from a Police Officer who advised that police had been called to a church in Sandside due to concerns that Trevor was acting in an erratic manner, appearing agitated, preaching that "he is the god". Trevor was detained under a Section 297 and taken to Accident & Emergency (A&E) department at Dumfries & Galloway Royal Infirmary (DGRH). It was reported that Trevor had been recording accompanying police officers via his mobile phone device.

Background

We did not obtain a personal or background history from Trevor at the time of this assessment, information pertaining to his history is previously well documented in his clinical notes. Trevor is a 42 year old man who has a diagnosis of Paranoid Personality Disorder, he had an admission to Midpark hospital under a Short Term Detention from the 21/04/21 until 07/05/21. Trevor was discharged from follow up with Annan Community Mental Health Team (CMHT) on the 16/07/21 due to him wishing no further contact from the service. Trevor has contact with Criminal Justice Social Worker Laura Harris.

He informed assessors that he does still have his caravan in Templand, however he has been staying in a friends caravan outside their house in Lincluden.

Assessment

CPN Melanie Smith and SHCSW Karen Carruthers attended A&E department to assess Trevor, Student Nurse Avril Wilson was also present.

Trevor was noted to be in handcuffs and was accompanied into the interview room by two police officers. He was noted to have his mobile phone device on his person and when asked if he was recording the consultation, he stated that he was for his protection. He presented as well kempt in casual attire. His affect was euthymic. He voiced that he felt there had been a breach of his human rights and stated that the two female police officers had assaulting him by placing hands on him. He made reference to his previous admission to Midpark hospital and reported that he is compiling a complaint regarding this. He also expressed that his confidentiality was previously breached with his ex-wife being contacted and also information being shared with social services without his consent. Assessment was adjourned and discussion occurred with oncall psychiatrist (Dr Fernandez) who arranged to attend the department to support the assessment.

Trevor's level of engagement noted to be improved whilst engaging with Dr Fernandez. He had no battery left on his mobile phone device, therefore he didn't record the further assessment. He could recall having met Dr Fernandez previously when he was an inpatient in Midpark hospital. Dr Fernandez' impression is that Trevor is an individual who is rather intense, therefore this may result in alarm being caused to others, which Trevor himself acknowledged. Trevor provided an account of events over the morning, he explained that he attended church and can recall a local resident shouting at him to "shut up" whilst he was preaching, he explained that he continued as he was on a flow. He thinks that this lady must have contacted the police. He spoke of how he hadn't caused any harm or loss to others.

Trevor articulated himself well during the assessment, however it was noted that he was evasive to answering certain questions. He reported that it had been suggested to him whilst in Midpark hospital that he may have Adult Attention Deficit Hyperactivity Disorder (ADHD), which he believes is possible. He admitted that on occasion he smokes cannabis, he doesn't wish to cease this and doesn't believe it causes him any adverse effects.

No expression of thoughts of harming self or others.

There was no evidence of formal thought disorder or perceptual abnormalities. He was orientated to time, place and person. His memory wasn't formally tested at time of assessment, however there were no issues identified in him being able to provide and account of recent and historical events.

Mental Health Officer (Beth) attended and further reviewed Trevor with Dr Fernandez. Trevor not deemed to be detainable under the Mental Health Act.

Risk

Continued cannabis use which may result in a deterioration in mental state.
Trevor has a Forensic history.

Recommendations

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Discharging from Accident & Emergency (A&E) department. No follow up planned from mental health services.

Assessor	melanie smith	Co-Assessor	Karen carruthers
Designation	community psychiatric nurse	Designation	senior health care support worker
Signature	melanie smith	Signature	Karen carruthers
Date	25-Jul-2021	Date	25-Jul-2021

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NHS DUMFRIES AND GALLOWAY

Emergency Department
Cargenbridge
Dumfries

DG2 6RX
Telephone: 01387 246246
EDGPDISC2

Letter Printed 23 July 2021



Nicholas Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Dear Doctor

TREVOR TRUEMAN

D.O.B 03/06/1979

CHI 0306793490

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

Seen at Dumfries & Galloway Royal Infirmary on the 23/07/2021 11:50:00.

The A&E Diagnosis was:

USER FREETEXT (CATS)

Triage Information:

known to mental health team.
recent discharge from midpark.
in police custody

Additional Information:

seen by cats
discharged in police custody

Treatment Given

Conclusion:

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

A Swift

0306793490 - TREVOR TRUEMAN

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NHS DUMFRIES AND GALLOWAY
Community Mental Health Service
Annan Health Centre
Stapleton Road
Annan
DG12 6NQ



Ref: 100586810
Letter Ref: TG/CAP

Mr Trevor Trueman
5 Shaw Road
Templand
Lockerbie
DG11 1TX

Telephone: 01461 202017
Direct Dial: 01461 633291
Fax:
Website: www.nhsdg.scot.nhs.uk
Email: dg.cmhntannan@nhs.scot
CHI: 0306793490
Date dictated: 16/06/2021
Date Typed: 16/06/2021

Dear Mr Trueman

Following my call with yourself, I have now discharged you from CMHT follow up. I understand you do not wish to see anyone from the Community Mental Health Team and I have spoken with your Criminal Justice Social Worker, Laura Harris, regarding this.

If you require support in future, please contact your GP and we will be happy to make contact.

Yours sincerely

Tammie Gottschlich
Community Mental Health Nursing Team Leader

(P) Laura Harris, Criminal Justice Social Work, Social Work, 122-124 Irish Street, Dumfries, DG1 2PB
(D) Dr N Brown, Lochmaben Medical Group, 42-44 High Street, Lochmaben, DG11 1NH
(E) Dr Katharine Coulthard, Consultant Psychiatrist, Midpark House, Bankend Road, Dumfries, DG1 4TN
Authorised on 17/06/2021 16:23:10 by Tammie Gottschlich.

0306793490

Job ID: 100586810

Page 1 of 1

W19 Confidential: Personal data about a patient

FILE NOTE

MR TREVOR TRUEMAN	DOB:	03/06/1979
	CHI:	0306793490

Community Mental Health Service Annandale and Eskdale
 Howgill Centre, Stopton Road, Annan, DG12 6JP

Date of Referral: 19-Apr-2021 Source of Referral: Other

Primary ICD10: Z032: Observation for suspected mental health or behavioural disorders

Secondary ICD10:

Contact Details

Start Time of Contact: 15-06-2021 10:00 Length of time with patient (mins): 0 Location: Telephone

Planned / Unplanned: Planned Contact Category: Indirect Visit Status: Travel Time (in mins): 0 Consent to share information discussed: Yes

Emergency Services Contact/Referral?

Interventions:

<input type="checkbox"/> Assess	<input type="checkbox"/> Listen/Supportive Listening	<input type="checkbox"/> Educate	<input type="checkbox"/> Enable/Facilitate
<input type="checkbox"/> Treatment of symptoms	<input type="checkbox"/> Consultation	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Psychological Interventions
<input type="checkbox"/> Perinatal Pathway	<input type="checkbox"/> Admit to hospital	<input type="checkbox"/> Mental Health Act	<input type="checkbox"/> Medication alteration
<input type="checkbox"/> Treatment review	<input type="checkbox"/> Naloxone supplied	<input type="checkbox"/> Group work	<input type="checkbox"/> Advice

Alcohol Brief Interventions

Screened: No

Change in Risk Factor: No

Vaccination:

Part of Structured Clinical Management Program (SCM):

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Visit Details

phone call from Trevor's CJSW Laura Harris. Trevor has said that he does not want any contact with mental health services. He continues to express derogatory remarks about another Team leader from Dumfries team and mental health staff in general. This is more in line with his presentation on admission, however no adverse incidents and he is not on treatment. Therefore no further follow up from CMHT.

Trevor Trueman - discharge letter

Dear Trevor,

Following my call with yourself, I have now discharged you from CMHT follow up. I understand you do not wish to see anyone from the Community Mental Health Team and I have spoken with your Criminal Justice Social Worker, Laura Harris regarding this.

If you require support in future, please contact your GP and we will be happy to support.

I thank

Additional Activity

Length of time for additional activity (in mins)

Combination of Activities



20

Date of Discharge from Specialty Team:

15-Jun-2021

Reason for Discharge:

Disengaged/client request

Verified By:

Tammie Gottschlich
CMHNS - Annandale and Eskdale
Team Leader

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FILE NOTE

MR TREVOR TRUEMAN	DOB:	03/06/1979
	CHI:	0306793490

Community Mental Health Service Annandale and Eskdale
Howgill Centre, Stopteton Road, Annan, DG12 6JP

Date of Referral: 19-Apr-2021
Source of Referral: Other

Primary ICD10: Z032: Observation for suspected mental health or behavioural disorders

Secondary ICD10:

Contact Details

Start Time of Contact: 14-06-2021 12:45
Length of time with patient (mins): 5
Location: Telephone

Planned / Unplanned: Planned
Contact Category: Direct
Visit Status: Contact Occurred
Travel Time (in mins): 0
Consent to share information discussed: Yes

Emergency Services Contact/Referral?

No

Interventions:

Assess
 Treatment of symptoms
 Perinatal Pathway
 Treatment review

Lister/Supportive Listening
 Consultation
 Admit to hospital
 Naloxone supplied

Educate
 Other
 Mental Health Act
 Group work

Enable/Facilitate
 Psychological Interventions
 Medication alteration
 Advice

Alcohol Brief Interventions

Screened

No

Change in Risk Factor

No

Vaccination

No

Part of Structured Clinical Management Program (SCM)

No

Visit Details

Phone call received from C/N Tom Steele from Balcary Ward at Midpark. Tom said that Trevor had come to the ward twice on Saturday looking for a HCSW and he had a crow tied to his hand, he informed staff that he had hand reared the crow and was feeding it from his mouth. He wanted to show HCSW his crow. Concerns raised regarding his mental state. Continues to present as eccentric and slightly bizarre.

I phoned Trevor on his mobile phone (as this was what he had agreed), he took some time to answer. On answering he stated "who's calling". When I said that it was myself he stated that he "does not need to see anyone from that team...goodbye".

I will update CJSW and Dr Coulthard.

Additional Activity: Combination of Activities
Length of time for additional activity (in mins): 10

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Date of Discharge from Specialty Team:

Reason for Discharge:

Verified By:

Tammie Gottschlich
CMHNS - Annandale and Eskdale
Team Leader

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FILE NOTE

MR TREVOR TRUEMAN	DOB:	03/06/1979
	CHI:	0306793490
	Community Mental Health Service Annandale and Eskdale Howgill Centre, Stopton Road, Annan, DG12 6JP	

Date of Referral: 19-Apr-2021 Source of Referral: Other

Primary ICD10: Z032: Observation for suspected mental health or behavioural disorders

Secondary ICD10:

Contact Details

Start Time of Contact: 13-05-2021 12:45 Length of time with patient (mins): 15 Location: Telephone

Planned / Unplanned: Planned Contact Category: Indirect Visit Status: Travel Time (in mins): 0 Consent to share information discussed: Yes

Emergency Services Contact/Referral?

Interventions:

Assess Listen/Supportive Listening Educate Enable/Facilitate
 Treatment of symptoms Consultation Other Psychological Interventions
 Perinatal Pathway Admit to hospital Mental Health Act Medication alteration
 Treatment review Naloxone supplied Group work Advice

Alcohol Brief Interventions

Screened No

Change in Risk Factor

No

Vaccination

Part of Structured Clinical Management Program (SCM)

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Visit Details

Telephone contact made with Trevor, following discharge from Hospital on 7th May. Trevor was happy to speak to me. He was pleasant, no agitation noted. He spoke in a normal rate and rhythm and previous fixed ideas appeared to have lessened. Trevor was positive about Dr Fernandez and the nursing staff within the ward. He said that he realised ranting and raving would not get him anywhere and he had started to write down his concerns. He said that this helped in facilitating his discharge and for medical staff to realise he was not mentally ill. He said that he had spent one hour with Dr Rodriguez and he had thought he had adult ADHD. Trevor said that he is saddened that his admission was based on lies from his ex wife and that social work took this at face value as opposed to sitting down and talking to him. He was annoyed that Police had contacted his ex wife when he specifically has named his sister as his NOK. I advised him that I am happy to help him with any complaints should he wish this. He thanked me for this and said that he has already written some notes.

Trevor asked me if I needed to continue to speak/see him. I advised that in the short term it is useful to ensure that his needs are getting met and that if anything was to arise then I would be here for him. He has agreed to this. He stated he was with his friend and was making a sliced sausage sandwich for him and expressed some humour when discussing this. I asked him about his dog and he said that "Bear" had missed him and had lost considerable weight whilst he was in hospital and he is feeding him well again and Trevor said that he is happy to be home.

PLAN:

We have agreed for another telephone appointment in 2 weeks time and should he have any concerns can speak to me directly by phoning the office.

He has asked that I contact Suzanne McNeill CJ SW and ask for a Christian Social Worker, someone who understands his beliefs. He just wants to get on with things. I have said that I would pass this on to Suzanne for him.

Additional Activity

Length of time for additional activity (in mins)

Combination of Activities



30

Date of Discharge from Specialty Team:

Reason for Discharge:

Verified By:

Tammie Gottschlich
C.MHNS - Annandale and Fskdale
Team Leader

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NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN



Ref: 142501
 Letter Ref: RT/AH

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 244118
 Website: www.nhsdg.scot.nhs.uk

Date Dictated: 24/05/2021
 Date Typed: 27/05/2021

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

In the Care of **Specialty Grade:** Dr Mary Livingston **In-patient Ward:** Balcary/Nithsdale
Junior Doctor: Dr Yusuf Rushdi **Midpark Hospital**

Admission Date: 21/04/2021 **Discharge Date:** 07/05/2021

Legal Status: STDC (revoked on 5/7/21)

Diagnoses (including ICD-10 codes): Paranoid personality disorder F60.0.

Medication on discharge: No psychotropic medication on discharge.

Risk: No thoughts to harm self. Smokes cannabis. Poor compliance with medication. Previous conviction for supplying substances. History of breach of peace and assault charges and crashing into a police car. In 2012, armed response unit was called to Trevor's house due to concerns he had cross bow and machete at home. Has criminal justice social worker. History of threatening and aggressive behaviour to others.

Follow up (including staff involved): Follow up by community mental health team for short period post discharge (within 1 week) and as deemed appropriate thereafter.

Other recommendations (including medicines stopped during admission): Offered referral to addiction for cannabis use which is likely to have exacerbated paranoid thinking. Trevor declined this referral.

CASE SUMMARY

I did not see Trevor during his admission. This discharge summary is compiled from the notes.

0306793490

Job ID: 142501

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Source and Reason for Admission:

Deterioration in mental health noted by the CMHT. Trevor presented to the CATS team with delusional and religious content. He mentioned finding the head of a dead lamb on his caravan door which symbolised a death threat.

Presenting History:

During the admission clerking Trevor stated that lots of people were telling lies about events in Iraq, and that he had seen 'plans' which showed refineries causing destruction to people and that there was an anthrax injection being given to all soldiers. There was evidence of religiosity; telling the duty doctor that he needed to be a 'true Christian' to understand him. Trevor said other people were trying to make out that he was delusional when in fact he was innocent and 'on trial' at Midpark hospital. Verbal hostility was noted. Trevor wanted to record the consultation.

Previous Psychiatric History:

Trevor is known to mental health services. In 2009 he had psychiatric input in Motherwell with diagnoses of PTSD and depression/adjustment to civilian life. He was started on Olanzapine and Citalopram. At some stage he switched to Quetiapine 800 mg. In 2012 he was seen by Stewartry CMHT, given diagnosis of EUPD impulsive type, continued quetiapine 800mg OD plus trazodone 200mg ON. In 2020 primary care nurse referred to CMHT requesting review of diagnosis in view of paranoia regarding the police.

Medical History

Laparoscopic cholecystectomy. Antibiotics for lower respiratory tract infection. Left radial head fracture. Childhood injury to left eye (hit by a marble fired from a slingshot).

Drug and Alcohol History:

None noted in the clerking document. History of cannabis use. During admission, Trevor spoke about his religious beliefs and how this encouraged him to stay sober.

Family History:

Nil known.

Personal/Social History:

From notes, Trevor had a difficult childhood with physical abuse by his stepfather. His parents separated when he was 4 and he lived with his mother and her partner in Dumfries. There were difficulties at school. As a teenager, Trevor lived at Closeburn Children's home and joined the army aged 17. He was in the army during the Gulf War and Falklands War and spent time in Northern Ireland. Approximately 6 weeks prior to admission, Trevor had moved from his regular tenancy in Templand to his caravan in an isolated location with his dog, Bear.

Forensic History:

Multiple breach of the peace and assault charges. In 2011 there was a four month prison sentence for drug offences. In 2012 there was police involvement when Trevor barricaded himself in a house and an armed response unit were called due to concerns he may have a crossbow and machete in his house. In 2021 apparently he was pending court for hitting a car three times (this might have been related to beliefs related to the fact that the car in front was deliberately slamming on the breaks).

Mental State Exam. on Admission:

0306793490

Job ID: 142501

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Casually dressed in a tracksuit. Slim build. Unkempt beard. Agitated initially, standing and appearing quite aggressive. He escalated in his aggression when asked specific questions about religion. Pressured speech noted for the majority of the consultation. Mood objectively angry, affect reactive. Ruminating on not be treated fairly by services. Religious beliefs prominent. Lacking insight on admission.

Physical Exam. and Investigations:

Generally unremarkable. Noted heterocromia. Left pupil irregularly shaped with a defect in medial aspect to left iris. ECG sinus rhythm. Declined bloods, stating that he is a Christian and God needs every drop.

In-patient Treatment and Progress:

Trevor was initially admitted to Balcary Ward (IPCU) and stepped down to Nithsdale ward. Trevor resented being detained, saying that others lied to him. He spoke about there being lots of lies and conspiracies against him on the ward. Trevor found the ward environment stressful, was verbally aggressive to staff and pushing boundaries. Trevor was reported to have control at times of maximum agitation and did not assault anyone on the ward.

Trevor's sister Nicola visited the ward and brought in a report from HMP Edinburgh which described paranoid personality with borderline and schizoid features.

Trevor expressed prominent religious thoughts, identifying that a light in the sky was described by one of the Old Testament prophets Ezekiel, that the lamb's head skinned found at his door was a reference to the devil and that two jet emission streams photographed above his caravan were signs of satanic forces marking him. When these were explored during admission, there were found not to be fixed beliefs and Trevor accepted there are alternative views and explanations to these events. Trevor drank bottled water and ate food from the shop while on the ward. Trevor was not found to be thought disordered; there was largely rational thinking in the context of background personality features.

It was felt that there was no evidence of a true psychotic illness and this was in fact most likely a personality disorder with paranoid features which makes him vulnerable to lapse into brief psychotic state. Paranoid thinking is likely aggravated by cannabis use. Trevor was discharged from the ward with a follow up plan as described above.

Yours sincerely

Dr Rhianna Thomas
CDF

(E) Mental Health Admin, Midpark Hospital, Bankend Road, DG1 4TN
(E) Dr Katharine Coulthard, Consultant Psychiatrist, Midpark House, Bankend Road, Dumfries, DG1 4TN
(N) Annandale & Eskdale CMHNT (General Adult), Howgill Centre (Treastaigh West), Stapleton Road, Annan, DG12 6JP

Authorised on 22/06/2021 14:13:51 by Dr Rhianna Thomas.

0306793490

Job ID: 142501

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MIDPARK HOSPITAL
DISCHARGE/TRANSFER SUMMARY

This letter was printed outwith pharmacy hours, the prescription has not been verified by pharmacy



0306793490
TREVOR TRUEMAN

GP Copy

Page 1 of 2

Dr.N Brown	Surname Forename Date of Birth	Trueman Trevor 03/06/1979	Patient Reg No. Consultant Admission Date	030679K Livingston 21/04/2021	Admission ward MP/Balcary
GP Address Lochmaben Medical Group 42-44 High Street Lochmaben DG11 1NH	CHI no Address	0306793490 5 Shaw Road Templand Lockerbie DG11 1TX	Admission Type	18 Planned transfers	
			Reason for Admission / Transfer	ADMISSION FOR TREATMENT	
			Discharge Date	07/05/2021	Time Discharge Ward MP/Nithsdale
			Discharge To		

A further discharge communication may follow this document

Principal Diagnosis Paranoid personality disorder	Code
--	------

Summary

Trevor was brought to Midpark Hospital by police after Social work raised concerns over a deterioration in his mental health. He was detained under an STDC.

He has an established diagnosis of Paranoid personality disorder, exacerbated by misuse of cannabis.

