Subject Access Request

Patient	Mr Lewis Duncan
Date of birth	22-Oct-1984 (age 41)
Gender	M
NHS number	
Patient's address	Sandrigg Farm Cottage Annan Road Dumfries DG1 3SF
Date range selected	Full record
Organisation	MMA legal
Reference	DSAR-20260629-05553E

Problems

Active

25-Dec-2023 *****
Suicidal ideation

Significant Past

18-July-2022 *****
Alcohol dependence syndrome

04-Mar-2021 *****
CT (computed tomography) of chest, abdomen and pelvis
small left sided haemothorax, no acute intra-abdominal injury

04-Mar-2021 *****
Traumatic haemothorax
left

13-May-2020 *****
Standard chest X-ray
heart normal size. Compared with 15/9/2017 the right heart border has become indistinct. This could be due to pathology in the adjacent middle lobe.

01-Jan-2018 *****
[X]Depressive episode

15-Sept-2017 *****
Chest X-ray normal

01-Jan-2016 *****
Alcohol problem drinking

05-Apr-2013 *****
Closed fracture of the distal radius, unspecified
left

05-Apr-2013 *****
Prmy open reduction of #+internal fixation with K-wire
left wrist

05-Apr-2013 *****
Closed fracture lumbar vertebra
fall from 25ft

18-July-2011 *****
Fracture of metacarpal bone (Left)
mid shaft 5th

Minor Past

24-Sept-2017 *****
Overdose of drug

01-Jan-2017 *****
Drug misuse behaviour
cannabis, cocaine, ecstasy, amphetamines

11-Jun-2016 *****
History of physical abuse
from *****

02-May-2016 *****
Overdose of drug

18-July-2011 *****
Anger management counselling

25-July-1997 *****
[V]Behavioural problems

10-Aug-1994 *****
Standard circumcision

18-Sept-1990 *****
Convergent squint (Left)

Consultations

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

Read Code SMS text sent to patient Summary of text message sent to patient / / Vision Notification

13-May-2024 Dr Richard Voysey (RV66) Telephone Call

History Failed encounter - no answer when rang back

13-May-2024 Dr Richard Voysey (RV66) Telephone Call

History History started new job in sawmill and pains in the thumb running up the arm esp when moves thumb in a particular way- ok sounds like a pretty classic story for a tendonitis as is building up the muscles for the new activity- discussed options and perhaps a phased activity etc via work- hi is concerned so appt offered- earliest he can do is next week- OK

26-Feb-2024 Emis Docman Attachments (DOC1) Docman

26-Feb-2024 Emis Docman Attachments (DOC1) Docman

26-Feb-2024 Emis Docman Attachments (DOC1) Docman

26-Feb-2024 Emis Docman Attachments (DOC1) Docman

29-Jan-2024 Dr Richard Voysey (RV66) Gillbrae Medical PracticeMain Surgery

History History ok note bloods- was in post infection period so might explain- repeat in 4-6 weeks also coeliac serology and says has a 3 month script now for folate replacement- great

29-Jan-2024 Dr Richard Voysey (RV66) Telephone Call

History History needs sickline extension- ok
Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: mental health; Duration: 26/01/2024 - 25/02/2024)*

25-Jan-2024 Emis Docman Attachments (DOC1) Docman

18-Jan-2024 Ms Julie Baldotto (O T) (JUL6) Gillbrae Medical PracticeMain Surgery

Comment Comment Lewis is struggling to motivate himself to go to his work. He is a self employed tree surgeon so isn't in receipt of any sick pay and has pressure to return. He has been triggered recently by 'harrassment' from his partner's ex ***** who has been 'slandering' him trying to provoke a reaction. He states the reason for this is he wants custody of his child and is making accusations to imply that his child isn't safe being with ***** and Lewis. There is a court case due but no date for this as yet. He is confident that the accusations are unfounded but is still ongoing stress which has brought back traumas from his own past of being in the care system and family issues. He previously dealt with this by trying to self medicate with drugs and alcohol but is trying to abstain from this as he is aware he won't receive the help he needs if he isn't sober. OT has provided him with information to self refer to the Work and Health Service (WHS) as he meets their criteria of being self employed and can be fast tracked to access Counselling in the first instance to help him return to work. Secondly OT has made a referral to Psychology as he feels ready to address his past traumas and would like to learn new ways of coping. OT has advised Lewis to self refer back to OT if required following WHS input which he was satisfied with. OT completed a WASAS functioning scale 35/40 and Core 10 28/40 with Lewis and when asked about plans to end his life he said not in the last week but had thoughts around Christmas time. No further role for VR OT at present as referred onto more appropriate services and no amendments required that he hasn't already tried prior to going off.

18-Jan-2024 Emis Docman Attachments (DOC1) Docman

16-Jan-2024 Mr David Johnstone (DJ66) Gillbrae Medical PracticeMain Surgery

Result Blood sample taken
Read Code Referred encounter

16-Jan-2024 Emis Docman Attachments (DOC1) Docman

16-Jan-2024 Emis Docman Attachments (DOC1) Docman

16-Jan-2024 Emis Docman Attachments (DOC1) Docman

16-Jan-2024 Emis Docman Attachments (DOC1) Docman

16-Jan-2024 Emis Docman Attachments (DOC1) Docman

15-Jan-2024 Dr Richard Voysey (RV66) Gillbrae Medical PracticeMain Surgery

History History ok says mood has been an issue for several months but been avoiding coming in- quit drinking 3-4 months ago but all came to a head and had a bottle of whisky at christmas and ended up with police and a&e- says no intent to die actually although had had a can of petrol and had threatened to immolate himself- police chased him and he ended up punching a car windscreen in frustration- says lots of issues from childhhod he has never dealt with also partner's ex has been pestering her and him and a surveillance company has been involved watching them- police have been involved with this he says but as security firm are within law nothing they can do. Says no sefl harm and no illicit use- wants a general MOT- ok bloods and needs a sickline as not been functioning- OK- suggest bloods - appt with PBMHN as no longer about substances and now clean- is all about the underlying issues and managing emotions. standard and worsening advice
Attachment eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: mental health issues; Duration: 27/11/2023 - 26/01/2024)*

26-Dec-2023 Emis Docman Attachments (DOC1) Docman

12-Jan-2023 Emis Docman Attachments (DOC1) Docman

10-Jan-2023 Dr Catriona Buchan (CB66) Not Seen

	Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Alcohol Dependency; Duration: 03/01/2023 - 21/03/2023)*

18-Oct-2022 Dr Catriona Buchan (CB66) Gillbrae Medical PracticeMain Surgery

	Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Alcohol Dependency; Duration: 18/10/2022 - 03/01/2023)*

03-Oct-2022 Dr Richard Voysey (RV66) Gillbrae Medical PracticeMain Surgery

	History	History doing own detox with slow withdrawal and now doing dry october- will need further thiamine and also sickline in 2 weeks- says will phone back for line- in meantime issue script- standard and worsening advice

17-Aug-2022 Emis Docman Attachments (DOC1) Docman

02-Aug-2022 Emis Docman Attachments (DOC1) Docman

01-Aug-2022 Emis Docman Attachments (DOC1) Docman

26-July-2022 Miss Stephanie Halliday (Pharmacy Tech) (SH66) Gillbrae Medical PracticeMain Surgery

	Comment	Previous treatment continue unchanged
	Comment	Administration Appt scheduled for 01/08/22 with SDAS
25-July-2022	History	Outpatient clinic letter received Med Rec completed Specialist Drug and Alcohol Service

25-July-2022 Emis Docman Attachments (DOC1) Docman

21-July-2022 Emis Docman Attachments (DOC1) Docman

20-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

19-July-2022 Emis Docman Attachments (DOC1) Docman

18-July-2022 Dr Richard Voysey (RV66) Gillbrae Medical PracticeMain Surgery

	Problem	Alcohol dependence syndrome
	History	History ok note previous- bloods and ecg please referral to drug and alcohol team- tree surgeon - standard and worsening advice
	Medication	Medication Thiamine Tablets 50 mg 112 TABLET 1 Tabs 4 times daily
	Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: alcohol dependancy; Duration: 18/07/2022 - 18/10/2022)*

15-July-2022 Mrs Catherine Cotterill (NCC) Gillbrae Medical PracticeMain Surgery

Comment	Comment Moved from Troon to live with partner, says has been an alcoholic for past 7 years, has tried to stop several times. Asking for appt with Dr, appt made.	
History	Patient registration NOS	
Examination	O/E - height	170 cm
Examination	O/E - weight	70 Kg
Examination	Body Mass Index	24.22
Examination	Ideal Weight	66.47 Kg
Social	Alcohol consumption	168 units/week
Social	Cigarette smoker	15 Cigarettes/day
Social	Enjoys light exercise	
Read Code	Exercise status screening	
Read Code	Lifestyle counselling	
Read Code	Smoking cessation advice	
Read Code	Patient advised about alcohol	
Read Code	Patient advised re diet	

07-July-2022 Emis Docman Attachments (DOC1) Docman

05-July-2022 Emis Docman Attachments (DOC1) Docman

02-July-2022 Emis Docman Attachments (DOC1) Docman

21-Nov-2021 Emis Docman Attachments (DOC1) Docman

21-Sept-2021 Emis Docman Attachments (DOC1) Docman

21-Sept-2021 Emis Docman Attachments (DOC1) Docman

19-Aug-2021 Emis Docman Attachments (DOC1) Docman

17-Aug-2021 Emis Docman Attachments (DOC1) Docman

02-Aug-2021 Emis Docman Attachments (DOC1) Docman

17-Mar-2021 Emis Docman Attachments (DOC1) Docman

05-Mar-2021 Emis Docman Attachments (DOC1) Docman

04-Mar-2021 Emis Docman Attachments (DOC1) Docman

04-Mar-2021 Emis Docman Attachments (DOC1) Docman

04-Mar-2021 Emis Docman Attachments (DOC1) Docman

03-July-2020 Emis Docman Attachments (DOC1) Docman

13-Mar-2020 Emis Docman Attachments (DOC1) Docman

13-Mar-2020 Emis Docman Attachments (DOC1) Docman

13-Mar-2020 Emis Docman Attachments (DOC1) Docman

18-Feb-2019 Emis Docman Attachments (DOC1) Docman

19-Nov-2018 Emis Docman Attachments (DOC1) Docman

13-Nov-2018 Emis Docman Attachments (DOC1) Docman

02-Nov-2018 Emis Docman Attachments (DOC1) Docman

23-Oct-2018 Emis Docman Attachments (DOC1) Docman

23-Oct-2018 Emis Docman Attachments (DOC1) Docman

23-Oct-2018 Emis Docman Attachments (DOC1) Docman

23-Oct-2018 Emis Docman Attachments (DOC1) Docman

09-Oct-2018 Emis Docman Attachments (DOC1) Docman

20-Sept-2018 Emis Docman Attachments (DOC1) Docman

19-Sept-2018 Emis Docman Attachments (DOC1) Docman

05-Jun-2018 Emis Docman Attachments (DOC1) Docman

19-May-2018 Emis Docman Attachments (DOC1) Docman

03-Apr-2018 Emis Docman Attachments (DOC1) Docman

03-Apr-2018 Emis Docman Attachments (DOC1) Docman

12-Mar-2018 Emis Docman Attachments (DOC1) Docman

12-Mar-2018 Emis Docman Attachments (DOC1) Docman

06-Mar-2018 Emis Docman Attachments (DOC1) Docman

19-Feb-2018 Emis Docman Attachments (DOC1) Docman

15-Feb-2018 Emis Docman Attachments (DOC1) Docman

13-Feb-2018 Emis Docman Attachments (DOC1) Docman

08-Feb-2018 Emis Docman Attachments (DOC1) Docman

29-Jan-2018 Emis Docman Attachments (DOC1) Docman

21-Dec-2017 Emis Docman Attachments (DOC1) Docman

13-Dec-2017 Emis Docman Attachments (DOC1) Docman

17-Nov-2017 Emis Docman Attachments (DOC1) Docman

06-Nov-2017 Emis Docman Attachments (DOC1) Docman

03-Nov-2017 Emis Docman Attachments (DOC1) Docman

17-Oct-2017 Emis Docman Attachments (DOC1) Docman

13-Oct-2017 Emis Docman Attachments (DOC1) Docman

06-Oct-2017 Emis Docman Attachments (DOC1) Docman

05-Oct-2017 Emis Docman Attachments (DOC1) Docman

02-Oct-2017 Emis Docman Attachments (DOC1) Docman

27-Sept-2017 Emis Docman Attachments (DOC1) Docman

24-Sept-2017 Emis Docman Attachments (DOC1) Docman

24-Sept-2017 Emis Docman Attachments (DOC1) Docman

24-Sept-2017 Emis Docman Attachments (DOC1) Docman

17-Sept-2017 Emis Docman Attachments (DOC1) Docman

16-Sept-2017 Emis Docman Attachments (DOC1) Docman

15-Sept-2017 Emis Docman Attachments (DOC1) Docman

15-Sept-2017 Emis Docman Attachments (DOC1) Docman

22-Jun-2017 Emis Docman Attachments (DOC1) Docman

30-Mar-2017 Emis Docman Attachments (DOC1) Docman

31-Jan-2017 Emis Docman Attachments (DOC1) Docman

27-Jan-2017 Emis Docman Attachments (DOC1) Docman

09-Aug-2016 Emis Docman Attachments (DOC1) Docman

11-Jun-2016 Emis Docman Attachments (DOC1) Docman

01-Jun-2016 Emis Docman Attachments (DOC1) Docman

10-May-2016 Emis Docman Attachments (DOC1) Docman

02-May-2016 Emis Docman Attachments (DOC1) Docman

01-Apr-2016 Emis Docman Attachments (DOC1) Docman

01-Apr-2016 Emis Docman Attachments (DOC1) Docman

16-Jan-2014 Emis Docman Attachments (DOC1) Docman

13-Sept-2013 Emis Docman Attachments (DOC1) Docman

28-Jun-2013 Emis Docman Attachments (DOC1) Docman

18-Jun-2013 Emis Docman Attachments (DOC1) Docman

05-Jun-2013 Emis Docman Attachments (DOC1) Docman

30-May-2013 Emis Docman Attachments (DOC1) Docman

02-May-2013 Emis Docman Attachments (DOC1) Docman

22-Apr-2013 Emis Docman Attachments (DOC1) Docman

09-Apr-2013 Emis Docman Attachments (DOC1) Docman

05-Apr-2013 Emis Docman Attachments (DOC1) Docman

05-Apr-2013 Emis Docman Attachments (DOC1) Docman

14-Jan-2013 Emis Docman Attachments (DOC1) Docman

25-July-2011 Emis Docman Attachments (DOC1) Docman

25-July-2011 Emis Docman Attachments (DOC1) Docman

18-July-2011 Emis Docman Attachments (DOC1) Docman

18-July-2011 Emis Docman Attachments (DOC1) Docman

07-Dec-2010 Emis Docman Attachments (DOC1) Docman

31-Aug-2010 Emis Docman Attachments (DOC1) Docman

25-Aug-2010 Emis Docman Attachments (DOC1) Docman

03-Jun-2010 Emis Docman Attachments (DOC1) Docman

15-Jun-2009 Emis Docman Attachments (DOC1) Docman

08-Jun-2009 Emis Docman Attachments (DOC1) Docman

01-Jun-2009 Emis Docman Attachments (DOC1) Docman

06-Feb-2009 Emis Docman Attachments (DOC1) Docman

28-Jan-2009 Emis Docman Attachments (DOC1) Docman

22-Jan-2007 Emis Docman Attachments (DOC1) Docman

22-Jan-2007 Emis Docman Attachments (DOC1) Docman

22-Jan-2007 Emis Docman Attachments (DOC1) Docman

07-Mar-2001 Emis Docman Attachments (DOC1) Docman

05-Aug-2000 Emis Docman Attachments (DOC1) Docman

04-Aug-2000 Emis Docman Attachments (DOC1) Docman

04-Aug-2000 Emis Docman Attachments (DOC1) Docman

30-July-2000 Emis Docman Attachments (DOC1) Docman

24-May-1999 Emis Docman Attachments (DOC1) Docman

15-Jan-1998 Emis Docman Attachments (DOC1) Docman

26-July-1997 Emis Docman Attachments (DOC1) Docman

25-July-1997 Emis Docman Attachments (DOC1) Docman

23-Jun-1997 Emis Docman Attachments (DOC1) Docman

30-May-1997 Emis Docman Attachments (DOC1) Docman

23-May-1995 Emis Docman Attachments (DOC1) Docman

01-May-1995 Emis Docman Attachments (DOC1) Docman

11-Aug-1994 Emis Docman Attachments (DOC1) Docman

21-Jun-1994 Emis Docman Attachments (DOC1) Docman

06-Jun-1994 Emis Docman Attachments (DOC1) Docman

25-Jan-1991 Emis Docman Attachments (DOC1) Docman

07-Nov-1990 Emis Docman Attachments (DOC1) Docman

07-Nov-1990 Emis Docman Attachments (DOC1) Docman

24-Sept-1990 Emis Docman Attachments (DOC1) Docman

24-Sept-1990 Emis Docman Attachments (DOC1) Docman

18-Sept-1990 Emis Docman Attachments (DOC1) Docman

18-Sept-1990 Emis Docman Attachments (DOC1) Docman

31-Aug-1988 Emis Docman Attachments (DOC1) Docman

31-Aug-1988 Emis Docman Attachments (DOC1) Docman

02-May-1988 Emis Docman Attachments (DOC1) Docman

02-May-1988 Emis Docman Attachments (DOC1) Docman

Medications (inc. issues)

Acute

Repeat

Past

18-Jan-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
84 tablet - TAKE ONE DAILY

18-Jan-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
84 tablet - TAKE ONE DAILY

03-Oct-2022 Thiamine Tablets 50 mg Repeat Medication (Past)
112 TABLET - 1 Tabs 4 times daily

18-July-2022 Thiamine Tablets 50 mg Repeat Medication (Past)
112 TABLET - 1 Tabs 4 times daily

18-July-2022 Thiamine Tablets 50 mg Repeat Medication (Past)
112 TABLET - 1 Tabs 4 times daily

Allergies

This section is empty.

Vaccinations

04-Aug-1989 ***
Booster DT(double)+polio vacc.

04-Aug-1989 ***
MMR pre-school booster vaccination

14-Mar-1985 ***
Third DTP (triple)+polio vacc.

28-Feb-1985 ***
Second DTP (triple)+polio vacc

17-Jan-1985 ***
First DTP (triple)+polio vacc.

Referrals

This section is empty.

Test Requests

This section is empty.

Test Results

26-Feb-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophil count, 0	0 x10^9/l	(No range available)
Eosinophil count	0.2 x10^9/l	(No range available)
Monocyte count	0.4 x10^9/l	(Range: 0.3 - 0.8)
Lymphocyte count	2.2 x10^9/l	(Range: 1.5 - 3.5)
Neutrophil count	2 x10^9/l	(Range: 2 - 7.5)
Mean corpusc. Hb. conc. (MCHC)	335 g/L	(Range: 324 - 360)
Mean corpusc. haemoglobin(MCH)	29.8 pg	(Range: 27 - 34)
Mean corpuscular volume (MCV)	88.9 fl	(Range: 82 - 100)
Haematocrit	0.41 l/l	(Range: 0.38 - 0.52)
Red blood cell (RBC) count	4.62 x10^12/l	(Range: 4.5 - 6.5)
Platelet count	348 x10^9/l	(Range: 140 - 400)
Haemoglobin estimation	137 g/L	(Range: 135 - 180)
Total white cell count	4.9 x10^9/l	(Range: 4 - 11)

26-Feb-2024 Mr Anonymous User (ANON)
Result: Plasma C reactive protein

Serum C reactive protein level < 3		(No range available)

26-Feb-2024 Mr Anonymous User (ANON)
Result: Liver function test

ALT/SGPT serum level	21 iu/L	(No range available)
Serum alkaline phosphatase	89 iu/L	(Range: 35 - 130)
Serum total bilirubin level	4 umol/L	(No range available)

26-Feb-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Erythrocyte sedimentation rate	6 mm/hr	(No range available)

16-Jan-2024 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	0.6 x10^9/l	(Range: 0.3 - 0.8)
	Lymphocyte count	3 x10^9/l	(Range: 1.5 - 3.5)
	Neutrophil count	2.3 x10^9/l	(Range: 2 - 7.5)
	Mean corpusc. Hb. conc. (MCHC)	347 g/L	(Range: 324 - 360)
	Mean corpusc. haemoglobin(MCH)	30.8 pg	(Range: 27 - 34)
	Mean corpuscular volume (MCV)	88.7 fl	(Range: 82 - 100)
	Haematocrit	0.4 l/l	(Range: 0.38 - 0.52)
	Red blood cell (RBC) count	4.53 x10^12/l	(Range: 4.5 - 6.5)
	Platelet count	**505 x10^9/l**	**(Range: 140 - 400)**
	Haemoglobin estimation	139 g/L	(Range: 135 - 180)
	Total white cell count	6.2 x10^9/l	(Range: 4 - 11)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Full blood count - FBC			
	Erythrocyte sedimentation rate	12 mm/hr	(No range available)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: (Non Coded Event - B12/folate level)			
	Serum folate	**2 ng/mL**	**(Range: 3.9 - 20)**
	Serum vitamin B12	428 pmol/L	(Range: 110 - 569)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Thyroid function test			
	Serum TSH level	2.8 mU/L	(Range: 0.3 - 5)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Serum ferritin			
	Serum ferritin	179 ng/mL	(Range: 30 - 400)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Plasma C reactive protein			
	Serum C reactive protein level < 3		(No range available)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Urea and electrolytes			
	GFR calculated abbreviatd MDRD > 60		(No range available)
	Serum creatinine	75 umol/L	(Range: 65 - 110)
	Serum urea level	3.9 mmol/L	(Range: 2.5 - 7.5)
	Serum potassium	5 mmol/L	(Range: 3.5 - 5)
	Serum sodium	138 mmol/L	(Range: 135 - 145)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Serum lipids			
	Serum cholesterol/HDL ratio	4.7	(No range available)
	Serum HDL cholesterol level	1.28 mmol/L	(Range: 0.9 - 1.8)
	Serum triglycerides	1.8 mmol/L	(Range: 0.8 - 3)
	Serum cholesterol	**6 mmol/L**	**(Range: 2.5 - 5)**
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Liver function test			
	ALT/SGPT serum level	**141 iu/L**	**(No range available)**
	Serum total bilirubin level	6 umol/L	(No range available)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Bone profile			
	Corrected serum calcium level	2.34 mmol/L	(Range: 2.12 - 2.62)
	Serum alkaline phosphatase	116 iu/L	(Range: 35 - 130)
	Serum albumin	43 g/L	(Range: 35 - 53)
16-Jan-2024 Mr Anonymous User (ANON)			
Result: Haemoglobin A1c level - IFCC standardised			
	HbA1c levl - IFCC standardised	39 mmol/mol	(Range: 27 - 47)