Over his time on the ward, continued assessment of Trevor showed that he was no longer detainable and detention was revoked on 07/05/2021.

Follow up will be arranged with CMHT. Trevor was offered a follow-up review with a Forensic psychologist, which he declined. Also declined input from Add-action for assistance reducing his cannabis use.

Full discharge letter to follow.

Yours sincerely,

James McGuckien FY2

Other Diagnosis	Code
-----------------	------

Drug / Type of Preparation	Route	Dose	Frequency	Days Rec. (GP to cont?)	Quantity Supplied
----------------------------	-------	------	-----------	----------------------------	----------------------

Number of Days Supply	Pharmacists Initials	Date
-----------------------	----------------------	------

Allergies : No known drug allergies

Changes made to medicine on admission

no changes to medicines

Pharmacy clinically checked : Not clinically checked

Outstanding actions for hospital staff

None

Outstanding actions for primary care staff

None

Actions for patient

Explanation given to patient

Patient did not receive a blood transfusion.

Legal Status	Compulsory	Type of Order	Short-term Detention
Expiry Date		T2/T3	<input type="checkbox"/>
MHO	<input type="checkbox"/>		
AWI	<input type="checkbox"/>		

Please remember to bring your own medications into hospital if you are admitted

Printed 07/05/2021 16:03:21 - Id:5239683439

Page 1 of 2

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MIDPARK HOSPITAL
DISCHARGE/TRANSFER SUMMARY



0306793490

This letter was printed outwith pharmacy hours, the prescription has not been verified by pharmacy

TREVOR TRUEMAN

GP Copy

Page 2 of 2

DVLA <input type="checkbox"/>		MED3 Sickness certificate <input type="checkbox"/>		MED3 End date	
Med 3 Advice					
Doctor's name		James McGuckien		Doctors Signature	
Doctor's grade		FY2			
Read Approved by					
Read by Date					
Named Nurse		Discharge Officer's Signature		Patient's Signature	
Ward Tel No					
Patients weight		0 Kg			

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Please remember to bring your own medications into hospital if you are admitted

Printed 07/05/2021 16:03:21 - Id:5239683439

Page 2 of 2

NHS Confidential: Personal data about a patient

Page 1 of 4

RE: EXTERNAL: Test

Hulm, Liz <Liz.Hulm@dumgal.gov.uk>
Wed 21/04/2021 10:53 AM
To: dg.gpclin.y18377 <dg.gpclin.y18377@nhs.scot>

OFFICIAL-SENSITIVE

Hi Julia

Thank you for taking the time to look. I will record this on the ASP duty to inquire.

Many thanks

Liz

OFFICIAL-SENSITIVE

From: dg.gpclin.y18377 <dg.gpclin.y18377@nhs.scot>
Sent: 21 April 2021 10:50
To: Hulm, Liz <Liz.Hulm@dumgal.gov.uk>
Subject: Re: EXTERNAL: Test

Hi Liz,

Thank you for your email,
Despite an extensive search through records, we cannot find a next of kin associated with this patient.

Apologies for this,

Julia

The Admin Team
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Phone:- 01387 810215
01387 810252
Email:- dg.gpclin.y18377@nhs.scot

From: Hulm, Liz <Liz.Hulm@dumgal.gov.uk>
Sent: 21 April 2021 9:41 AM
To: dg.gpclin.y18377 <dg.gpclin.y18377@nhs.scot>
Subject: RE: EXTERNAL: Test

OFFICIAL-SENSITIVE

<https://outlook.office.com/mail/dg.gpclin.y18377@nhs.scot/inbox/id/AAQkADVmYz...> 21/04/2021

Hi Julie

As discussed, the person's name and date of birth is;

Trevor Brian Trueman
DoB: 03/06/1979
He lives in Templand

His case is currently open under Adult Support and Protection and Enquiries are ongoing. A planning meeting was held yesterday with various professional's in attendance. One of the outcomes for me was to contact his GP surgery to see if they hold any NoK details and if so would it be possible to send them across to me, so that is my request.

Many thanks for your assistance with this inquiry.

Kind regards

Liz Hulm
Social Worker
Town Hall
16 High Street
Annan
DG12 6AQ
Tel: 030 33 33 3001
internal: 67221
mob: 0784 1804 841
E-mail: liz.hulm@dumgal.gov.uk


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Wash your hands.



Use a tissue for coughs and sneezes.



Avoid touching your face.

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From: dg.gpclin.y18377 <dg.gpclin.y18377@nhs.scot>
Sent: 21 April 2021 09:35
To: Hulm, Liz <Liz.Hulm@dumgal.gov.uk>
Subject: EXTERNAL: Test

The Admin Team
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Phone:- 01387 810215
01387 810252
Email:- dg.gpclin.y18377@nhs.scot

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NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN



Ref: 141637
 Letter Ref: KC/CG

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 244118
 Direct Dial: 01387 244118
 Email: caroline.grant2@nhs.scot
 Website: www.nhsdg.scot.nhs.uk

Clinic: Dr Katharine Coulthard
 Clinic Location: Howgill Centre, Annan
 Clinic Date: 20/04/2021
 Date Typed: 26/04/2021

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Trevor contacted our service prior to the planned assessment on 20 April 2021 to say he did not plan to engage with the assessment and if we wanted further contact with him it would need to be via his solicitor.

There have been concerns raised particularly by the Criminal Justice Social Worker about his mental state and phone triage suggests he is probably acutely psychotic. We are planning to try and assess him at home in order to see whether he requires detention under the Mental Health Act.

N.B he was assessed at his caravan on 21st April, and detained to Midpark Hospital under a short term detention certificate for further assessment.

Yours sincerely

Dr Katharine Coulthard
 Consultant Psychiatrist

(N) Tammie Gottschlich, Team Leader, Annandale & Eskdale CMHNT, Howgill Centre, Stapleton Road, Annan, DG12 6JP

(N) Jeanie Gallacher, Team Leader, Annandale & Eskdale CMHNT, Howgill Centre, Stapleton Road, Annan, DG12 6JP

Authorised on 27/04/2021 11:44:42 by Dr Katharine Coulthard.

0306793490

Job ID: 141637

Page 1 of 1

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✓MO
NR



38816 001006 0012 E 31800 H2

Lochmaben Medical Group
 LOCHMABEN MEDICAL GROUP
 42-44
 HIGH STREET
 LOCHMABEN
 LOCKERBIE
 DG11 1NH

31800/12
 31800/12

Our phone number is: 0141 314 5496

If you have a textphone,
 you can call on: 18001 0141 314 5496

If you get in touch with us, tell us this
 reference number: JS496483D

Date: 31st March 2021

About your patient

Address

Full Name Mr Trevor Trueman
 NINo JS496483D
 Date of birth 3rd June 1979

5, Shaw Road, Templand, Lockerbie, DG11
 1TX

Dear Doctor,

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at <https://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners>
- A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs Linda Hannah

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

83018740/1801006/17

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UC113

About your patient - continued NINo: JS496483D

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

NIL

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>
Reaching	<input type="checkbox"/>
Picking up objects	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Communicating with others	<input type="checkbox"/>
Contenance	<input type="checkbox"/>
Learning simple tasks	<input type="checkbox"/>
Awareness of hazards	<input type="checkbox"/>
Initiating and completing personal actions	<input type="checkbox"/>
Coping with changes or social engagement	<input type="checkbox"/>
Appropriateness of behaviour	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>

UNKNOWN TRAVELS TO SURGERY

5 Does the patient have a history of threatening or violent behaviour?
 No Yes Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

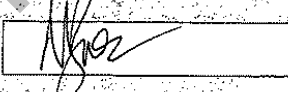
6 Could your patient travel to an examination centre by public transport or taxi?
 No Yes Please tell us why at Part 7.

7 Additional information
 Please continue on a separate sheet if necessary.

MAY NOT BE FIT FOR F2P ASSESSMENT PRESENTLY UNTIL HAD PSYCHIATRIC ASSESSMENT

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature 

Name IN CAPITALS Dr NICHOLAS BROWN

Date 15/04/21

Practice stamp
 Y25321
 Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

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NHS Dumfries and Galloway OOH Service

1 Patient Contacts for Lochmaben Surgery, Lochmaben

Page 1 of 2

NHS Confidential: Personal data about a patient

Patient: Trevor Trueman

Case No 42591

(Gender: Male) (DOB: 03/06/1979) (Age: 41 years) (CHI: 0306793490)

Case No 42591

Case Date 08/11/2020 08:33

Own Dr

Emergency Care Summary viewed on case

No. of patient contacts 10

No. of patient contacts in past year 4

Current Address

5 Shaw Road Templand Lockerbie

Home Address (If Different)

DG11 1TX

Current Phone 07895 216108

Home Phone (If Different)

Case Type Advice

Call Origin NHS24

Tel

Name Trevor

Appointment 08/11/2020 09:30

Arrival

08/11/2020 08:56

Priority On Reception

Within 4 Hours

Priority After Assessment

Priority On Completion

Within 4 Hours

Patient notes attached to case

Reported Condition

NAUSEA, HEADACHE AND COUGHING UP BLOOD ONGOING VOMITING TODAY

NHS 24 Advice by

Laura Mcallister (Call Taker SI) ()

Triage Start 08:34

NHS 24 ID 24097507

Triage End 08:52

Clinical summary created by: Laura Mcallister (Call Taker SI) () [08/11/2020 08:52:55]

Reason for call: NAUSEA, HEADACHE AND COUGHING UP BLOOD ONGOING VOMITING TODAY
COUGHING UP STREAKS OF BLOOD WITHIN SALIVA WHILE IN PRISON FOR 6 MONTHS, INVESTIGATED AND THINKS CAUSE IS UNLAWFUL RADIATION FROM SG / LAMPOSTS. NO COUGH NO FEVER NO CHANGE OR LOSS IN SMELL OR TASTE.

08/11/2020 08:35:44 MCALLISTER... ABNORMAL STOOLS ONGOING, H/O SKIN CANCER...

08/11/2020 08:50:56 DEEMED... NAUSEA, VOMITED X 1 BROWN LIQUID WITH SLIGHT STREAKS BLOOD. NO ABDOMINAL PAIN. SLIGHT

COUGH WITH STREAKS BLOOD. SLIGHT ABNORMAL STOOLS AT TIMES. GP CALL BACK 4HRS ...

Outcome: Speak to clinician within 4 Hrs

DPP4 Speak to clinician within 4 Hrs

NHS24 Recorded Allergies

NHS24 Previous Medical History

NHS24 Recorded Medications

Adastra Consult by

Burns, Kelly

Consult Start 10:36

Start Type Advice

End Type Advice

Consult End 10:57

Report Statistics:

Report produced by Adastra Version 3 - 08/11/2020 11:14:46

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Patient: Trevor Trueman

Case No 42591

(Gender: Male) (DOB: 03/06/1979) (Age: 41 years) (CHI: 0306793490)

History

Just got out of jail on Thursday last week. He reports to have had ongoing nausea over the past 2 months and this morning vomited on one occasion. H states the bathroom was dark but he thinks it looked brown in colour with blood streaks. He also reports to have been coughing up blood every morning for the past few months while being in jail. Current smoker. Denies any cough or respiratory symptoms, no chest pain or SOB. No diarrhoea but again has ongoing soft stools that he states was suppose to get it while in jail but never. No weight loss, no blood noted in stools. Denies any alcohol intake over the weekend and no NSAID use. No abdo pains or bloating. No temps/fevers. No further vomiting and has managed his breakfast since 111 call. Reassured that the vomiting has settled with no other acute symptoms that he does not need assessment today. To contact own GP to discuss haemoptysis and nausea further. Worsening advice given.

Examination**Diagnosis****Treatment****Clinical Code(s)**

R0701 [D] Vomiting

Prescriptions**Informational Outcome(s)**

Worsening Advice Given

Report Statistics:

Report produced by Adastral Version 3 - 08/11/2020 11:14:46

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FW: Message from "RNP5838... - Lochmaben-Clinical-Mailbox (NHS DUMFRIES ... Page 1 of 1

FW: Message from "RNP58387926064D"

MacFarlane, Catherine M <Catherine.M.MacFarlane@nhslothian.scot.nhs.uk> on behalf of Clinical HMP Edinburgh <ClinicalHMPEdinburgh@nhslothian.scot.nhs.uk>

Fri 01/05/2020 12:17

To:Lochmaben-Clinical-Mailbox (NHS DUMFRIES AND GALLOWAY) <dumf-uhb.gpclin.y18377@nhs.net>;

1 attachment

20200501114729162.pdf

-----Original Message-----

From: HMPERicoh@nhslothian.scot.nhs.uk (mailto:HMPERicoh@nhslothian.scot.nhs.uk) Sent: 01 May 2020 11:47 To: Clinical HMP Edinburgh Subject: Message from "RNP58387926064D"

This E-mail was sent from "RNP58387926064D" (JM C5500)

Scan Date: 05.01.2020 11:47:29 (+0100) Queries to: HMPERicoh@nhslothian.scot.nhs.uk

URGENT REQUEST

RE: TREVOR TRUEMAN - D.O.B. 3.6.79

Please complete and return the attached medication consent form as soon as possible.

Many thanks,

Cathie MacFarlane GP Co-ordinator

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Dealt with
JC
11/5/20

https://email.nhs.net/owa/dumf-uhb.gpclin.y18377@nhs.net/

01/05/2020

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dummy - 4649 PCU in 416877 4045 015



Treatment and Medication Confirmation & Home Visit Summary Request

HMP Edinburgh
Health Centre
33 Stanhouse Road
Edinburgh
EH4 1 3UN
Tel: 0131 444 3054
Fax: 0131 444 3119
clinicalhmp@edinburgh.nhs.uk

The above patient is currently resident in HMP Edinburgh and reports to be a service user of yours. Please complete the following information as fully as possible and return it within 24 hours. This will allow their health care to be continued. Where possible enclosing a summary record would be most helpful.

Patient name: <i>T. Inveran (TRUCMAN)</i>	Admission urine drug screen results: <i>N/A</i>
DOB: <i>3/6/78</i>	OPiates: <i>POSITIVE/NEGATIVE</i>
SPIN: <i>181078</i>	BENZODIAZEPINES: <i>POSITIVE/NEGATIVE</i>
Home Address:	METHADONE: <i>POSITIVE/NEGATIVE</i>
	NPS USE: <i>YES/NO</i>

Prescriber 1: *Lothian - LOICENBIE* Tele: *0131 2751052* Contact details:

Prescriber 2:

Pharmacy:

I consent to information sharing between NHS health care providers.

Patient signature: *T. Inveran* Print name: *T. Inveran* Date: *30/4/20*

NHS signature: *R. Sykes* Print name: *R. Sykes* Date: *30/4/20*

Medication	Dose	Date commenced	Date/date of last issue	Significant health/medication issues
<i>NIC</i>				

Signature: *[Signature]* Print name: *DR NJ BROWN* Date: *01/5/20*

Service: *LOTHIAN GEN MED CP* Job Title: *GP PARTNER*

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NHS Dumfries and Galloway OOH Service

1 Patient Contacts for Lochmaben Surgery, Lochmaben

Page 1 of 2

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Patient : Trevor Trueman

Case No 22908

(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)

Case No 22908

Case Date 11/04/2020 12:22

Own Dr

Emergency Care Summary viewed on case

No. of patient contacts 9

No. of patient contacts in past year 3

Current Address

5 Shaw Road Templand Lockerbie

Home Address (If Different)

DG11 1TX

Current Phone 07895 216108

Home Phone (If Different)

Case Type COVID19 Advice

Call Origin NHS24

Tel

Name Trevor

Appointment

Arrival

Priority On Reception

Priority After Assessment

Priority On Completion

Within 1 Hour

Patient notes attached to case

Reported Condition

Possible Coronavirus : PAIN BREATHING IN - 4 DAYS

NHS 24 Advice by Katelyn Andrews (Call Taker Si) ()

Triage Start 12:35

NHS 24 ID 23393457

Triage End 12:35

Clinical summary created by: Katelyn Andrews (Call Taker Si) () [11/04/2020 12:35:57]

Reason for call: Possible Coronavirus : PAIN BREATHING IN - 4 DAYS

SOB. WORSENING. TAKING PARACETAMOL. THINKS HAS PLEURISY IN LUNGS AS IS PRONE TO IT AND FEELS SIMILAR. COUGH. NO FEVER. PTSD.

Confirmed Symptom(s):

COVID 19 Assessment

11:04:2020 12:34:48 ANDREWSK... DW SCN D BARNES; SOB WORSE ON EXERTION, SPEAKING IN SENTENCES. SHARP PAIN AND TIGHTNESS IN CHEST, TRAVELS TO BACK AND SIDES. PARACETAMOL HELPED WITH PAIN BUT WORSE ON DEEP BREATH/COUGH. ADVISED CONTINUE WITH COVID PROTOCOL... DW SCN L STODDART; COUGH PRODUCTIVE, THICK CLEAR PHEGEM. SHARP/STABBING PAIN WITH COUGH. HISTORY OF SKIN CANCER. SPEAK TO DR 1 HR...

Outcome: Dr to phone patient within 1 Hr

DPP2 Dr to phone patient within 1 Hr

NHS24 Recorded Allergies

NHS24 Previous Medical History

NHS24 Recorded Medications

Adastra Consult by

Anderson, Lorna

Consult Start 13:34

Report Statistics:

Report produced by Adastra Version 3 - 11/04/2020 14:07:44

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Page 2 of 2

NHS Confidential: Personal data about a patient

Patient : Trevor Trueman**Case No 22908****(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)****Start Type** COVID19 Advice **End Type** COVID19 Advice **Consult End** 13:49**History**

Spoke to patient. PMH PTSD ex armed forces, 3-4 episodes of pleurisy in the past and thinks he has it again. Looking for anti;biotic and Naproxen.

Dry cough, a little soboe (when walking the dog), some pain on inspiration and on movement, able to speak in sentences, no haemopytysis, feels well otherwise, denies fever. Taking paracetamol which is taking the edge off symptoms. Sounds very well on phone.

Agreed add in ibuprofen, 400mg TID and continue to take paracetamol regularly. Advised good fluid intake and ring back if any worsening symptoms, otherwise speak to own GP on Monday

Examination**Diagnosis****Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Self Care Advice -

Report Statistics:

Report produced by Adastra Version 3 - 11/04/2020 14:07:44

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Page 13 of 16

NHS Confidential: Personal data about a patient

Patient : Trevor Trueman**Case No 19521****(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)****Case No** 19521**Case Date** 08/03/2020 09:00**Own Dr**

Emergency Care Summary viewed on case

No. of patient contacts 8**No. of patient contacts in past year** 2**Current Address**

5 Shaw Road Templand Lockerbie

Home Address (If Different)

DG11 1TX

Current Phone 07895 216108**Home Phone (If Different)****Case Type** PCC**Call Origin** NHS24**Tel****Name**Trevor**Appointment** 08/03/2020 09:00**Arrival**

08/03/2020 09:03

Priority On Reception

Within 4 Hours

Priority After Assessment**Priority On Completion**

Within 4 Hours

Patient notes attached to case**Reported Condition**

RIBS CADGE PAIN 5 MONTHS

NHS 24 Advice by Sarah Mclellan (Clinical Nurse) ()**Triage Start**10:16**NHS 24 ID** 23257035**Triage End** 12:54

Clinical summary created by: Sarah Mclellan (Clinical Nurse) () (07/03/2020 13:00:03)

Reason for call: RIBS CADGE PAIN 5 MONTHS

LEFT SIDE HAD MOVED TO RIGHT SIDE SORE ON LUNG MUSCLES AND BONE, SUFFERS FROM PDSS, ONE SIDE IS UNDER THE OTHER HAVING TO PULL IT OUT HIMSELF, BROKEN IN NOVEMBER AND NEVER HEALED

07:03:2020 10:31:36 THOMSONL4.. DW SUPPORT LINE. PATIENT ADVISED TO TAKE PARACETOMAL AND ADVISED TO HAVE A CALL BACK WITHIN 3 HOURS TO DISCUSS THIS FURTHER..

07:03:2020 12:59:27 MCLELLANS.. INJURY TO RIBS 5 MONTHS AGO IN CAR ACCIDENT. RIB WAS # ADVISED CONSERVATIVE MANAGEMENT THEN. LAST 5 MONTHS BEEN PUTTING RIBS BACK INTO PLACE HIMSELF BUT NOW FEELS UNABLE TO AND THINGS NOW SHIFTED AND FEELS PRESSING ON LUNGS... CHEST WALL LOOKS ABNORMAL. NOT SEEN GP AS PTSD AND FEELS BEEN FOBBED OFF BY NHS. ADVISED PCEC 4 HUB TO ARRANGE..

Support Line Note:

JOHNSTONK ONGOING CHEST WALL PAIN . INJURY IN NOVEMBER 2019 . STATES STRUGGLING TO BREATHE BUT ABLE TO TALK IN COMPLETE SENTENCES . PAIN IS WORSE ON DEEP INSPIRATION AND WHEN SUPINE . NO ANALGESIA TAKEN . ADVISED ANALGESIA AND TO QUEUE AS KW3

Outcome: PCEC within 4 Hrs

PCC4 PCEC within 4 Hrs

NHS24 Recorded Allergies**NHS24 Previous Medical History****NHS24 Recorded Medications****Adastra Consult by** Starostka, Matt**Consult Start** 09:19**Start Type** PCC**End Type**PCC**Consult End** 09:28**History**

5 months hx of rib cage discomfort. Pt claims he sustained it following a low speed car accident. He was seen at the time in A&E and had an Xray which did not show anything worrying. A&E entry noted mentioning old rib

Report Statistics:

Report produced by Adastra Version 3 - 09/03/2020 04:07:51

NHS Confidential: Personal data about a patient

Page 14 of 16

NHS Confidential: Personal data about a patient**Patient : Trevor Trueman****Case No 19521****(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)**

injury. Smoker.

ExaminationLocalised tenderness and bony prominence left costal margin. Chest clear, expansion symmetrical. Sats 99%.
Normal WOB. (Findings essentially the same as when pt seen in A&E).**Diagnosis**

Imp: nil acute - old injury

Treatment

Pt asking for an intervention eg surgery - explained this would not be appropriate. Agreed for use of simple analgesia if needed. Worsening advice re deterioration in breathing, chest pain, fever etc.

Clinical Code(s)

ZV6. [V]Other reasons for encounter

Prescriptions**Informational Outcome(s)**

Worsening Advice Given -

Report Statistics:

Report produced by Adastra Version 3 - 09/03/2020 04:07:51

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Nursing Assessment

PATIENT DEMOGRAPHICS			
Name	TREVOR TRUEMAN	DOB	03/06/1979
Address	5 SHAW ROAD TEMPLAND LOCKERBIE DG11 1TX	CHI	0306 /93480
		Sex	Male
Carer/Contact Details			
Department Address	Community Mental Health Service Annandale and Eskdale Howgill Centre, Stapleton Road, Atman, DG12 6JP		

Assessment Date: 7-Jan-2020

Primary ICD10:

Z032: Observation for suspected mental health or behavioural disorders

Situation

Attended for assessment appt today after being seen by ANP in December. Arrived 15 minutes late for appt today

Background

Trevor was born in Hexham, moved to local area from age 5 years. Father deceased and does not have a good relationship with his mother. Has a half brother and two sisters and he only gets on with one sister. Reports a horrible childhood and suffered emotional, physical and emotional abuse from his father. Was removed from the family home aged 15 by social work and spent time with an uncle in Newcastle, and he didn't treat him well either. Didn't enjoy school years, they were Terrible. Left aged 15 years. Spent time in the Army, where he says he acquired PTSD. Not currently in a relationship and believes he may have one child and is waiting on DNA testing. Has recently ended a relationship he described as toxic. Has a good small network of friends. Trevor believes he is a good person who has been wronged against in many many ways and he lacks trust in others and systems.

Assessment

Tall slim man, tearful for a short period of time during assessment. Trevor presented with some pressure of speech and was passive aggressive in demeanour due to expressed feelings of being "got at" and unsupported. Tangential in conversation at times. Some psychomotor agitation noted. Maintained good eye contact throughout and denies any perceptual disturbances and no evidence of the same. PTSD in past from time in Army. Has managed this himself and doesn't feel he requires psychological support. Past police involvement and custodial sentence due to possession of cannabis.

Seen by CMHNT in Castle Douglas, diagnosed with EUPD (impulsive type). Trevor, over the last year has reduced, then stopped his Quetiapine (800mg) which he appears to have taken regularly since 2013. Trevor described feeling emotionally blunt and sedated whilst taking Quetiapine and didn't feel any positive effects. Now he feels more alert and "switched on". Denies any decline in functioning or change in presentation since stopping medication. Long conversation from Trevor about the Police, he has issues with them and believes he is being targeted by them, and that they are looking to "catch him out" and they wind him up. Trevor believes they are trying to trip him up to get him sent back to jail. Unclear if there is evidence to suggest this is true or otherwise, but there appeared to be heightened paranoia about the Police expressed by Trevor and others actions and that they are out to get him and he is being treated unfairly. Trevor believes his mood and anxiety have been affected since his friend committed suicide a year ago. His ex-partner was his deceased friend's sister. Some discussion around his grave, flowers and his ex-partner who works in local GP surgery.

Has been taking CBD oil which helps him relax and helps with sleep which can be bought over the counter but was hopeful this would be prescribed as he can't afford to buy it. I informed him I wasn't a prescriber and he would need to discuss further with GP. Reports he can sleep only 2-3 hours a night and be up for 21 hours before sleeping again. Has reduced daily routine as he is spending time or indoors to reduce being provoked by Police. Reduced appetite, if stressed or annoyed he can't eat. Likes to get out a walk with his dog if he can each day, finds this is the only way he can relax and unwind. Trevor has found solace in the bible. Wants CBD oil prescribed as he can't afford it, advised I was not able to do this he would need to discuss further with GP. Does not smoke, rarely has alcohol and will have an occasional cannabis joint. Denies use of any other illicit substances. Has some debts he needs support with but he is going to make contact services to support.

Risk

Denies any suicidal thoughts, plan or intent.

States he is "more a risk to other people who are affecting him". Trevor recited various names relating to police officers

Recommendations

Trevor asked to see a psychiatrist as he wants his diagnosis reviewed. Declined he needs any form of pharmacological interventions, but would like supports to overcome anxiety about leaving his home due to persecutory thoughts regarding Police.

Refer to CMHNT; ask to further assess paranoia and review diagnosis.

Assessor	YSchneider	Co-Assessor	
Designation	PCMH-N	Designation	

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Signature		Signature	
Date	7-Jan-2020	Date	

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Psychology Department
Lifespan Intellectual Disability and Forensic Applied
Psychology Service
Mountainhall Treatment Centre
Dumfries
DG1 4AP

Ref: 100593646
Letter Ref: DS

Direct Dial: 01387 244 495

Suzanne McNeill
Criminal Justice Social Work
122-124 Irish Street
Dumfries
DG1 2AW

Website: www.nhsdg.scot.nhs.uk
Email: -
Date Typed: 26/07/2021

Dear Suzanne McNeill

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Following our recent correspondence I am confirming that Mr Trueman is now discharged from our service.

We reviewed Mr Trueman case and referral together and I offered you consultation with advice and recommendations for his ongoing case management and mental wellbeing. These are recorded within clinical portal NHS systems.

I have not seen Mr Trueman directly and we both agreed that psychological assessment and intervention is not best placed currently.

Please get back in touch if I can assist further and or the situation changes.

Yours sincerely

Danielle Smith
Counselling Psychologist
Forensic Applied Psychology Service

(P) Laura Harris, Criminal Justice Social Work, Social Work, 122-124 Irish Street, Dumfries, DG1 2PB
(D) Dr N Brown, Lochmaben Medical Group, 42-44 High Street, Lochmaben, DG11 1NH
Authorised on 26/07/2021 16:25:15 by Danielle Smith.

0306793490

Job ID: 100593646

Page 1 of 2

NHS Confidential: Personal data about a patient

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0306793490

Job ID: 100593646

Page 2 of 2

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Nicholas Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Emergency Department
Cargenbridge

Dumfries
DG2 6RX
Telephone: 01387 246246

EDGPDISC2

Letter Printed 28 November 2019



Dear Doctor

TREVOR TRUEMAN

D.O.B 03/06/1979

CHI 0306793490

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

Seen at Dumfries & Galloway Royal Infirmary on the 28/11/2019 11:43:00.

The A&E Diagnosis was:

USER FREETEXT

Triage Information:

Claims to have a fail chest segment from an old injury that is still unattached. says he woke during the night unable to breath and with severe chest pain. claims the rib was stuck under another segment and he was able to reposition it him self. non tender to touch no obvious deformity. Claims to be SOB however speaking in long complete sentences. refused analgesia

Additional Information:

Claims to have injured left chest wall in low speed rear end car accident 1 week ago. No symptoms until last night. Felt rib moving and describes having to manually manipulate rib into position. Previous rib injury in past from blunt trauma
Obs normal. Chest sounds symmetrical and normal. Localised tenderness and bony prominence left costal margin. No bruising or flail segment
CXR nil acute
Imp: Musculoskeletal pain
Became angry and verbally aggressive, demanding surgery to repair ribs. Self discharged before completion of consultation

Treatment Given

Conclusion:

Irregular - Patient Left Before Assessment Completed

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr R Hodge

THIS CONTAINS PERSONAL DATA ABOUT A CLIENT

0366793490 - TREVOR TRUEMAN

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NHS Confidential: Personal data about a patient

Page 10 of 11

NHS Confidential: Personal data about a patient

Patient : Trevor Trueman

Case No 99289

(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)

Case No 99289

Case Date 27/11/2019 21:24

Own Dr

Emergency Care Summary viewed on case

No. of patient contacts 7

No. of patient contacts in past year 1

Current Address

5 Shaw Road Templand Lockerbie

Home Address (If Different)

DG11 1TX

Current Phone 07895 216108

Home Phone (If Different)

Case Type Advice

Call Origin NHS24

Tel

Name Trevor

Appointment 27/11/2019 22:30

Arrival

27/11/2019 21:45

Priority On Reception

Within 4 Hours

Priority After Assessment

Priority On Completion

Within 4 Hours

Patient notes attached to case

Reported Condition

STATES FEELS LIKE RIB HAS DETACHED, FEELS LIKE IT MOVES AROUND / 1 HOUR

NHS 24 Advice by Lisa Napier (Usc Call Taker) ()

Triage Start 21:25

NHS 24 ID 22870232

Triage End 21:42

Clinical summary created by: Lisa Napier (Usc Call Taker) () {27/11/2019 21:42:47}

Reason for call: STATES FEELS LIKE RIB HAS DETACHED, FEELS LIKE IT MOVES AROUND / 1 HOUR

RETURN CALLER - BROKEN RIB A FEW YEARS AGO - WAS IN 3 CAR ACCIDENTS 1 WEEK AGO - CAR REVERSED INTO HIS VAN 3 TIMES - SPOKEN WITH GP TODAY REGARDING WHIPLASH - NECK PAIN GOING INTO BASE OF SKULL - HEADACHE - RIB PAIN 7 DAYS, NO PAIN NOW

Confirmed Symptom(s):

Not currently choking on something, no breathing concerns, skin is not pale cold or clammy and not unwell with rash (if present)

Chest injury/crush

27:11:2019 21:25:25 NAPIERL.. TAKEN FULL EXTRACT CANNABIS AND COCONUT OIL A FEW HOURS AGO - STATES HAS PTSD -.. FELT RIB WAS SCRAPING OFF LUNG AND HAD TO ADJUST IT -.. PRONE TO PLURISY -.. SELF MEDICATES - TAKES ANTINFLAMATORIES AND FULL EXTRACT CANNABIS AND COCONUT OIL FOR PLURISY AND PTSD SYMPTOMS.. D/W SCN M HUTCHISON - PT ADVISED TO ATTEND A&E - THIS WAS REFUSED AS HE HAS A DOG AND CANNOT GO - CALL TAKEN OVER BY NP E CRUMLISH - SPEAK TO DOCTOR 4 HOURS DISPUTED OUTCOME -..

Outcome: Dr to phone patient within 4 Hrs (Disputed Outcome)

DOC4 Dr to phone patient within 4 Hrs (Disputed Outcome)

NHS24 Recorded Allergies

NHS24 Previous Medical History

NHS24 Recorded Medications

Adastra Consult by Thomas, Lee Spencer

Consult Start 23:33

Start Type Advice

End Type Advice

Consult End 23:59

History

Somewhat difficult telephone consultation - When I first phoned I asked him what seemed to be the problem , initially he wouldn't tell me saying it should all be on his record. Then he seemed to think I was somehow discriminating against him because he was using CBD oil. At this point in the conversation I hadn't even

Report Statistics:

Report produced by Adastra Version 3 - 28/11/2019 04:02:41

NHS Confidential: Personal data about a patient

Page 11 of 11

NHS Confidential: Personal data about a patient**Patient : Trevor Trueman****Case No 99289****(Gender: Male) (DOB: 03/06/1979) (Age: 40 years) (CHI: 0306793490)**

mentioned CBD oil. I advised him that I simply wanted to get a description from him about what was happening with his rib. I noted he is on quetiapine. He said he thought his rib has become detached , Didn't say he had fallen or hurt himself tonight. From his description he seemed to imply that one of his ribs had become detached from his sternum. I asked if it was the lower ribs but he replied " its not the floating rib". I asked if it was painful , he said it is a little tender but not very sore . He was quite agitated because one of the nurses from NHS 24 had told him he could get a punctured lung , he has a history of pleurisy . He was speaking in complete sentences over the phone and didnt sound SOB. NHS 24 had advised him to go to A+E . I advised him the same if he wanted to get it checked out tonight .

Examination

-

Diagnosis

Rib problem , has been advised A+E if he wants to get checked.

Treatment

-

Clinical Code(s)

ZV6.. [V]Other reasons for encounter

Prescriptions**Informational Outcome(s)**

Free Text - has been advised A+E if he wants to be seen tonight regarding his rib,

Report Statistics:

Report produced by Adastra Version 3 - 28/11/2019 04:02:41

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NHS DUMFRIES AND GALLOWAY

Nicholas Brown
Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Emergency Department
Cargenbridge

Dumfries
DG2 6RX
Telephone: 01387 246246
EDGPDISC2

Letter Printed 05 September 2019



Dear Doctor

TREVOR TRUEMAN

D.O.B 03/06/1979

CHI 0306793490

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

Seen at Dumfries & Galloway Royal Infirmary on the 05/09/2019 13:17:00.

The A&E Diagnosis was:

USER FREETEXT (? LEFT CORNEAL ABRASION)

Triage Information:

pt c/o worsening irritation lt eye after getting something in it a few days ago. no obvious f.b ?
abrasion

Additional Information:

FB sensation left eye 1/7 ? small fibre from work entered eye
No watering or conj injection
No change in visual acuity
Slit lamp - no FB identified
? corneal abrasion.
Chloramphenicol
Reassured
Safety netted

Treatment Given

Conclusion:

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

T Qureshi

0306793490 - TREVOR TRUEMAN

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of Cardiology
 Dumfries and Galloway Royal Infirmary
 Cargenbridge
 Dumfries
 DG2 8RX



Ref: 2104858
 Letter Ref: SAPH

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 241728
 Fax:
 Website: www.nhsdg.scot.nhs.uk
 Email:
 Date Typed: 08/07/2019

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

I have this patient's exercise test which was done on 5/6/19. The patient exercised for 10 minutes 35 seconds of a full Bruce protocol. There were no symptoms noted. In summary this was a normal exercise tolerance test. This is reassuring so I have discharged the patient's care back to yourself.

Yours sincerely

Shafiq Ahmed
 Locum Consultant Cardiologist

Authorised on 12/07/2019 17:02:11 by Shafiq Ahmed.

0306793490

Job ID: 2104858

Page 1 of 1

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of Cardiology
 Dumfries and Galloway Royal Infirmary
 Cargenbridge
 Dumfries
 DG2 8RX



Ref: 2079484
 Letter Ref: HZ/IB

Telephone: 01387 246246
 Direct Dial: 01387 241728

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Fax:
 Email:
 Website: www.nhsdg.scot.nhs.uk

Clinic: Dr Zuhairy
 Clinic Location: Dumfries & Galloway Royal Infirmary
 Clinic Date: 20/05/2019
 Date Typed: 22/05/2019

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Type of Referral: **New** **Routine**

Follow-up: **Awaiting Test Result**

Many thanks for your referral notes on this gentleman whom I have seen today in the cardiology clinic.

We discussed your referral notes of his chest pain which he describes as dull pain anterior chest and no typical pattern of anginal nature.

He is a smoker. He has a history of pleurisy. There is family history of IHD, no palpitation. Other symptoms raised if feeling a bloating of the tummy on occasions.

He is quite active and walks his dog for more than 3 miles with no pain in his chest.

Today's examination was unremarkable.

Resting ECG reveals normal sinus rhythm and normal axis.

I discussed with Trevor today the nature of his pain is likely non cardiac. I plan for him to have an exercise tolerance test and will be writing to you with the result.

Yours sincerely

Dr Hamed Zuhairy
 Consultant Cardiologist

Authorised on 23/05/2019 02:22:51 by Dr Hamed Zuhairy.

0306793490

Job ID: 2079484

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0306793490

Job ID: 2079484

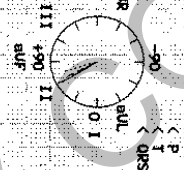
Page 2 of 2

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GENS IT MAC1200 ST TREYOR TRIEMAN, LOCKHABEN MEDICAL GROUP

Contract 728.156 US

Measurement Results:
QRS : 78 ms
QT/QTcB : 396 / 408 ms
PR : 154 ms
P : 106 ms
RR/PP : 930 / 925 ms
P/QRS/T : 72 / 58 / 63 degrees



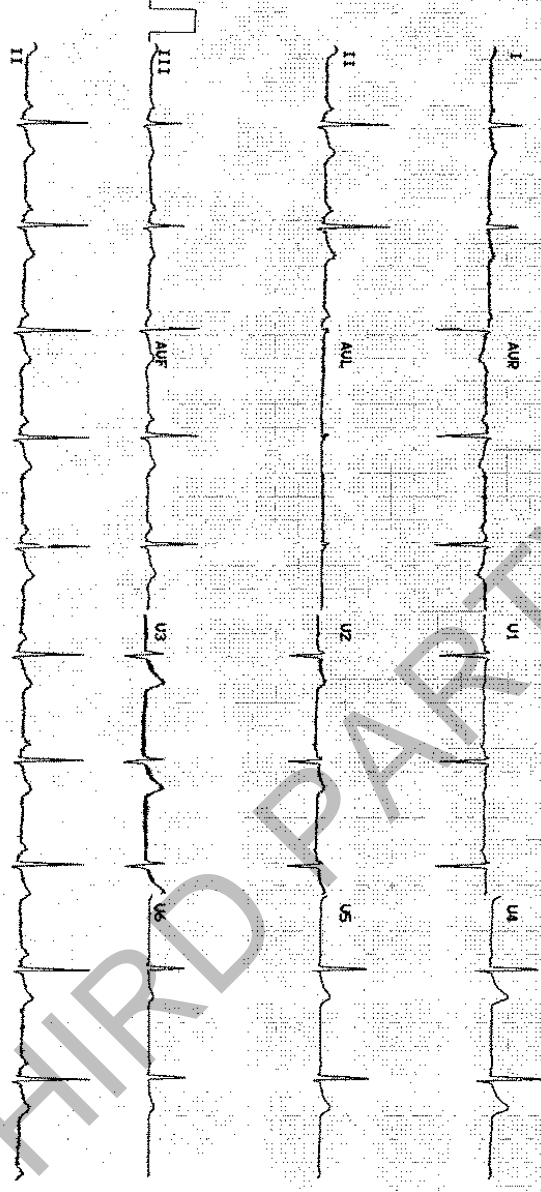
Interpretation:
Normal sinus rhythm
Normal ECG

TREYOR TRIEMAN
03/05/1979 M 38/04/2019 18:00
1180350 J Clin
Lockhaben GP %



HR 64bpm

Unconfirmed report.



30 Apr 2019 17:08:43 25mm/s 10mm/mV ADS 50HZ 0.04 - 150HZ 3.F1_R Automatic: V5.21 M121 (3) 12SLM/231

NHS Confidential: Personal data about a patient



Employment and Support Allowance

VMO

MM

Dr Unknown
 LOCHMABEN MEDICAL GROUP
 42-44
 HIGH STREET
 LOCHMABEN
 LOCKERBIE
 DG11 1NH

31800/14

Our phone number is: 0141 314 5496

If you have a textphone,
 you can call on: 18001 0141 314 5496If you get in touch with us, tell us this
 reference number: JS496483D

Date: 3rd March 2019

About your patient

Address

Full Name Mr Trevor Trueman5, Shaw Road, Templand, Lockerbie, DG11
1TXNINo JS496483DDate of birth 3rd June 1979

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Linda Mcleish

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 10/17

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THIRD PARTY COPY

NHS Confidential: Personal data about a patient



Quit Your Way Service
Garden Hill Primary Care
Centre
2 Garden Hill Road
Castle Douglas
DG7 3EE

Date 05 October 2018
Our Ref JS
Enquiries to Quit Your Way
Direct Line 0845 602 6861
dg.quityourway@nhs.net

Dear Dr Brown

Re: Trevor Trueman
CHI: 0306793490

The above-named patient was referred to our service. This patient was offered an appointment on **DATE** which they did not attend. We have tried to contact the patient on three separate occasions without success.