Other Items

13-Aug-2026	Read Code	Incoming mail medical recs in red basket
13-Aug-2026	Read Code	Medical report received
12-May-2026	Read Code	Registered for access to Patient Facing Service
25-Dec-2023	Read Code	Suicidal ideation

01-Sept-2023	Read Code	Medication review of medical notes
19-Dec-2022	Read Code	Incoming mail Universal Credit
15-Sept-2022	Read Code	Notes summary on computer
15-Sept-2022	Read Code	Total notes on computer
06-July-2022	Read Code	Scottish - ethnic category 2001 census
04-Mar-2021	Read Code	CT (computed tomography) of chest, abdomen and pelvis small left sided haemothorax, no acute intra-abdominal injury
04-Mar-2021	Read Code	Traumatic haemothorax left
13-May-2020	Read Code	Standard chest X-ray heart normal size. Compared with 15/9/2017 the right heart border has become indistinct. This could be due to pathology in the adjacent middle lobe.
01-Jan-2018	Read Code	[X]Depressive episode
24-Sept-2017	Read Code	Overdose of drug
15-Sept-2017	Read Code	Chest X-ray normal
01-Jan-2017	Read Code	Drug misuse behaviour cannabis, cocaine, ecstasy, amphetamines
11-Jun-2016	Read Code	History of physical abuse from *****
02-May-2016	Read Code	Overdose of drug
01-Jan-2016	Read Code	Alcohol problem drinking
05-Apr-2013	Read Code	Closed fracture of the distal radius, unspecified left
05-Apr-2013	Read Code	Prmy open reduction of #+internal fixation with K-wire left wrist
05-Apr-2013	Read Code	Closed fracture lumbar vertebra fall from 25ft
18-July-2011	Read Code	Anger management counselling
18-July-2011	Read Code	Fracture of metacarpal bone (Left) mid shaft 5th
25-July-1997	Read Code	[V]Behavioural problems
10-Aug-1994	Read Code	Standard circumcision
18-Sept-1990	Read Code	Convergent squint (Left)

Attachments

Scanned Document
18-Aug-2026 *****
Additional: Scanned Document

Filename: Referrals.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

1010268951178

Unique Care Pathway Number: 1010268951178

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Area Drug and Alcohol ServiceG1Y1
DG-HN Drug and Alcohol

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

Area Drugs and Alcohol Service
Lochfield Primary Centre
12-28 Lochfield Road
Dumfries
DG2 9BH

Hospitaland **hospital address**

Hospital unit no.: Y010G

Email address: -

Urgency of referral Routine GP

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	Mr
Sex	Male
Date of birth	22-Oct-1984
CHI no.	-

Patient's address

Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Contact number(s)

Voice: 07519690730
E-mail: lewisjduncan1984@gmail.com

REGISTERED GP DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice address

Gillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282
Facsimile: 01387 253301

REFERRING PRACTITIONER DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice address

Gillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Other

Explanation: alcohol dependence syndrome

Comment: This 37 year old tree surgeon has had a problem with drinking now for many many years. He is a dependent drinker. He has been fairly high functioning throughout his career and this has been going on for a minimum of 10-20 years. He has been under services in Troon previously but didn't really access quite as effectively as he now feels motivated to do. He is drinking somewhere around 168 units per week.

At this stage Lewis has moved into the area, he is with a new partner who is very supportive, he is very keen to getting his drinking now under control and recognises that his relationship with alcohol is not a healthy one.

I wonder if you would be kind enough to see him. We have arranged the usual blood tests and have started him on Thiamine.

Dr Richard Voysey
Locum GP

Examinations and Investigations

Weight (kg):	70	-
Height (m):	170	-
BMI:	24.22	-
Cigarette smoker, 15 Cigarettes/day:	15-Jul-2022 00:00	
Alcohol consumption, 168 units/week:	15-Jul-2022 00:00	

Investigations

Known previous contact with alcohol/drug services? :	Not Specifed	-
Current drinking pattern:	Not Specifed	-
Does person view current drinking pattern as a problem?:	Not Specifed	-
Primary Drug Name:	Not Specifed	-
Frequency:	Not Specifed	-
Route:	Not Specifed	-
Is the service user pregnant?:	Not Specifed	-
Person is in agreement with referral:	Not Specifed	-

Reason for referral

Care type requested: Drug and Alcohol Referral

Expected outcome: Not Specified

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Thiamine Tablets 50 mg	0906026M0AAAFAF	112 TABLET	1 Tabs 4 times daily	-	18-Jul-2022	-

Clinical warnings

Lifestyle risks

Exercise status: Enjoys light exercise

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

Additional relevant information

Administrative information

Temporary Resident:No

Is the person aware of referral to our service?:Not Specifed

Clinic Location:Not Specifed

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

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010241341530

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Addictions - South AyrshireG1A2
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Aug-2021
Date submitted	19-Aug-2021

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

20 Mossgiel Avenue
Troon
KA10 7DQ

Contact number(s)

Voice: 07519 690 730

REGISTERED GP DETAILS

Name	Dr Susan Rowan-Perry		
GMC code	6128541	GP code	23311
Practice name	Portland Surgery (16905)		
Practice code	80611		

Practice address

1 Dukes Road
Troon
Troon

Contact number(s)

Voice: 01292 312489
Facsimile: 01292 317837

REFERRING PRACTITIONER DETAILS

Name	Dr. James Ferguson		
GMC code	6166832	GP code	99999
Practice name	Drs McHattie, McGregor & Holland (80611)		
Practice code	80611		

Practice address

Portland Surgery
1 Dukes Road
Troon
KA10 6QR

Contact number(s)

Voice: 01292 312489

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: inpatient detox?

Comment: Dear colleague, I would be grateful if you would consider reviewing Mr Lewis Duncan with the possibility of an in-patient alcohol detox. He is 36 years old and has been drinking heavily for 16 years. He tells me that he is now realised that he is an alcoholic and wishes to stop drinking. He is currently living between Ayr and Mossgiel Avenue here in Troon, where he is drinking approximately 4 bottles of Buckfast per day. He notes if he stops drinking he gets blackouts, which he thinks could possibly be seizures. He is a self employed tree surgeon, however he is currently not working. He tells me that he has been thinking about stopping drinking since March of this year and has variable input from the 'We Are With You' services. I referred him locally to our 'We Are With You' support worker to continue the work he is doing. I think he is very keen to see if it possible for him to speak to someone through addiction services with the possibility of an in-patient detox. Any help that you could provide would be much appreciated.

Many thanks.

Examinations and Investigations

Current smoker:	22-Oct-2018 00:00
Current smoker:	14-Jan-2013 00:00
Current smoker:	05-Aug-2011 00:00
Current smoker: : priority=2	19-Dec-2007 00:00
Current smoker: 1-2:cigs/day priority=2	04-Aug-2000 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	Recorded Date
Alcohol dependence syndrome	-	-	-	16-Aug-2021	16-Aug-2021
Assault by cutting or stabbing NOS	-	-	stabbing to left side of chest lower ribs	17-Mar-2021	17-Mar-2021
Open traumatic haemothorax	-	-	small haemothorax due to stabbing conservative treatment only	17-Mar-2021	17-Mar-2021
Alcohol problem drinking	-	-	-	18-Feb-2019	18-Feb-2019
[X]Dissocial personality disorder	-	-	-	18-Feb-2019	18-Feb-2019
Overdose of drug	-	-	Co-Codamol	19-Sep-2018	19-Sep-2018
Chronic depression	-	-	-	12-Mar-2018	12-Mar-2018
Overdose of drug	-	-	CITALOPRAM	23-Sep-2017	23-Sep-2017
Closed fracture of the distal radius, unspecified	-	-	-	05-Apr-2013	05-Apr-2013
Closed fracture lumbar vertebra	-	-	fall from 25ft	05-Apr-2013	05-Apr-2013
MVTA+pedestrian hit by MV - pedestrian injured	-	-	hit by car, not badly injured	10-Jan-1998	10-Jan-1998
H/O: asthma	-	-	-	01-Jan-1860	01-Jan-1860

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

No current medications recorded

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

No recent medications recorded

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

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Registration Details - Patient No: 13949

Personal details...		Address details...	
Sex	M	House Name Flat No	
Surname	Duncan	No and Street	62 Dalmilling Crescent
Previous Surname		Village	
Forenames	Lewis James	Town	Ayr
Calling Name	Lewis	County	Ayrshire
Date of birth	22/10/1984	Post Code	KA8 0QJ
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	
Registered GP	Dr Helen Hunter	Work Tel No	
Usual GP	Dr Helen Hunter	Mobile Tel No	07718651274
NHS Number	231/84/772	E Mail Address	
Residential Inst			
Branch Surgery			
CHI Number	2210843472		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	3
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		CHI Number	
Long/Short stay or Dead			
Date of registration		13/04/2018	

Upload Consent		AMS\CMS Details	
SCI-DC Consent	Implied Consent (default)	AMS Consent	Yes
Pharmacy Details			
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
12/03/2018	Alcohol problem drinking harmful use of alcohol	Mrs Nason	E23-2
12/03/2018	Chronic depression	Mrs Nason	E2B1
23/09/2017	Overdose of drug citalopram	Mrs Nason	SL-5

Past Problems		Authorised By	Code
24/09/2017	**Medication reconciliation** Meds Rec	Dr Stevenson Fy2	8B318
15/09/2017	**Motor vehicle traffic accidents (MVTA)** fell off motorbike ... drug alcohol use	Mrs Nason	T1

Health Admin Problems		Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
30/03/2016	**O/E - BP reading**		

30/03/2016	**Alcohol consumption 6 units/week**		
30/03/2016	**Blood pressure reading 145/91 mm Hg**		
30/03/2016	**Body Mass Index 25.35**	.....|	20-25
30/03/2016	**O/E - weight 75 Kg**	|.....	>0
30/03/2016	**O/E - height 172 cm**	.....|...	10-250

Attachments			Authorised By	Code
16/03/2018	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Mood and sleep disturbance; Duration: 16/03/2018 - 23/03/2018)	FitNote_4df34bba-a0a2-47e7-ac28-7753bb6282e8.pdf	Dr Coulter	9D15

Due Diary Entries		Authorised By	Code
31/12/2099	**Key information summary, special note expiry date**	Mrs Mellon	EMISNQKE5
22/10/2049	**Influenza vaccination**	Dr Hunter	65E..
08/06/2019	**Medication review**	Dr Coulter	8B314

Overdue Diary Entries		Authorised By	Code
30/03/2018	**Key information summary review date OVERDUE**	Mrs Mellon	EMISNQKE7

Alerts		Authorised By	Code
14/02/2018	**Alert** moved to Troon advise needs to change gp if permanent	Mrs Hutchison	EMISALERT

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals		Authorised By	Code
13/02/2018	**8Hc0.: Referral to community mental health team (SCI Gateway Referral)**	Dr FY2	8Hc0
29/01/2018	**8Hc0.: Referral to community mental health team (SCI Gateway Referral)**	Dr Coulter	8Hc0
05/10/2017	**8Hc0.: Referral to community mental health team (SCI Gateway Referral)**	Dr McGaughey	8Hc0
27/09/2017	**8Hc0.: Referral to community mental health team (SCI Gateway Referral)**	Dr Stevenson Fy2	8Hc0
26/09/2017	**Discharged from hospital**	Dr Stevenson Fy2	8HE
22/06/2017	**8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)**	Mr Sharkey	8HHe
31/01/2017	**8Hc0.: Referral to community mental health team (SCI Gateway Referral)**	Dr Hunter	8Hc0
10/05/2016	**8Hc2.: Referral to primary care mental health team (SCI Gateway Referral)**	Dr Hendry	8Hc2

Immunisations	Authorised By	Code
None		

Health Status	
30/03/2016	**Height 172 cm**
30/03/2016	**Weight 75 Kg**
30/03/2016	**Body Mass Index 25.35 kg/m2**
30/03/2016	**Blood pressure reading 145/91 mm Hg**
30/03/2016	**Blood pressure reading O/E - BP reading**
30/03/2016	**Smoking Status Moderate smoker - 10-19 cigs/d**

Other Observations	Authorised By	Code

29/06/2018	**SMS text message sent to patient** 07718651274: An appointment has been booked for you: On: 29/06/2018 12:30 With: Nurse Gwen Cawley Text CANCEL to 07860035293 or contact the surgery on 01292 611835 to cancel this appointment. Thank You.	Mr Messenger	9N3G
09/04/2018	**Prescription request by patient** zopiclone ks	Mrs Staff	EMISNQPR386
04/04/2018	**SMS text message sent to patient** 07718651274: Message from 9 Alloway Place The hospital has recommended we start you on necessary treatment. Please arrange to have this prescription collected from your usual collection point. If you have any queries, please do not hesitate to contact us on 01292 611835. Thank Y	Mr Messenger	9N3G
26/03/2018	**Invitation to participate in research study**	Mrs Mellon	9Q9
12/03/2018	**Prescription request by patient** - per doman letter dated 12/03 llg	Mrs Staff	EMISNQPR386
13/02/2018	**Key information summary, special note added** 20 mosgale avenue, troon, ka10 7dq (dad's address) Staying with Dad, referred to crisis team for intervention, 12.02.18, violent spells and suicidal intent. Known to Addiction Services. Has wife and children at family home.	Mrs Mellon	EMISNQKE4
13/02/2018	**Send key information summary (KIS) upload**	Dr FY2	EMISNQSE71
12/02/2018	**Consent for key information summary upload**	Dr FY2	9Ndr
12/02/2018	**Address instruction** Staying with Dad, 20 Mosgale Avenue, Troon	Dr FY2	9NFG
12/02/2018	**Key information summary, special note added** 20 mosgale avenue, troon, ka10 7dq (dad's address) Staying with Dad, crisis team intervention, violent spells and suicidal intent.	Dr FY2	EMISNQKE4
04/10/2017	**SMS text message sent to patient** 07938295701: An appointment has been booked for you: On: 04/10/2017 16:30 With: Dr Connor McGaughey Text CANCEL to 07860035293 or contact the surgery on 01292 611835 to cancel this appointment. Thank You.	Mr Messenger	9N3G
26/09/2017	**Post hospital discharge medication reconciliation with pt**	Dr Stevenson Fy2	8B3S0
19/09/2017	**Health ed. - alcohol** general wound advice keep clean and dry , analgesia .	Dr Digba Gpst	6792
30/03/2016	**White Scottish**	Miss Calder	9S13
30/03/2016	**Moderate smoker - 10-19 cigs/d**	Miss Calder	1374
30/03/2016	**Current smoker**	Miss Calder	137R
29/03/2016	**Scottish - ethnic category 2001 census**	Mrs Clark	9i21

Consultations

29/06/2018 12:25	Nurse Gwen Cawley at The Surgery (13494)
Comment	In with partner. Rash on back over right shoulder area. Looks like bruising. Not itchy & no inflammation. Feels well otherwise. Temp 36.7. Seen by Dr Butterworth & discussed with Dr Hunter. Reassured looks like bruise but if anything further develops to make further appt
09/04/2018 16:34	Mrs Admin Staff at The Surgery (13494)
Comment	Patient contacted by text regarding prescription/medication - see below - llg
09/04/2018 14:46	Mrs Admin Staff at Special Rx Request
Comment	Prescription request by patient zopiclone ks
09/04/2018	Dr Karen Coulter at Special Rx Request
History	Was short term only as per Dr Lewis
04/04/2018 14:52	Mrs Admin Staff at The Surgery (13494)
Comment	Patient contacted by text - rx to collect per hospital - gc
16/03/2018 09:38	Dr Karen Coulter at The Surgery (13494)
History	Started semi sodium valproate 3 days ago but sleep pattern worse also night sweats ++
Examination	A little agitated but good eye contact and good insight into problems
Comment	See suggestion from Dr Lewis re adding in night sedation short term if required.
Medication	Zopiclone Tablets 7.5 mg *14 tablet ONE TO BE TAKEN AT NIGHT*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mood and sleep disturbance; Duration: 16/03/2018 - 23/03/2018)
History	Note - will be moving back to Ayr soon.
12/03/2018 14:07	Mrs Admin Staff at The Surgery (13494)
Comment	Prescription request by patient - per doman letter dated 12/03 llg

13/02/2018 11:44	Mrs Denise Mellon at Data Entry
Comment	New address applied as per consult with Dr Fedder as staying with Dad in Troon (?temporarily). KIS update done as per consult 12.02.18. so OOH have info if required. **Recorded retrospectively - Dr Fedder confirms Troon address is permanent. Changed to avoid confusion/risk - should be advised to register in Troon in due course please.** As ongoing current crisis, will advise at next contact. dm
12/02/2018	Dr Artemis Fedder FY2 at The Surgery (13494)
Comment	d/w Joanna Ingram at the Ailsa- will phone the pt and risk assess.
12/02/2018	Dr Artemis Fedder FY2 at The Surgery (13494)
History	in with dad. Violent spells and multiple threats of suicide over last 2 weeks more frequently than ever. Father not coping. Mr Duncan punching walls and headbutting fridges. Less insight into his behavious. Wife calling the police. Spending time alone at home in the dark staring at the walls. Made plans to hang himself and stopped by his dad. Stopped by thought of his daughter and of his business. when in a rage, goes red. lasts several hours. eyes wide open. Blacks out- not physically, just doesn't recollect episodes.
Comment	**20 mosgale avenue, troon, ka107dq** new address please change. crisis team at ailsa to assess urgently please.
Examination	not making eye contact monotonous voice. suicidal plans.
KIS	Key information summary, special note added 20 mosgale avenue, troon, ka10 7dq (dad's address)
Additional	Staying with Dad, crisis team intervention, violent spells and suicidal intent. Address instruction Staying with Dad, 20 Mosgale Avenue, Troon Send key information summary (KIS) upload Consent for key information summary upload Key information summary review date (30/03/2018) (diary entry deleted) (Not Known)
23/01/2018 10:44	Dr Karen Coulter at The Surgery (13494)
History	Says mood all over the place - low mood and agitated - no suicidal thoughts
Examination	Good eye contact and chatty - cross about DNA letter from CMHT as claims not to have got appt .
Comment	Try alt Rx as sertraline made him worse - not sleeping
Medication	Mirtazapine Tablets 15 mg *28 TABLET ONE TO BE TAKEN AT NIGHT*
04/10/2017 16:25	Dr Connor McGaughey at The Surgery (13494)
Problem	requesting urgent upgrade to referral to ap- I suspect that's is a parodym. I'll sent to cmht.
Medication	Sertraline Hydrochloride Tablets 50 mg *30 TABLET ONE TO BE TAKEN EACH DAY*
28/09/2017 10:43	Dr Helen Hunter at Data Entry
Comment	x rays taken after motorbike accident show some non traumatic abnormalities of lumbar spine - they query scheurmann disease but no loss of normal curvature - unlikley to be of significance given his normal function
26/09/2017 09:52	Dr Carly Stevenson Fy2 at The Surgery (13494)
History	In addition to below - has ongoing appt with addiction services. Had binge of alcohol at weekend - hadn't done in 3 months. Smokes approx 6 joints cannibis per day. Feels is the only thing that helps him sleep and makes him hungry. Has cut down his cannibis intake but not wanting to give up entirely. Wanting to stay off alcohol. He is also taking part in the 'Caledonia' scheme - unsure from pt's description what this is but sounds like psych services related to work.
Comment	Advised re side effects of sertraline. Advised against driving/ working as tree surgeon if sedated/ under influence of alcohol or drugs.
26/09/2017 09:36	Dr Carly Stevenson Fy2 at The Surgery (13494)
History	Looking for referral to Arroll Park. Has been seen there previously and was meant to go back - but chaotic life at the time - didn't go back. Has had a bit of an 'epiphany' after events of the weekend - intentional OD of citalopram after fight with wife. Went on drinking binge and felt suicidal. Denies any ongoing suicidal ideation - self harmed - cut arms before attending a+e - no DSH since. Has wife and child - feels they are protective and who he wants to get life back on track for.
Problem (FIRST)	**Medication reconciliation** Meds Rec
Examination	No much eye contact but looks bright, reactive. Appropriately dressed in work uniform.