As we have had no success in our attempts to contact the above-named patient they have now been discharged from our service.

We would very much welcome a new referral in the future should your patient wish to engage in a new quit attempt. If we can be of any further assistance, please do get in touch.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'J. Stokoe'.

Administration Team
Quit Your Way Service

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

IMS Codebook: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME:	TRUEMAN	FORENAME:	TREVOR
CHI No:	0306793490	REG No:	030679K
DOB:	03/06/1979	SEX:	M
LOCATION:	Lochmaben Surgery	CONSULTANT/GP:	Miller M(LM)

CLINICAL DETAILS: Chest pain.
FASTING: N

Date Collected	05/09/18	10/08/18	15/06/15	02/07/14	05/06/14
Time Collected	10:47	09:59	11:33	15:30	08:33
Specimen Number	328189	308053	308896	133415	113021
Test	Units	Ref. Range			
Sodium	mmol/L	(135 - 145)	143	144	142
Potassium	mmol/L	(3.5 - 5.0)	4.5	4.7	4.6
Chloride	mmol/L	(95 - 110)			
Bicarbonate	mmol/L	(22 - 29)			25
Urea	mmol/L	(2.5 - 7.5)	5.4	7.4	4.9
Urate	mmol/L	(0.11 - 0.45)			5.1
Creatinine	umol/L	(65 - 140)	83	95	94
Estimated GFR	mL/min	(-)	>60	>60	>60
Bilirubin	umol/L	(0 - 21)	8	16	10
Alkaline Phosphatase	iu/L	(35 - 130)	49	60	78
Gamma GT	iu/L	(0 - 50)	8		12
AST	iu/L	(0 - 42)			29
ALT	iu/L	(0 - 50)	27	36	25
CK	iu/L	(0 - 195)			55
LDH	u/L	(240 - 480)			66
Total Protein	g/L	(62 - 82)			
Albumin	g/L	(35 - 53)		49	47
Corrected Calcium	mmol/L	(2.12 - 2.62)			
Phosphate	mmol/L	(0.7 - 1.4)			
Magnesium	mmol/L	(0.66 - 1.0)			
Plasma Glucose	mmol/L	(2.8 - 6.0)			
Amylase	iu/L	(0 - 106)			
C-Reactive Protein	mg/L	(0 - 10)		5	4
Cholesterol	mmol/L	(2.5 - 5.0)			5
Triglyceride	mmol/L	(0.8 - 3.0)			
HDL Cholesterol	mmol/L	(0.9 - 1.8)			
Chol:HDL Chol		(0 - 5.0)			
Free T4	pmol/L	(11 - 27)			
TSH	mU/L	(0.3 - 5.6)	2.0		
FS	nmol/L	(1.3 - 3.1)			
Ferritin	ng/mL	(30 - 400)			
Iron	umol/L	(14 - 32)			
TIBC	umol/L	(45 - 80)			
TIBC Saturation	%	(20 - 50)			
Cardiac Troponin T	ng/L	(0 - 13)			

COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.

DATE RECEIVED: 05/09/2018 **DATE PRINTED:** 06-September-2018
TIME RECEIVED: 14:57 **TIME PRINTED:** 06:00:52
AUTHORISED BY: Auto Validation **FILING AUTHORISED BY:** **FILED BY:**

INDEX OF COMMENT CODES
 SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

NHS Confidential: Personal data about a patient

HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

Surname:TRUEMAN Forename:TREVOR
 CHI No:0306793490 Reg No:030679K DOB:03/06/1979 Sex:M
 Location:Lochmaben Surgery Consultant/GP:Miller M (LM)

Clinical Details:Chest pain.
 Specimen No:HA320737B

Haemoglobin	157	g/L	(135 - 180)
White blood count	10.6	$\times 10^9/l$	(4.0 - 11.0)
Platelets	174	$\times 10^9/l$	(140 - 400)
Red blood cells	5.21	$\times 10^{12}/l$	(4.50 - 6.50)
Haematocrit	0.470	l/l	(0.380 - 0.520)
Mean cell volume	90	fl	(82 - 100)
MCH	30.1	pg	(27 - 34)
MCHC	336	g/L	(324 - 360)
Neutrophil	7.40	$\times 10^9/l$	(2.0 - 7.5)
Lymphocyte	2.20	$\times 10^9/l$	(1.5 - 3.5)
Monocyte	0.80	$\times 10^9/l$	(0.3 - 0.8)
Eosinophil	0.10	$\times 10^9/l$	(0.0 - 0.5)
Basophil	0.10	$\times 10^9/l$	(0 - 0.1)

Comments:

Date Collected:05/09/2018 Time Collected:10:47
 Date Received:05/09/2018 Time Received:14:44
 Date Reported:05/09/2018 Time Reported:15:01

Authorised By:Haem electronic auth'd
 Filing Authorised By:
 Filed By:

SN6 Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME:	TRUEMAN	FORENAME:	TREVOR				
CHI No:	0306793490	REG No:	030679K	DOB:	03/06/1979	SEX:	M
LOCATION:	Lochmaben Surgery		CONSULTANT/GP:	Miller M(LM)			
CLINICAL DETAILS: Pleuritic Chest pain							
FASTING: N							
Date Collected		10/08/18	15/06/15	02/07/14	05/06/14	28/04/14	
Time Collected		09:59	11:33	15:30	08:33	11:22	
Specimen Number		308853	308896	133415	113021	083630	
Test	Units	Ref. Range					
Sodium	mmol/L	(135 - 145)	144	142	142	145	140
Potassium	mmol/L	(3.5 - 5.0)	4.7	4.6	4.2	4.6	4.2
Chloride	mmol/L	(95 - 110)					
Bicarbonate	mmol/L	(22 - 29)		25	28		
Urea	mmol/L	(2.5 - 7.5)	7.4	4.9	5.1	5.8	5.3
Urate	mmol/L	(0.11 - 0.45)					
Creatinine	umol/L	(65 - 140)	95	94	109	95	92
Estimated GFR	mL/min	(-)	>60	>60	>60	>60	>60
Bilirubin	umol/L	(0 - 21)	14	10	7	8	8
Alkaline Phosphatase	iu/L	(35 - 130)	60	78	80	90	86
Gamma GT	iu/L	(0 - 50)		12	31		
AST	iu/L	(0 - 42)		29	34		
ALT	iu/L	(0 - 50)	36	25	55	66	45
CK	iu/L	(0 - 195)					
LDH	u/L	(240 - 480)					
Total Protein	g/L	(62 - 82)					
Albumin	g/L	(35 - 53)		49	47		
Corrected Calcium	mmol/L	(2.12 - 2.62)					
Phosphate	mmol/L	(0.7 - 1.4)					
Magnesium	mmol/L	(0.66 - 1.0)					
Plasma Glucose	mmol/L	(2.8 - 6.0)					
Amylase	iu/L	(0 - 106)					44
C-Reactive Protein	mg/L	(0 - 10)	5	4	5		
Cholesterol	mmol/L	(2.5 - 5.0)					
Triglyceride	mmol/L	(0.8 - 3.0)					
HDL Cholesterol	mmol/L	(0.9 - 1.9)					
Chol:HDL Chol		(0 - 5.0)					
Free T4	pmol/L	(11 - 27)					
TSH	mU/L	(0.3 - 5.0)					
T3	nmol/L	(1.3 - 3.1)					
Ferritin	ng/mL	(30 - 400)					
Iron	umol/L	(14 - 32)					
TIBC	umol/L	(45 - 80)					
TIBC Saturation	%	(20 - 50)					
Cardiac Troponin T	ng/L	(0 - 13)					
COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.							
<p>DATE RECEIVED: 10/08/2018 DATE PRINTED: 11-August-2018</p> <p>TIME RECEIVED: 14:45 TIME PRINTED: 06:00:25</p> <p>AUTHORISED BY: Ewan Bell FILING AUTHORISED BY: FILED BY:</p>							
INDEX OF COMMENT CODES							
SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen							

NHS Confidential: Personal data about a patient

HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

Surname:TRUEMAN Forename:TREVOR
 CHI No:0306793490 Reg No:030679K DOB:03/06/1979 Sex:M
 Location:Lochmaben Surgery Consultant/GP:Miller M (LM)

Clinical Details:Pleuritic Chest pain
 Specimen No:HA306342G

Haemoglobin	170	g/L	(135 - 180)
White blood count	8.8	$\times 10^9/l$	(4.0 - 11.0)
Platelets	211	$\times 10^9/l$	(140 - 400)
Red blood cells	5.60	$\times 10^{12}/l$	(4.50 - 6.50)
Haematocrit	0.510	l/l	(0.380 - 0.520)
Mean cell volume	91	fl	(82 - 100)
MCH	30.3	pg	(27 - 34)
MCHC	333	g/L	(324 - 360)
Neutrophil	5.70	$\times 10^9/l$	(2.0 - 7.5)
Lymphocyte	2.00	$\times 10^9/l$	(1.5 - 3.5)
Monocyte	0.90	$\times 10^9/l$	(0.3 - 0.8)
Eosinophil	0.10	$\times 10^9/l$	(0.0 - 0.5)
Basophil	0.00	$\times 10^9/l$	(0 - 0.1)

Comments:

Date Collected:10/08/2018 Time Collected:09:59
 Date Received:10/08/2018 Time Received:14:34
 Date Reported:10/08/2018 Time Reported:14:54

Authorised By:Haem electronic auth'd
 Filing Authorised By:
 Filed By:

NHS Confidential: Personal data about a patient

✓ MO

Atos
Healthcare

DR BROWN
Lochmaben Medical Group
42-44 High Street
Lochmaben
Lockerbie
Dumfriesshire
DG11 1NH

Our address: Atos Healthcare
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: JS496483D

Date: 16/07/2017

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mr TREVOR TRUEMAN**

Date of birth: **03/06/1979**

Address: **5 Shaw Road, Templand, Lockerbie, Dumfriesshire, DG11 1TX**

Atos Healthcare is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.

When completing your report, please provide information on the following key areas:

- Could you please provide information about this patient's medical history and prescribed medications.
- Are they receiving or previously received any specialist input?
- Are there any cognitive, functional or specific restrictions? Thank you.

You should base your report on your knowledge of the patient and on his records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

Atos Healthcare providing assessment services on behalf of the Department for Work and Pensions
Registered Office: 4 Trillick Square, Regents Place, London, NW1 3HG - VAT NO. GB 232327983
Atos IT Services UK Limited - Registered Number 1245534 - England and Wales
Atos Healthcare™ is a trading name of Atos IT Services UK Limited

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assessment
services on
behalf of


Department
for Work &
Pensions



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Atos
Healthcare

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose a form for you to claim a fee of £33.50 which should accompany this report. **Please reply within 5 working days.** A business reply envelope is enclosed for your use.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Mr James P Munday (Nurse, 05E0732E)

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185636

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care - "rose unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are examples of information that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, recorded variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions** - recorded symptoms, recorded history of falls, detailed clinical findings including range of joint movements, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

0207 2536 7443

THIRD PARTY COPY



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188 ERS

Your GP Factual Report

095782017

Patient's name & Ref No

Mr TREVOR TRUEMAN

JS496483D

Date when patient last seen by a health professional

12 / 04 / 2017

Where and by whom

LOCHMABES MEDICAL GROUP
DE GRAMA KNOWLES

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
- Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
- It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family
- Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
- Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

Emotionally unstable personality disorder, impulsive type
PTSD
Depression

2. History of condition(s). Include details of any relevant special investigations

First record of assessment by psychiatric services 12/06/06
Issues with aggression, PTSD and depression as result of
childhood trauma and service in the army
seen regularly by mental health team until discharge 03/05/13
Stable on current medication for several years



JS496483D: Mr TREVOR TRUEMAN

Page 1 of 4

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3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

Patient rarely attends surgery only registered for last 1 year.
 Based on patient records only.
 Condition stable for several years on current medication.
 Discharged from psychiatric services 03/05/13.
 No recent record of current mental health.

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

This patient has only been registered with the practice for 1 year and has not consulted with any problem that may affect his ability to work. To our knowledge is psychiatric condition is stable on his current medication.

JS496483D: Mr TREVOR TRUEMAN

Page 2 of 4

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5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

151 E 03

Current treatment - Quetiapine fumarate 800mg nocte
 Trazodone 100mg nocte ✓

Patient has been stable on above treatment for 5 years
 Discharged from psychiatric services 03/05/13.

© 2008 NHS Direct

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- Manage their health conditions and treatment
- Communicate
- Walk or move around
- Get somewhere on their own
- Make simple decisions
- Prepare, cook and eat food
- Wash, bathe and use the toilet/ manage incontinence
- Dress and undress

Only include information that has been confirmed by a health professional. Please state if this is not known.

This gentleman has rarely attended the surgery over the last year and we have no record of knowledge of his abilities



JS496483D: Mr TREVOR TRUEMAN

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7. Does the patient have a history of threatening or violent behaviour?

No Yes Don't know

If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes No Don't know

If no, please tell us why. Use the space below at Part 9

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. Do not use the section to provide an opinion.

No record of any violent or aggressive behaviour within last 5 years.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature 

Name in capitals

Date

Stamp

LOCHMABEN MEDICAL GROUP
 42-44 HIGH STREET
 LOCHMABEN
 DUMFRIESSHIRE DG11 1NH
 Tel: 01387 810252
 Fax: 01387 811595

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ESA113

jobcentreplus

Employment and Support Allowance

Our phone number is: 0141 249 3565

If you have a textphone,
you can call on: 18001 0144 249 3565If you get in touch with us, tell us this
reference number: JS496483D

Date: 28th June 2017

Dr Unknown
LOCHMABEN MEDICAL GROUP
42-44
HIGH STREET
LOCHMABEN
LOCKERBIE
DG11 1NH

31800/13 483D

P1402646/2010/131/17/2

About your patient

Full Name Mr Trevor Trueman

Address 5, Shaw Road, Templand, Lockerbie, DG11
1TX

NINo JS496483D

Date of birth 3rd June 1979

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems.
- Current medication with last prescribed date.
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Ms Lynn Elliott



Centre for Health and Disability Assessments on behalf of the DWP

RESTRICTED - MEDICAL

Version 02/15

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About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

.....

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>	} pt has only been registered here for less than 1 yr & not attended frequently. From reviews of his records there is no evidence of difficulty in these areas.
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

5 Does the patient have a history of threatening or violent behaviour? No - not in recent 5 years
 Yes Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

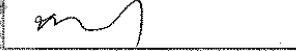
6 Could your patient travel to an examination centre by public transport or taxi? No Please tell us why at Part 7
 Yes

7 Additional information
Please continue on a separate sheet if necessary.

.....

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature 

Name IN CAPITALS Dr F M JEFFORD

Date 30 / 6 / 17

Practice stamp
Dr F. M. JEFFORD
 LOCHMABEN MEDICAL GROUP
 42-44 HIGH STREET
 LOCHMABEN
 DUMFRIESSHIRE DG11 1NH
 Tel: 01387 810252

Centre for Health and Disability Assessments on behalf of the DWP

RESTRICTED - MEDICAL

Version 02/15

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NHS DUMFRIES AND GALLOWAY Appointment Centre

Dumfries and Galloway Royal Infirmary
Bankend Road
Dumfries
DG1 4AP
Tel: 01387 246246



Nicholas Brown

Date: 23/05/2017

Lochmaben Medical Group
42-44 High Street
Lochmaben
DG11 1NH

Enquiries To :
Letter Ref: R / OC_DNG
Our Ref: WIDDB
CHI Number: 0306793490

Dear GP

The following patient did not attend their scheduled appointment on Tue 23 May 2017 at 10:10 and failed to provide an appropriate reason for this. The consequences of failing to attend without giving prior notice was emphasised in their appointment letter. In accordance with our policy we have now removed them from our waiting list.

0306793490 TREVOR TRUEMAN

5 SHAW ROAD, TEMPLAND, LOCKERBIE, DG11 1TX

**Tue 23 May 2017 at 10:10 OPHTHALMOLOGY
Appointment Centre**

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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DUMFRIES & GALLOWAY ROYAL INFIRMARY
DISCHARGE/TRANSFER SUMMARY

0306793490

Trevor Trueman

This letter was printed outwith pharmacy hours, the prescription has not been verified by pharmacy

GP Copy

Page 1 of 1

Dr.N Brown	Surname Trueman Forename Trevor Date of birth 03/06/1979	CHI No 0306793490	Patient Reg No. 030679K Consultant Stoddart Admission Date 10/05/2017	Admission ward 17	
GP Address Lochmaben Medical Group 42-44 High Street Lochmaben DG11 1NH	Address 5 Shaw Road Templand Lockerbie DG11 1TX		Admission Type 11 Routine Elective (from W/list as planned)		
Reason for Admission / Transfer ADMISSION FOR TREATMENT			Discharge Date 10/05/2017	Time Discharge Ward 17	
Discharge To					
A further discharge communication may follow this document					
Principal Diagnosis BCC Right lower Eyelid				Code	
Summary Follow up at Bay 3 on 23rd May @ 10:10 for removal of sutures					
Drug / Type of Preparation	Route	Dose	Frequency	Days Rec. (GP to cont?)	Quantity Supplied
None					
Number of Days Supply		Pharmacist's Initials		Date	
Allergies : None					
Changes made to medicine on admission None					
Principal Operation			Date	Code	Consultant
Excision and reconstruction BCC Right lower Eyelid			10/05/2017	C12.1	Mr Rugzys
Other Operations			Date	Code	Consultant
				C14.1	
Further investigations including complications					
Explanation given to patient Patient did not receive a blood transfusion.					
Doctor's name	Mr Rugzys	Doctor's Signature			
Doctor's grade	Consultant				
Read Approved by					
Read by Date	10/05/2017				
Named Nurse		Discharge Officer's Signature		Patient's Signature	
Ward Tel No					
Patient's weight , Kg					

Please remember to bring your own medications into hospital if you are admitted

Printed 10/05/2017 14:56:27

Page 1 of 1

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NHS DUMFRIES AND GALLOWAY

Department of Ophthalmology
 Dumfries and Galloway Royal Infirmary
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 1652706
 Letter Ref: MS/AO

Telephone: 01387 246246
 Direct Dial: 01387241093
 Fax: 01387241091
 Website: www.nhsdg.scot.nhs.uk
 Email: atison.oakes@nhs.net

Trevor Trueman
 5 Shaw Road
 Templand
 Lockerbie
 DG11 1TX

CHI: 0306793490
 Date dictated: 12/04/2017
 Date Typed: 13/04/2017

Dear Mr Trueman

Just a short note to let you know that our suspicions were confirmed regarding the skin lesion in your right lower lid. The medical term is basal cell carcinoma and as I discussed this is the sort of skin cancer that spreads locally but not elsewhere in your body. It's well circumscribed and I am sure we can excise it for you. We are likely to do this as a 2-stage procedure. I am about to have some knee surgery myself next week and it may be that you have surgery with my locum colleague, Mr Ruzzys who will be able to look after you.

Kind regards.

Yours sincerely

Mark Stoddart
 Consultant Ophthalmologist

(P) Sam Farish, Waiting Times, Patient Co-ordinator, DGRI, DG1 4AP
 (D) Dr N Brown, Lochmaben Medical Group, 42-44 High Street, Lochmaben, DG11 1NH
 Authorised on 17/04/2017 12:36:21 by Mark Stoddart.

Sam 2-stage excision and reconstruction, excise ideally on a Monday and reconstruct on a Wednesday or similar gap during the week and need about 15 minutes for excision and perhaps 45 minutes for reconstruction.