Comment	Given 2/52 supply of sertraline - aware won't begin to work til at least week 3 but want him to come in for f'v before then just to track how things are going. Aware of helplines/ who to call if suicidal. Can come in sooner if wants to.
Medication	Sertraline Hydrochloride Tablets 50 mg *16 Tablet(s) ONE TO BE TAKEN EACH DAY*
Comment	Post hospital discharge medication reconciliation with pt
Additional	Discharged from hospital

19/09/2017 10:31	Dr Jeremy Digba Gpst at The Surgery (13494)
History	recent motor bikle crash seen at A+E over the weekend see DOCMAN attending due to concerns re soft tissue injury painful , swollen
Examination	superficial burns over back of left calf, left ankle and right thigh : clean nil exudate or suppuration , looking alerrt and bright.
Comment	Health ed. - alcohol general wound advice keep clean and dry , analgesia ,

19/06/2017	Mr Christopher Sharkey at The Surgery (13494)
History	Attended today for three reasons 1. review of citalopram dosage. Feels mood okay at minute but if she stops can notice a change. Going through a tough custody battle at present for daughter - stressed and anxious about this. Sleep pattern okay. No thoughts of DSH or any current suicideal ideation. 2. asking for help with cannabis addiction - uses bong 2-3 times a day (strong amounts) and feels it is now starting to impact his work. Feels compulsion for it. Would seek it out if none left. 3. L testicle discomfort over the past two days - first noticed a dull ache which was exacerbating by cycling. Regular sexiual partner but not worse after sex. No injury or trauma. No urinary symptoms.
Examination	Good eye contact. Insight into problems. Appropriately dressed. L testicle: no obvious swelling, not red, not hot, tender along epididymitis.
Comment	Going through tough time - increase citalopram to 30mg OD. Refer to Addictions Team for help with cannabis. Sounds like epididymytis - Rx with NSAIDs. Happy to review if not settling.
Medication	Citalopram Hydrobromide Tablets 20 mg *56 tablet ONE TO BE TAKEN EACH DAY* Citalopram Hydrobromide Tablets 10 mg *56 tablet ONE TO BE TAKEN EACH DAY*

28/02/2017	Dr Karen Coulter at The Surgery (13494)
History	feels slightly calmer on citalopram and concentration better - no ill effects.
Examination	Good eye contact and happy to have daughter living with him
Comment	Rv 6-8 wks
Medication	Citalopram Hydrobromide Tablets 20 mg *56 tablet ONE TO BE TAKEN EACH DAY*

28/02/2017	Dr Karen Coulter at The Surgery (13494)
Medication	Timodine Cream *30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED*

30/01/2017	Dr Helen Hunter at The Surgery (13494)
Comment	has been v stressed and ended up with Police involved again last week - long saga but mainly his difficulty in coming to terms with his own abusive childhood, he has a supportive partner - advice nad try citalopram ,denies suicidal ideas and has stopped alcohol. and re refer MH services
Medication	Citalopram Hydrobromide Tablets 20 mg *28 TABLET ONE TO BE TAKEN EACH DAY*

12/08/2016	Nurse Dorithy Bell at The Surgery (13494)
Comment	Middle finger cleaned & dressed with opsite plus dressing. Care instructions & dressings supplied.

12/08/2016	Dr Karen Coulter at The Surgery (13494)
History	Cut middle finger on L hand whilst at work (gardener) - went to A/e to get sutured but wait too long. Now weeping
Examination	1ck curved cut - partly healed no pus no surrounding erythema.
Comment	PN to dress
Medication	Flucloxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*

12/07/2016	Dr Catriona MacLeod at The Surgery (13494)
History	still feels 'wheezy' quite frequently. continues to smoke - approx 18-25/day for last 20years. wants to stop but not yet tried - partner v encouraging for him to stop. no real SOB but does c/o some light headedness.
Examination	SP02 98%, HR 80 Chest - some harsh breath sounds, no crackles/creps or wheeze. Heart sounds normal, pulse normal. No glands. Throat NAD. Ears -

	wax+++ - unable to see TM. (uses cotton buds)
Comment	Advised he really needs to stop smoking - to contact Fresh Air. Also to make appt with nurse walker for spirometry given symptoms and prev asthma/smoker. No salbutamol for now.
Medication	Almond Oil bp *50 ml TO BE USED AS DIRECTED*

18/05/2016	Dr Catriona MacLeod at The Surgery (13494)
History	3/7 cough (intermittently productive), sore throat, runny nose, fever. Smoker ~15/day. Childhood asthma. E+D okay, vomited yesterday.
Examination	SP02 99%, HR 72. RR 15. T 36.8. Sounds congested. CHest - some fine resp crackles upper R>L. AE throughout, no wheeze. HS I+II+0, pulse regular.
Comment	Given fever and sputum - 5/7 amoxicillin.
Medication	Amoxicillin Capsules 500 mg *15 capsule ONE TO BE TAKEN THREE TIMES A DAY* Pholcodine Sugar free linctus 5 mg/5 ml *150 ml ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY* Naproxen Tablets 250 mg *28 TABLETS 1 BD AFTER FOOD* Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule 1 Tab Daily*

History	Traumatic fall from tree at work 3 years ago(tree surgeon) - # lumbar vertebrae - was in brace for weeks. Returned to work but intermittent 'niggle' since. 2/7 ago noticed pain much worse lower back. No bladder or bowel symptoms. Some longstanding intermittent paraesthesia left calf. Some radiation pain right glute today.
Examination	Little eye contact. Gait unaffected. Sat down in chair okay. No vertebral or paravertebral or muscualr tenderness. SOme pain on flexion and extension, more so right lateral flexion. Full ROM both hips, power 5/5 left lower limb and 4-5/5 right lower limb secondary to pain. Sensation appears unremarkable. Reflexes present. Downgoing plantars. Tone normal
Comment	No trauamtic injury so unlikely further bony injury. Treat as muscular given strenuous job and recent RTI therefore coughing+++. NSAIDs with PPI cover and review if any concerns. Advised to contact physio

06/05/2016	Dr Stuart W Hendry at The Surgery (13494)
Medication	Cetirizine Hydrochloride Tablets 10 mg *30 TABLET ONE TO BE TAKEN EACH DAY*
History	Mild patchy erythema & itch. 'tree Surgeon' - NKA -
Examination	Minimal skin changes - nil to suggest 'sarcoptes'....
Comment	Advised. Rx.

	Psychological issues. Was in Care for a long time - was assaulted at various times - other traumas including seeing his pal stabbed to death. Doesn't deal with things 'well' at all - drinks (used to have 4 + bottles Buckfast / night => aggressive transformation : not outward to other , but directs violence / self harm at himself : one incedent he 'glassed himself with a bottle'.....)
History	
Examination	LONG chat - partner very sensible & supportive - he avoids eye contact
Comment	Off booze at present. Refer CMHT for Psychology / Counselling input.

30/03/2016	Miss Fiona Calder at The Surgery (13494)
Examination	O/E - height, 172 cm O/E - weight, 75 Kg Body Mass Index, 25.35 Blood pressure reading 145/91 mm Hg
Social	Alcohol consumption, 6 units/week Current smoker Moderate smoker - 10-19 cigs/d
Comment	O/E - BP reading
Additional	White Scottish

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
08/06/2018	**Valproic Acid (As Semisodium Valproate) E/c tablets 500 mg** TWO TO BE TAKEN TWICE A DAY 112 tablet	26/06/2018P	Dr Karen Coulter	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
04/04/2018	**Depakote E/c tablets 250 mg** 3 BD 180 tablet	04/04/2018P	Dr Helen Hunter	ACUTE
16/03/2018	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	16/03/2018P	Dr Karen Coulter	ACUTE
12/03/2018	**Valproic Acid (As Semisodium Valproate) E/c tablets 250 mg** ONE TO BE TAKEN TWICE A DAY 90 tablet	12/03/2018P	Dr Helen Hunter	ACUTE
06/03/2018	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	06/03/2018P	Dr Connor McGaughey	ACUTE
23/01/2018	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	23/01/2018P	Dr Karen Coulter	ACUTE
26/09/2017	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	04/10/2017P	Dr Connor McGaughey	ACUTE
19/06/2017	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 56 tablet	19/06/2017P	Mr Christopher Sharkey	ACUTE
19/06/2017	**Citalopram Hydrobromide Tablets 10 mg** ONE TO BE TAKEN EACH DAY 56 tablet	19/06/2017P	Mr Christopher Sharkey	ACUTE
02/05/2017	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 56 tablet	02/05/2017P	Dr Stuart W Hendry	ACUTE
28/02/2017	**Timodine Cream** APPLY THINLY ONCE A DAY AS DIRECTED 30 GRAM	28/02/2017P	Dr Karen Coulter	ACUTE
28/02/2017	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 56 tablet	28/02/2017P	Dr Karen Coulter	ACUTE
30/01/2017	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	30/01/2017P	Dr Helen Hunter	ACUTE
12/08/2016	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	12/08/2016P	Dr Karen Coulter	ACUTE
12/07/2016	**Almond Oil bp** TO BE USED AS DIRECTED 50 ml	12/07/2016P	Dr Catriona MacLeod	ACUTE
18/05/2016	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 15 capsule	18/05/2016P	Dr Catriona MacLeod	ACUTE
18/05/2016	**Pholcodine Sugar free linctus 5 mg/5 ml** ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY 150 ml	18/05/2016P	Dr Catriona MacLeod	ACUTE
18/05/2016	**Naproxen Tablets 250 mg** 1 BD AFTER FOOD 28 TABLETS	18/05/2016P	Dr Catriona MacLeod	ACUTE
18/05/2016	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Tab Daily 28 capsule	18/05/2016P	Dr Catriona MacLeod	ACUTE
06/05/2016	**Cetirizine Hydrochloride Tablets 10 mg** ONE TO BE TAKEN EACH DAY 30 TABLET	06/05/2016P	Dr Stuart W Hendry	ACUTE

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101015466913C

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	13-Feb-2018
Date submitted	13-Feb-2018

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Artemis Fedder - FY2		
GMC code	7528730	GP code	-
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: I would appreciate an urgent review of this 33 year old gentleman who came to me today alongside his father. They are both finding it very difficult to cope at the moment. Mr Duncan's mental health has taken a turn for the worst suffering increasing bouts of depression, physical violence and suicidal ideation. Over the last 2-3 weeks Mr Duncan has suffered frequent violent episodes lasting a few hours each where he will rapidly change temperament and becomes angry. Will shout and punch walls and head butt the fridge. He is very close to being physically violent with his father and his wife. On these occasions the Police have been called out. Mr Duncan reports not remembering exactly what happens. He doesn't blackout. He remains limited to what he can remember or having done during these episodes and lacks insight into the severity. He will often seem to flip from one personality to the next and when the violent episodes are over he will apologise and be remorseful. Also increasing frequency Mr Duncan's father has found him alone in a darkened room on a few occasions barely responsive looking really down and not wanting to engage. Mr Duncan's father feels he is severely depressed. A number of times over this week Mr Duncan has threatened to commit suicide and has made a few plans to do so using rope at work however has not gone through with his plans yet but is afraid that he will at some point. The thoughts of his family, his daughter and his wife have stopped him so far. As well as admitting to feeling low Mr Duncan says he has not had very much sleep over the last few nights, is not eating properly, lacks concentration and generally isn't coping. At the moment Mr Duncan admits to drinking heavily and smoking cannabis in order to help him cope.

Unfortunately he recently changed address and missed previous letter from this service. These have been reported as DNA's.

In light of his current mental states I would appreciate your assessment of this gentleman at your earliest convenience.

Many thanks.

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	Yes	-
1. Are there current active thoughts of self harm, is there a plan?:	No	-
Is there a History of suicidal or self harm injurious behaviours?:	No	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	No	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 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	Recorded Date
Overdose of drug	-	-	citalopram	23-Sep-2017	23-Sep-2017
Motor vehicle traffic accidents (MVTA)	-	-	fell off motorbike ... drug alcohol use	15-Sep-2017	15-Sep-2017

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mirtazapine Tablets 15 mg	-	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	23-Jan-2018	28 Days	23-Jan-2018

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101015357811K

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	29-Jan-2018
Date submitted	29-Jan-2018

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Dr. Karen Coulter		
GMC code	4013561	GP code	24422
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: The above 33 year old patient of ours is known to your service. He was discharged in December as he did not attend appointment. The patient states he did not receive an appointment letter. I would be grateful if he could be re-appointed and contacted via mobile telephone - 07718651274.

Kind Regards.

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	No	-
Is there a History of suicidal or self harm injurious behaviours?:	No	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	No	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 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	Recorded Date
Overdose of drug	-	-	citalopram	23-Sep-2017	23-Sep-2017
Motor vehicle traffic accidents (MVTA)	-	-	fell off motorbike ... drug alcohol use	15-Sep-2017	15-Sep-2017

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mirtazapine Tablets 15 mg	-	28 TABLET	ONE TO BE TAKEN AT NIGHT	-	23-Jan-2018	28 Days	23-Jan-2018

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

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010146221447

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	05-Oct-2017
Date submitted	05-Oct-2017

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Dr. Connor McGaughey		
GMC code	6056514	GP code	20320
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: Many thanks for seeing this 32 year old gentleman who with his father has set up a tree surgery business. He had a turbulent childhood and between the age of 12 1/2 and 16 was partially taken into care in Paisley. His parents treated him well but separated and subsequently his mum's new partner physically assaulted Lewis. His dad apparently was a Social Worker so he spent his overnights with his dad at that point but day time in some sort of care facility. Part of his coping mechanism has been chronic use of cannabis which clearly is a little at odds with tree surgery. In addition to that his current wife brings with her two children, 6 and 9, and he has custody of a daughter aged 3 called Cassey whom he had with a previous partner who had her own issues. At present Lewis is not living with his wife and kids. His daughter Cassey is with his wife who has legal guardianship.

On two of the last three weekends he has had spontaneous deliberate self harm in the form of overdose. He has been seen by Liaison Psychiatry on both occasions. Both these incidents have involved a combination of alcohol and either cocaine or cannabis. He is in contact with Addaction, although by the sounds of it they have made somewhat light of his problems given that it is cannabis alone.

He invested £30,000 of his own money to the tree surgery business and his dad has invested a further £15,000 to try and help him with the business and at present he sees himself at a junction where the business is struggling, he is not managing with his workload or the stress and anxiety it brings with it.

He is keen to seek counselling as in the recent past Citalopram has make very little difference to his mind set and he is aware that if his business fails he will lose his money, including his own and his fathers and life in many respects will come to an end.

I would appreciate if he could be reviewed urgently. Although his suicidal risk is considered to be Amber by your Liaison colleagues, it is more with the thoughts of counselling / self help input I am referring him.

Many thanks.

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	Yes	-
Is there a History of suicidal or self harm injurious behaviours?:	Yes	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	No	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Current smoker:		30-Mar-2016 00:00
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 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	Recorded Date
Overdose of drug	-	-	citalopram	23-Sep-2017	23-Sep-2017
Motor vehicle traffic accidents (MVTA)	-	-	fell off motorbike ... drug alcohol use	15-Sep-2017	15-Sep-2017

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline Hydrochloride Tablets 50 mg	0403030Q0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	26-Sep-2017	24 Days	04-Oct-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010145620022

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	27-Sep-2017
Date submitted	27-Sep-2017

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Dr. Carly Stevenson		
GMC code	7528545	GP code	99999
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: I would be grateful for your review of this 32 year man. Mr Duncan has been struggling with various stressors in his life and most recently has been discharged from A&E at the weekend following an intentional overdose of Citalopram. This occurred following a drink and drug binge following a fight with his wife. Mr Duncan smokes around six joints a day and is receiving ongoing help from addiction services. Mr Duncan has a history of overdosing when he is stressed. He has voiced various thoughts of suicide but no ongoing suicide ideation. He has no plan or intent. Mr Duncan has previously been seen at Arrol Park and he himself is wishing to be re-referred.

On examination today, he was dressed in work clothes. There was poor eye contact which appears to be his normal communication. Objectively he appeared euthymic with reactive affect. He reports ongoing symptoms of low mood, poor sleep and poor appetite.

I would be grateful for your specialised review of this gentleman.

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	No	-
Is there a History of suicidal or self harm injurious behaviours?:	No	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	No	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 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	Recorded Date
Overdose of drug	-	-	citalopram	23-Sep-2017	23-Sep-2017

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Sertraline Hydrochloride Tablets 50 mg	0403030Q0AAAAAA	16 Tablet (s)	ONE TO BE TAKEN EACH DAY	-	26-Sep-2017	16 Days	26-Sep-2017

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information
Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101013913975E

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Addictions - South AyrshireG1A2
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	22-Jun-2017
Date submitted	22-Jun-2017

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Christopher Sharkey - FY2		
GMC code	7485982	GP code	-
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: Many thanks for accepting this referral with regards to Mr Duncan. He presents to the surgery asking for help with his cannabis intake. Mr Duncan had previously been reviewed by the Mental Health Team for ongoing issues with low mood and violent out bursts. Her is currently on Citalopram 30mg and although he is going through a difficult time now with family problems I feel his mood and physical symptoms are somewhat controlled and this will remain under our review.

Mr Duncan asked if he could receive any help with is cannabis use. When asked he admits using cannabis every day trough a bong. He gets it delivered to his house so never has to seek it out. He admits he would be get anxious if had none readily available to him. Mr Duncan works as a tree surgeon and states people at work are starting to notice. I feel this was the eye opener he needed to ask for help. When asked if he could go one week without it, he said that he would be unable to. He does have insight into this and knows that it is currently a problem. I realised he is going through a tough time at the moment with regards to a custody battle with his partner and this certainly can be fuelling his usage.

Many thanks for your help.

Examinations and Investigations

Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	56 tablet	ONE TO BE TAKEN EACH DAY	-	19-Jun-2017	56 Days	19-Jun-2017
Citalopram Hydrobromide Tablets 10 mg	0403030D0AAABAB	56 tablet	ONE TO BE TAKEN EACH DAY	-	19-Jun-2017	56 Days	19-Jun-2017
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	56 tablet	ONE TO BE TAKEN EACH DAY	-	02-May-2017	42 Days	02-May-2017

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

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101012949904D

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	31-Jan-2017
Date submitted	31-Jan-2017

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Dr. Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: See below.

Comment: I would be grateful if you could reconsider further assessment on this 32 year old gentleman who you have seen about six months ago. Unfortunately he has been really struggling with various stresses in life and it kicked off with a violent outburst last week in which the police had to get involved. He didn't harm anyone but he is aware he did lose control.

His general health is otherwise good and on assessment today I did not think he was depressed. He still has his wife, with whom he has no children, but he does also have custody of his 2 1/2 year old daughter. He describes his wife as supportive but because of his violent outburst he is now banned from his home for the next month. He runs his own business as a kind of gardener/tree surgeon and on chatting to him today he does seem to have good insight into his issues. He had an abusive childhood and still has no contact with his mother and he clearly feels very bitter about this.

I would be grateful if he could please be seen for further input. I am starting him on some Citalopram to try and level his moods a bit.

Thank you for seeing him.

Examinations and Investigations

If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	No	-
Is there a History of suicidal or self harm injurious behaviours?:	No	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	No	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY	-	30-Jan-2017	28 Days	30-Jan-2017

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

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101002280891L

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

CMHT - SouthG1AE
AA Mental Health Service

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Jul-2011
Date submitted	18-Jul-2011

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

65 Portland Street
TROON
Troon
KA10 6QU

Contact number(s)

Voice: 318753

REGISTERED GP DETAILS

Name	Dr A G McHattie		
GMC code	2554446	GP code	23086
Practice name	Portland Surgery (16905)		
Practice code	80611		

Practice address

1 Dukes Road
Troon
Troon

Contact number(s)

Voice: 01292 312489
Facsimile: 01292 317837

REFERRING PRACTITIONER DETAILS

Name	Dr. Adam McHattie		
GMC code	2554446	GP code	23086
Practice name	PORTLAND SURGERY (80611)		
Practice code	80611		

Practice address

1 DUKES ROAD
TROON
KA10 6QR

Contact number(s)

Voice: 01292 312489

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: anger management

Comment: I would be grateful for your help with this gentleman who has had problems in the past with alcohol excess and anger problems. He is no longer drinking but finds it increasingly difficult to control his temper. He recently broke his hand by punching a wall.

He is keen to seek help and I would be grateful for your assessment and opinion.

Kind regards.

Examinations and Investigations

Current smoker: : priority=2 19-Dec-2007 00:00

Current smoker: 1-2:cigs/day priority=2 04-Aug-2000 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	Recorded Date
MVTA pedestrian hit by MV - pedestrian injured	-	-	hit by car, not badly injured	10-Jan-1998	10-Jan-1998
H/O: asthma	-	-	-	01-Jan-1860	01-Jan-1860

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

No current medications recorded

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

No recent medications recorded

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

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101011366249K

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	10-May-2016
Date submitted	10-May-2016

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

35 Outdale Avenue
Prestwick
KA9 1BY

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Helen Hunter		
GMC code	2943110	GP code	21636
Practice name	The Surgery (13494)		
Practice code	80062		

Practice address

The Surgery
9 Alloway Place
Ayr

Contact number(s)

Voice: 01292 611835
Facsimile: 01292 284982

REFERRING PRACTITIONER DETAILS

Name	Dr. Stuart Hendry		
GMC code	2584650	GP code	22993
Practice name	The Surgery (80062)		
Practice code	80062		

Practice address

9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Contact number(s)

Voice: 01292611835

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Childhood issues and trauma causing psychosocial problems.

Comment: This 31 year old chap lives at the above address with his wife.
He is a "tree surgeon".
He has just joined the practice and presented at the request of his wife because of his ongoing psychological issues.
Apparently he spent a considerably part of his young life in care. He has a past history of having been physically assaulted on a number of occasions and also has past traumas from witnessing the death of friends (one close friend was apparently stabbed and died and he witnessed this at the time, and also another friend/workmate was killed having fallen from a tree). I think the later incidents; especially the stabbing could probably fall into the category of "PTSD" which always seems to be in vogue these days. I think however, he does have very significant psychological issues and problems from his childhood.
Part of his "method of managing these" has been for him to drink excessively. Unfortunately when he does (previously 4+ bottles of Buckfast in a night!) he would transform, and do a "Jekyll and Hyde" act. His wife indicates that he becomes "this creature she doesn't recognise". He is aggressive and violent, but not towards others and certainly never to his wife nor to any of the kids, but tends to direct his anger and frustration at himself. On one occasion recently when they were in Inverness he apparently "glassed" himself using a bottle. Nobody else was involved in the incident and he did require treatment for it but there would appear to have been another explosive incident of tension and emotional release relating to his past issues and ongoing problems.

I think this young chap has significant difficulties arising in his past which he isn't coping with at the moment and I think he would benefit significantly from counselling/psychology input to help him deal with his history. He doesn't appear distressed but I did notice when consulting with him he had significant difficulty establishing any eye contact. He doesn't appear agitated or depressed. He has no symptoms suggestive of any psychosis etc. At the moment he is off all alcohol and I suspect he will remain off the alcohol. Your expertise with further assessment and psychotherapy if you think it is appropriate would be greatly appreciated.

Many thanks for your help.