0306793490

Job ID: 1652706

Page 1 of 1

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of Ophthalmology
 Dumfries and Galloway Royal Infirmary
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 1649084
 Letter Ref: MGS/SCP

Dr N Brown
 Lochmaben Medical Group
 42-44 High Street
 Lochmaben
 DG11 1NH

Telephone: 01387 246246
 Direct Dial: 01387 241841
 Fax: 01387 241091
 Email: spayne@nhs.net
 Website: www.nhsdg.scot.nhs.uk

Clinic: Mr Stoddart
 Clinic Location: Dumfries & Galloway Royal Infirmary
 Clinic Date: 05/04/2017
 Date Typed: 07/04/2017

Dear Dr Brown

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 5 Shaw Road, Templand, Lockerbie, DG11 1TX

Type of Referral: **New Soon**

Diagnosis: **Likely Basal Cell Carcinoma right lower lid
 Investigation 2mm punch biopsy today**

Follow-up: **Awaiting Test Result
 Likely list directly for two-stage excision biopsy and
 reconstruction if BCC confirmed**

Many thanks for referring this 37 year old ex-paratrooper with a lesion on the right lower lid. I am at a complete loss as to why this might have been considered to be a melanoma. It looks like a typical small well circumscribed BCC with a central crater on the surface. I have taken a small 2mm punch biopsy and await the histology with interest.

If BCC confirmed likely to require two stage excision biopsy and reconstruction. I will let you know how he gets on.

Kind regards.

Yours sincerely

Mark Stoddart
 Consultant Ophthalmologist

Authorised on 07/04/2017 12:57:48 by Mark Stoddart.

0306793490

Job ID: 1649084

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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* Address*

 Title*
 Surname*
 Forenames*
 Previous Surname*
 email address #
 Postcode*
 Telephone #
 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* Country of Birth*
 Registered district of birth (Scotland only) Mother's maiden name

the date 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*

 Postcode*
 Name and address of previous GP Practice in UK*
 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*
 Is this your first registration with a GP since leaving the Armed Forces? Yes No Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

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

Patient signature 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 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. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [Signature] Date 21 07 2016

Representative's name (if applicable) []

Relationship to patient (if applicable) []

6. FOR PRACTICE USE

GP reference number 425132 GP name Dr N. Brown

Practice code 418377 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 of HC2 Cert. Home Office App Reg Card Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [Signature] Date 25 7 16

7. OFFICIAL USE ONLY

Input by []

Checked by []

Date [] [] []

Practice Stamp []

GMSGPR001 v1 (05-2013)

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**NEW PATIENT HEALTH QUESTIONNAIRE
LOCHMABEN MEDICAL GROUP**

NAME & ADDRESS (including postcode) TRAVOL TRUEMAN 5 SHAW ROAD TEMPLAND DG11 1TX	Have you been registered with our Practice before: YES/NO If yes: Registered Temporary Resident (please circle)
Maiden Name (if applicable): Date of Birth: 03/06/79	Relationship Status:- (Single) Married / Co-habiting / Separated / Divorced / Widowed Next of Kin: NICOLA TRUEMAN Emergency Contact No: 07706 146695
Home Telephone: Mobile Telephone: 07498954402	DO YOU SUFFER FROM ANY OF THE FOLLOWING: (PLEASE circle)
Asthma Chronic Obstructive Pulmonary Disease Hypertension Hypothyroidism Mental Health Depression Osteoporosis Epilepsy Cancer Diabetes Chronic Heart Disease Stroke Rheumatoid Arthritis	
Any other significant illnesses or disability (please list with a date): Have you had any significant operations (please list with a date):	
Are you currently taking prescribed medication? (please list with a dosage):- Quetiapine 800mg Trazodone 100mg	
Do you have any allergies to medicines or anything else? (please list):-	
FEMALE PATIENTS ONLY	
YES	NO
I currently have a coil/implant	
I currently take the oral contraception pill/use the Depo injection	
I have had a cervical smear (patients aged 20 yrs-60 yrs only)	
I have had a hysterectomy	
I am currently taking Hormone Replacement Therapy	
BASIC HEALTH	
Smoking Status (please tick)	
Current Smoker (amount) 15	Ex Smoker
Never smoked tobacco	
Alcohol Status (please tick) 1 drink = ½ pint of beer, 1 small glass wine or 1 single spirit measure	
MEN: How often do you have 8 or more drinks on one occasion?	
WOMEN: How often do you have 6 or more drinks on one occasion?	
Teetotal	Never
Occasionally	Monthly
Weekly	Daily

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Employment Status (please tick)	Currently employed (if yes what is your job)	Currently unemployed																			
Blood Pressure: Have you had your blood pressure taken within the last 5 years?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>																			
Exercise: Do you take regular exercise. If so please state what type <i>WEIGHTS</i>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>																			
Ethnic Origin Choose ONE section from A to E then tick ONE box which best describes your ethnic group or background If you do not wish to give this information, please tick here <input type="checkbox"/>																					
<table border="1"> <tr> <td rowspan="4">A: WHITE</td> <td>Scottish <input checked="" type="checkbox"/></td> </tr> <tr> <td>British <input type="checkbox"/></td> </tr> <tr> <td>Irish <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>B: MIXED</td> <td></td> </tr> <tr> <td rowspan="5">C: ASIAN, ASIAN SCOTTISH, ASIAN BRITISH</td> <td>Indian <input type="checkbox"/></td> </tr> <tr> <td>Pakistani <input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi <input type="checkbox"/></td> </tr> <tr> <td>Chinese <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> </tr> <tr> <td rowspan="3">D: BLACK, BLACK SCOTTISH, BLACK BRITISH</td> <td>African <input type="checkbox"/></td> </tr> <tr> <td>Caribbean <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>E: OTHER ETHNIC BACKGROUND</td> <td>Other <input type="checkbox"/></td> </tr> </table>			A: WHITE	Scottish <input checked="" type="checkbox"/>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	B: MIXED		C: ASIAN, ASIAN SCOTTISH, ASIAN BRITISH	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>	D: BLACK, BLACK SCOTTISH, BLACK BRITISH	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>	E: OTHER ETHNIC BACKGROUND	Other <input type="checkbox"/>
A: WHITE	Scottish <input checked="" type="checkbox"/>																				
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	Caribbean <input type="checkbox"/>																				
	Other <input type="checkbox"/>																				
E: OTHER ETHNIC BACKGROUND	Other <input type="checkbox"/>																				
Do you need an Interpreter communication support? (eg sign language) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (please circle)																					
If you do need an Interpreter what language do you speak																					
CARERS Do YOU, <u>without payment</u> provide help and support to a partner, child, relative, friend or neighbour, who could not manage without your help? This could be due to age, physical or mental illness, addiction or disability? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																					
Do you require further information regarding support for being a carer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																					
ORGAN DONOR On your registration form, did you consent to organ donation YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																					
If so please indicate:- Any of my Organs/Tissue Lungs Liver Tissue Kidneys Pancreas Eyes Small Bowel Heart																					
ANY OTHER RELEVANT INFORMATION: <i>ONLY HAVE ENOUGH MEDICATION LEFT FOR 7 NIGHTS INCLUDING TONIGHT</i>																					
Thank you for completing this form. All information given is treated as confidential																					

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY Appointment Centre

Dumfries and Galloway Royal Infirmary
Bankend Road
Dumfries
DG1 4AP
Tel : 01387 246246



Dr William Locke

Date: 31/05/2016

Solway Medical Group
Health Centre
Kirkcudbright
DG6 4BJ

Enquiries To : Appointment Centre
Letter Ref: R / OC_DNT
Our Ref: COWNI
CHI Number: 0306793490

Dear GP

The following patient did not attend their recent hospital appointment. We will contact the patient when another appointment becomes available.

**0306793490 TREVOR TRUEMAN
30 MERSE DRIVE, , KIRKCUDBRIGHT, DG6 4RW**

DNA'd Appointment :- Mon 30 May 2016 at 15:15 ORTHODONTIC

Appointment Centre

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

NHS Confidential: Personal data about a patient

AREA DEPARTMENT OF MICROBIOLOGY - ROYAL INFIRMARY, DUMFRIES

PATIENTS SURNAME TRUEMAN		PATIENTS FORENAME TREVOR		LAB No. MG029019
CHI No. 0306793490	HOSPITAL REG No. 030679K	DOB 03/06/1979	SEX M	DATE & TIME COLLECTED 29/04/2016 11:09
LOCATION / PRACTICE Kirkcudbright HC		CONSULTANT / GP Locke WJ (KCHC)		DATE & TIME RECEIVED 29/04/2016 14:00
CLINICAL DETAILS recent change of partner				DATE & TIME REPORTED 30/04/2016 19:00

YFRM157

C.trachomatis (CT) NAAT : Negative
 N.gonorrhoeae (NG) NAAT : Negative

C.trachomatis DNA NOT detected
 NO evidence of Neisseria gonorrhoeae DNA

NOTE:

A negative result does not preclude the presence of infection because results depend on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.

Antibiotics-Prior :No details given
 Antibiotics-Proposed:No details given

FILING AUTHORISED BY _____ REPORT AUTHORISED BY **Automatic validation**

SPECIMEN TYPE Urine	SPECIMEN DATE 29/04/2016
-------------------------------	------------------------------------

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Appointment Centre
Dumfries and Galloway Royal Infirmary
Bankend Road
Dumfries
DG1 4AP
Tel : 01387 246246



Dr Angus MacGregor
Castle Douglas Medical Group
Garden Hill Primary Care Centre
2 Garden Hill Road
Castle Douglas
DG7 3EE

Date: 22/12/2015
Enquiries To : Appointment Centre
Letter Ref: / GP N
Our Ref: JARDAM / 030679K
CHI Number: 0306793490

~~We have written to this patient twice over the last 4 weeks to ask them to telephone the Appointment Centre to make an appointment.~~

As the patient has not contacted us we therefore regard the referral as completed and have removed them from the waiting list. If you wish the patient to be seen we will require a new referral.

Patient Hospital number:	030679K
Patient Name:	TREVOR TRUEMAN
Patient Address	30 MERSE DRIVE
	KIRKCUDBRIGHT
	DG6 4RW
Consultant Name:	
Specialty:	EAR NOSE & THROAT

Appointment Centre

Frills

24 DEC 2015

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

02536
 Dr P Pflanz
 CRAIGNAIR HEALTH CENTRE
 PORT ROAD
 DALBEATTIE
 KIRKCUDBRIGHTSHIRE
 DG5 4AZ

Your reference is JS496483D
 Please tell us this number
 if you get in touch with us

Greenock Benefit Centre
 Mail Handling Site A
 Wolverhampton
 WV98 1DJ

Phone 0345 6088545
 TEXTPHONE for the deaf/hard of
 hearing ONLY 0845 6088551

Date 16 November 2015

Dear Doctor Pflanz

Work Capability Assessment Outcome Notification

Patients Name	Mr T B Trueman
Patients Address	30 Merse Dr Kirkcudbright DG6 4RW

Patients D.O.B : 3 June 1979

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 4 December 2015

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

Proof of illness or disability may still be required for other interest groups or organisations such as employers or insurance companies. The provision of this information is not usually a NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of illness or disability.

2251/0173

957700017300200216

Page 01 of 02

NHS Confidential: Personal data about a patient

16 November 2015

Dr Pflanz

REF: JS496483D

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

George McLeilan

Manager



THIRD PARTY COPY

2251/0173


957700017300100112

Page 02 of 02

NHS Confidential: Personal data about a patient

NHS Dumfries & Galloway

Smoking Matters Referral Form

Trevor Brian Trueman 30 Herse Drive Kirkeudbright DG6 4RN	Full Name:  0306793490 TRUEMAN TREVOR BRIAN 03/06/1979 M 09/10/2016 15:18 25938 Dr G E McLean Kirkeudbright
Tel Home: Tel Work: Tel Mobile: 0771 272 9957	D.o.B:

If we are unable to speak to you on the phone is it suitable to leave a message with a family member or colleague YES NO

Is this Patient suitable for NRT: YES NO

Is this Patient suitable for Varenicline (Champix): YES NO

Is this Patient suitable for Bupropion (Zyban): YES NO

Cue
Signature of approved prescriber

COMMENTS: Please can you mention any medical conditions or any other notes which may be relevant to this referral

*Post traumatic stress
Anxiety
On amphetamine + trazodone*

FROM:

SURGERY:

Please return completed forms to

Smoking Matters Service
Garden Hill Primary Care Centre
Castle Douglas
DG7 3EE

E-mail: dg.smokingmatters@nhs.net

Telephone: 0845 602 6861

YBPD104

NHS Confidential: Personal data about a patient

NEW PATIENT MEDICAL QUESTIONNAIRE

Mr/Mrs/Miss/Ms Name: TREVOR BRIAN TEAGMAN D.O.B: 03/06/79

Address: 30 MARSH DRIVE Tel. No.: _____
KIRKCUDBRIGHT DGB 4RW

Past/Present Medical History :

- | | | | |
|---------------|--------------------------|--------------|--------------------------|
| Heart Disease | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please specify PTSD WITH PSYCHOTIC FEATURES

Family History :

Is there any of the following in your family...

		Which family member?	Before the age of 65?
Heart Disease	Y/N	<u>GRANDFATHER</u>	Y/N
Diabetes	Y/N	_____	Y/N
Hypertension	Y/N	_____	Y/N
Stroke	Y/N	_____	Y/N

Present Medication :

PLEASE BRING DETAILS OF MEDICATIONS WITH YOU TO YOUR NEW PATIENT APPOINTMENT

Drug Reactions or Allergies :

Next of Kin : N/A Tel: N/A

Smoking History :

- | | | |
|----------------------|-------------------------------------|------------------------------|
| Never smoked tobacco | <input type="checkbox"/> | Approx. year stopped : _____ |
| Ex. smoker | <input type="checkbox"/> | |
| Current Smoker | <input checked="" type="checkbox"/> | |

NHS Confidential: Personal data about a patient

Do you need an interpreter or sign language support? Yes No

If you do need an interpreter what language do you speak?

Please state

What is your ethnic group?

Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic

group or background

A White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

E Other ethnic group

- Arab
- Other, please write in

If you do not wish to give this information, please tick here

For office use

- Registration document completed in full
- Registration document signed
- New patient appointment made date.....
- Name in book
- Sample bottle given
- New patient booklet given

NHS Confidential: Personal data about a patient

CHI: 0306793490

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* Address* Title* Surname* Forenames* Postcode* 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* Country of Birth* Registered district of birth (Scotland only) Mother's maiden name

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* Postcode* Name and address of previous GP Practice in UK* 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* Is this your first registration with a GP since leaving the Armed Forces? Yes No Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

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

Patient signature Date

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

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.nss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature  Date

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

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

7. OFFICIAL USE ONLY

Input by Practice Sheet

Checked by

Date

GMSGPR001 v1 (05-2013)

NHS Confidential: Personal data about a patient

AREA DEPARTMENT OF MICROBIOLOGY - ROYAL INFIRMARY, DUMFRIES

PATIENTS SURNAME TRUEMAN		PATIENTS FORENAME TREVOR		LAB No. MG054368
CHI No. 0306793490	HOSPITAL REG No. 030679K	DOB 03/05/1979	SEX M	DATE & TIME COLLECTED 19/07/2015 15:30
LOCATION / PRACTICE GP Out of Hours		CONSULTANT / GP Locum GP		DATE & TIME RECEIVED 20/07/2015 08:24
CLINICAL DETAILS post op (umbilical hernia), site inflamed and oozy				DATE & TIME REPORTED 22/07/2015 11:00
YFRM157				

Culture:

No significant organisms isolated.

Superficial samples are processed differently to deep seated wound swabs. Please identify if deep seated / diabetic / immunosuppression to laboratory.

Antibiotics-Prior :Flucloxacillin

Antibiotics-Proposed:No details given



FILING AUTHORISED BY

REPORT AUTHORISED BY

Automatic validation

SPECIMEN TYPE

SPECIMEN DATE

Wound swab umbilical hernia

19/07/2015

NOT CONFIDENTIAL. Personal data should be protected



MINISTRY OF DEFENCE

30.12.12.
Please Return by
23.12.12.



Service Personnel
& Veterans Agency

Norcross, Thornton-Cleveleys,
Lancashire, England, FY5 3WP
UK Freeline: 0800 169 22 77
Overseas Tel: + 44 1 253 866043
Textphone: 0800 169 34 58

Dr Purdie
Gardenhill Medical Centre
Castle Douglas
Kirkcudbrightshire
Scotland

28 NOV 2012

Please return by

Consent attached

Re: Surname	Trueman
Other names	Trevor Brian
NINO	JS496483D
Address	11 Port Rd Haugh Of Urr Castle Douglas Kirkcudbrightshire DG7 3JW
Date of birth	03/06/1979

Request for Medical Information

Dear Dr Purdie,

War Pension is a scheme by which compensation is paid for disablement caused by service in the Armed Forces. An award or a review of award is being considered for your patient.

Will you kindly supply a report on this form, based on your knowledge of the patient and their records. A special examination is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants.

Please note that this is not a report to which the Access to Medical Reports Act 1988 applies and your patient does not have to see the report before you return it to us. However, please write your report in the expectation that it will be seen by your patient as we will show it to the patient on request and in the event of an appeal.

Helpline hours: Monday – Thursday: 8.15am – 5.15pm, Friday: 8.15am – 4.30pm

Fax: 01253

e-mail: help@veteransagency.gsi.gov.uk

09/05

WPA306D

Internet: <http://www.veteransagency.mod.uk>

Page 1

BM5 Confidential: Personal data about a patient

Name: Trueman

Nino: JS496483D

N.B If there is any information, which you consider, might be harmful or cause distress to your patient please give this information on the last page.

As your patient's entitlement to payment of pension is involved, an early reply would be appreciated. Please sign and date your report, and return it in the envelope provided. A stamp is not required.

Thank you for your help.

Yours sincerely



Mrs G Yarwood
pp Medical Adviser, Service Personnel and Veterans Agency

Please note:

Your fee for completing this report is now £39.09.

You have my written assurance as an officer of a government department that we hold your patient's written consent to ask you for this evidence. Please see GMC guidance "Confidentiality: Protecting and Providing Information", April 2004. Frequently Asked Questions (Q13) (A) which states that "You may, however, accept written assurances from an officer of a government department that the patient's written consent has been given".

Date 24 October, 2012

Page 2

WPA306D

DHG Confidential: Personal data about a patient

Name: Trueman

28 NOV 2012

Nino: JS496483D

A: Conditions already accepted as being caused or made worse by military service:

We need information regarding the following symptoms and/or conditions based in your records and knowledge of your patient. **For each condition** please indicate below the diagnosis, date of first consultation with the condition, the history given at the time and details of any current treatment.

If there has been a hospital referral for any of the conditions please provide details. Copies of any relevant letters or reports would be most helpful.

Condition under review	Brief history of progress since 04.06.09	
Post traumatic stress disorder Is there any significant change in this condition?	There has been a recent exacerbation in his condition which is now settling.	
Date of referral, if any, with name of specialist and hospital number	Seen 04/09/12 Dr P. Singh See attached letter.	Name and address of hospital - Copies of any relevant letters or reports would be very much appreciated (old hospital records have often been destroyed).

Please comment on any other details, including treatment, regarding the conditions listed above which you think might be helpful to us.

Please see attached letter which outlines his medical history.

I first met him when he joined the ~~post~~ practice, having moved to the area in a ^{new} relationship. He is at present living independently & I'm pleased that he is much more settled - himself.

I would be happy to discuss his case personally with you class.

Date 24 October, 2012

Page 3

WPA306D

WPA Confidential. Personal data should not be released

Name: Trueman

Nino: JS496483D

B: Other Information

1. When do your patient records date from?

0389

2. How long has Mr Trueman been your patient?

160212

3. Please list any other significant conditions and date of onset.

4. Please list all prescribed medication.

Quetiapine 200g x 2 twice daily
* Jorgedone 200g daily.

THIRD PARTY COPY

Date 24 October, 2012

Page 4

WPA306D

SPVA Confidential: Personal data about a patient

28 NOV 2012

Part 5 Declaration - continued

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Remember

You must sign this form yourself if you can - even if someone else has filled it in for you. If a representative who acts as Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

Signature



Date

22 / 8 / 2012

13

THIRD PARTY COPY

M&S Confidential. Personal data about a patient

Y1824

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Page 13 of 14

NHS Confidential: Personal data about a patient**Patient : Trevor Trueman****Case No 31899****(Gender: Male) (DOB: 03/06/1979) (Age: 36 years) (CHI: 0306793490)****Case No** 31899 **Case Date** 19/07/2015 11:36**Own Dr** Pflanz, Sebastian A

Emergency Care Summary viewed on case

No. of patient contacts 6**No. of patient contacts in past year** 1**Current Address**

6 Halliday Place

Home Address (If Different)

Dalbeattie

DG5 4FE

Current Phone 01556 474368**Home Phone (If Different)****Case Type** PCC**Call Origin** NHS24**Tel****Name**Margaret**Appointment** 19/07/2015 15:20**Arrival**

19/07/2015 14:55

Priority On Reception

Within 4 Hours

Priority After Assessment

Within 2 Hours

Priority On Completion

Within 4 Hours

Patient notes attached to case**Reported Condition**

*WEEPING WOUND, 15 MINS, SEE A/V

HAD A HERNIA OP LAST WEEK. DISCHARGE COMING FROM WOUND SOAKING TSHIRT. SAW OWN GP 2 DAYS AGO BECAUSE WOUND WAS VERY RED. HAS MENTAL HEALTH PROBLEMS AND WIFE UNSURE WHETHER HE WILL BE ABLE TO GO TO PCEC. ((User) (Glasgow))

OPENED FOR QC ROLE ((User) (Cardonald))

OPENED FOR QC ROLE ((Other Clinical User) (Cardonald))

CALL OPENED FOR RAPID TRIAGE SUPPORTED BY CLINICAL SUPERVISOR SANDRA MCPHERSON, NORTH ((Other Clinical User) (Aberdeen))

NHS 24 Advice by (Other Clinical User) (Aberdeen)**Triage Start**11:42**NHS 24 ID** 16434945**Triage End** 13:18

Clinical summary created by: (Other Clinical User) (Aberdeen) [19/07/2015 13:17:52]

WEEPING WOUND FOR 15 MINUTES AND HERNIA OPERATION LAST WEEK/TODAY WOULD WEEPING BLOODY PINK, ORANGE AND BROWN GREEN DISCHARGE/NO FEVER/OFFERED PCEC BUT REFUSED/HAS MENTAL HEALTH/ANGER ISSUES/WORSENING GIVEN/OUTCOME - GP TO TELEPHONE 4 HOURS, DISPUTED OUTCOME

DOC4 Dr to phone patient within 4 Hr (Disputed Outcome)

NHS24 Recorded Allergies

NIL

NHS24 Previous Medical**History**MENTAL HEALTH ISSUES
AWAITING GALL BLADDER SURGERY
PTSD**NHS24 Recorded Medications**NIL
PARACETAMOL
IBUPROFEN
AS PER ECS**Adastra Consult by**

Kundal, Gagandeep

Consult Start 14:22**Start Type** Advice**End Type**Visit**Consult End** 14:23

Report Statistics:

Report produced by Adastra Version 3 - 20/07/2015 04:01:41

NHS Confidential. Personal data about a patient

Page 14 of 14

NHS Confidential: Personal data about a patient**Patient : Trevor Trueman****Case No 31899****(Gender: Male) (DOB: 03/06/1979) (Age: 36 years) (CHI: 0306793490)****History**

patient post op and surgical site looked inflamed and weeping and worried about infection. Patient happy to come to PCC and appointment offered 1520 and patient aware of that

Examination**Diagnosis****Treatment****Clinical Code(s)**

ZV6.. [V]Other reasons for encounter

Prescriptions**Adastra Consult by**

Kundal, Gagandeep

Consult Start 15:15**Start Type** PCC**End Type**PCC**Consult End** 15:40**History**

1 week post op(umbilical hernia) this morning noticed inflammation and redness in surgical site got worse. The clear fluid was coming from it. denies any worsening of pain or fever. other wise fine in himself.

Examination

Patient with his wife

Temp 36

abdomen soft and non tender and surgical site inflamed and non tender to touch and wound seems healing fine

Diagnosis

? infection

Treatment

flucloxacillin 500mg tds and dressing changed

please arrange and appoint with practice nurse to review of wound and for dressing.

Clinical Code(s)

ZV6.. [V]Other reasons for encounter

M0... Skin/subcutaneous infections

Prescriptions**Informational Outcome(s)**

Contact Own Practice Next Day -

Worsening Advice Given -

Report Statistics:

Report produced by Adastra Version 3 - 20/07/2015 09:01:41

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13/07/2015 10:33 01556504550 CDMG PAGE 01

01556504550

TRANSFER SUMMARY 185946

NHS DUMFRIES TREVOR TRUENAN 6 HALLIDAY PLACE DALBEATTIE		Patient Reg. No. D.O.B. Ward/Consultant: MR. WRIGHT Admission Date: 08/07/15 Discharge Date: _____ Time: _____ Discharge To: _____			
GP Address: DGS 4FE CHI: 0306793480 GP: Dr A MacGregor CRN: 052679K M	POSTCODE: _____				
A further discharge communication will/will not follow this summary (*Delete as appropriate)					
Drug & Type of Preparation	Route of Administration	Date	Times of Administration	Date Recommended after Transfer/Discharge	Quantity Supplied
PARACETAMOL	lg	0	4-6 hrs		3000
IBUPROFEN	400mg	0	8 hrs		3000
Dispensed at ward level - known					
Drug Sensitivity: NKA				Pharmacist Initials: _____	Date Dispensed: 08.07.15
Number of Days Supply (7 unless otherwise noted): _____		Doctor's Signature: _____		Block Number: _____	
Principal Diagnosis (please do not use abbreviations): _____			Code: _____	Codine Verified (Medical Records Use Only)	
Other Diagnosis: _____					
Principal Operation (please do not use abbreviations): OPEN REPAIR PARACETAMOL + IBERIN - from previous hospital post life.			Date: 08/07/15	Code: _____	
Other Operations: _____					
Further Information including Complications: _____					
Investigations: _____		Results: _____		Outstanding Investigations: _____	
Explanation Given to Patient: _____					
Follow-Up: _____					
Home Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Day Care <input type="checkbox"/> Day Hospital <input type="checkbox"/> Community Physio. <input type="checkbox"/> Care Call <input type="checkbox"/> Tuck-in/Evening Service <input type="checkbox"/> Community O.R. <input type="checkbox"/> No Services Required <input type="checkbox"/> Service Refused <input type="checkbox"/> Other <input type="checkbox"/> (please tick)					
Doctor's Signature: _____		Doctor's Name (In Block Capitals): E. WRIGHT		Grade: ST4	

13 JUL 2015

Received Time 13 Jul. 2015 10:49 No. 1320

NHS Confidential Personal data about a patient

NHS DUMFRIES AND GALLOWAY DISCHARGE/TRANSFER SUMMARY

185946

GP Name	GP Referral No.	Surname TREVOR TRUEMAN	Patient Reg. No.		
GP Address	Foreign Address	6 HALLIDAY PLACE DALBEATTIE	D.O.B.		
		DG5 4FE CHI: 0306793490 CRN: 030679K	Ward/Consultant MR. WHITEHEAD		
		GP: Dr A MacGregor Sp. M	Admission Date 02/03/15		
A further discharge communication will/will not follow this summary			Discharge Date		
			Time		
			Discharge To		
Drug & Type of Preparation	Route of Administration	Dose	Times of Administration	Days Recommended after Transfer/Discharge	Quantity Supplied
1. TRACETAMOL 100mg/250mg	1g 5mg	0.5g	4 x x		30 tablets 21 tablets
Dispensed at ward level - Pharmacy					
Drug Sensitivity NKNA			Pharmacist's Initials	Date Dispensed 08.07.15	
Number of Days Supply (7 unless otherwise noted)		Doctor's Signature		Bleep Number	
Principal Diagnosis (please do not use abbreviations)			Code	Codeine Verified (Medical Records Use Only)	
Other Diagnosis					
Principal Operation (please do not use abbreviations)			Date	Code	
OPEN REPAIR PARAVENTRICULAR HERNIA from previous laparotomy			08/07/15		
Other Operations					
Further Information including Complications					
Investigations		Results	Outstanding Investigations		
Explanation Given to Patient:					
Follow-Up					
Home Care <input type="checkbox"/> District Nurse <input checked="" type="checkbox"/> Day Care <input type="checkbox"/> Day Hospital <input type="checkbox"/> Community Physio <input type="checkbox"/> Care Call <input type="checkbox"/> Tuck-In/Evening Service <input type="checkbox"/> Community G.T. <input type="checkbox"/> No Services Required <input type="checkbox"/> Services Refused <input type="checkbox"/> Other <input type="checkbox"/> (please tick)					
Doctor's Signature		Doctor's Name (in Block Capitals)		Grade	
		A. MACGREGOR		Sp. M	

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REF: 14473

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* Address*
 Title* Surname*
 Forenames* Postcode*
 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* Country of Birth*
 Registered district of birth (Scotland only) Mother's maiden name

* 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*

Postcode* 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

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.nhs.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature: _____

Date:

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)

With ID Card Student ID Card Driving Licence Passport or HC2 Cert. Home Office App Reg Card Other/None - specify: Receptionist initials:

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature: _____

Date: 01/07/2013

OFFICIAL USE ONLY

Accepted by: _____

Registered by: _____

Practice Stamp

GMSGPR001 v1 (05-2013)

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TO BE COMPLETED BY NEW PATIENTS (PLEASE PRINT CLEARLY)

SURNAME: <u>TRUMAN</u> FORENAMES: <u>TREVOR BRIAN</u> DATE OF BIRTH: <u>03/06/79</u> ADDRESS: <u>6 HALLIDAY PLACE</u> <u>DALBEATTIE, DG5 4FE</u> TEL NO: <u>01556 474 368</u> MOBILE TEL NO: <u>07712729957</u> MARITAL STATUS: <u>MARRIED</u> OCCUPATION: <u>EX ARMED FORCES</u> DATE: <u>22/06/15</u>		NEXT OF KIN NAME: <u>MAGGIE TRUMAN</u> ADDRESS: <u>6 HALLIDAY PLACE</u> <u>DALBEATTIE, DG5 4FE</u> TEL NO: <u>07803 341 305</u> RELATIONSHIP: <u>WIFE</u>			
Please list any previous illnesses or operations:- <table border="1"> <thead> <tr> <th><u>YEAR</u></th> <th><u>NATURE OF ILLNESS/OPERATION</u></th> </tr> </thead> <tbody> <tr> <td><u>2014</u></td> <td><u>GALLBLADDER REMOVAL</u></td> </tr> </tbody> </table>		<u>YEAR</u>	<u>NATURE OF ILLNESS/OPERATION</u>	<u>2014</u>	<u>GALLBLADDER REMOVAL</u>
<u>YEAR</u>	<u>NATURE OF ILLNESS/OPERATION</u>				
<u>2014</u>	<u>GALLBLADDER REMOVAL</u>				
Please list any medication which you take:- <u>QUETIAPINE 200MG X 4 NIGHTLY</u> <u>TRAZODONE 100MG X 2 - " -</u> No Rx request - will make GP appt.					
<p>PLEASE BRING ALL YOUR MEDICATIONS TO YOUR APPOINTMENT WITH THE DOCTOR</p>					
Any known allergies - <u>N/A</u>					
Do you take alcohol <u>NO/YES</u> Do you smoke <u>NO/EX-SMOKER/YES</u> If you would like help/support to stop smoking please telephone 0845 602 6861	Average/week <u>N/A</u> Average/day <u>15</u>				
HAVE YOU BEEN REGISTERED WITH THIS PRACTICE BEFORE? <u>NO</u>					
FEMALE PATIENTS ONLY How many pregnancies have you had - Which form of contraception are you using if any -					

P.T.O.

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To comply with Government Policy, we are obliged to ask the following questions.

If you do not wish to answer any of these questions please tick this box

Please tick as appropriate:-

1. What is your ethnic origin?

<u>White Scottish</u> ✓	Gypsy/Traveller	African, African Scottish or African British
White English	Any mixed or multiple ethnic group	Caribbean, Caribbean Scottish or Caribbean British
White Welsh	Pakistani, Pakistani Scottish Or Pakistani British	Black, Black Scottish or Black British
White Northern Irish	Indian, Indian Scottish or Indian British	Other African, Caribbean Or Black
White British	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Arab
White Irish	Chinese, Chinese Scottish or Chinese British	Other ethnic group
Other white ethnic group	Other Asian	Ethnic group – patient refused

2. Do you need an interpreter or sign language support?

Yes	No ✓
-----	------

What language do you speak

3. Do you have learning disabilities?

Yes	No ✓
-----	------

4. Do you regularly care for someone?

Yes	No ✓
-----	------

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NHS DUMFRIES AND GALLOWAY

Department of General Surgery
 Dumfries and Galloway Royal Infirmary
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 1239428
 Letter Ref: SCW/KA

Telephone: 01387 246246
 Direct Dial: 01387 241763
 Fax: 01387 241145
 Email: karenashby@nhs.net
 Website: www.nhsdg.scot.nhs.uk

Dr A MacGregor
 Castle Douglas Medical Group
 Garden Hill Primary Care Centre
 2 Garden Hill Road
 Castle Douglas
 DG7 3EE

Clinic: Mr Whitelaw
 Clinic Location: Dumfries & Galloway Royal Infirmary
 Clinic Date: 14/05/2015
 Date Typed: 14/05/2015

Dear Dr MacGregor

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 6 Halliday Place, Dalbeattie, DG5 4FE

Type of Referral: **New Routine**

Follow-up: **Daycase Waiting List**

Many thanks for referring Trevor who has a small symptomatic paraumbilical hernia following laparoscopic cholecystectomy approximately six months ago. On balance I think it is best probably to repair this and we can do this for him under a short general anaesthetic as a day case. Trevor mentioned today he was having problems with having a regular bowel habit. I have advised him to eat breakfast in the morning and to try and eat regular meals as I think this should help stabilise things. I have also explained that as he is a smoker, this will increase his chances of acid reflux and he is complaining of heartburn.

I will make arrangements for him to attend the Pre Assessment clinic and will take things from there.

Regards.

Yours sincerely

Mr Stuart Whitelaw
 Consultant Surgeon
 GMC Number: 2555540

Authorised on 15/05/2015 17:36:12 by Mr Stuart Whitelaw.

0306793490

Job ID: 1239428

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NHS DUMFRIES AND GALLOWAY

Department of General Surgery
 Dumfries and Galloway Royal Infirmary
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 1100373
 Letter Ref: FSA/NM

Telephone: 01387 246246
 Direct Dial: 01387 241241
 Fax: 01387 241088

Dr A MacGregor
 Castle Douglas Medical Group
 Garden Hill Primary Care Centre
 2 Garden Hill Road
 Castle Douglas
 DG7 3EE

Email:
 Website: www.nhsdg.scot.nhs.uk

Date Typed: 15/09/2014

Consultant: Miss Ashkanani

Dear Dr MacGregor

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 11 Port Road, Haugh Of Urr, Castle Douglas, DG7 3JW

Admission Date: 08/09/2014

Discharge Date: 09/09/2014

Type of Admission: Elective

Diagnosis: Gallstones

Drugs on Discharge: Laparoscopic cholecystectomy.

Follow Up: Discharge From Nhs Inpatient Or Day Case Care
 No follow up.

As you may recall Mr Trueman was seen at the surgical out-patient clinic with biliary colic and an abdominal ultrasound showed gallstones.

He was admitted to the Day Surgery Unit for an elective procedure. He underwent a straight forward laparoscopic cholecystectomy. Post operative recovery was uneventful. He was discharged home with no plans for further follow up as a surgical out-patient.

Yours sincerely

Miss Fawzia Ashkanani
 Consultant Surgeon
 GMC Number: 4621777

Authorised on 16/09/2014 06:50:33 by Miss Fawzia Ashkanani.

0306793490

Job ID: 1100373

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NHS DUMFRIES AND GALLOWAY DISCHARGE/TRANSFER SUMMARY

178312

GP Name	GP Referral No.	Surr	TREVOR TRUEMAN 11 PORT ROAD HAUGH OF URR CASTLE DOUGLAS		Patient Reg. No.	
GP Address		For	DG7 3JW CHI: 0306793490 CRN: 030679K		D.O.B.	
		Ad	GP: Dr A MacGregor M		Ward/Consultant 4	
A further discharge communication will/will not follow this summary ("Delete as appropriate")					Admission Date 5/19/14	
Drug & Type of Preparation		Route of Administration	Dose	Times of Administration	Days Recommended after Transfer/Discharge	Quantity Supplied
Co-amilof 20/10		oral	1	once daily		x30
Dispersed toward level					Pharmacist's Initials	Date Dispensed
Drug Sensitivity		Number of Days Supply (7 unless otherwise noted)		Doctor's Signature	Bleep Number	
				<i>[Signature]</i>		
Principal Diagnosis (please do not use abbreviations)				Code	Codine Verified (Medical Records Use Only)	
gall stones						
Other Diagnosis						
Principal Operation (please do not use abbreviations)				Date	Code	
Laparoscopic cholecystectomy				2/19/14		
Other Operations						
Further Information including Complications						
Investigations		Results		Outstanding Investigations		
Explanation Given to Patient:						
Follow-Up						
No follow up						
Home Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Day Care <input type="checkbox"/> Day Hospital <input type="checkbox"/> Community Physio <input type="checkbox"/> Care Call <input type="checkbox"/>						
Tuck-In/Evening Service <input type="checkbox"/> Community O.T. <input type="checkbox"/> No Services Required <input type="checkbox"/> Services Refused <input type="checkbox"/> Other <input type="checkbox"/> (please tick)						
Doctor's Signature		Doctor's Name (In Block Capitals)		Grade:		
<i>[Signature]</i>		Trevor Trueman		J (Ue)		

NHS Confidential: Personal data about a patient



NHS Dumfries and Galloway OOH Service

1 Patient Contacts for Castle Douglas Medical Group, Castle Douglas

Page 1 of 2

NHS Confidential: Personal data about a patient

Patient : Trevor Trueman

Case No 84510

(Gender: Male) (DOB: 03/06/1979) (Age: 35 years) (CHI: 0306793490)

Case No 84510

Case Date 11/07/2014 02:36

Own Dr MacGregor, Angus

No. of patient contacts 5

No. of patient contacts in past year 4

Current Address

11 Port Road Haugh Of Urr

Home Address (If Different)

Castle Douglas

DG7 3JW

Current Phone 01556 660523

Home Phone (If Different)

Case Type NHS24 Advice

Call Origin NHS24

Tel

Name Trevor

Appointment

Arrival

Priority On Reception

Priority After Assessment

Priority On Completion

Within 4 Hours

Patient notes attached to case

Reported Condition

PAIN IN GALL BLADDER, 3HRS. SEE A/V

WAITING ON OPERATION TO HAVE GALL STONES REMOVED. PAIN SINCE 11PM TONIGHT. NO RELIEF FROM CO-DYDRAMOL - HAS TAKEN 3 X 10/500. (User) (Cardonald)

NHS 24 Advice by

(Nurse Advisor) (Glasgow)

NHS 24 ID 14819414

Triage Start 02:39

Triage End 03:08

Clinical summary created by: (Nurse Advisor) (Glasgow) [11/07/2014 03:07:55]

RIGHT SIDED ABDO PAIN FOR 3 HOURS AND UNDER RIB AREA. TENDER TO TOUCH. AWAITING APPOINTMENT TO HAVE GALLBLADDER REMOVED. CO-DYDRAMOL X2 @11.30PM THEN 1@12PM WITH LITTLE EFFECT. ADVISED IBUPROFEN AND HEAT TO AREA. INCREASE FLUID INTAKE. SELF CARE.

SCAI Pt given self care advice - For Information Only

NHS24 Recorded Allergies

NIL

NHS24 Previous Medical

History

MENTAL HEALTH ISSUES
AWAITING GALL BLADDER SURGERY
PTSD

NHS24 Recorded Medications

NIL
PARACETAMOL
IBUPROFEN
AS PER ECS

Adastra Consult by

Consult Start

Report Statistics:

Report produced by Adastra Version 3 - 11/07/2014 08:16:40

11 JUL 2014

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Page 2 of 2

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Patient : Trevor Trueman **Case No** 84510
(Gender: Male) (DOB: 03/06/1979) (Age: 35 years) (CHI: 0306793490)
Start Type **End Type** **Consult End**
History
Examination
Diagnosis
Treatment
Clinical Code(s)
Prescriptions
Informational Outcome(s)

THIRD PARTY COPY

Report Statistics:

Report produced by Adastra Version 3 - 11/07/2014 08:16:40

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NHS DUMFRIES AND GALLOWAY

Department of General Surgery
 Dumfries and Galloway Royal Infirmary
 Bankend Road
 Dumfries
 DG1 4AP



Ref: 1052901
 Letter Ref: FSA/SL/FG

Telephone: 01387 246246
 Direct Dial: 01387 241362
 Fax: 01387 241088
 Email: liz.mcgregor@nhs.net
 Website: www.nhsdg.scot.nhs.uk

Dr A MacGregor
 Castle Douglas Medical Group
 Garden Hill Primary Care Centre
 2 Garden Hill Road
 Castle Douglas
 DG7 3EE

Clinic: Miss Ashkanani
 Clinic Location: Dumfries & Galloway Royal Infirmary
 Clinic Date: 16/06/2014
 Date Typed: 20/06/2014

Dear Dr MacGregor

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 11 Port Road, Haugh Of Urr, Castle Douglas, DG7 3JW

Type of Referral: **New Urgent**

Follow-up: **Inpatient W/List**
Laparoscopic cholecystectomy

I reviewed this lovely 35 year old male patient, accompanied by his wife. He presented complaining of right upper quadrant pain on and off for two months. Ultrasound showed gallbladder stones and normal CBD. No history of jaundice, he has history of mental health problems, trauma to the left eye and a ganglion excision from his right wrist. No known allergies.