Examinations and Investigations

Have any physical investigations been undertaken recently?:	No	-
Has the person recently joined the practice or moved from another area?:	Yes	-
Is patient aware of referral?:	Yes	-
PHQ9 Score:	12	-
If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	Yes	-
Previous self harm comments:	Refer above - NOT suicidal	-
Is there a History of suicidal or self harm injurious behaviours?:	Yes	-
Suicide/Self harm comments:	Refer above: self-injury	-
Any history or current threat of violence or aggression, considerations to staff safety?:	No	-
History of violence or aggression/staff safety concerns comments:	Refer above - directs his 'aggression' at himself	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	Yes	-
Social circumstances/previous phychitatric history comments:	Refer above	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	No	-
Height:	172	-
Weight(kg):	75	-
BMI:	25.35	-
Moderate smoker - 10-19 cigs/d:		30-Mar-2016 00:00
Current smoker:		30-Mar-2016 00:00
Alcohol consumption, 6 units/week:		30-Mar-2016 00:00

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Cetirizine Hydrochloride Tablets 10 mg	0304010I0AAAAAA	30 TABLET	ONE TO BE TAKEN EACH DAY	-	06-May-2016	30 Days	06-May-2016

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional) **Date**

Scanned Document
18-Aug-2026 CH66
Additional: Scanned Document

Filename: docman.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: pre raised alt and plats-post infection +low folat
FASTING: N

Date Collected			26/02/24	16/01/24			
Time Collected			08:37	08:22			
Specimen Number			288797	243408			
Test	Units	Ref. Range					
Sodium	mmol/L	(135 - 145)		138			
Potassium	mmol/L	(3.5 - 5.0)		5.0			
Chloride	mmol/L	(95 - 110)					
Bicarbonate	mmol/L	(22 - 29)					
Urea	mmol/L	(2.5 - 7.5)		3.9			
Urate	mmol/L	(0.11 - 0.45)					
Creatinine	umol/L	(65 - 110)		75			
Estimated GFR	mL/min	(-)		>60			
Bilirubin	umol/L	(0 - 21)	4	6			
Alkaline Phosphatase	iu/L	(35 - 130)	89	116			
Gamma GT	iu/L	(0 - 50)					
AST	iu/L	(0 - 42)					
ALT	iu/L	(0 - 50)	21	**141**			
CK	iu/L	(0 - 195)					
LDH	u/L	(0 - 250)					
Total Protein	g/L	(62 - 82)					
Albumin	g/L	(35 - 53)		43			
Corrected Calcium	mmol/L	(2.12 - 2.62)		2.34			
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)					
C-Reactive Protein	mg/L	(0 - 10)	<3	<3			
Cholesterol	mmol/L	(2.5 - 5.0)		**6.0**			
Triglyceride	mmol/L	(0.8 - 3.0)		1.8			
HDL Cholesterol	mmol/L	(0.9 - 1.8)		1.28			
Chol:HDL Chol		(0 - 5.0)		4.7			
Free T4	pmol/L	(11 - 27)					
TSH	mU/L	(0.3 - 5.0)		2.8			
T3	nmol/L	(1.3 - 3.1)					
Ferritin	ng/mL	(30 - 400)		179			
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: 26/02/2024 **DATE PRINTED:** 26-February-2024
TIME RECEIVED: 11:14 **TIME PRINTED:** 14:00:27
AUTHORISED BY: Auto Validation **FILING AUTHORISED BY:** **FILED BY:**

Page 1 of 1

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 AND GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: pre raised alt and plats-post infection +low folat
Specimen No: HA816826B

Date Collected			26/02/24	26/02/24	16/01/24	16/01/24
Time Collected			08:37	08:37	08:22	08:22
Specimen Number			816826	816827	784109	784111
Test	**Units**	**Ref Range**				
Haemoglobin	g/L	(135 - 180)		137		139
White blood count	x10^9/l	(4.0 - 11.0)		4.9		6.2
Platelets	x10^9/l	(140 - 400)		348		**505**
Red blood cells	x10^12/l	(4.50 - 6.50)		4.62		4.53
Haematocrit	l/l	(0.380 - 0.52		0.410		0.400
Mean cell volume	fl	(82 - 100)		88.9		88.7
MCH	pg	(27 - 34)		29.8		30.8
MCHC	g/L	(324 - 360)		335		347
Retics	x10^9/l	(10 - 100)				
Neutrophil	x10^9/l	(2.0 - 7.5)		2.0		2.3
Lymphocyte	x10^9/l	(1.5 - 3.5)		2.2		3.0
Monocyte	x10^9/l	(0.3 - 0.8)		0.4		0.6
Eosinophil	x10^9/l	(0.0 - 0.5)		0.2		0.1
Basophil	x10^9/l	(0 - 0.1)		0.0		0.0
Metamyelocyte	x10^9/l	(-)				
Myelocyte	x10^9/l	(-)				
Pro-myelocyte	x10^9/l	(-)				
Blast	x10^9/l	(-)				
NRBC	x10^9/l	(-)				
ESR	mm/hr	(0 - 15)	6		12	

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 26/02/2024 **TIME COLLECTED:** 08:37
DATE RECEIVED: 26/02/2024 **TIME RECEIVED:** 13:15
DATE REPORTED: 26/02/2024 **TIME REPORTED:** 12:18

AUTHORISED BY: Haem electronic auth'd
FILING AUTHORISED BY:
FILED BY:

Page 1 of 1

HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

Surname:DUNCAN Forename:LEWIS
CHI No:2210843472 Reg No:221084R DOB:22/10/1984 Sex:M
Location:Gillbrae Med Practice Consultant/GP:Voysey R (GILL)

Clinical Details:tatt
Specimen No:HA784110Q

Vitamin B12	428	pmol/L	(110 - 569)	
Folate	2.0	ng/mL	(3.9 - 20.0)	*

Comments:
Low Folate: suggest dietary history and advice.

Interpretation of B12 result should be considered in relation to clinical circumstances.
Falsely low serum B12 may be seen with severe folate deficiency.
Neurological symptoms due to B12 deficiency may occur with a normal MCV.

17 JAN 2024

Date Collected:16/01/2024 Time Collected:08:22
Date Received:16/01/2024 Time Received:10:42
Date Reported:16/01/2024 Time Reported:11:46

Authorised By:Onyinyechi Ebenyi
Filing Authorised By:
Filed By:

Page 1 of 1

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HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: pre raised alt and plats-post infection +low folat
Specimen No: HA816827R

Date Collected			26/02/24	16/01/24	16/01/24		
Time Collected			08:37	08:22	08:22		
Specimen Number			816827	784109	784111		
Test	**Units**	**Ref Range**					
Haemoglobin	g/L	(135 - 180)	137		139		
White blood count	x10^9/l	(4.0 - 11.0)	4.9		6.2		
Platelets	x10^9/l	(140 - 400)	348		**505**		
Red blood cells	x10^12/l	(4.50 - 6.50)	4.62		4.53		
Haematocrit	l/l	(0.380 - 0.52	0.410		0.400		
Mean cell volume	fl	(82 - 100)	88.9		88.7		
MCH	pg	(27 - 34)	29.8		30.8		
MCHC	g/L	(324 - 360)	335		347		
Retics	x10^9/l	(10 - 100)					
Neutrophil	x10^9/l	(2.0 - 7.5)	2.0		2.3		
Lymphocyte	x10^9/l	(1.5 - 3.5)	2.2		3.0		
Monocyte	x10^9/l	(0.3 - 0.8)	0.4		0.6		
Eosinophil	x10^9/l	(0.0 - 0.5)	0.2		0.1		
Basophil	x10^9/l	(0 - 0.1)	0.0		0.0		
Metamyelocyte	x10^9/l	(-)					
Myelocyte	x10^9/l	(-)					
Pro-myelocyte	x10^9/l	(-)					
Blast	x10^9/l	(-)					
NRBC	x10^9/l	(-)					
ESR	mm/hr	(0 - 15)		12			

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 26/02/2024 **TIME COLLECTED:** 08:37
DATE RECEIVED: 26/02/2024 **TIME RECEIVED:** 11:14
DATE REPORTED: 26/02/2024 **TIME REPORTED:** 11:20

AUTHORISED BY: Haem electronic auth'd
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Page 1 of 1

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CH1: 2210843472.
~~RBa000000~~ MH WL OT.

Work and Social Adjustment Scale

Adapted from Marks et al, 1986)

Name: LEWIS DUNCAN
Date: 18.01.24.

Please rate each of the following questions on a 0 to 8 scale:

0 indicates no impairment at all and 8 indicates severe impairment

1) Because of the way I feel, my ability to work is impaired

0	1	2	3	4	5	6	7	8
Not at all impaired								Severely impaired

2) Because of the way I feel, my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired

0	1	2	3	4	5	6	7	8
Not at all impaired								Severely impaired

3) Because of the way I feel, my social leisure activities involving other people (such as parties, outings, visits, dating, home entertainment, cinema) are impaired

0	1	2	3	4	5	6	7	8
Not at all impaired								Severely impaired

4) Because of the way I feel, my private leisure activities done alone (such as reading, watching TV, gardening, craft work, walking, sewing) are impaired

0	1	2	3	4	5	6	7	8
Not at all impaired								Severely impaired

5) Because of the way I feel, my ability to form and maintain close relationships with others, including those I live with is impaired

0	1	2	3	4	5	6	7	8
Not at all impaired								Severely impaired

35140

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CHI: 2210843472
[redacted] MH WROT.

CLINICAL OUTCOMES in ROUTINE EVALUATION

CORE-10 Screening Measure

Site ID

Client ID: LD / letters only / numbers only

Sub codes: JB / Therapist ID / numbers only (1) / numbers only (2)

Stage Completed
S Screeening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last therapy session
X Follow up 1
Y Follow up 2

Episode: A Stage:

Date form given: D D / M M / Y Y Y Y: 18 / 01 / 2024

Gender: ☑ Male ☐ Female

Age: 39

IMPORTANT - PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1 I have felt tense, anxious or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4
2 I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☑ 2	☐ 1	☐ 0
3 I have felt able to cope when things go wrong	☐ 4	☐ 3	☑ 2	☐ 1	☐ 0
4 Talking to people has felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4
5 I have felt panic or terror	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4
6 I have made plans to end my life	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4
7 I have had difficulty getting to sleep or staying asleep	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4
8 I have felt despairing or hopeless	☐ 0	☐ 1	☑ 2	☐ 3	☐ 4
9 I have felt unhappy	☐ 0	☐ 1	☑ 2	☐ 3	☐ 4
10 Unwanted images or memories have been distressing me	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4

Total (Clinical Score*) 28

* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire

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BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: tatt
FASTING: N

SPECIMEN IS SERUM UNLESS OTHERWISE STATED

Specimen No: BG243409W

Date Collected			16/01/24
Time Collected			09:22
Specimen Number			BG243409W
Test	**Units**	**Ref Range**	
Blood HbAlc (IFCC)	mmol/mol	(27 - 47)	39

COMMENTS:

DATE COLLECTED: 16/01/2024 **TIME COLLECTED:** 08:22
DATE RECEIVED: 16/01/2024 **TIME RECEIVED:** 10:42
DATE REPORTED: 18/01/2024 **TIME REPORTED:** 09:53

AUTHORISED BY: Auto Validation
FILING AUTHORISED BY:
FILED BY:

Page 1 of 1

INDEX OF COMMENT CODES
SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

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BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: tatt
FASTING: N

Date Collected			16/01/24				
Time Collected			08:22				
Specimen Number			243409				
Test	Units	Ref. Range					
Sodium	mmol/L	(135 - 145)	138				
Potassium	mmol/L	(3.5 - 5.0)	5.0				
Chloride	mmol/L	(95 - 110)					
Bicarbonate	mmol/L	(22 - 29)					
Urea	mmol/L	(2.5 - 7.5)	3.9				
Urate	mmol/L	(0.11 - 0.45)					
Creatinine	umol/L	(65 - 110)	75				
Estimated GFR	mL/min	(-)	>60				
Bilirubin	umol/L	(0 - 21)	6				
Alkaline Phosphatase	iu/L	(35 - 130)	116				
Gamma GT	iu/L	(0 - 50)					
AST	iu/L	(0 - 42)					
ALT	iu/L	(0 - 50)	**141**				
CK	iu/L	(0 - 195)					
LDH	u/L	(0 - 250)					
Total Protein	g/L	(62 - 82)					
Albumin	g/L	(35 - 53)	43				
Corrected Calcium	mmol/L	(2.12 - 2.62)	2.34				
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)					
C-Reactive Protein	mg/L	(0 - 10)	<3				
Cholesterol	mmol/L	(2.5 - 5.0)	**6.0**				
Triglyceride	mmol/L	(0.8 - 3.0)	1.8				
HDL Cholesterol	mmol/L	(0.9 - 1.8)	1.28				
Chol:HDL Chol		(0 - 5.0)	4.7				
Free T4	pmol/L	(11 - 27)					
TSH	mU/L	(0.3 - 5.0)	2.8				
T3	nmol/L	(1.3 - 3.1)					
Ferritin	ng/mL	(30 - 400)	179				
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.*

Creatinine Amended creatinine ref. ranges in use from 12/01/2024.

DATE RECEIVED: 16/01/2024 **DATE PRINTED:** 16-January-2024
TIME RECEIVED: 10:41 **TIME PRINTED:** 14:00:28
AUTHORISED BY: Auto Validation **FILING AUTHORISED BY:** **FILED BY:**

Page 1 of 1

INDEX OF COMMENT CODES

SH - Specimen Haemolysed **LIP - Lipaemic Specimen** **INS - Insufficient** **UNS - Unsuitable** **OS - Old Specimen** **NS - No Specimen**

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: pre raised alt and plats-post infection +low folat
FASTING: N

SPECIMEN IS SERUM UNLESS OTHERWISE STATED

Specimen No: BG288796W

Date Collected			26/02/24
Time Collected			08:37
Specimen Number			BG288796W
Test	**Units**	**Ref Range**	
Tissue Transglutaminase IgA Ab	U/mL	(0 - 7.0)	0.9

Tissue Transglutaminase IgA Ab TTG Ab: <7 Normal, 7-10 Equivocal, >10 Positive
If screening for coeliac disease,this result is
only valid if the person was eating gluten
at least twice a day for previous 6 weeks.
If known to have coeliac disease,this negative
result suggests adherence to gluten free diet.
IgA coeliac serology has reduced sensitivity if total
IgA <0.2g/L

COMMENTS:

Analysis performed at Immunology Glasgow

DATE COLLECTED: 26/02/2024 **TIME COLLECTED:** 08:37
DATE RECEIVED: 26/02/2024 **TIME RECEIVED:** 11:14
DATE REPORTED: 12/03/2024 **TIME REPORTED:** 13:31

AUTHORISED BY: Sandra Lutfy
FILING AUTHORISED BY:
FILED BY:

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HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: tatt
Specimen No: HA784109J

Date Collected			16/01/24	16/01/24			
Time Collected			08:22	08:22			
Specimen Number			784109	784111			
Test	**Units**	**Ref Range**					
Haemoglobin	g/L	(135 - 180)		139			
White blood count	x10^9/l	(4.0 - 11.0)		6.2			
Platelets	x10^9/l	(140 - 400)		**505**			
Red blood cells	x10^12/l	(4.50 - 6.50)		4.53			
Haematocrit	l/l	(0.380 - 0.52		0.400			
Mean cell volume	fl	(82 - 100)		88.7			
MCH	pg	(27 - 34)		30.8			
MCHC	g/L	(324 - 360)		347			
Retics	x10^9/l	(10 - 100)					
Neutrophil	x10^9/l	(2.0 - 7.5)		2.3			
Lymphocyte	x10^9/l	(1.5 - 3.5)		3.0			
Monocyte	x10^9/l	(0.3 - 0.8)		0.6			
Eosinophil	x10^9/l	(0.0 - 0.5)		0.1			
Basophil	x10^9/l	(0 - 0.1)		0.0			
Metamyelocyte	x10^9/l	(-)					
Myelocyte	x10^9/l	(-)					
Pro-myelocyte	x10^9/l	(-)					
Blast	x10^9/l	(-)					
NRBC	x10^9/l	(-)					
ESR	mm/hr	(0 - 15)	12				

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 16/01/2024 **TIME COLLECTED:** 08:22
DATE RECEIVED: 16/01/2024 **TIME RECEIVED:** 10:43
DATE REPORTED: 16/01/2024 **TIME REPORTED:** 11:51

AUTHORISED BY: Haem electronic auth'd
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Page 1 of 1

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HAEMATOLOGY DEPARTMENT, DUMFRIES AND GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: 2210843472 **REG No:** 221084R **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: tatt
Specimen No: HA784111E

Date Collected			16/01/24
Time Collected			08:22
Specimen Number			784111
Test	**Units**	**Ref Range**	
Haemoglobin	g/L	(135 - 180)	139
White blood count	x10^9/l	(4.0 - 11.0)	6.2
Platelets	x10^9/l	(140 - 400)	**505**
Red blood cells	x10^12/l	(4.80 - 6.50)	4.53
Haematocrit	l/l	(0.380 - 0.52	0.400
Mean cell volume	fl	(82 - 100)	88.7
MCH	pg	(27 - 34)	30.8
MCHC	g/L	(324 - 360)	347
Retics	x10^9/l	(10 - 100)	
Neutrophil	x10^9/l	(2.0 - 7.5)	2.3
Lymphocyte	x10^9/l	(1.5 - 3.5)	3.0
Monocyte	x10^9/l	(0.3 - 0.8)	0.6
Eosinophil	x10^9/l	(0.0 - 0.5)	0.1
Basophil	x10^9/l	(0 - 0.1)	0.0
Metamyelocyte	x10^9/l	(-)	
Myelocyte	x10^9/l	(-)	
Pro-myelocyte	x10^9/l	(-)	
Blast	x10^9/l	(-)	
NRBC	x10^9/l	(-)	
ESR	mm/hr	(0 - 15)	

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 16/01/2024 **TIME COLLECTED:** 08:22
DATE RECEIVED: 16/01/2024 **TIME RECEIVED:** 10:41
DATE REPORTED: 16/01/2024 **TIME REPORTED:** 10:57

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Page 1 of 1

NHS DUMFRIES AND GALLOWAY

Emergency Department
Cargenbridge
Dumfries

DG2 8RX
Telephone: 01387 246246

EDGPDISC2

Letter Printed 26 December 2023

Richard Voysey
Gillbrae Medical Practice
Gillbrae Road
Dumfries
DG1 4EJ

Dear Doctor

LEWIS DUNCAN **D.O.B 22/10/1984** **CHI 2210843472**

SANDRIGG FARM COTTAGE, ANNAN ROAD, DUMFRIES, DG1 3SF

Seen at Dumfries & Galloway Royal Infirmary on the 25/12/2023 19:56:00.

The A&E Diagnosis was:

USER FREETEXT

Triage Information:

Has ran into a swamp to get away from Police and punched his car windscreen and is tender 5th Metacarpal X RAY CARD COMPLETED AT TRIAGE
Main concern is his mental health as he had a canister of petrol and had been intending to set himself on fire when police intervened.
Has had a drink but not intoxicated and fully coherent. Resps 16, SPO2 995 on air, BP 125/68, Temp 36.8c Pulse 85

Additional Information:

See triage. Dsicahrged following assessment

Treatment Given

Conclusion: Discharged

Follow up: No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr M Rodrigues

2210843472 - LEWIS DUNCAN

NHS Confidential: Personal data about a patient

Registration Details

Personal details...		Address details...	
Date of birth	22/10/1984	Post Code	KA10 7DQ
Sex	M	House Name Flat No	
Surname	Duncan	No and Street	20 Mossgiel Avenue
Previous Surname		Village	
Forenames	Lewis James	Town	Troon
Calling Name	Lewis	County	Ayrshire
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	07519 690 730
Registered GP	Dr Susan Rowan-Perry	Work Tel No	
Usual GP	Dr Susan Rowan-Perry	Mobile Tel No	
CHI Number	2210843472	E Mail Address	
NHS Number	231/84/772	Key Safe	
Residential Inst			
Branch Surgery			

Practice Information...		Further Information	
Dispensing	N	Long/Short stay or Dead	
Hospital Number		Date of registration	04/08/2021
Records At			

Upload Consent		AMS\MCR Details	
SCI-DC Consent	Implied Consent (default)	AMS Consent	Yes
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Next of Kin Details		Distances	
Next of Kin Name	John Cameron (Step Dad)	RPP Road Miles	
Next of Kin Address	20 Mossgiel Avenue Troon	Blocked Special	
Next of Kin Tel No	07923 939296	Water Miles	
Footpath Miles			
Rural Mileage			

Problems

Active Problems		Authorised By	Code
17/03/2021	Open traumatic haemothorax small haemothorax due to stabbing conservative treatment only	Dr Holland	S703
17/03/2021	Assault by cutting or stabbing NOS stabbing to left side of chest lower ribs	Dr Holland	TL6z
18/02/2019	[X]Dissocial personality disorder	Dr McGregor	Eu602
18/02/2019	Alcohol problem drinking	Dr McGregor	E23-2
19/09/2018	Overdose of drug Co-Codamol	Ms Bartley	SL-5
12/03/2018	Chronic depression	Ms Bartley	E2B1
23/09/2017	Overdose of drug CITALOPRAM	Ms Bartley	SL-5
05/04/2013	Closed fracture lumbar vertebra fall from 25ft	Dr Grant	S104
05/04/2013	Closed fracture of the distal radius, unspecified	Dr Grant	S2342
10/01/1998	MVTA+pedestrian hit by MV - pedestrian injured hit by car, not badly injured	Mrs Davidson	T1417
01/01/1880	H/O: asthma	Mrs Davidson	14B4

Past Problems		Authorised By	Code
16/08/2021	**Alcohol dependence syndrome**	Dr Ferguson	E23
14/02/2020	**[D]Shortness of breath**	Dr Freestone	R0608

Health Admin Problems		Authorised By	Code

Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
20/11/2021	2019-nCoV (novel coronavirus) not detected		
02/05/2013	Assessing cardiovascular risk using SIGN score 2 % Batch Added. Calculated Using Estimated Data. SBP mean: 128 used. Total Cholesterol mean: 5.5 used. HDL Cholesterol mean: 1.35 used. Age under 30. Comparison Score: 3		
04/08/2000	Peak exp. flow rate: PEFR/PFR @908.00420:l/min priority=2		

Attachments

Attachments			Authorised By	Code
18/11/2021	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Alcohol dependence; Duration: 08/11/2021 - 29/11/2021)	FitNote_5cf2010a-09c8-4eda-a114-43d40fe0bfae.pdf	Dr Rowan-Perry	9D15
11/10/2021	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 11/10/2021 - 08/11/2021)	FitNote_663a3579-cc74-42c1-acd6-e8e5b29c0946.pdf	Dr Holland	9D15
16/08/2021	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: alcohol dependance; Duration: 16/08/2021 - 11/10/2021)	FitNote_a2f0f4e7-66b4-4675-8481-9c349e7db2a1.pdf	Dr Ferguson	9D15
26/06/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Depression; Duration: 15/06/2020 - 16/07/2020)	FitNote_6d3feef0-0ff6-485e-8b12-7c8e321a27c5.pdf	Dr Cordiner	9D15
20/05/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: depression; Duration: 18/05/2020 - 15/06/2020)	FitNote_16d54654-3189-409f-a124-075387e3fe2b.pdf	Dr Holland	9D15
16/04/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: depression; Duration: 01/04/2020 - 18/05/2020)	FitNote_848226b6-3a62-4a9b-9bb5-cd570a266d66.pdf	Dr Holland	9D15
18/03/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: low mood; Duration: 18/03/2020 - 01/04/2020)	FitNote_afaa40c8-17c2-4564-b138-2d5afe821a03.pdf	Dr Shah	9D15
13/03/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: Low mood; Duration: 13/03/2020 - 23/03/2020)	FitNote_f87253d3-3618-4a95-8ad0-8e7933881356.pdf	Dr Rowan-Perry	9D15
02/03/2020	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf, (Diagnosis: low mood; Duration: 02/03/2020 - 16/03/2020)	FitNote_e038bd5d-4481-4f71-a4db-e5ea9f1431b4.pdf	Dr Davidson	9D16

Due Diary Entries

Due Diary Entries		Authorised By	Code
22/10/2049	Influenza vaccination	Dr McGregor	65E..

Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
04/02/2001	**Lung function testing normal OVERDUE** Asthma Review$$.clm	Dr McHattie	3373.
03/08/1999	**Third DTP/HIB + Polio (GPASS code: Z0I06) OVERDUE** 3rd Primary Immunis.$$.clm	Dr McHattie	PCSDT1690510169
03/08/1999	**Second DTP/HIB + Polio (GPASS code: Z0I05) OVERDUE** 2nd Primary Immunis.$$.clm	Dr McHattie	PCSDT1690510006
03/08/1999	**First DTP/HIB + Polio (GPASS code: Z0I04) OVERDUE** 1st Primary Immunis.$$.clm	Dr McHattie	65MH.
20/07/1999	**Measles/mumps/rubella vaccn. OVERDUE** Mmr Immunis.$$.clm	Dr McHattie	65M1.
20/07/1999	**Booster DT + Polio + MMR (GPASS code: Z0MR3) OVERDUE** Preschool Immunis.$$.clm	Dr McHattie	PCSDT1690510165

Alerts

Alerts	Authorised By	Code
None		

Drug Allergies

Drug Allergies	Authorised By	Code
None		

Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

Family History

Family History	Authorised By	Code

None

Referrals

Referrals		Authorised By	Code
18/08/2021	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Ferguson	8H
05/03/2021	**No follow-up arranged** No Follow Up Necessary	Ms McCubbin	8HA
04/03/2021	**Admission to hospital**	Ms McCubbin	8Hd
04/03/2021	**Discharged from hospital**	Ms McCubbin	8HE
18/07/2011	**8H...: Referral for further care (SCI Gateway Referral)**	Dr McHattie	8H
02/08/2000	**Referral for further care** Refered To: Crosshouse Hospital, NHS. Referral Type: Out Patient. Speciality Type: Bacteriology. Referral Nature: Not Specified.	Dr McHattie	8H

Immunisations

Immunisations		Authorised By	Code
08/07/1999	**Measles/mumps/rubella vaccn.** Mmr Immunis.$$.clm	Dr McHattie	65M1

Health Status

Health Status	
24/07/2019	Notes summary on computer
22/10/2018	Smoking Status Current smoker

Miscellaneous

Other Observations		Authorised By	Code
04/05/2021	**Ex Patients of Dr Aileen McGregor**	Ms Bartley	PCS16905EX1
05/03/2021	**Medication reconciliation**	Ms McCubbin	8B318
05/03/2021	**Medication unchanged**	Ms McCubbin	EMISNQME80
20/05/2020	**Prescription by supplementary prescriber**	Mr McGeer	8B2J
18/02/2020	**Prescription by supplementary prescriber** Pharmacy report cannot get Trimovate, req alt of Timodine, issued.	Mr McGeer	8B2J
24/07/2019	**Notes summary on computer**	Mrs Hyslop	9344
14/03/2019	**Total notes on computer**	Mrs Hyslop	9346
22/10/2018	**Current smoker**	Mrs Hughes	137R
22/10/2018	**White Scottish**	Mrs Hughes	9S13
22/10/2018	**Scottish - ethnic category 2001 census**	Mrs Hughes	9i21
13/02/2013	**Total notes on computer**	Mrs Hyslop	9346
14/01/2013	**Smoking cessation advice**	Mrs ODonnell	8CAL
14/01/2013	**Current smoker**	Mrs ODonnell	137R
05/08/2011	**Current smoker**	Mrs O'Neill	137R
07/12/2010	**Smoking cessation advice**	Mrs ODonnell	8CAL
19/12/2007	**Smoking cessation advice** : priority=2	Dr McGregor	8CAL
19/12/2007	**Current smoker** : priority=2	Dr McGregor	137R
19/12/2007	**Encounter** [ETK0]: Sinusitis smoker wants to stop in New Year Rx amoxicillin priority=2	Dr McGregor	PCSDT1690511357
15/11/2006	**Notes summary on computer** : priority=2	Mrs McKinlay	9344
15/11/2006	**Data Entry** [ETK1]: priority=2	Mrs McKinlay	PCSDT1690511358
21/03/2003	**Medication review**	Mrs Davidson	8B3V
21/03/2003	**Data Entry** [ETK1]: priority=2	Dr McHattie	PCSDT1690511358
08/08/2000	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
04/08/2000	**Lung function testing normal** Asthma Review$$.clm	Dr McHattie	3373
04/08/2000	**Inhaler technique - good** : priority=2	Mrs Davidson	663H
04/08/2000	**More than 80% of predicted peak flow rate** 100:% priority=2	Mrs Davidson	339E
04/08/2000	**Current smoker** 1-2:cigs/day priority=2	Mrs Davidson	137R
04/08/2000	**Asthma not limiting activities** priority=2	Mrs Davidson	663Q
04/08/2000	**Asthma control step 1** priority=2	Mrs Davidson	8794
04/08/2000	**Asthma not disturbing sleep** priority=2	Mrs Davidson	663O
04/08/2000	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
02/08/2000	**Data Entry** [ETK1]: priority=2	Mrs Davidson	PCSDT1690511358
02/08/2000	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
07/12/1999	**Data Entry** [ETK1]: Migrated Data priority=2	Mrs Davidson	PCSDT1690511358
06/07/1999	**Third DTP/HIB + Polio (GPASS code: Z0I06)** 3rd Primary Immunis.$$.clm	Dr McHattie	PCSDT169051000
06/07/1999	**Second DTP/HIB + Polio (GPASS code: Z0I05)** 2nd Primary Immunis.$$.clm	Dr McHattie	PCSDT169051005
06/07/1999	**First DTP/HIB + Polio (GPASS code: Z0I04)** 1st Primary Immunis.$$.clm	Dr McHattie	65MH
06/07/1999	**Booster DT + Polio + MMR (GPASS code: Z0MR3)** Preschool Immunis.$$.clm	Dr McHattie	PCSDT1690510164
24/05/1999	**Medication review**	Mrs Davidson	8B3V
24/05/1999	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
24/05/1999	**Encounter** [ETK0]: Acute Consultation priority=2	Mrs Davidson	PCSDT1690511357
29/01/1999	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
29/01/1999	**Encounter** [ETK0]: priority=2	Mrs Davidson	PCSDT1690511357
13/01/1999	**Patient signed reg. form** priority=2	Mrs Davidson	9122

Consultations

Consultations	
20/07/2022 13:53	Mrs Leigh Hughes at Data Entry
Comment	Notes requested by PSD - Unknown deduction type - DOCMAN exported with full data summary
14/02/2022 14:18	Dr Siona Gaffney at Telephone Consultation
Comment	Due tel appt. Rang twice then went to voice mail. LM to rearrange.
28/01/2022 10:11	Dr Siona Gaffney at Data Entry
Comment	Looking for fit note but not had one since Nov. Needs reviewed.
16/11/2021	Dr Susan Rowan-Perry at Data Entry
History	Requesting extension to Med 3
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol dependence; Duration: 08/11/2021 - 28/11/2021)
11/10/2021 15:09	Dr J Holland at Portland Surgery
History	request for further fit note
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: alcohol dependence; Duration: 11/10/2021 - 08/11/2021)
16/08/2021 14:56	Dr James Ferguson at Portland Surgery
Problem (FIRST)	**Alcohol dependence syndrome**
History	would like o stop drinking. figving between ayr and troon. lives in troon thurs to sat to get away from family and reduce his access to alcohol feels that he would like to stop not yet heard from adaction. needs fit notes self employed tree surgeon. would like inpatient detox does not drinking within 4 days gets black outs thinks could be seizures staying in hostle at the m=oment
Comment	sounds like he has been thinking about stopping drinking for white suggets that we arrange review with inpatient services, re issue fit note and link in with adaction support worker
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: alcohol dependance; Duration: 16/08/2021 - 11/10/2021)
05/03/2021 08:50	Ms Lyndsay McCubbin at Portland Surgery
Problem	stabbed in left side of the lateart aspect of lower ribs
History	Discharged from hospital
	Admission to hospital
Comment	Medication unchanged
	No follow-up arranged No Follow Up Necessary
	Patient admitted to ACAU - treated at ACAU no medication given or changed
Additional	Medication reconciliation
26/06/2020 12:48	Dr Alison Cordiner at Data Entry
History	Rx request fit note - issued - r/v when next script for citalopram due mid July.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 15/06/2020 - 16/07/2020)
20/05/2020 13:25	Dr J Holland at Data Entry
History	for fit note issued
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 18/05/2020 - 15/06/2020)
20/05/2020	Mr Alan McGeer at Data Entry
Comment	Prescription by supplementary prescriber
Medication	Citalopram Hydrobromide Tablets 20 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
16/04/2020 14:49	Dr J Holland at Data Entry
History	request for mirtazepine and further fit note
Comment	not on mirtazepine was issued with citalopram fit note issued
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 01/04/2020 - 18/05/2020)
16/03/2020 11:08	Dr J Holland at Data Entry
History	request for citalopram

Medication	Citalopram Hydrobromide Tablets 20 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
18/03/2020	Dr Shamyla Shah at Portland Surgery
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: low mood; Duration: 18/03/2020 - 01/04/2020)
18/03/2020	Dr Laura Davidson at Portland Surgery
History	request for SL - tried to call a couple of times to see how he has been getting on, no answer. have left message to call back. SL not due to run out until 23/3 but have issued further one now, for phone review at this point - have issued a note with his SL.
18/03/2020	Anp Fiona Long at Telephone Consultation
Comment	ongoing issues with rash under arm- try anti fungal,can swab if no improvement
Medication	Hydrocortisone And Miconazole Cream 1 % + 2 % *30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED*
13/03/2020 14:02	Dr John Freestone at Portland Surgery
History	See xray - patient phoned, no reply, will send a letter.
Test Request	XR Chest - *Completed*
13/03/2020	Dr Susan Rowan-Perry at Data Entry
Comment	Requesting Med 3
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Low mood; Duration: 13/03/2020 - 23/03/2020)
02/03/2020	Dr Laura Davidson at Portland Surgery
History	here about his mood, says recently he has been feeling very low, no enthusiasm to do anything at the moment, spending a lot of time in bed, not going to work as usual, works as a tree surgeon, no recent triggers for this, feeling irritable and snapping at people, not doing things he normally does, usually goes biking but hasn't been doing this, last seen by CMHT in Feb'19 - diagnosis of harmful use of alcohol with an additional diagnosis of dissocial personality disorder, not currently on an antidepressants, previously been on citalopram, mirtazapine & then depakote (sodium valproate), denies TSH/suicidal ideation, was standing on a train platform a couple of weeks ago and thought if was to jump in front of it then that "wouldn't be a bad way to go" didn't make any move to step out and hasn't had any thoughts of doing anything like this, says he has positives in his life and he isn't in a place where he would consider doing anything like that. currently living with his stepdad, went through divorce last year, has new partner, has 6 y/o daughter - sees at the weekends, sleep can be an issue at times, mainly because his partner works shifts. drinking approx 2 bottles of wine a week at most over the past 6 months, some weeks won't drink anything, prior to this drank several bottles a day, smokes cannabis, no other recent drug use. feels his mood isn't as bad as it previously was but doesn't want it to get worse.
Examination	good eye contact, reactive mood, pleasant and chatty
Comment	supportive chat, he would like to try an antidepressant, following discussion for trial of citalopram, advised can initially worsen mood and can take 6-8 wks to build an effect, given 2 wk supply and SL as requested and for review at this point, given link to samaritans/breathing space and could make an appt with MH practioner for further review, worsening advice given
Medication	Citalopram Hydrobromide Tablets 20 mg *14 tablet ONE TO BE TAKEN EACH DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: low mood; Duration: 02/03/2020 - 16/03/2020)
18/02/2020	Mr Alan McGeer at Data Entry
Comment	Prescription by supplementary prescriber Pharmacy report cannot get Trimovate, req alt of Timodine, issued.
Medication	Timodine Cream *30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED*
14/02/2020 08:45	Dr John Freestone at Portland Surgery
History	Rash under arm and feet.
Medication	Clobetasone/Oxytetracycline/Nystatin Cream 0.05 % + 3 % + 100,000 units/gram *60 gram APPLY SPARINGLY TWICE A DAY*
Problem (FIRST)	**[D]Shortness of breath**
History	Breathing affected and chest tightness. Chest - sometimes wheezy. Mild asthma when younger. Plan - CXR and after organise spirometry.

	Smoking - 5-20cpd, cannabis quite a bit - vaporizer. Discussed the can oils alternatives.
Test Request	XR Chest - *Completed*
29/10/2013	Dr J Holland at Data Entry
History	requesting tramadol
01/08/2013	Dr Jennifer Cameron at Portland Surgery
History	Attending for med 3, works as self employed tree surgeon. Further med 3 1 month wrist injury. Also athletes foot and possible ring worm/eczema on arms. Rx daktacort and see if no improvement
Medication	Hydrocortisone And Miconazole Cream 1 % + 2 % *60 gram APPLY THINLY ONCE A DAY AS DIRECTED*
09/07/2013	Dr A G McHattie at Portland Surgery
Comment	Med 3 1/12. Wrist injury - post op. Improving slowly
13/06/2013	Dr A G McHattie at Portland Surgery
Comment	Post trauma - headaches. Localised to right fromtal area, occ visual upset. Tired constantly . Pain worse on movement. Skull not x rayed at presentation - checked eLRR. No recollection of events. Imp: ? head injury related. Refer A&E
04/06/2013	Dr Ross Grant at Portland Surgery
History	ongoing pain in left wrist post-op. Cannot return to work, awaiting f/u appt. with ortho. Med3 issued for 1month.
14/05/2013	Dr Jennifer Cameron at Data Entry
Comment	Requesting tramadol
Medication	Tramadol Hydrochloride Capsules 50 mg *100 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
05/04/2013	Dr A G McHattie at Portland Surgery
Comment	#wrist and lumbar vertebrae. Med 3 2months
Medication	Tramadol Hydrochloride Capsules 50 mg *100 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
14/01/2013	Mrs Grace ODonnell at Portland Surgery
Social	Current smoker
Additional	Smoking cessation advice
28/02/2012	Dr James Geraghty at Portland Surgery
History	Similar scabbing itchy left foot. Is a tree surgeon so wears boots all day and get get very damp, changes socks regularly, advised.
Examination	Micture if fungal and superadded bacterial infection between toes on left.
Comment	rx issued.
Medication	Trimovate Cream *30 GRAM APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED*
History	Been trying for a baby for 2 years, no success. Smokes 10-15/day and moderate alcohol consumption. No FH problems. Systemically well. No testicular problems or symptoms or significant injury. States they are normal. No FH of problems. Partner is seeing her GP and hoping to get referred to the infertility clinic. Advised to await her GP plan and for review if not referred to the infertility clinic and concerned. Advised lifestyle measures.
05/08/2011	Dr James Geraghty at Portland Surgery
History	3 week history of scabbing and itchy left foot. Tried a weeks worth of athletes foot topical treatment, no improvement. Well otherwise.
Examination	Appears mixture of fungal infection with mild superadded bacterial infection. Rx issued.
Medication	Trimovate Cream 30 GRAM APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED
History	Enquiring about his left 5th MC that he fractured 2.5 wks ago. Took cast off and didn't return to clinic for formal cast. No pain, FROM.
Examination	No pain, FROM, good grip. Bony swelling present.
Comment	Advised to recontact clinic if wishes for formal assessment/cast.
18/07/2011	Dr A G McHattie at Portland Surgery

Comment	Drinking to excess and losing control. Has stopped drinking and has problems with anger management. Has injured his hands hitting walls. Refer CPN re anger management.
07/12/2010	Mrs Grace ODonnell at Portland Surgery
Additional	Smoking cessation advice
19/12/2007	Dr A J McGregor at Portland Surgery
History	Encounter [ETK0]: Sinusitis smoker wants to stop in New Year Rx amoxicillin priority=2 Current smoker : priority=2 Smoking cessation advice : priority=2
15/11/2006	Mrs Margaret McKinlay at Portland Surgery
History	Data Entry [ETK1]: priority=2 Notes summary on computer : priority=2
21/03/2003	Dr A G McHattie at Portland Surgery
History	Data Entry [ETK1]: priority=2 Medication review
08/08/2000	Nurse Sue Scott at Portland Surgery
History	Encounter [ETK0]: priority=2
04/08/2000	Nurse Sue Scott at Portland Surgery
History	Encounter [ETK0]: priority=2 Asthma not disturbing sleep priority=2 Asthma control step 1 priority=2 Asthma not limiting activities priority=2 Current smoker 1-2 cigs/day priority=2 Peak exp. flow rate: PEFR/PFR @808.00420:l/min priority=2 More than 80% of predicted peak flow rate 100.% priority=2 Inhaler technique - good : priority=2 Lung function testing normal Asthma Review$$.clm Lung function testing normal (04/02/2001) Asthma Review$$.clm
02/08/2000	Mrs Carrie Davidson at Portland Surgery
History	Data Entry [ETK1]: priority=2 Referral for further care Refered To: Crosshouse Hospital, NHS. Referral Type: Out Patient. Speciality Type: Bacteriology. Referral Nature: Not Specified.
02/08/2000	Nurse Sue Scott at Portland Surgery
History	Encounter [ETK0]: priority=2
07/12/1999	Mrs Carrie Davidson at Portland Surgery
History	Data Entry [ETK1]: Migrated Data priority=2 Patient signed reg. form priority=2
Problem	**H/O: asthma**
Problem	**MVTA+pedestrian hit by MV - pedestrian injured** hit by car, not badly injured
History	Booster DT + Polio + MMR (GPASS code: Z0MR3) Preschool Immunis.$$.clm Booster DT + Polio + MMR (GPASS code: Z0MR3) (20/07/1999) Preschool Immunis.$$.clm First DTP/HIB + Polio (GPASS code: Z0I04) 1st Primary Immunis.$$.clm First DTP/HIB + Polio (GPASS code: Z0I04) (03/08/1999) 1st Primary Immunis.$$.clm Second DTP/HIB + Polio (GPASS code: Z0I05) 2nd Primary Immunis.$$.clm Second DTP/HIB + Polio (GPASS code: Z0I05) (03/08/1999) 2nd Primary Immunis.$$.clm Third DTP/HIB + Polio (GPASS code: Z0I06) 3rd Primary Immunis.$$.clm Third DTP/HIB + Polio (GPASS code: Z0I06) (03/08/1999) 3rd Primary Immunis.$$.clm Measles/mumps/rubella vaccn. Mmr Immunis.$$.clm Measles/mumps/rubella vaccn. (20/07/1999) Mmr Immunis.$$.clm
24/05/1999	Dr Practice Registrar at Portland Surgery
History	Encounter [ETK0]: priority=2 Medication review
24/05/1999	Dr A G McHattie at Portland Surgery

History	Encounter [ETK0]: Acute Consultation priority=2
29/01/1999	Dr Practice Registrar at Portland Surgery
History	Encounter [ETK0]: priority=2
29/01/1999	Dr Practice Registrar at Portland Surgery
History	Encounter [ETK0]: priority=2

Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
16/04/2020	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	16/06/2020P	Dr Susan Rowan-Perry	ACUTE
18/03/2020	**Hydrocortisone And Miconazole Cream 1 % + 2 %** APPLY THINLY ONCE A DAY AS DIRECTED 30 GRAM	18/03/2020P	Anp Fiona Long	ACUTE
18/03/2020	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	18/03/2020Q	Dr J Holland	ACUTE
02/03/2020	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 14 tablet	02/03/2020P	Dr A J McGregor	ACUTE
18/02/2020	**Timodine Cream** APPLY THINLY ONCE A DAY AS DIRECTED 30 GRAM	18/02/2020P	Dr A J McGregor	ACUTE
14/02/2020	**Clobetasone/Oxytetracycline/Nystatin Cream 0.05 % + 3 % + 100,000 units/gram** APPLY SPARINGLY TWICE A DAY 60 gram	14/02/2020P	Dr A J McGregor	ACUTE
29/10/2013	**Tramadol Hydrochloride Capsules 50 mg** ONE TO BE TAKEN FOUR TIMES A DAY 100 capsule	29/10/2013P	Dr J Holland	ACUTE
09/08/2013	**Tramadol Hydrochloride Capsules 50 mg** ONE TO BE TAKEN FOUR TIMES A DAY 100 capsule	09/08/2013P	Dr A G McHattie	ACUTE
01/08/2013	**Hydrocortisone And Miconazole Cream 1 % + 2 %** APPLY THINLY ONCE A DAY AS DIRECTED 60 gram	01/08/2013P	Dr A G McHattie	ACUTE
14/05/2013	**Tramadol Hydrochloride Capsules 50 mg** ONE TO BE TAKEN FOUR TIMES A DAY 100 capsule	14/05/2013P	Dr A G McHattie	ACUTE
05/04/2013	**Tramadol Hydrochloride Capsules 50 mg** ONE TO BE TAKEN FOUR TIMES A DAY 100 capsule	05/04/2013P	Dr A G McHattie	ACUTE
28/02/2012	**Trimovate Cream** APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED 30 GRAM	28/02/2012P	Dr A G McHattie	ACUTE
05/08/2011	**Trimovate Cream** APPLY THINLY ONCE OR TWICE A DAY AS DIRECTED 30 GRAM	05/08/2011P	Dr James Geraghty	ACUTE
19/12/2007	**Amoxicillin Capsules 250 mg** 1 Cap 3 times daily 15 CAPS	19/12/2007P	Dr A J McGregor	ACUTE
24/05/1999	**Prednisolone Soluble tablets 5 mg** 8 TABS IN THE MORNING 24 TABS	24/05/1999P	Dr A G McHattie	ACUTE
02/08/2000	**Budesonide Breath-Actuated Dry Powder Inhaler 200 micrograms/dose** 1 PUFF TWICE DAILY (STATUS=P) opx1 INHAL	02/08/2000P	Dr A G McHattie	REPEAT
02/08/2000	**Terbutaline Sulfate Breath-Actuated Dry Powder Inhaler 500 micrograms/dose** 2 PUFFS AS DIRECTED (STATUS=P) opx1 INHAL	02/08/2000P	Dr A G McHattie	REPEAT

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101002280891L

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

CMHT - SouthG1AE
AA Mental Health Service

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Jul-2011
Date submitted	18-Jul-2011

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

65 Portland Street
TROON
Troon
KA10 6QU

Contact number(s)

Voice: 318753

REGISTERED GP DETAILS

Name	Dr A G McHattie		
GMC code	2554446	GP code	23086
Practice name	Portland Surgery (16905)		
Practice code	80611		

Practice address

1 Dukes Road
Troon
Troon

Contact number(s)

Voice: 01292 312489
Facsimile: 01292 317837

REFERRING PRACTITIONER DETAILS

Name	Dr. Adam McHattie		
GMC code	2554446	GP code	23086
Practice name	PORTLAND SURGERY (80611)		
Practice code	80611		

Practice address

1 DUKES ROAD
TROON
KA10 6QR

Contact number(s)

Voice: 01292 312489

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: anger management

Comment: I would be grateful for your help with this gentleman who has had problems in the past with alcohol excess and anger problems. He is no longer drinking but finds it increasingly difficult to control his temper. He recently broke his hand by punching a wall.