On examination his abdomen was soft and lax, no scars, mild tenderness in the right upper quadrant.

I discussed with him the pro's and con's of laparoscopic cholecystectomy with possibility of converting to open. He is agreeable. I have put his name on the waiting list for laparoscopic cholecystectomy as a day case. He will receive a letter in the mail in due course.

Yours sincerely

Miss Sawsan Lutfi
 Specialist Doctor in Breast Surgery & General Surgery
 GMC Number: 7076570

Authorised on 26/06/2014 21:04:36 by Miss Sawsan Lutfi.

0306793490

Job ID: 1052901

SN6 Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME:	TRUEMAN	FORENAME:	TREVOR
CHI No:	0306793490	REG No:	030679K
DOB:	03/06/1979	SEX:	M
LOCATION:	Castle Douglas CDMG	CONSULTANT/GP:	Kishore Dr (CDMG)

CLINICAL DETAILS: GALL BLADDER CALCULUS
FASTING: U

Date Collected	05/06/14	28/04/14	24/02/14	05/07/12
Time Collected	08:33	11:22	03:30	u/k
Specimen Number	113021	083630	034705	135868
Test	Units	Ref. Range		
Sodium	mmol/L	(135 - 145)	145	140
Potassium	mmol/L	(3.5 - 5.0)	4.6	4.2
Chloride	mmol/L	(95 - 110)		3.8
Bicarbonate	mmol/L	(23 - 30)		107
Urea	mmol/L	(2.5 - 7.5)	5.8	5.3
Urate	mmol/L	(0.11 - 0.45)		4.6
Creatinine	umol/L	(65 - 140)	99	92
Estimated GFR	mL/min (-)		>60	>60
Bilirubin	umol/L	(0 - 21)	8	8
Alkaline Phosphatase	iu/L	(35 - 130)	80	86
Gamma GT	iu/L	(0 - 50)		62
AST	iu/L	(0 - 42)		59
ALT	iu/L	(0 - 50)	66	45
CK	iu/L	(0 - 195)		30
LDH	u/L	(240 - 480)		28
Total Protein	g/L	(62 - 82)		
Albumin	g/L	(35 - 53)		45
Corrected Calcium	mmol/L	(2.12 - 2.62)		
Phosphate	mmol/L	(0.7 - 1.4)		
Magnesium	mmol/L	(0.66 - 1.0)		
Plasma Glucose	mmol/L	(2.9 - 6.0)		
Amylase	iu/L	(0 - 100)	44	57
C-Reactive Protein	mg/L	(0 - 10)		<3
Cholesterol	mmol/L	(2.5 - 5.0)		
Triglyceride	mmol/L	(0.8 - 3.0)		
HDL Cholesterol	mmol/L	(0.9 - 1.8)		
Chol:HDL Chol		(0 - 5.0)		
Free T4	pmol/L	(11 - 27)		
TSH	mU/L	(0.3 - 5.0)		
T3	nmol/L	(1.3 - 3.1)		
Ferritin	ng/mL	(30 - 400)		
Iron	umol/L	(14 - 32)		
TIBC	umol/L	(45 - 80)		
TIBC Saturation	%	(20 - 50)		
Cardiac Troponin T	ng/L	(0 - 13)		

COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.

DATE RECEIVED: 05/06/2014 **DATE PRINTED:** 06/June/2014
TIME RECEIVED: 15:47 **TIME PRINTED:** 06:00:32
AUTHORISED BY: Ewan Bell **FILING AUTHORISED BY:** **FILED BY:**

INDEX OF COMMENT CODES

SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

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HAEMATOLOGY DEPARTMENT DUMFRIES & GALLOWAY ROYAL INFIRMARY 01387 241 438



SURNAME TRUEMAN		FORENAME TREVOR		LAB. No. HA028263N	
CHI No. 0306793490	HOSPITAL REG. No. 030679K	DOB 03/06/1979	SEX M	DATE & TIME COLLECTED 05/06/2014 08:33	
WARD / LOCATION / PRACTICE Castle Douglas CDMG			CONSULTANT / GP Kishore Dr (CDMG)		DATE & TIME RECEIVED 05/06/2014 15:25
CLINICAL DETAILS GALLBLADDER CA				DATE & TIME REPORTED 05/06/2014 15:27	

- 9 JUN 2014

YFRM160

MORPHOLOGY FLAGS	ANISOCYTOSIS		MICROCYTOSIS		MACROCYTOSIS		HYPOCHROMASIA		POLYCHROMASIA		REPORT ISSUED BY			FILING AUTH. BY		
	NEUT	LYMPH	MONO	EOSIN	BASO	LUC	M.MYE	NYELO	PROMYE	BLASTS	RETIC					
X10 ⁹ /l	3.60	1.70	0.50	0.20	0.00	0.1										
DATE	HB g/l	HCT %	RBC X10 ⁹ /l	MCV fl	MCH pg	MCHC g/l	WBC X10 ⁹ /l	PLAT X10 ⁹ /l	NEUT X10 ⁹ /l	ESR mm/hr	INF					
05/06/2014	159	0.480	5.39	89	29.5	332	6.1	226	3.60							

NHS Confidential: Personal data about a patient

2 Jun. 2014 11:39

No. 2985 P. 2

Dumfries and Galloway Out Of Hours Service

Case Number: 80737

Case Date: 31/05/2014 17:53:40 Case Number: 80737 Times Called: 4 Case Type: PCC
 Patient Name: Trevor Trueman CHI: 0306793490 Sex: M Date of Birth: 03-Jun-1979 Age: 34 years
 Address: Home Address (if different): 11 Port Road Haugh Of Urr
 Castle Douglas DG7 3JW Contact Phone: 01556 660523 Home Phone (if different):
 Case Origin: NHS24 Caller Name: Margaret Tel:
 Own Doctor: MacGregor, Angus PPA Number:
 Surgery: Castle Douglas Medical Group, Castle Douglas
 Case Priority: Within 2 Hours PCC [] Home Visit []
 Appointment: 19:30 Arrival time: 19:28
 NHS24 ID: 14648221

Special Patient Notes Note Type

Reported Condition: Operator: Receive Time: 17:37

NHS 24 Operator's Name: (Non-Clinical User) (Glasgow) Triage Starts: 17:41
 Triage By: (Nurse Advisor) (Edinburgh) Triage Finish: 17:52

Reported condition: SEVERE ABDO PAIN TODAY SEE A/V

Allergies Medications Previous Medical History

NIL NIL PARACETAMOL IBUPROFEN AS PER ECS MENTAL HEALTH ISSUES AWAITING GALL BLADDER SURGERY

Clinical Summary:

Clinical summary created by: (Nurse Advisor) (Edinburgh) [31/05/2014 17:52:10]
 UPPER ABDO PAIN FOR 1 DAY AND PLEASE SEE URGENTLY AS WORSENING PAIN/RETURN CALLER, SAW GP YESTERDAY/4 TH CALL THIS WK, WORSENING RIGHT UPPER ABDO PAIN. PAIN SCORE 10/10 DESPITE COCODAMOL /BUSCOPAN. AWAITING REMOVAL GALL BLADDER. PAIN INCREASES WHEN MOVING/EATING. PCEC 2 HRS

Disposition: Contact GP Practice within 4 Hours (as soon as possible) Outcome code: PCC3

First Advice Details Consulted by: Advice Begin: Advice End:

Latest Advice Details Consulted by: Advice Begin: Advice End:

Latest Consultation Details Consulted By: Hickman, Peter Cons. Begin: 20:10 Cons. End: 20:10

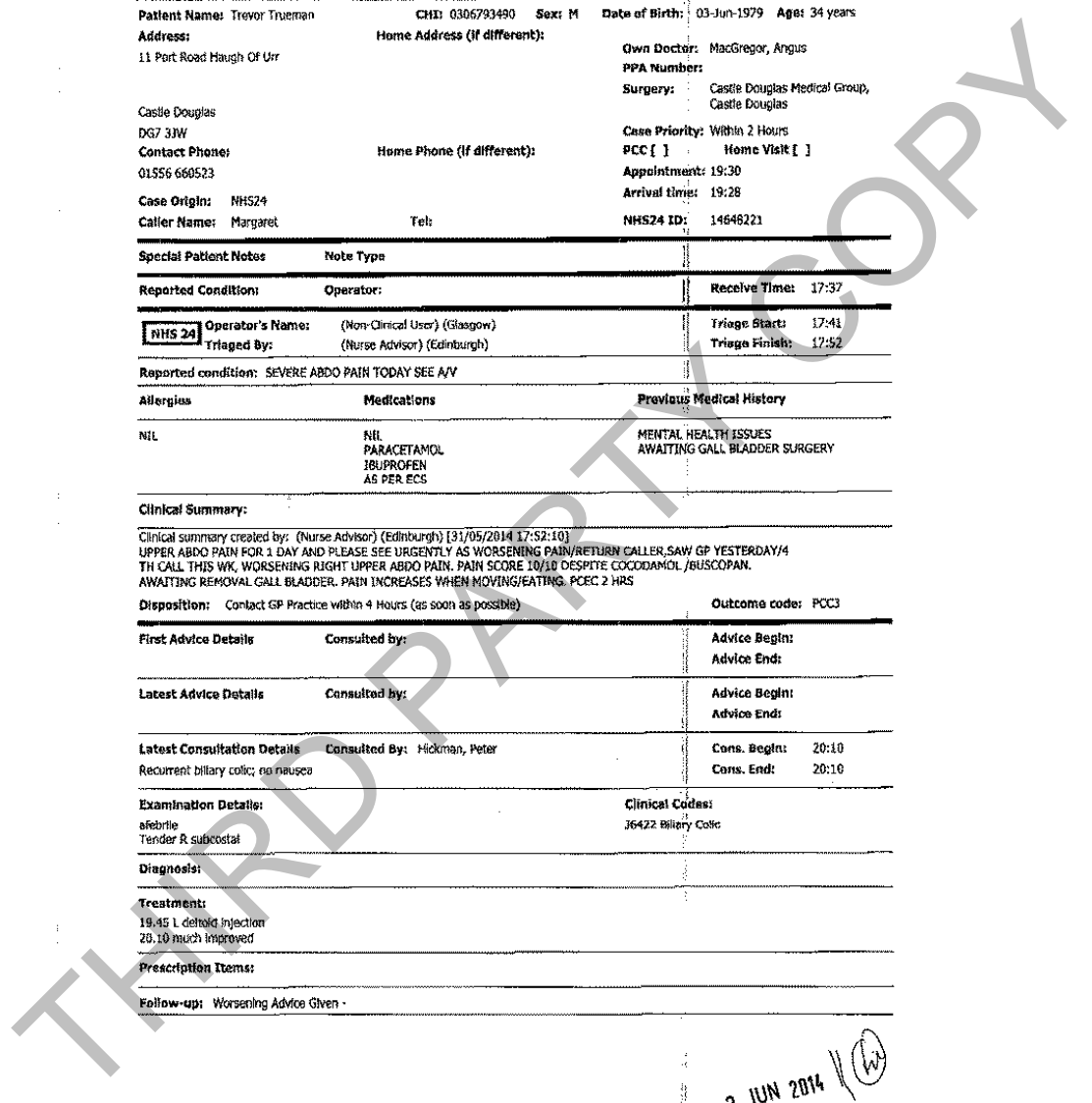
Examination Details: Clinical Codes: 6422 Biliary Colic
 afebrile Tender R subcostal

Diagnosis:

Treatment: 19.45 L deltoid injection 20.10 much improved

Prescription Items:

Follow-up: Worsening Advice Given



-2 JUN 2014 (W)

NHS Confidential: Personal data about a patient

2 Jun. 2014 11:38

No. 2965 P. 3

Dumfries and Galloway Out Of Hours Service

Case Number: 80503

Case Date: 29/05/2014 20:19:32

Case Number: 80503 Times Called: 4

Case Type: Visit

Patient Name: Trevor Trueman

CHI: 0306793490 Sex: M

Date of Birth: 03-Jun-1979 Age: 34 years

Address:

Home Address (if different):

11 Port Road Haugh Of Urr

Own Doctor: MacGregor, Angus

PPA Number:

Surgery: Castle Douglas Medical Group,
Castle Douglas

Castle Douglas

DG7 3JW

Contact Phone:

Home Phone (if different):

01556 650523

Case Priority: Within 2 Hours

PCC [] Home Visit []

Appointment:

Arrival Time:

Case Origin: NHS24

Caller Name: Margaret

Tel:

NHS24 ID: 14639007

Special Patient Notes

Note Type

Reported Condition:

Operator:

Receive Time: 20:02

Operator's Name:

(Non-Clinical User) (Edinburgh)

Triage Start: 20:05

NHS 24

Triaged By: (Nurse Advisor) (Glasgow)

Triage Finish: 20:18

Reported condition: SEVERE ABDO PAIN 1 HOUR SEE AV

Allergies

Medications

Previous Medical History

NIL

NIL
PARACETAMOL
IBUPROFENMENTAL HEALTH ISSUES
AWAITING GALL BLADDER SURGERY

Clinical Summary:

Clinical summary created by: (Nurse Advisor) (Glasgow) [29/05/2014 20:18:56]
UPPER RHS ABDO PAIN FOR 1 HOUR AND SEVERE, CONSTANT DULL ACHE, TENDER TO TOUCH. HAD SCAN 1/7,
CONFIRMED ENLARGED GALL BLADDER AND GALLSTONES. URINE NORMAL. SMALL HARD BOWEL MOVEMENT COVERED IN
YELLOW MUCOUS. SLIGHT YELLOW TINGE TO SKIN. HAD PARACETAMOL AND IBUPROFEN WITH LITTLE EFFECT. GP HOME
VISIT 4 HOURS

Disposition: Contact GP Practice within 4 Hours (as soon as possible)

Outcome code: V154

First Advice Details

Consulted by:

Advice Begin: 00:00

See Latest Advice Details below

Advice End: 00:00

Latest Advice Details

Consulted by: McManey, John

Advice Begin: 20:27

Known gallstones. developed ruq pain approx 2 hrs ago whilst having dinner. not settling with
paracetamol / ibuprofen. no temp. no n/v. bowels regular. no SOB / cough / cp. similar to previous
episodes of biliary colic. unable to attend pcc. requests hv. for hv

Advice End: 20:36

Latest Consultation Details

Consulted By: McGuck, David

Cons. Begin: 21:09

See Telephone encounter.

Cons. End: 21:18

Known Gallstones - Had scan yesterday.
RUQ pain tonight since 19:30 hours, shortly after eating.
No vomiting. Bowels RAB. Bladder - HAD.
History of PTSD - on Quetiapine and Traxodone. NKDA.

Examination Details:

Clinical Codes:

In pain. T 36.5. Spo2 - 98% on air. bp 130/80. HR 80 bpm reg
Chest clear. Normal heart sounds. No jaundice
Abdomen soft. Tender RUQ. No guarding.
Bowel sounds are active. No mass palpable.

J6422 Biliary Colic

Diagnoses:

Known Gallstones -> Biliary Colic.

Treatments:

2100 hours - 100 mg Tramadol IM with 20 mg Buscopan IM.
Follow up is being arranged by own GP.
Worsening advice issued.

-2 JUN 2014 // (10)

NHS Confidential: Personal data about a patient

2 Jun. 2014 11:38

No. 2985 P. 4

Dumfries and Galloway Out Of Hours Service

Case Number: 80503

Prescription Items:

Follow-up: Worsening Advice Given -

THIRD PARTY COPY

-2 JUN 2014

NHS Confidential: Personal data about a patient

2 Jun. 2014 11:38

No. 2985 P. 5

Dumfries and Galloway Out Of Hours Service

Case Number: 80423

Case Date: 28/05/2014 02:13:45	Case Number: 80423	Times Called: 4	Case Type: Visit
Patient Name: Trevor Trueman	CHI: 0306793490	Sex: M	Date of Birth: 03-Jun-1979 Age: 34 years
Address: 11 Port Road Haugh Of Urr	Home Address (if different):	Own Doctor: MacGregor, Angus	PPA Number:
Castle Douglas DG7 3JW		Surgery: Castle Douglas Medical Group, Castle Douglas	Case Priority: Within 2 Hours
Contact Phone: 01387 246246	Home Phone (if different):	PCC [] Home Visit []	Appointment:
Case Origin: NHS24		Arrival time:	
Caller Name: Margaret	Tel:	NHS24 ID: 14634310	

Special Patient Notes Note Type

Reported Condition:	Operator:	Receive Time: 01:58
----------------------------	------------------	----------------------------

NHS 24 Operator's Name: (Non-Clinical User) (Cardonald)	Triage Start: 02:02
Triaged By: (Nurse Advisor) (Edinburgh)	Triage Finish: 02:13

Reported condition: STOMACH PAIN 5 HOURS SEE A/V

Allergies	Medications	Previous Medical History
NIL	NIL	MENTAL HEALTH ISSUES

Clinical Summary:

Clinical summary created by: (Nurse Advisor) (Edinburgh) [28/05/2014 02:13:01]
 UPPER RIGHT ABDO PAIN FOR 5 HOURS AND DUE FOR SCAN ?GALLBLADDER PROBLEMS, PAIN CONSTANT/ DULL/ TENDER TO TOUCH, NO FEVER/ NO VOMITING, BOWELS/ URINE NORMAL, TAKEN IBUPROFEN x2 AT 2330HRS, NO EFFECT, ADVISED PARACETAMOL, PCEC 4 HOURS (HUB TO ARRANGE)

Disposition: Contact GP Practice within 4 Hours (as soon as possible) **Outcome code:** PCC4

First Advice Details	Consulted by:	Advice Begin:
		Advice End:

Latest Advice Details	Consulted by:	Advice Begin:
		Advice End:

Latest Consultation Details	Consulted By: McKelvey, Brian	Cons. Begin: 02:41
c/o rug pain tonight -no vom tends to constipation -no relief from ibuprofen and paracet -due u/s scan mane for/gallstones		Cons. End: 03:03

Examination Details: in pain + not agonising currently lying on couch t 35.6 hr 66sr sets 97% abdo soft bs norm no epigastruc tenderness tender + rug no guarding or rebound	Clinical Codes: R090. (D)Abdominal pain
--	---

Diagnosis:
7bx colic

Treatment:
is on quetipine and trazodone
tramadol 100mg buscopan 20mg im stat 03.01am
i/v sos

Prescription Items:

Follow-up: Worsening Advice Given - due scan mane

- 2 JUN 2014

NHS Confidential: Personal data about a patient

Dumfries & Galloway NHS
Dumfries & Galloway Royal Infirmary

RADIOLOGY REPORT

Name: Trueman, Trevor **DOB:** 03/06/1979
Address: 11 PORT ROAD, HAUGH OF URR, CASTLE DOUGLAS, DG7 3JW -- CC: -
CHI NUMBER: 0306793490 **Examination Number:** 51072040
Internal Patient ID: 0 - **Examination:** US Abdomen and Pelvis
Examination Date: 28/05/2014 **Examination Time:** 15:00
Dictating Radiologist: Mr C Gibson 1 **Date Reported:** 28/05/2014 **Typed by:** None
Referring Consultant: GP Referrer
Referring Department / Location: Dr G Purdie (GP CDMG)

US Abdomen and Pelvis

The gallbladder has a grossly abnormal appearance. The wall is thickened and it appears to contain calculi and sludge. However, the patient was not particularly tender over the gallbladder at the time of scanning. Appearance suggestive of cholecystitis.
 The liver, biliary tree, pancreas, spleen, aorta and both kidneys have an essentially normal appearance.
 Report faxed to GP.