He is keen to seek help and I would be grateful for your assessment and opinion.

Kind regards.

Examinations and Investigations

Current smoker: : priority=2 19-Dec-2007 00:00

Current smoker: 1-2:cigs/day priority=2 04-Aug-2000 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	Recorded Date
MVTA pedestrian hit by MV - pedestrian injured	-	-	hit by car, not badly injured	10-Jan-1998	10-Jan-1998
H/O: asthma	-	-	-	01-Jan-1860	01-Jan-1860

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

No current medications recorded

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

No recent medications recorded

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

Referred By:Registered GP

Signature of referring doctor (or other professional)

Date

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010241341530

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2210843472

REFERRAL TO

Addictions - South AyrshireG1A2
AA Mental Health Service

Addiction Service
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Aug-2021
Date submitted	19-Aug-2021

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	-
Sex	Male
Date of birth	22-Oct-1984
CHI no.	2210843472

Patient's address

20 Mossgiel Avenue
Troon
KA10 7DQ

Contact number(s)

Voice: 07519 690 730

REGISTERED GP DETAILS

Name	Dr Susan Rowan-Perry		
GMC code	6128541	GP code	23311
Practice name	Portland Surgery (16905)		
Practice code	80611		

Practice address

1 Dukes Road
Troon
Troon

Contact number(s)

Voice: 01292 312489
Facsimile: 01292 317837

REFERRING PRACTITIONER DETAILS

Name	Dr. James Ferguson		
GMC code	6166832	GP code	99999
Practice name	Drs McHattie, McGregor & Holland (80611)		
Practice code	80611		

Practice address

Portland Surgery
1 Dukes Road
Troon
KA10 6QR

Contact number(s)

Voice: 01292 312489

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: inpatient detox?

Comment: Dear colleague, I would be grateful if you would consider reviewing Mr Lewis Duncan with the possibility of an in-patient alcohol detox. He is 36 years old and has been drinking heavily for 16 years. He tells me that he is now realised that he is an alcoholic and wishes to stop drinking. He is currently living between Ayr and Mossgiel Avenue here in Troon, where he is drinking approximately 4 bottles of Buckfast per day. He notes if he stops drinking he gets blackouts, which he thinks could possibly be seizures. He is a self employed tree surgeon, however he is currently not working. He tells me that he has been thinking about stopping drinking since March of this year and has variable input from the 'We Are With You' services. I referred him locally to our 'We Are With You' support worker to continue the work he is doing. I think he is very keen to see if it possible for him to speak to someone through addiction services with the possibility of an in-patient detox. Any help that you could provide would be much appreciated.

Many thanks.

Examinations and Investigations

Current smoker:	22-Oct-2018 00:00
Current smoker:	14-Jan-2013 00:00
Current smoker:	05-Aug-2011 00:00
Current smoker: : priority=2	19-Dec-2007 00:00
Current smoker: 1-2:cigs/day priority=2	04-Aug-2000 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	Recorded Date
Alcohol dependence syndrome	-	-	-	16-Aug-2021	16-Aug-2021
Assault by cutting or stabbing NOS	-	-	stabbing to left side of chest lower ribs	17-Mar-2021	17-Mar-2021
Open traumatic haemothorax	-	-	small haemothorax due to stabbing conservative treatment only	17-Mar-2021	17-Mar-2021
Alcohol problem drinking	-	-	-	18-Feb-2019	18-Feb-2019
[X]Dissocial personality disorder	-	-	-	18-Feb-2019	18-Feb-2019
Overdose of drug	-	-	Co-Codamol	19-Sep-2018	19-Sep-2018
Chronic depression	-	-	-	12-Mar-2018	12-Mar-2018
Overdose of drug	-	-	CITALOPRAM	23-Sep-2017	23-Sep-2017
Closed fracture of the distal radius, unspecified	-	-	-	05-Apr-2013	05-Apr-2013
Closed fracture lumbar vertebra	-	-	fall from 25ft	05-Apr-2013	05-Apr-2013
MVTA+pedestrian hit by MV - pedestrian injured	-	-	hit by car, not badly injured	10-Jan-1998	10-Jan-1998
H/O: asthma	-	-	-	01-Jan-1860	01-Jan-1860

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

No current medications recorded

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

No recent medications recorded

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
Referred By:Registered GP

Social circumstances

Signature of referring doctor (or other professional)

Date

End of Document. Total Pages (including this one): 27

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: **REG No:** **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: ETOH
FASTING: U

SPECIMEN IS SERUM UNLESS OTHERWISE STATED

Specimen No: BG640843N

Date Collected			19/07/22
Time Collected			07:38
Specimen Number			BG640843N
Test	**Units**	**Ref Range**	
Blood HbAlc (IFCC)	mmol/mol	(27 - 47)	33

COMMENTS:

DATE COLLECTED: 19/07/2022 **TIME COLLECTED:** 07:38
DATE RECEIVED: 19/07/2022 **TIME RECEIVED:** 10:33
DATE REPORTED: 20/07/2022 **TIME REPORTED:** 08:46

AUTHORISED BY: Auto Validation
FILING AUTHORISED BY:
FILED BY:

Page 1 of 1

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: DUNCAN **FORENAME:** LEWIS
CHI No: **REG No:** Z00501117 **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: ETOH
Specimen No: HA370249F

Date Collected			19/07/22	19/07/22			
Time Collected			07:38	07:38			
Specimen Number			370249	370250			
Test	**Units**	**Ref Range**					
Haemoglobin	g/L	(135 - 180)		160			
White blood count	x10^9/l	(4.0 - 11.0)		8.3			
Platelets	x10^9/l	(140 - 400)		383			
Red blood cells	x10^12/l	(4.50 - 6.50)		4.98			
Haematocrit	l/l	(0.380 - 0.52		0.470			
Mean cell volume	fl	(82 - 100)		94			
MCH	pg	(27 - 34)		32.1			
MCHC	g/L	(324 - 360)		342			
Retics	x10^9/l	(10 - 100)					
Neutrophil	x10^9/l	(2.0 - 7.5)		4.7			
Lymphocyte	x10^9/l	(1.5 - 3.5)		2.7			
Monocyte	x10^9/l	(0.3 - 0.8)		0.7			
Eosinophil	x10^9/l	(0.0 - 0.5)		0.2			
Basophil	x10^9/l	(0 - 0.1)		0.0			
Metamyelocyte	x10^9/l	(-)					
Myelocyte	x10^9/l	(-)					
Pro-myelocyte	x10^9/l	(-)					
Blast	x10^9/l	(-)					
NRBC	x10^9/l	(-)					
ESR	mm/hr	(0 - 15)	2				

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 19/07/2022 **TIME COLLECTED:** 07:38
DATE RECEIVED: 19/07/2022 **TIME RECEIVED:** 10:33
DATE REPORTED: 19/07/2022 **TIME REPORTED:** 14:58

AUTHORISED BY: Haem electronic auth'd
FILING AUTHORISED BY:
FILED BY:

Page 1 of 1

NHS Confidential: Personal data about a patient

BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: DUNCAN **FORENAME:** LEWIS
CHI No: **REG No:** **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: ETOH
FASTING: U

Date Collected			19/07/22			
Time Collected			07:38			
Specimen Number			640844			
Test	Units	Ref. Range				
Sodium	mmol/L	(135 - 145)	136			
Potassium	mmol/L	(3.5 - 5.0)	4.2			
Chloride	mmol/L	(95 - 110)				
Bicarbonate	mmol/L	(22 - 29)				
Urea	mmol/L	(2.5 - 7.5)	5.9			
Urate	mmol/L	(0.11 - 0.45)				
Creatinine	umol/L	(65 - 140)	79			
Estimated GFR	mL/min	(-)	>60			
Bilirubin	umol/L	(0 - 21)	14			
Alkaline Phosphatase	iu/L	(35 - 130)	**131**			
Gamma GT	iu/L	(0 - 50)	34			
AST	iu/L	(0 - 42)				
ALT	iu/L	(0 - 50)	19			
CK	iu/L	(0 - 195)				
LDH	u/L	(0 - 250)				
Total Protein	g/L	(62 - 82)				
Albumin	g/L	(35 - 53)				
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)				
C-Reactive Protein	mg/L	(0 - 10)	4			
Cholesterol	mmol/L	(2.5 - 5.0)	4.3			
Triglyceride	mmol/L	(0.8 - 3.0)	**0.7**			
HDL Cholesterol	mmol/L	(0.9 - 1.8)	1.04			
Chol:HDL Chol		(0 - 5.0)	4.1			
Free T4	pmol/L	(13 - 27)				
TSH	mU/L	(0.3 - 5.0)	1.3			
T3	nmol/L	(1.3 - 3.1)				
Ferritin	ng/mL	(30 - 400)	168			
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: 19/07/2022 **DATE PRINTED:** 19-July-2022
TIME RECEIVED: 10:32 **TIME PRINTED:** 14:00:25
AUTHORISED BY: Ewan Bell **FILING AUTHORISED BY:** **FILED BY:**

Page 1 of 1

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: DUNCAN **FORENAME:** LEWIS
CHI No: **REG No:** Z00501117 **DOB:** 22/10/1984 **SEX:** M
LOCATION: Gillbrae Med Practice **CONSULTANT/GP:** Voysey R (GILL)

CLINICAL DETAILS: ETOH
Specimen No: HA370250L

Date Collected			19/07/22				
Time Collected			07:38				
Specimen Number			370250				
Test	**Units**	**Ref Range**					
Haemoglobin	g/L	(135 - 180)	160				
White blood count	x10^9/l	(4.0 - 11.0)	8.3				
Platelets	x10^9/l	(140 - 400)	383				
Red blood cells	x10^12/l	(4.80 - 6.50)	4.98				
Haematocrit	l/l	(0.380 - 0.52	0.470				
Mean cell volume	fl	(82 - 100)	94				
MCH	pg	(27 - 34)	32.1				
MCHC	g/L	(324 - 360)	342				
Retics	x10^9/l	(10 - 100)					
Neutrophil	x10^9/l	(2.0 - 7.5)	4.7				
Lymphocyte	x10^9/l	(1.5 - 3.5)	2.7				
Monocyte	x10^9/l	(0.3 - 0.8)	0.7				
Eosinophil	x10^9/l	(0.0 - 0.5)	0.2				
Basophil	x10^9/l	(0 - 0.1)	0.0				
Metamyelocyte	x10^9/l	(-)					
Myelocyte	x10^9/l	(-)					
Pro-myelocyte	x10^9/l	(-)					
Blast	x10^9/l	(-)					
NRBC	x10^9/l	(-)					
ESR	mm/hr	(0 - 15)					

Results in bold are outside the reference range

Comments: ***Note all comments pertain to the most recent specimen***

DATE COLLECTED: 19/07/2022 **TIME COLLECTED:** 07:38
DATE RECEIVED: 19/07/2022 **TIME RECEIVED:** 10:32
DATE REPORTED: 19/07/2022 **TIME REPORTED:** 10:44

AUTHORISED BY: Haem electronic auth'd
FILING AUTHORISED BY:
FILED BY:

Page 1 of 1

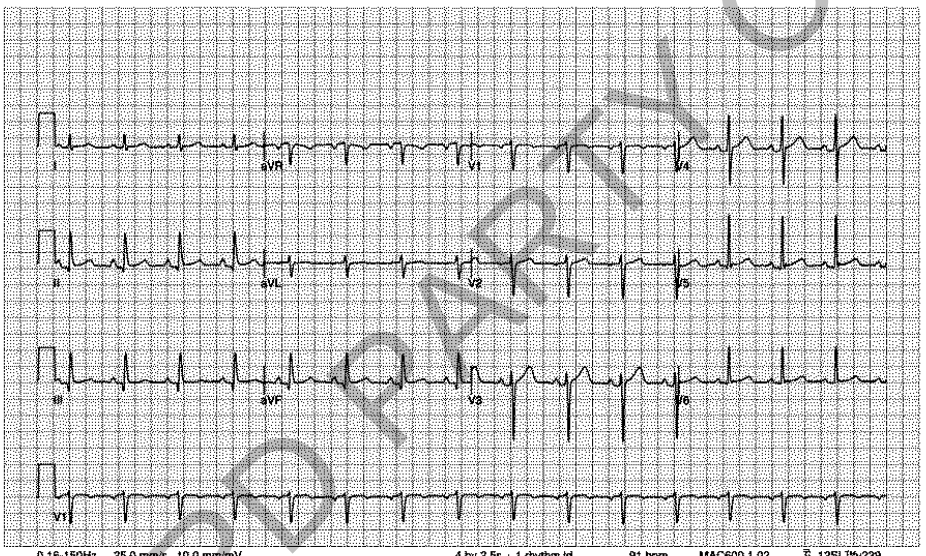
NHS Confidential: Personal data about a patient

ID: 0000029333 19-Jul-2022 10:03:07

22-Oct-1984
Male

Vent. rate	91 bpm
PR interval	142 ms
QRS duration	78 ms
QT/QTc	356/437 ms
P duration	78 ms
RR interval	659 ms
P-R-T axes	68 73 55

Normal sinus rhythm
Normal ECG



0.16-150Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld 91 bpm MAC600 1.02 CS 125LTMv239

NHS DUMFRIES AND GALLOWAY

Emergency Department
Cargenbridge
Dumfries

DG2 8RX
Telephone: 01387 246246

EDGPDISC2

Letter Printed 02 July 2022

NHS Dumfries & Galloway

Sally Carswell
Portland Surgery Troon
1 Dukes Road
Troon
KA10 6QR

Dear Doctor

LEWIS DUNCAN **D.O.B 22/10/1984** **CHI 2210843472**

SANDRIGG FARM COTTAGE, ANNAN ROAD, DUMFRIES, DG1 3SF

Seen at Dumfries & Galloway Royal Infirmary on the 02/07/2022 08:13:00.

The A&E Diagnosis was:

SPRAIN ANKLE ANKLE JOINT LEFT

Triage Information:

inversion injury last night stepping out of car caught foot in hole, body wt feel over fixed foot. Pain and swelling

Additional Information:

37 year old man suffered an inversion injury last night stepping out of car caught foot in hole, body wt feel over fixed foot. Pain and swelling.
Foot and ankle
Xray no fracture
IMP Sprain
Plan
Elevate
NSAID
Declined moonboot

Treatment Given

Conclusion: Discharged

Follow up: No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr A Keenan

2210843472 - LEWIS DUNCAN

NHS DUMFRIES AND GALLOWAY

Emergency Department
Cargenbridge
Dumfries

DG2 8RX
Telephone: 01387 246246

EDGPDISC2

Letter Printed 02 July 2022

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1 Dukes Road
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IMP Sprain
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Elevate
NSAID
Declined moonboot

Treatment Given

Conclusion: Discharged

Follow up: No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr A Keenan

2210843472 - LEWIS DUNCAN

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Duncan
Forename	Lewis
CHI	2210843472
Date of birth	1984-10-22
Sex	Male
Address	20 MOSSGIEL AVENUE TROON AYRSHIRE KA107DQ

Specimen Details

Specimen Processed Date	21-11-2021 10:07
Test Start Date	20-11-2021 09:55
Test End Date	20-11-2021 09:57
GP Practice	80611
Specimen Number	AAH66323103
Administration Method	self

End of Report

Report Date: 21/11/2021

NHS Confidential: Personal data about a patient

Service User Copy Printed 16/09/21 by Lewis Sharpe

Duncan, Lewis (Mr.)

Date of Birth 22-Oct-1984 (36y) **CHI Number** 2210843472

Gender Male

Addiction Services Assessment v3

Centre of Care NHS Addictions South **Status** Closed

Date of Activity 26 August 2021 13:45 by Lewis Sharpe

Form Items

Presentation

Source of current referral

Other NHS
Note: Jacque Ferguson NHS Homeless Nurse

Date referral received

09/08/2021

Assessment type

New

Patient agreed to carer being involved in treatment?

Yes

Current medication

Lewis reported he is not prescribed any medication currently.

Crisis arrangements

Not Recorded

Summary of strengths, goals and aspirations

Lewis support to become abstinent from alcohol and return to employment.

Has Care Programme Approach been considered?

No

Has the Adult Support and Protection Act been considered?

No

Has the Mental Health Act been considered?

No

Has Adults with Incapacity Act been considered?

No

Advanced Statement

Advanced Statement in place?

Not recorded

Has the individual been made aware of their right to have an Advanced Statement?

Not recorded

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1964 (36y) CHI Number 2210643472

Named Person

Named Person identified?

Not recorded

Has the individual been made aware of their right to identify a Named Person?

Not recorded

Summary of Assessment

Summary of Assessment

DUE TO EXIGENCIES OF THE COVID-19 PANDEMIC, CHANGES TO CLINICAL AND CARE PRACTICE HAVE BEEN NECESSARY TO BALANCE CLIENT CARE, POPULATION RISK AND THE PROTECTION OF ESSENTIAL SERVICES.

Lewis attended a planned appointment, to assess suitability for an alcohol detox, with writer at 11am on 26/08/2021 in North Ayr Health Centre. Lewis presented as pleasant and appropriate on assessment, with nil sign of intoxication evident. Lewis presented as well kempt, wearing appropriate clothing for the time of year. Lewis spoke freely throughout assessment and a therapeutic rapport was easily established. Subjectively, Lewis described his mood as "ok" at present. Lewis reported his mood can fluctuate during times of stress. Lewis advised he is currently not prescribed any antidepressant medication as he felt little therapeutic benefit previously. Lewis did reported a previous incident of self harming where he made a significant cut to his left arm, which required 40 x stitches. Lewis advised he was under the influence of alcohol at the time and he was having difficulties in obtaining contact with his daughter. Lewis advised this was an isolated incident. Lewis reported he previous attempted to hang himself, but his father intervened. Objectively, Lewis appeared euthymic with reactive affect and did not display any biological signs of depressed mood. Lewis made appropriate eye contact throughout. Lewis's thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. There was no evidence of any ongoing suicidal thoughts, plan or intent. There were no perceptual abnormalities and his cognitive function appeared grossly intact with no symptoms of mental illness that may impair is decision making or judgement. Lewis provided good insight into current situation and previous mental health difficulties. No current risk identified.

Lewis reported he has current been abstinent for a day and a half. Lewis reported he last consumed alcohol at 7pm on 24/08/2021. Lewis reported that day he consumed 1.5 bottles of 750ml 15% Buckfast on that day. Lewis reported a long history of daily alcohol consumption but he was vague regarding exact timescales and quantities of alcohol. Lewis did identified alcohol had been an issues for his for roughly 16 years. Lewis identified a period of abstinence around Christmas time. Lewis reported when he worked as a tree surgeon, approximately 6 months prior, he would consume alcohol throughout the working day. Lewis reported he would consume up to 4 x bottles of 750ml 15% Buckfast during his working day. Lewis reported he using cannabis daily and has done since he was 13 years old. Lewis did not identify his cannabis use as being detrimental to his mental and physical health. Lewis self reported alcohol withdrawal symptoms such as sweating, anxiety and cravings. On assessment, Lewis was not observed to be in acute alcohol withdrawal. Lewis's hands were not tremulous and he was not observed to be sweating. Lewis appeared relaxed and not anxious during contact. Lewis advised he has not consumed alcohol for the past 36 hours due to not having the required finance to do so. Breathalyzer undertaken, 0.00% BrAc. Lewis screened as positive for cannabis only via 8 panel urine drug scree

Lewis reported his physical health was stable overall currently. Lewis denied any physical health conditions and he denied being prescribed any medication via his GP. Lewis reported a previously suffering a broken back and arm following a fall from tree, during his work as a tree surgeon. Lewis reported poor appetite and sleep currently.

Lewis reported he has been living in Viewfield Gate hostel for the past 6 x months. Lewis reported he previously resided with his father but this broke down due to Lewis's alcohol consumption. Lewis reported he has one daughter who is now currently in foster care who he has no contact with. Lewis reported he has had many police charges down the years for domestic assaults, while under the influence of alcohol. Lewis reported he has 110 outstanding hours due of community service, for an assault charge. Lewis reported he worked for many years as a tree surgeon, where he owned his own company. Lewis reported he has been signed off on long term sick from his work. Lewis reported he has not worked for the past 6 x months. Lewis reported he was brought up in care from the age of 12, but denied this was a negative experience. Lewis advised he is being supported by Barry Scott from We Are With You.

PLAN

Lewis would not be suitable for formal alcohol detox currently due to Lewis not presenting in acute alcohol withdrawal, following writers physical observations, having not consumed alcohol for a 36 hour and providing a Breathalyzer reading of 0.00% BrAc. Lewis was advised not to consumed alcohol until his next appointment with writer to be considered for relapse prevention medication.
Lewis was made aware if he consumes alcohol during that period it would be through choice and not due to physical dependence, thus he would not be showing desired motivation to become abstinent from alcohol.
Lewis will keep an accurate diary of any alcohol and illicit substances he consumes
Lewis will contact addiction services should he require additional support.
Lewis was provided with Detox working through it booklet.
Out of hours contact numbers provided.
Harm reduction advise provided.
Lewis will continue input from We Are With You.

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Green
Note: Lewis attended a planned appointment, to assess suitability for an alcohol detox, with writer at 11am on 26/08/2021 in North Ayr Health Centre. Lewis presented as pleasant and appropriate on assessment, with nil sign of intoxication evident. Lewis presented as well kempt, wearing appropriate clothing for the time of year. Lewis spoke freely throughout assessment and a therapeutic rapport was easily established. Subjectively, Lewis described his mood as "ok" at present. Lewis reported his mood can fluctuate during times of stress. Lewis advised he is currently not prescribed any antidepressant medication as he felt little therapeutic benefit previously. Lewis did reported a previous incident of self harming where he made a significant cut to his left arm, which required 40 x stitches. Lewis advised he was under the influence of alcohol at the time and he was having difficulties in obtaining contact with his daughter. Lewis advised this was an isolated incident. Lewis reported he previous attempted to hang himself, but his father intervened. Objectively, Lewis appeared euthymic with reactive affect and did not display any biological signs of depressed mood. Lewis made appropriate eye contact throughout. Lewis's thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. There was no evidence of any ongoing suicidal thoughts, plan or intent. There were no perceptual abnormalities and his cognitive function appeared grossly intact with no symptoms of mental illness that may impair is decision making or judgement. Lewis provided good insight into current situation and previous mental health difficulties. No current risk identified.

Engagement

Engagement with services

Green
Note: Lewis engaged well during assessment process. No current risk identified.

Medication management

Green
Note: Lewis is not currently prescribed any medications. History of overdose on prescribed medication according to Care partner. No current risk identified.

Risk of absconding

Green
Note: No current risk identified.

Risk of suicide/self-harm

Risk of self-harm

Green
Note: No current self harming thought, plan or intent. Lewis did reported a previous incident of self harming where he made a significant cut to his left arm, which required 40 x stitches. Lewis advised he was under the influence of alcohol at the time and he was having difficulties in obtaining contact with his daughter. Lewis advised this was an isolated incident. Carepartner suggest long history of cutting and overdoses on prescribed medications.

Risk of suicide

Green
Note: No current suicidal thought, plan or intent. Lewis reports that he has had around 4 or 5 suicide attempts over the past few years, mostly associated with ongoing "social stressors" and when he has been under the influence of alcohol/ drugs. No current risk identified.

Risk of harm to or from others

Risk of harm to others

Amber
Note: History of assaults and domestic assaults when under the influence of alcohol. Lewis reports poor impulse control when under the influence of alcohol. No risk to staff identified at time of assessment.

Abuse issues

Amber
Note: Nil discloses made to writer at time of assessment. Carepartner suggests that Lewis had been physically assaulted when he was a younger child by his mum's partner, before he was taken into care at the age of 12.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green
Note: No acts deemed necessary

Child protection concerns

Green
Note: daughter Casey Duncan DOB: 5.3.14. states that he has no access currently

Child well-being concerns

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Green
Note: daughter Casey Duncan DOB: 5.3.14. states that he has no access currently

Risk from substance misuse

Substance misuse

Amber
Note: Lewis reported he has current been abstinent for a day and a half. Lewis reported he last consumed alcohol at 7pm on 24/08/2021. Lewis reported that day he consumed 1.5 bottles of 750ml 15% Buckfast on that day. Lewis reported a long history of daily alcohol consumption but he was vague regarding exact timescales and quantities of alcohol. Lewis did identified alcohol had been an issues for his for roughly 16 years. Lewis identified a period of abstinence around Christmas time. Lewis reported when he worked as a tree surgeon, approximately 6 months prior, he would consume alcohol throughout the working day. Lewis reported he would consume up to 4 x bottles of 750ml 15% Buckfast during his working day. Lewis reported he using cannabis daily and has done since he was 13 years old. Lewis did not identify his cannabis use as being detrimental to his mental and physical health. Lewis self reported alcohol withdrawal symptoms such as sweating, anxiety and cravings. On assessment, Lewis was not observed to be in acute alcohol withdrawal. Lewis's hands were not tremulous and he was not observed to be sweating. Lewis appeared relaxed and not anxious during contact. Lewis advised he has not consumed alcohol for the past 36 hours due to not having the required finance to do so. Breathalyzer undertaken, 0.00% BrAc. Lewis screened as positive for cannabis only via 8 panel urine drug scree

Social and personal risks

Support network

Green
Note: Lewis good support from his step father who he calls his dad. Lewis is being supported by Barry from We Are With You.

Physical health

Green
Note: Lewis reported his physical health was stable overall currently. Lewis denied any physical health conditions and he denied being prescribed any medication via his GP. Lewis reported a previously suffering a broken back and arm following a fall from tree, during his work as a tree surgeon. Lewis reported poor appetite and sleep currently.

Occupation of time

Green
Note: Self employed tree surgeon currently not working due to being in homeless accommodation, limited positive structure to day identified.

Housing and finances

Amber
Note: Currently residing in Homeless accommodation viewfield gate and has applied for benefits. Lewis reported he currently does not have any money at present and that is the reason why he has not consumed alcohol for approximately 36 hours.

Any other issues

Any other issues

Not known

Overall Impression of Risk

Overall Impression of Risk

Amber
Note: No acute concerns relating to mental state. No evidence of mental illness impacting judgement or decision making ability. Remains at risk of further overdose due to history of impulsive behaviours which increase when consuming alcohol.

Immediate Risk Management Plan

Immediate Risk Management Plan

Lewis would not be suitable for formal alcohol detox currently due to Lewis not presenting in acute alcohol withdrawal, following writers physical observations, having not consumed alcohol for a 36 hour and providing a Breathalyzer reading of 0.00% BrAc. Lewis was advised not to consumed alcohol until his next appointment with writer to be considered for relapse prevention medication.

Lewis was made aware if he consumes alcohol during that period it would be through choice and not due to physical dependence, thus he would not be showing desired motivation to become abstinent from alcohol.

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (38y) CHI Number 2210843472

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Not recorded

Gender Based Violence Disclosure Assessment

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Mental health and well-being

Mental health and well-being strengths/needs identified?

Not recorded

Behaviour

Aggressive behaviour

Not known

Suspicious or accusatory behaviour

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Not known

Eating problems

Not known

Wandering

Not known

Overactivity

Not known

Odd, inappropriate or unacceptable behaviour

Not known

Cognition

Memory

Not known

Attention and concentration

Not known

Understanding

Not known

Expression

Not known

Mental health

Thought disorganisation

Not known

Delusions

Not known

Hallucinations and other perceptual abnormalities

Not known

Elated or expansive mood

Not known

Depressed mood and ideation

Not known

Obsessional ideas and compulsive behaviour

Not known

Intrusive ideation

Not known

Anxiety, phobias and panics

Not known

Somatic preoccupations

Not known

Lowering of energy, drive or interest

Not known

Self-esteem

Not known

Sleep disturbance

Not known

Involvement in treatment and care

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Not recorded

Mental health and well-being summary

Mental health and well-being summary

Lewis attended a planned appointment, to assess suitability for an alcohol detox, with writer at 11am on 26/08/2021 in North Ayr Health Centre. Lewis presented as pleasant and appropriate on assessment, with nil sign of intoxication evident. Lewis presented as well kempt, wearing appropriate clothing for the time of year. Lewis spoke freely throughout assessment and a therapeutic rapport was easily established. Subjectively, Lewis described his mood as "ok" at present. Lewis reported his mood can fluctuate during times of stress. Lewis advised he is currently not prescribed any antidepressant medication as he felt little therapeutic benefit previously. Lewis did reported a previous incident of self harming where he made a significant cut to his left arm, which required 40 x stitches. Lewis advised he was under the influence of alcohol at the time and he was having difficulties in obtaining contact with his daughter. Lewis advised this was an isolated incident. Lewis reported he previous attempted to hang himself, but his father intervened. Objectively, Lewis appeared euthymic with reactive affect and did not display any biological signs of depressed mood. Lewis made appropriate eye contact throughout. Lewis's thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. There was no evidence of any ongoing suicidal thoughts, plan or intent. There were no perceptual abnormalities and his cognitive function appeared grossly intact with no symptoms of mental illness that may impair is decision making or judgement. Lewis provided good insight into current situation and previous mental health difficulties. No current risk identified.

Alcohol or substance misuse

Alcohol misuse

Yes
Note: Reports long history of alcohol abuse. Lewis reports binges where he can drink up to 4 x 750ml bottles of Buckfast daily

Misuse of prescribed drugs

Not recorded

Misuse of non-prescribed drugs

Not recorded

Alcohol / substance profile

Main alcohol / substance name

Reports long history of alcohol abuse. Lewis reports binges where he can drink up to 4 x 750ml bottles of Buckfast daily

Prescribed

Not relevant

Route

Oral

Level of use

4 x bottles daily

Alcohol / substance name (2)

cannabis

Prescribed

Not relevant

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (3)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Not Recorded

Alcohol / substance name (4)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (5)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Substance career

Teens

Not Recorded

20's

Not Recorded

30's

Not Recorded

40's

Not Recorded

50's

Not Recorded

60's

Not Recorded

Forensic/Criminal

Forensic/criminal

Lewis reported he has had many police charges down the years for domestic assaults, while under the influence of alcohol. Lewis reported he has 110 outstanding hours due of community service, for an assault charge.

Lewis reported he has never been incarcerated

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Physical

Physical health and well-being strength/needs identified?
Not recorded

Physical impairment or disability
Not recorded

Physical health condition
Not recorded

Long term physical health conditions
Not recorded

Long term condition
Not recorded

Long term condition (2)
Not recorded

Long term condition (3)
Not recorded

Long term condition (4)
Not recorded

Mobility
Not recorded

Sensory impairment
Not recorded

Diet/hydration
Not recorded

Swallowing difficulties
Not recorded

Continence
Not recorded

Distress/pain caused by physical state
Not recorded

Side-effects of prescribed medication
Not recorded

Health promotion advice required
Not known

Sexual health
Not recorded

Blood borne virus testing
Not recorded

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Physical health check/assessment

Does the patient meet SMI (Severe Mental Illness) criteria, and/or is patient prescribed anti-psychotic medication?

Not recorded

Physical health check

Not recorded

Responsible for annual physical health check

Not recorded

Date of last physical health assessment

Not Recorded

Date BMI last measured and recorded

Not Recorded

Smoking status

Does the patient smoke?

Not recorded

Offered referral for smoking cessation support

Not recorded

Physical summary

Physical summary

Lewis reported his physical health was stable overall currently. Lewis denied any physical health conditions and he denied being prescribed any medication via his GP. Lewis reported a previously suffering a broken back and arm following a fall from tree, during his work as a tree surgeon. Lewis reported poor appetite and sleep currently.

Social

Social strengths/needs identified?

Not recorded

Work/vocational/educational performance

Not recorded

Ability to work now

Not recorded

Social activities outside the home

Not recorded

Activities of daily living

Not recorded

Personal care

Not recorded

Relationship with close family

Not recorded

Relationship with partner

Not recorded

Relationships with others close by

Not recorded

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Carer's needs/support

Carer's needs assessment

Not recorded

Carer support offered

Not recorded

Social summary

Social summary

Lewis reported he has been living in Viewfield Gate hostel for the past 6 x months. Lewis reported he previously resided with his father but this broke down due to Lewis's alcohol consumption. Lewis reported he has one daughter who is now currently in foster care who he has no contact with. Lewis reported he has had many police charges down the years for domestic assaults, while under the influence of alcohol. Lewis reported he has 110 outstanding hours due of community service, for an assault charge. Lewis reported he worked for many years as a tree surgeon, where he owned his own company. Lewis reported he has been signed off on long term sick from his work. Lewis reported he has not worked for the past 6 x months. Lewis reported he was brought up in care from the age of 12, but denied this was a negative experience. Lewis advised he is being supported by Barry Scott from We Are With You.

Consent to care and treatment

Sufficient information provided?

Yes

Does the person understand the information given to them that is relevant to the decision?

Yes

Can the person retain that information long enough to be able to make the decision?

Yes

Can the person use or weigh up the information as part of the decision-making process?

Yes

Can the person communicate their decision?

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

NHS Confidential: Personal data about a patient

Service User Copy Printed 16/09/21 by Lewis Sharpe

Duncan, Lewis (Mr.)

Date of Birth 22-Oct-1984 (36y) **CHI Number** 2210843472

Gender Male

Addictions v4 Contact Record

Centre of Care NHS Addictions South **Status** Closed

Date of Activity 06 September 2021 11:54 by Kirsty McLachlan

Form Items

Contact details

Attendance

Attended

Contact method

Telephone

Contact type

New contact with client

Status of contact

Duty/Triage

Main substance use

Alcohol

Treatment Package

Physical and Social Health Support

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Actions undertaken

Screening for ABI (FAST Screening)
Not recorded

ABI
Not recorded

Wound care management
Not recorded

CBT intervention
Not recorded

Administering Medication
Not recorded

Breathalyzer
Not recorded

Drug screen
Not recorded

Family involvement
Not recorded

E.M.D.R.
Not recorded

Other psychological therapy
Not recorded

Contact outcome

Refer to ACA
Not recorded

Refer to Addaction
Not recorded

Refer to Momentum
Not recorded

Refer to Richmond
Not recorded

Refer to other addiction service
Not recorded

Signpost to Mutual Aid Service
Not recorded

Refer to Crisis Team/CRT
Not recorded

Refer to other
Not recorded

NHS Confidential: Personal data about a patient

Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (36y) CHI Number 2210843472

Intervention outcome

Non prescribed drug use

Not recorded

Alcohol use

Not recorded

Physical health

Not recorded

Mental health

Not recorded

Social functioning

Not recorded

Summary of contact/details

Summary of contact/details

Duty
Writer contacted Lewis on behalf of KW to advise of cancellation of planned appointmetn 7/9/21 at 10.30am due to KW absence.
During the conversation, Lewis advised that he would like to withdraw his referral for support in relation to alcohol use. Lewis advised that he has accepted an offer of employment in Skye and will be moving out of area 9/9/21. Lewis advised that he is still consuming alcohol, however states this is no longer on a daily basis and feels he will now be able to control his alcohol use given the structure of daily employment and the remote nature of the work. Lewis advised that he has also cancelled the support he receives from WAWY.
Harm reduction information discussed and Lewis informed that addiction services operate an open referral system and aware that he can re-refer at any time, should he require additional support in the future.
KW informed.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

1010268951178

Unique Care Pathway Number: 1010268951178

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Area Drug and Alcohol ServiceG1Y1
DG-HN Drug and Alcohol

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

Area Drugs and Alcohol Service
Lochfield Primary Centre
12-28 Lochfield Road
Dumfries
DG2 9BH

Hospitaland **hospital address**

Hospital unit no.: Y010G

Email address: -

Urgency of referral Routine GP

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	Mr
Sex	Male
Date of birth	22-Oct-1984
CHI no.	-

Patient's address

Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Contact number(s)

Voice: 07519690730
E-mail: lewisjduncan1984@gmail.com

REGISTERED GP DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice address

Gillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282
Facsimile: 01387 253301

REFERRING PRACTITIONER DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice address

Gillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Other

Explanation: alcohol dependence syndrome

Comment: This 37 year old tree surgeon has had a problem with drinking now for many many years. He is a dependent drinker. He has been fairly high functioning throughout his career and this has been going on for a minimum of 10-20 years. He has been under services in Troon previously but didn't really access quite as effectively as he now feels motivated to do. He is drinking somewhere around 168 units per week.

At this stage Lewis has moved into the area, he is with a new partner who is very supportive, he is very keen to getting his drinking now under control and recognises that his relationship with alcohol is not a healthy one.

I wonder if you would be kind enough to see him. We have arranged the usual blood tests and have started him on Thiamine.

Dr Richard Voysey
Locum GP

Examinations and Investigations

Weight (kg):	70	-
Height (m):	170	-
BMI:	24.22	-
Cigarette smoker, 15 Cigarettes/day:	15-Jul-2022 00:00	
Alcohol consumption, 168 units/week:	15-Jul-2022 00:00	

Investigations

Known previous contact with alcohol/drug services? :	Not Specifed	-
Current drinking pattern:	Not Specifed	-
Does person view current drinking pattern as a problem?:	Not Specifed	-
Primary Drug Name:	Not Specifed	-
Frequency:	Not Specifed	-
Route:	Not Specifed	-
Is the service user pregnant?:	Not Specifed	-
Person is in agreement with referral:	Not Specifed	-

Reason for referral

Care type requested: Drug and Alcohol Referral

Expected outcome: Not Specified

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Thiamine Tablets 50 mg	0906026M0AAAFAF	112 TABLET	1 Tabs 4 times daily	-	18-Jul-2022	-

Clinical warnings

Lifestyle risks

Exercise status: Enjoys light exercise

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

Additional relevant information

Administrative information

Temporary Resident:No

Is the person aware of referral to our service?:Not Specifed

Clinic Location:Not Specifed

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

Social circumstances
Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) **Date**

NHS Confidential: Personal data about a patient

addaction

South Ayrshire Recovery Service – Initial Assessment

******ALL FIELDS ARE MANDATORY******

Date: 16/8/21 Nebula ID:

Personal Details					
Name	lewis Duncan	Known As		DoB	22/10/84
Gender	Male	Sexuality		Ethnicity	
Address	~~[redacted]~~RD jf 20 mossgiel Avenue			Postcode	KA10 ~~[redacted]~~ jf 7DQ
Telephone					
Mobile	~~[redacted]~~ jf 07519 690 730				
Email					
Specific Needs	Wished to stop, ~~[redacted]~~ drinking, can't work gets withdrawal sx after 4 days not drinking. has been drinking abt + stopping since March. keen for ip detox (Reports referral being done)				

Consent					
Consent to Contact?	Yes / No	Contact Via:		Mail & Email	
		Mail only		Telephone & Email	
If we call, can we say it's Addaction?	Yes / No	Telephone only	✓	All	
		Mail & Telephone		None	
Contact Notes					

Next of Kin Details		
Next of Kin Name:	Contact Address / Telephone No.:	Relationship to You:

Referral Details						
Referral Source	J. Ferguson GP5723					
Date Referral Received By Service						
Route of Referral						
Presenting Need	Drugs		Alcohol		Family	
Worker Conducting Assessment						

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addaction

South Ayrshire Recovery Service – Initial Assessment

Substance Details

Previous Contact with Services?	Yes / No	Year of Last Contact	
Currently Substance (Drug) Free?	Yes / No	If yes, how long?	months
Currently Alcohol Free?	Yes / No	If yes, how long?	months

Complete table for current substance use, starting with most frequent at the top

Substance	Route	Frequency	Amount	Length of Use	Age when... First Used	Use Became Problematic	Help First Sought
Buckfast		daily	4 x day regular				

Current Prescription Medication *(How much are they prescribed and how long have they been taking it?)*

Drug Use Current Goals

n/a

Alcohol Use Current Goals

no stop drinking entirely

Injecting & Sharing / Blood Borne Virus Details

Has client:	Ever Yes	Ever No	In The Past Month Yes	In The Past Month No
Injected				
Always used new equipment first				
Used a needle or syringe that someone else has used				
Lent someone else a needle or syringe which client has used				
Used the same spoon, filter or water as someone else				

Ever tested for:				Date of last test *(if known)*
Hepatitis B	Yes		No	
Hepatitis C	Yes		No	
HIV	Yes		No	
Has client been at risk since last test?			Yes	No
Has client completed a course of vaccination for Hep B?			Yes	No
Client did not wish to answer BBV related questions				

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Staff Copy Printed 02/08/21 by Jacque Ferguson

Duncan, Lewis (Mr.)

Date of Birth 22-Oct-1984 (36y) **CHI Number** 2210843472

Gender Male

Ayrshire Mental Health Risk Assessment Framework v3

Centre of Care Homeless Team - South **Status** Closed

Date of Activity 02 August 2021 14:36 by Jacque Ferguson

Form Items

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician
Note: Staff Nurse Jacque Ferguson

Mental state

Mental state

Green
Note: On mental state examination Lewis was a 37 year old male, dressed in shorts and tshirt with no evident sign of neglect in appearance. He was sitting on his sofa and appeared relaxed. There was good eye contact and rapport. Speech was normal in rate, volume and intonation. Subjectively Lewis described his mood as "so so", though over the past few months he describes alcohol being his biggest issue which impacts on his mental health. Objectively Lewis appeared euthymic with reactive affect, however clear evidence of previous childhood trauma. This was evident in his inability to express and articulate himself. There was no evidence of psychotic symptomatology and cognitive function was grossly intact although Lewis did voice that he had experienced "voices" outside his head and recognised them as his younger self.

Engagement

Engagement with services

Green
Note: Lewis has no services at present.

Medication management

Green
Note: Lewis has no current medication.

Risk of absconding

Green

Risk of suicide/self-harm

Risk of self-harm

Green
Note: Lewis reported a long history of self harm by cutting his arms which he claims as gives him a sense of release of "social stressors". Harm reduction and alternative positive coping strategies discussed at length. Lewis denied any current thoughts of self harm during our discussion.