Reporting Radiologist / Clinical Specialist : Mr C Gibson 1

Verified by: Mr C Gibson 1

30 MAY 2014

Total number of pages for this report = 1
 Name: Trevor Trueman ID: 0306793490 DOB: 03/06/1979
 Examination date: 28/05/2014

NHS Confidential: Personal data about a patient

28 May 2014 16:07

28 MAY 2014

Dumfries & Galloway Royal Infirmary

#6658 P.002/002
#6658 P.002/002**RADIOLOGY REPORT**

Name: Trueman, Trevor DOB: 03/06/1979

Address: 11 PORT ROAD, HAUGH OF URR, CASTLE DOUGLAS, DG7 3JW - CC: -

CHI NUMBER: 0306793490 Examination Number: 51072040

Internal Patient ID: 0 - Examination: US Abdomen and Pelvis

Examination Date: 28/05/2014 Examination Time: 15:00

Dictating Radiologist: Mr C Gibson 1 Date Reported: 28/05/2014 Typed by: None

Referring Consultant: GP Referrer

Referring Department / Location: Dr G Pardie (GP CDMG)

US Abdomen and Pelvis

The gallbladder has a grossly abnormal appearance. The wall is thickened and it appears to contain calculi and sludge. However, the patient was not particularly tender over the gallbladder at the time of scanning. Appearances suggestive of cholecystitis.

The liver, biliary tree, pancreas, spleen, aorta and both kidneys have an essentially normal appearance. Report faxed to GP.

Reporting Radiologist / Clinical Specialist: Mr C Gibson 1

Verified by: Mr C Gibson 1

Total number of pages for this report = 1
Name: Trevor Trueman ID: 0306793490 DOB: 03/06/1979
Examination date: 28/05/2014

NHS Confidential: Personal data about a patient

Department of Gynaecology

Consultants Dr A M McCullough Dr S J Wisdom Dr P K Mensah
 Dr P Dutton Dr L Khalifa
 Associate Specialist Dr H Currie Staff Grade Dr A Elbashir

Dumfries and Galloway Royal Infirmary

Bankend Road, Dumfries, DG1 4AP Tel 01387 246246.

Fertility Clinic
 HC/SB

Date: 9th May 14.

Dear Doctor

This is a summary of results for semen analysis recently performed for one of your patients.

TREVOR TRUEMAN
 11 PORT ROAD
 HAUGH OF URR
 CASTLE DOUGLAS

DG7 3JW CHI: 0306793490
 CRN: 030679X
 GP: Dr A MacGregor

Partner
 MARGARET TRUEMAN
 11 PORT ROAD
 HAUGH OF URR
 CASTLE DOUGLAS

DG7 3JW CHI: 2905673303
 CRN: 290567X
 GP: Dr P Chandrasekara

Date of analysis: 8/5/14

Results: Satisfactory

(Unsatisfactory) - please repeat in 6-8 weeks.

Comment: Density + motility below normal reference values.
 Repeat requested.

Thank you for your help, and if you have any questions regarding this test please phone me on 01387 241205 weekday mornings.

With Regards,

Sandra Black.

Sandra Black
 Fertility Clinic BMS

The fertility laboratory is not CPA accredited but has been inspected and validated by the HFEA for diagnostic semen analysis.

M:\My Documents\ fertility letters\LT-GP 11 SA result.doc

12 MAY 2014

NHS Confidential: Personal data about a patient

MALE PARTNER

Name: **TREMAN** **TREVOR BRIAN** Trevor Brian Trueman
 0306793490 11 Port Road
 Date of Birth: **TREMAN** **TREVOR BRIAN** Haugh of Urr
 Address: **TREMAN** **TREVOR BRIAN** Castle Douglas
 03/06/1979 M 03/06/2014 09:28
 Y25259D Kellie-Marie Martin
 CD Med Group DGT 3JW
 Telephone Number: 07312729957 CHI No.

Please circle as appropriate

SUBFERTILITY Primary Secondary Details: *NO previous children/pregnancies*

RELEVANT PAST MEDICAL HISTORY

NONE YES Details:
 (includes any recent (6/12) pyrexial illness, previous orchitis, epididymitis, torsion, surgery, injury, maldescent, varicocele)

COITAL PROBLEMS NONE YES Details:

DRUGS NONE YES Details: *He of Cannabis use reported as stopped now*

ALLERGIES NONE YES Details:

SMOKING NONE YES Details: *He smoke using electronic cigarette*

ALCOHOL NONE YES Details:

CAFFEINE NONE YES Details: *1-2 cups daily*

RELEVANT FAMILY HISTORY NONE YES Details:

SEMEN ANALYSIS	Sample 1	Normal values of Semen Analysis
Date taken		
Volume		• >2mls
Density		• >20 million sperm/ml
Motility		• >50% grade a & b • or >25% grade a
Morphology		Morphology >15% normal forms

Continuation

*- Trevor will ring to arrange semen analysis (contacted 1/5/14)
 Trevor & Margaret were referred by fertility clinic in the past. Trevor's
 sperm was found to be unsatisfactory. He has made significant
 lifestyle improvements w/ vitamin supplements + Acupuncture.*

Many thanks

K.M. Martin

MBH




@: com.e

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NHS DUMFRIES & GALLOWAY

REQUEST FOR RADIOLOGICAL OPINION

Incomplete cards will be returned Y1818-4

<p>Please indicate the patients transport requirements: <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Trolley <input type="checkbox"/> Ambulance</p> <p>Examination requested: <i>U/S Scan Gall Bladder please</i></p> <p>History: (including notes of previous relevant operations and clinical dx) <i>No intermittent (R) hypochondrial pain ? postprandial</i></p> <p>What question should the examination answer? <i>? biliary calculi</i></p> <p>Referrer details: Print Name <i>Purdie</i> Signature <i>[Signature]</i> GP Title / Grade <i>[Signature]</i> Bleep No <i>[Signature]</i></p> <p>Previous Radiological examinations:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Form received</td> <td>Appointment</td> </tr> <tr> <td>Prep</td> <td>Justified/Authorised by</td> </tr> <tr> <td>Date of birth (including suffix)</td> <td>CHI number</td> </tr> <tr> <td>Male / Female</td> <td></td> </tr> <tr> <td colspan="2">Name: Trevor Brian Trueman 11 Port Road Haugh of Urr Castle Douglas DG7 3JW</td> </tr> <tr> <td colspan="2" style="text-align: center;">  0306793490 TRUEMAN TREVOR BRIAN 03/06/1979 M 29/04/2014 12:00 Y25712Dr G Purdie CD Med Group </td> </tr> <tr> <td colspan="2">Consultant / GP</td> </tr> <tr> <td colspan="2">Cons. / GP's Tel No</td> </tr> <tr> <td colspan="2">Ward / Clinic</td> </tr> <tr> <td colspan="2"> Pregnancy: Would you still require the examination if the patient was pregnant? If yes please refer overleaf </td> </tr> <tr> <td>Urgent Examination</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>Previous allergies / latex / contrast reaction</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>Asthma / bronco-dilator therapy</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>Diabetes / Metformin / Glucophage</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>Clinical alert / Infection risk</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td colspan="2">Extra copy for:</td> </tr> </table>	Form received	Appointment	Prep	Justified/Authorised by	Date of birth (including suffix)	CHI number	Male / Female		Name: Trevor Brian Trueman 11 Port Road Haugh of Urr Castle Douglas DG7 3JW		 0306793490 TRUEMAN TREVOR BRIAN 03/06/1979 M 29/04/2014 12:00 Y25712Dr G Purdie CD Med Group		Consultant / GP		Cons. / GP's Tel No		Ward / Clinic		Pregnancy: Would you still require the examination if the patient was pregnant? If yes please refer overleaf		Urgent Examination	Y N	Previous allergies / latex / contrast reaction	Y N	Asthma / bronco-dilator therapy	Y N	Diabetes / Metformin / Glucophage	Y N	Clinical alert / Infection risk	Y N	Extra copy for:	
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Extra copy for:																																	

THIRD PARTY COPY

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HAEMATOLOGY DEPARTMENT DUMFRIES & GALLOWAY ROYAL INFIRMARY 01387 241 438



SURNAME TRUEMAN		FORENAME TREVOR		LAB. No. HA004773T	
CHI No. 0306793490	HOSPITAL REG. No. 030679K	DOB 03/06/1979	SEX M	DATE & TIME COLLECTED 28/04/2014 11:22	
WARD / LOCATION / PRACTICE Castle Douglas CDMG		CONSULTANT / GP Purdie G (CDMG)		DATE & TIME RECEIVED 28/04/2014 14:53	
CLINICAL DETAILS INVESTIGATION OF RIGHT HYPOCHONDRIAL PAIN				DATE & TIME REPORTED 28/04/2014 15:01	

30 APR 2014

YFRM160

MORPHOLOGY FLAGS	ANISOCYTOSIS		MICROCYTOSIS		MACROCYTOSIS		HYPOCHROMASIA		POLYCHROMASIA		REPORT ISSUED BY		FILING AUTH. BY		
	NEUT	LYMPH	MONO	EOSIN	BASO	LUC	M.MYE	MYELO	PROMYE	BLASTS	RETIC				
X10 ⁹ /l	5.10	1.90	0.70	0.20	0.00	0.1									
DATE	Hb g/l	HCT %	RBC X10 ¹² /l	MCV fl	MCH pg	MCHC g/l	WBC X10 ⁹ /l	PLAT X10 ⁹ /l	NEUT X10 ⁹ /l	ESR mm/hr	INR				
28Apr14	155	0.461	5.40	86	28.8	337	8.0	217	5.10						

SN6 Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: TRUEMAN FORENAME: TREVOR
 CHI No: 0306793490 REG No: 030679K DOB: 03/06/1979 SEX: M
 LOCATION: Castle Douglas CDMG CONSULTANT/GP: Purdie G (CDMG)

CLINICAL DETAILS: RIGHT HYPOCHONDRIAL PAIN
 FASTING: U

Date Collected	28/04/14	24/02/14	05/07/12
Time Collected	11:22	03:30	u/k
Specimen Number	083630	034705	135968
Test	Units	Ref. Range	
Sodium	mmol/L	(135 - 145)	140 141 144
Potassium	mmol/L	(3.5 - 5.0)	4.2 3.8 3.6
Chloride	mmol/L	(95 - 110)	107
Bicarbonate	mmol/L	(23 - 30)	23
Urea	mmol/L	(2.5 - 7.5)	5.3 4.6 6.6
Urate	mmol/L	(0.11 - 0.45)	
Creatinine	umol/L	(65 - 140)	92 74 105
Estimated GFR	mL/min	(-)	>60 >60 >60
Bilirubin	umol/L	(0 - 21)	8 4 8
Alkaline Phosphatase	iu/L	(35 - 130)	86 62 59
Gamma GT	iu/L	(0 - 50)	
AST	iu/L	(0 - 42)	
ALT	iu/L	(0 - 50)	45 30 28
CK	iu/L	(0 - 195)	
LDH	u/L	(240 - 480)	
Total Protein	g/L	(62 - 82)	
Albumin	g/L	(35 - 53)	45
Corrected Calcium	mmol/L	(2.12 - 2.62)	
Phosphate	mmol/L	(0.7 - 1.4)	
Magnesium	mmol/L	(0.66 - 1.0)	
Plasma Glucose	mmol/L	(2.8 - 6.0)	
Amylase	iu/L	(0 - 100)	44 57
C-Reactive Protein	mg/L	(0 - 10)	<3
Cholesterol	mmol/L	(2.5 - 5.0)	
Triglyceride	mmol/L	(0.8 - 3.0)	
HDL Cholesterol	mmol/L	(0.9 - 1.8)	
Chol:HDL Chol		(0 - 5.0)	
Free T4	pmol/L	(11 - 27)	
TSH	mU/L	(0.3 - 5.0)	
TS	nmol/L	(1.3 - 3.1)	
Ferritin	ng/mL	(30 - 400)	
Iron	umol/L	(14 - 32)	
TIBC	umol/L	(45 - 80)	
TIBC Saturation	%	(20 - 50)	
Cardiac Troponin T	ng/L	(0 - 13)	

COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.

DATE RECEIVED: 28/04/2014 DATE PRINTED: 28-April-2014
 TIME RECEIVED: 14:35 TIME PRINTED: 16:00:22
 AUTHORISED BY: Auto Validation FILING AUTHORISED BY: FILED BY:

INDEX OF COMMENT CODES

SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

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Emergency Department
Dumfries & Galloway Royal Infirmary
Bankend Road, Dumfries, DG1 4AP
Tel: 01387 241553 Fax: 01387 241365

Dr A Macgregor
Medical Centre
2 Garden Hill Road
Castle Douglas
Kirkcudbrightshire
DG7 3EE

25 February 2014

Dear Dr Macgregor

Re: **TREVOR TRUEMAN, 11 PORT ROAD, HAUGH OF URR, CASTLE DOUGLAS, DG7 3JW**
Date of Birth: 03.06.79 Hospital Number: 0306793490 CHI Number: 0306793490

Your patient attended Dumfries & Galloway Royal Infirmary on the 24 FEB 2014 at 02:20 am.

The presenting complaint was: **Abdominal Pain**

Triage information: **C/O Right Sided Abdominal Pain For Past 5hrs
No Nausea Or Vomiting
States Has Had One Episode Of Loose Bowel Movement**

The following investigations were carried out: **Nil**

The A&E diagnosis was: **Other See Free Text**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **No Follow Up Required**

Follow-up: **No Follow Up Required**

Additional information: **Yesterday:ok, from 9pm, a.o.a.s. dull ache all over abd.,
passed lots of wind+OB:loose stools, pain went to upper rt.
abd. OE/vitals ok, no surg. abd. P/u-dip+bloods:nad. Pipk's,
conservatively. d/c home. Back ED/GP PRN**

Yours sincerely,

Leon Cambeen
Unscheduled Care Practitioner

Consultants

DR P ARMSTRONG
DR N CAMPBELL

DR D PEDLEY
DR M QUIGLEY

26 FEB 2014 / (LW)

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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Smoking Matters Service
Garden Hill Primary Care
Centre
2 Garden Hill Road
Castle Douglas
DG7 3EE

Dr PURDIE
CASTLE DOUGLAS MEDICAL GROUP

Date 06 September 2013

Our Ref

Enquiries to Smoking Matters

Direct Line 0845 602 6861

Dear Dr Purdie

Re: TREVOR TRUJMAN
CHI: 0306793490

The above-named patient was referred to the Smoking Matters Service. An appointment was arranged which unfortunately they could not attend.

We have tried to contact your patient on several occasions with no success. Our service is available to your patient at any time in the future and we offer flexibility with appointment times and venues throughout the region.

Please contact us if we can be of any further assistance on **0845 602 6861** or email **dg.smokingmatters@nhs.net**.

Yours sincerely

R Tuname
Administration Team
Smoking Matters

- 9 SEP 2013

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

NHS Confidential: Personal data about a patient

NHS DUMFRIES AND GALLOWAY

Department of General Adult Psychiatry
 Midpark House
 Bankend Road
 Dumfries
 DG1 4TN

Telephone: 01387 244118
 Direct Dial: 01387 257735
 Fax: 01387 257735
 Email: caroline.grant2@nhs.net
 Website: www.nhsdg.scot.nhs.uk



Ref: 32690
 Letter Ref: MR/CG

Dr G Purdie
 Castle Douglas Medical Group
 Garden Hill Primary Care Centre
 2 Garden Hill Road
 Castle Douglas
 DG7 1EE

Clinic: Dr Raiz
 Clinic Location: Garden Hill Primary Care Centre
 Clinic Date: 02/05/2013
 Date Typed: 03/05/2013

Dear Dr Purdie

Patient Name: Trevor Trueman **CHI:** 0306793490 **DOB:** 03/06/1979
Patient Address: 11 Port Road, Haugh Of Urr, Castle Douglas, DG7 3JW

Diagnosis: Emotionally unstable personality disorder, impulsive type, F60.30

Drugs: Trazodone 200 mg nocte.
 Quetiapine 800 mg nocte.

Follow-up: No further follow up arranged but we are happy to see him again in the future if you feel this is clinically necessary.

I reviewed Trevor at my outpatient clinic in Castle Douglas on 2 May 2013 due to having to complete a report for the DVLA. He appeared showing no evidence of any psychotic, cognitive or mood symptoms. He seems to be a very nice person with a sound mind and holding full capacity.

Trevor knew the reason for meeting me and I think that he is able to drive. He is taking all his medication at night time and he goes straight to bed after taking it therefore I do not think he is putting anyone at risk while driving during the day. He didn't report any problems and he said that this is the happiest period in his life.

I am going to send information to the DVLA informing them that there is no reason for concerns regarding his driving. Please feel free to refer him back to us if he needs to be seen, for the moment no follow up has been arranged.



sCHH

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Yours sincerely

Dr Mariano Raiz
Locum Consultant Psychiatrist

Authorised on 03/03/2013 15:42:36 by Dr Mariano Raiz.

THIRD PARTY COPY

sCHI



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GPR

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

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*
TRUEMAN

TITLE#
MR

MALE* FEMALE*

FORENAME*
TREVOR

MIDDLE NAME*
BRIAN

PREVIOUS SURNAME*
N/A

DATE OF BIRTH*
03061979

ADDRESS*
11 PORT ROAD
HAUGH OF UR
CASTLE DOUGLAS
POSTCODE* DG7 3JW

TOWN & COUNTRY OF BIRTH*
HEXHAM ENGLAND

MOTHER'S MAIDEN NAME*
LANG
TELEPHONE NUMBER#
07718165096

EMAIL ADDRESS#
jobbie.man@btinternet.com

PREVIOUS ADDRESS IN UK*
THE CARAVAN CARNSALLOCH HOUSE
CARNSALLOCH GARDENS
KIRKTON
POSTCODE DG1 1SL

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK*
GARDENHILL
CASTLE DOUGLAS
POSTCODE*

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER
JS496483D

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

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

YES NO

DATE OF DEPARTURE FROM UK

DATE OF ENTRY/RETURN TO UK

IF RETURNING FROM HM FORCES DATE ENLISTED

SERVICE/PERSONNEL NO. 25110989

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

DATE 190313

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
II. kidneys: heart liver small bowel
eyes lungs pancreas tissue

for transplantation after my death

DATE

PATIENT SIGNATURE

DATE

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only

PRACTICE CODE

GP NAME

GP REFERENCE NUMBER

IDENTIFICATION SEEN

MEDICAL CARD BIRTH CERTIFICATE PASSPORT OTHER - SPECIFY

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

GP SIGNATURE

DATE 190313

OFFICIAL USE ONLY

Input By: Date: Checked By:

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Ethnicity 2008 Scottish Census Classification	Preferred codes (note all capital S)	
A White		
Scottish	9S13	White Scottish
English	9I20	English – ethnic category 2001 census
Welsh	9I22	Welsh – ethnic category 2001 census
Northern Irish	9I24	Northern Irish – ethnic category 2001 census
British	9S10	White British
Irish	9S11	White Irish
Gypsy/Traveller	9I2E	Gypsy/Romany-ethnic category 2001 census
Polish	9I2F	Polish – ethnic category 2001 census
Any other white ethnic group	9S12	Other white ethnic group
B Mixed or multiple ethnic groups		
Any mixed or multiple ethnic group	9SB	Other ethnic, mixed origin
C Asian, Asian Scottish or Asian British		
Pakistani, Pakistani Scottish or Pakistani British	9S7	Pakistani
Indian, Indian Scottish or Indian British	9S6	Indian
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	9S8	Bangladeshi
Chinese, Chinese Scottish or Chinese British	9S9	Chinese
Any other Asian background	9SH	Other Asian ethnic group
D African, Caribbean or Black		
African, African Scottish or African British	9S3	Black African
Caribbean, Caribbean Scottish or Caribbean British	9S2	Black Caribbean
Black, Black Scottish or Black British	9S4I	Black British
Other black background	9S4	Black, other, non mixed origin
E Other ethnic group		
Arab		
Other	9SJ	Other ethnic Group
Ethnic group not given – patient refused	9SD	Ethnic group not given – patient refused
Interpreter needs		
Interpreter needed – (language)	9NU%	All codes under this hierarchy
(Language) interpreter needed	9Nm%	All codes under this hierarchy
(Language) interpreter needed	9Nn%	All codes under this hierarchy
Sign language - BSL	9NUw	Interpreter needed – British Sign language
Sign Language – Makaton (used for special)	9NUx	Interpreter needed – makaton sign

Were you, any parent or grandparent, born, or have lived for more than 3 months, in any country outwith UK or Europe. Yes/No (Please circle as appropriate)

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Additional Information

Mobile Phone Number .. 07718 165 096

Work number (if contactable whilst working)
.....

Next of Kin Details :- Name .. MALLALET JAMESON

Address .. 11 PORT ROAD

HAUGH OF ORK

DG7 3JW

Contact Number .. 07893 341 305

Please remember when bringing in your registration form that you are required to show some form of Identification.

We accept Medical Card, Birth Certificate, Passport or other photo ID.

If you do not bring ID we may not be able to accept your registration.