Risk of suicide

Amber
Note: Lewis reported that he has had around 4 or 5 suicide attempts over the past few years, mostly associated with ongoing "social stressors" and when he has been under the influence of alcohol/ drugs. He denied any current thoughts plan or intent during our appointment.

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Duncan, Lewis (Mr.)
Date of Birth 22-Oct-1984 (38y) CHI Number 2210843472

Risk of harm to or from others

Risk of harm to others

Green
Note: Appears to have a history of poor impulse and temper control. Previous charges for domestic assault. Previously Attended Caledonian Project. Denies any thoughts of deliberate harm to others today

Abuse issues

Green
Note: No on-going issues. Previous report of physical abuse as a child.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green
Note: No acts deemed necessary

Child protection concerns

Green
Note: daughter Casey Duncan DOB: 5.3.14. states that he has no access currently

Child well-being concerns

Green
Note: Casy is currently in foster care

Risk from substance misuse

Substance misuse

Amber
Note: Lewis reported to be drinking around 4 bottles of Buckfast daily and is requesting support to reduce this and become abstinent. Harm reduction discussed at length. Previous cocaine use Longstanding daily cannabis use reported last smoked cannabis 5 days ago.

Social and personal risks

Support network

Green
Note: Step dad is supportive

Physical health

Green
Note: No chronic issues. No on-going concerns resultant from overdose or reported fall.

Occupation of time

Green
Note: self employed tree surgeon currently not working due to being in homeless accommodation.

Housing and finances

Green
Note: Currently residing in Homeless accommodation viewfield gate and has applied for benefits. Self employed tree surgeon.

Any other issues

Any other issues

Green
Note: Lewis reported that he had been attacked by youths who stabbed him. Lewis reported that he had been drinking when this incident occurred.

Overall Impression of Risk

Overall Impression of Risk

Amber
Note: No acute concerns relating to mental state. No evidence of mental illness impacting judgement or decision making ability. Remains at risk of further overdose due to history of impulsive behaviours which increase when consuming alcohol.

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Duncan, Lewis (Mr.)
Date of Birth 23-Oct-1984 (36y) CHI Number 2210843472

Immediate Risk Management Plan

Immediate Risk Management Plan

- Lewis to attempt to reduce his current drinking regime and monitor any side effects he has.
- Lewis is aware of service NHS111, CMHT , Addaction & Breathing Space telephone numbers if needed.
- Writer shall refer to Addaction.
- Writer shall update GP of recent contact.
- Lewis is aware of Homeless Nurse availability and can access support during drop in service weekly or via telephone numbers issued.
- Discharge from Homeless Nurse Service.

NHS Confidential: Personal data about a patient

IMMEDIATE DISCHARGE LETTER M 039127

Essential: Use Ball Point Pen and Pressure when completing this form

Dear Dr [redacted] J Holland

ADDRESS Portland surgery,

1 Dukes Road

HOSPITAL AYR

WARD ACAU

DATE 11/07/21

Your Patient
(Use addressograph label, if available, on all four copies)

Write or attach label

H CHI 2210843472 22/10/1984
Cl Dulcan, Lewis M
St 20 Hossgiel Avenue
Troon, KA10 7DB
Fo BR AC McHattie, 2554446/88611 Sex
At Portland Surgery
Troon, KA10 6QR
Date of Birth

Admitted on 04/07/21 in the care of Mr Muir

was discharged on 04/07/21 with a diagnosis of Trauma by Stabbing

KNOWN DRUG SENSITIVITY:

MEDICINE (IN BLOCK CAPITALS)	FORM	DOSE	ROUTE	FREQ./TIME OF ADMIN.	CONTINUE OR STOP*	Pharmacy Use Only: Quantity & Strength Dispensed	Pharmacy Use Only: Pharmacy Notes
NUMBER OF DAYS SUPPLY IF MORE THAN 5							

Pharmacy Use Only: DATE | Dispensed by | Checked by

* When the medication is to continue write CONT in the column indicated. When the medication is to stop write the date of the last full day on treatment and STOP. A follow-up appointment will/will not be made.

Other comments and treatments: Presented to A+E after altercation and stab wound to left lateral aspect of lower ribs. ~2cm. CT CAP showed small haemothorax. Reviewed by Mr Muir. Advised patient with head fully with conservative management and discharged home.

Detailed discharge letter will follow within two weeks.

Yours sincerely TNR Dr's Name (IN BLOCK CAPITALS) THOMAS-NELSON

STA2273

Distribution of copies, after completion by Pharmacy:
WHITE - General Practitioner YELLOW - Medical Record BLUE - Patient PINK - Pharmacy

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NHS Ayrshire & Arran

Microbiology Report

Lab Report ID:	0021M528180
Patient Name:	Lewis Duncan
CHI Number:	2210843472
Practice Details:	Drs McHattie, McGregor & Holland (80611)
DOB:	22/10/1984
Sex:	M
Specimen:	Throat and Nose Swab

Investigation	Test	Result
COVID-19	Covid-19	NOT Detected by PCR

Sample Collected:	04/03/2021 09:24
Received by Lab:	04/03/2021 09:24
Requestor:	Ofei, Dr Ernie
Requestor Organisation:	(AYACC) Ayr Hosp A&E Dept

Report Run Time: 05/3/2021 06:01:09

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Ayr Hospital
Emergency Department
Tel: 01292 614578

Emergency Department Discharge Letter

To: J.HOLLAND

Re: **Lewis Duncan**
20 MOSSGIEL AVENUE,TROON,AYRSHIRE,, KA10 7DQ
DOB: 22/10/1984
ED Attendance No: AYR-21-003932-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 03/03/2021 **Time of Attendance:** 23:08:00
Presenting Complaint: stab wound l side **Duty Consultant:** Dr E Ofei
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:22

Diagnosis Penetrating Wound,Lungs,Left

Treatment Assessed and referred

Investigations X-Ray,
X-Ray,

Discharge Information: Admitted, Combined Assessment Unit (CAU)

Additional Information Mr Duncan was seen in the ED following an incident when he was stabbed in the left side of the chest. He was admitted under the care of surgeons.

Discharged by: Johanna Katai,Locum

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

University Hospital Ayr **Dalmellington Road** **Ayr** **KA6 6DX** **Phone: 01292 610 555**	**Immediate Discharge Letter** **&** **Prescription**

To: Drs McHattie, McGregor Holland Portland Surgery 1 Dukes Road Troon KA10 6QR	**Re:** LEWIS J DUNCAN 20 MOSSGIEL AVENUE , DUNDONALD , TROON , AYRSHIRE , KA10 7DQ DOB: 22/10/1984 Hosp. No.: 2210843472 CHI No.: 2210843472

Date of Admission: 04/03/2021
Mode of Admission: Emergency
Admission Reason:
Discharge Date: 04/03/2021

Ward: ACAU INPATIENT
Consultant: MR ROBERT MUIR (Surgical)
Follow Up:

Clinical Progress

Patient admitted following sitercation involving an attempted robbery of his mobile phone. He was stabbed in the left side of the latearl aspect of the lower ribs. GCS 15 on admission, no respiratory or cardiovascular compromise. Tenderness over injured area. CT CAP showed a left sided haemothorax. He has been reviewed by Mr Muir this morning and patient is safe for discharge with conservative managment. He has been given worsening advice. Patient refused analgesia on discharge.

DR PATRICK NICHOLAS (04-MAR-2021 14:18)

Allergy/Intolerance	Reaction
No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

No medicines prescribed on discharge

Discharged by: DR PATRICK NICHOLAS

Page 1 of 1
Report generated on: 04/03/2021 20:00

Confidential - Clinical Information

rm

General Surgical Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

www.nhsaaa.net

Dr AG McHattie
Drs Mchattie, Mcgregor & Holland
Portland Surgery
1 Dukes Road
Troon
KA10 6QR

Our Ref: UC/AC
Hospital No:
Date Dictated: 26/04/2021
Date Typed: 06/05/2021
Enquiries to Miss Anne Carswell
Direct Line 01292 617031
Ext. Number 17031
Email ann.carswell@aapct.scot.nhs.uk

Dear Dr McHattie,

LEWIS DUNCAN **DOB: 22/10/1984** **CHI No: 2210843472**
20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ

ADMITTED: 04/03/2021

DISCHARGED: 04/03/2021

DIAGNOSIS: Stab injury to the chest

PAST MEDICAL HISTORY: Depression, overdose

MANAGEMENT: Conservatively managed

COMMENTS: This 36 year old gentleman presented to A&E following an altercation. He said he was stabbed during the incident on the left side. On examination his chest was clear, there was good air entry. There was approximately a 2cm incision in the left lower area. There was no reduced air entry. He had CT chest/abdomen/pelvis which revealed small left sided haemothorax, no acute intra-abdominal injury. Bloods were unremarkable. He was managed conservatively and has been discharged home with worsening advice.

Yours sincerely

Authorised on 11/05/2021 12:59:41 by Ugochukwu Chinaka.

Dr Ugochukwu Chinaka
Senior Clinical Fellow in General Surgery
GMC: 7618125

NHS Confidential: Personal data about a patient

Crosshouse Hospital
Emergency Department
Tel: 01563 827762 / 827751
(ED Secretaries Mon-Fri 9am-5pm Tel: 01563 827757 (Out of Hours queries

Emergency Department Discharge Letter

To: J.HOLLAND

Re: **Lewis Duncan**
20 MOSSGIEL AVENUE,TROON,AYRSHIRE,,
KA10 7DQ
DOB: 22/10/1984
ED Attendance No: XH-20-029075-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 02/07/2020 **Time of Attendance:** 12:07:00
Presenting Complaint: inj l arm **Duty Consultant:** Dr CRAWFORD MCGUFFIE
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:21

Diagnosis Incised wound,Forearm,Left

Treatment
Wound dressing
Stitches
Wound exploration
Local anaesthesia

Investigations

Discharge Information:

Additional Information at wotk today as tree surgeon, lawnmower blades fell off shelf hitting left forearm, 2 incised wounds, 1 wound 7.5 cm and gaping, muscle exposed, absorbable sutures to pull ytogether and surface closed with 16 sutures for 8 days, smalle r wound superficial and closed with 4 sutures for 8 days, jellonet dressing/crepe, sutures out at practice nurse 8/7, left happy with advice given and discussed

Discharged by: Carol Philp,ENP

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Crosshouse Hospital
Emergency Department
Tel: 01563 827762 / 827751
(ED Secretaries Mon-Fri 9am-5pm Tel: 01563 827757 (Out of Hours queries

Emergency Department Discharge Letter

To: J.HOLLAND

Re: **Lewis Duncan**
20 MOSSGIEL AVENUE,TROON,AYRSHIRE,,
KA10 7DQ
DOB: 22/10/1984
ED Attendance No: XH-20-029075-1
CHI No.: 2210843472

Discharged by: Carol Philp,ENP

If you have any queries about this patient, please contact one of the staff at the above number

Department of Radiology

UNIVERSITY HOSPITAL CROSSHOUSE
Medical Imaging Department
CROSSHOUSE
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

RADIOLOGY REPORT

CHI NUMBER: 2210843472 **Examination Number:** 38221058 **Examination Date:** 03/03/2020	
Name: **Duncan, Lewis DOB: 22/10/1984**	
Address: 20 Mossgiel Avenue, , Troon, KA10 7DQ -- **CC:** -	
Referring Department / Location: MCHATTIE ADAM PORTLAND SURGERY 1 DUKES ROAD TROON KA10 6QR	
Referring Consultant: GP Requestor	**Clinical Specialty:** General Practice
Date Dictated: 10/03/2020	**Typed by:** (Medica) Williams, Paul
Examination: XR Chest	

Clinical Indication

SOB, smoker, heavy cough, chest pain

Report:

Heart size normal. Compared with 15/9/2017, the right heart border has become indistinct. This could be due to pathology in the adjacent middle lobe. I would advise a followup radiograph with a right lateral in the first instance.

RED FLAG

Report Date : 10/03/2020
Reporting Consultant: Dr Paul Williams.

Consultant Radiologist GMC Number: 2956581
Medica Reporting Ltd

FAO JF

APPOINTMENT
PHONE APPT
NURSE APPT
PHLEBOTOMIST
SCRIPT DONE
LETTER DONE
VISIT
ON / HV VISIT
OTHER
ON COMPUTER
FILE

Dictating Radiologist / Clinical Specialist (Medica) Williams, Paul GMC 2956581

Verified by: (Medica) Williams, Paul GMC 2956581

Page 1 of 1

Examination Number: 38221058 **Examination Date: 03/03/2020**
Name: Duncan, Lewis DOB: 22/10/1984
Dose :- .56 cGy cm2

NHS Confidential: Personal data about a patient

Adult Mental Health Services

Adult Mental Health Services
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net

NHS
Ayrshire
& Arran

CLINICAL IN CONFIDENCE

Dr KL Coulter
The Surgery
9 Alloway Place
Ayr
Ayrshire
KA7 2AQ

Clinic Date: 09/10/2018
Date Dictated: 09/10/2018
Date Typed: 12/10/2018
Our Ref: JL/AS
Enquiries to Angela Smith
Tel No: 01292 513258
Fax No:

Dear Dr Coulter

LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

I was due to review Mr Duncan today 9th October 2018 at my Ailsa Out-patient Clinic, but he failed to attend and didn't contact in advance to cancel or reschedule. He was seen by Psychiatric Liaison last month after an overdose. It appears that he has split from his wife and has allegedly displayed malicious communication towards her, resulting in prosecution under the telecommunications act. He seems to be staying with his stepfather again through in Troon. The stress of the situation was apparent at this assessment, but he was not displaying deterioration in his mental state otherwise or active symptoms of acute mental illness so he was discharged to my follow up today.

Unfortunately, he didn't attend his appointment and didn't contact us in advance to cancel or reschedule. He hasn't really engaged with offers of CPN support, but I will ask one of my colleagues to send him an opt-in letter for this to see if we can get him involved again. I will arrange to see him again at my out-patient clinic, but if he is repeatedly failing to attend then there is not much we can do to improve his situation. I think there is still some diagnostic uncertainty here. He had an established diagnosis of oppositional-defiant disorder in childhood and has presented long term as an angry, disgruntled and somewhat unhappy man with some difficult social circumstances, in part due to the consequences of his own behaviour. I am not seeing great evidence of superimposed mood disorder on top of this and he reports little benefit with medications tried so far (anti-depressant and mood stabiliser).

When I see him again we can discuss whether trial of an atypical anti-psychotic might be in order to see if he gets some stability and symptomatic improvement with this and I will be able to update you with whether he engaged with our offer of further CPN support. There is a possibility that there may be no active interventions that we can offer that would be of benefit here, but I will update you with the outcome when available.

Kind regards.

NHS Confidential: Personal data about a patient

2/ LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

Yours sincerely
Authorised on 22/10/2018 14:03:46 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Ms Linda Taylor (referral)
Community Mental Health Nurse
South Ayrshire Adult CMHT
Ailsa Hospital
Dalmellington Road, Ayr
KA6 6AB

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614578

A&E Discharge Letter

To: **HS.HUNTER**

Re: **Lewis Duncan**
20 MOSSGIEL AVENUE,LOANS,TROON,,
KA10 7DQ
DOB: 22/10/1984
A & E No: AYR-18-027326-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 19/09/2018 **Time of Attendance:** 00:30:00
Presenting Complaint: od meds **Duty Consultant:** S Learmonth
Additional Information: No Attendances in Last 12 months:3 Total Number of Attendances:20

Diagnosis OD of Opioid analgesic,,

Treatment Assessed and referred

Investigations X-Ray,

Discharge Information: Discharge, Usual place of residence follow up arranged, Mental Health Service

Additional Information Deliberate OD of cocodamol. Paracetamol level below treatment line. Assessed by psych liaison prior to discharge and discharged. Pysch to contact CMHT for follow up.

Discharged by: Olivia McCabe,Junior Doctor

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y)	**Gender** Male	**CHI Number** 2210843472

Mental Health Liaison Service Assessment

Status Closed	**Centre of Care** Psych Liaison Service (Adult)	**Location** A&E Department

Date of Activity 19th Sep 2018 at 13:29 by Cameron Alexander (Psychiatric Liaison Nurse)

Contact details

Source of referral
Ayr ED

Note: Referred and assessed in Ayr ED at 1030 under the care of Dr Learmonth.

Referral passed from ANP at 0905 - Lewis had been for transfer to medical bed however lack of space meant he was retained in ED.
Arrived 0930 however assessment not commenced until 1030 due to other referral from department at same time.
Assessed 1030, discharged 1055.

Reason for admission
Reported overdose of 20x co-codamol yesterday evening. - paracetamol level 42 - below treatment line
Also assessed by ED for head injury sustained from fall.

Reason for referral
Mental state and risk assessment and planning

Presenting complaints
"Was at court yesterday, got home, got changed. Sitting looking at the same 4 walls and thought, 'fuck this'."
Has been feeling increasingly "alienated from friends" since separating from his partner 7 weeks ago.
States that she has, "got it in for me", believing that she has deliberately engineered situations and events in order to get him arrested so that he misses out on work.
"Meant to start a new job Monday, she got me lifted 10 minutes before I was due to leave the house."

Lewis displayed no responsibility for his actions relating to being charged or relating to his wider social issues.

History of present complaints
Lewis offered what was at times an inconsistent history of events leading to attending ED.
Lewis appeared at court yesterday, charged under the telecommunications act, following complaints from his ex-partner.
On leaving the court he reports that he travelled to his step-dad's home, where he has been staying for the past 7 weeks. He states that he got changed, smoked cannabis via a bong, and in the time after began ruminating on his current situation regarding, work, relationships and access to his daughter.
Between 2130 and 2330 Lewis states that he took an overdose of co-codamol, around 20 tablets whilst away from the house. He states that he returned to the house to collect more medications however during this time slipped and struck his head on the bath. He states that he then went down the stairs and his step- dad asked him what he was doing. Lewis reports that he told him about the overdose before hitting his head again on the door frame. His next memory is being treated by paramedics.

Lewis denies any planning or preparatory events leading to overdose.
He states that he does not regret having taken the overdose and is disappointed that it did not work.
He made a number of contingent threats of attempting to end his life again should he be discharged from the department however there was no evidence of planning or intent.

History

Psychiatric history
Known to mental health services - South CMHT
Dr Lewis - extract from previous clinical letter from Dr Lewis -
"depressive illness (ICD10 Code - F32) on a background of harmful use of alcohol (ICD10 Code - F10.1). It is difficult to judge at

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y)	Gender Male	CHI Number 2210843472

the moment to what extent his volatility is due to a mood disorder such as Cyclothymia and to what extent it is down to his personality."

CPN - unallocated at this time

Lewis reports attempting to end his several times before. Most recently he states that he attempted to hang himself at his work earlier this week - he states that he had been informed that his ex-partner had contacted the police and 8 police were en route to his work to arrest him. He states that he when he saw the officers approaching he attempted to place a rope across a ceiling beam and hang himself however was stopped from doing so.

Previous overdose of citalopram and cocaine last year - states intention was to have heart attack.

Lewis also reports to a previous incident of driving recklessly in the hope that police would force his car off the road and cause his death.

Lewis states that at times he experiences "blackouts" these are usually when he acts in impulsive or dangerous ways and states that he never has any recollection of these events. Despite this claim Lewis was a good, if somewhat inconsistent, historian.

Medical history
No chronic issues
No significant injury from reported head injury prior to attending ED.

Current medication
Depakote - states that it is, "shite, if anything it makes me worse, more dangerous".

Family history
Long standing issues with ex-partners. No current access to his daughter aged 4 1/2.
Separated from partner 7 weeks ago. Feels that he hasn't been coping for 5-6 weeks - feels that he has no-one to talk to.

Wider family history has been well documented previously.

Personal history
Currently lives with his step-dad since break-up of his relationship 7 weeks ago. Reports relationship issues have been on-going issue for a couple of years.
Operates as a self employed tree surgeon - states that "the season" has been quiet due to issues with ex-partner and police charges.

Drinking History
history of alcohol misuse. Denies any alcohol yesterday.

Is there a dependent child?
No

Does the person drive?
Yes

Collateral History
Did not wish for NOK to be contacted.

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by
Individual clinician

Note: Cameron Alexander PLN

Mental state

Mental state
Green

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y) **Gender** Male **CHI Number** 2210843472

Note: Observed prior to assessment. Was relaxed in the cubicle area, chatting to other patients. Accepted refreshments from ED staff.

On mental state examination he was a 33 year old man, dressed in black tracksuit. There was good eye contact and rapport was easily established and maintained. His speech was spontaneous and coherent and was normal in rate, volume and intonation. Subjectively he described his mood as "shit" and scored this 2 on a scale of 1-10 with 10 being the best. He last remembers his mood being better around 6 weeks ago. Objectively he appeared euthymic with reactive affect and did not display any biological signs of depressed mood. He spoke of longstanding sleep issues although no recent changes. Stated that he has had nothing to eat or drink for 3 days however was documented to have accepted some from ED staff. His thought form, possession and stream were normal. His thought content revealed no evidence of any psychotic symptomatology. Lewis made a number of contingent suicidal threats based on if he were discharged from the department however there was no evidence of any clear planning or intent.
He displayed future planning and goal setting stating that he planned to attend Dr Lewis' clinic appointment next month and needed to get control of his business related issues.
There were no perceptual abnormalities and his cognitive function appeared grossly intact with no symptoms of mental illness that may impair his decision making or judgement.
There was no clinical indication for the need to admit to psychiatry.

Engagement

Engagement with services
Green

Note: Engaged well in assessment.
States that he is keen to engage with CMHT colleagues.

Medication management
Green

Note: Reports that he is concordant with prescribed medications.

Risk of absconding
Green

Note: No concerns

Risk of suicide/self-harm

Risk of self-harm
Green

Note: Historic DSH type behaviours. Denies any thoughts of this nature at this time.

Risk of suicide
Amber

Note: Presented to ED following overdose.
Lewis made a number of contingent suicidal threats based on if he were discharged from the department however there was no evidence of any clear planning or intent.
He displayed future planning and goal setting stating that he planned to attend Dr Lewis' clinic appointment next month and needed to get control of his business related issues.

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y)	**Gender** Male	**CHI Number** 2210843472

Risk of harm to or from others

Risk of harm to others
Amber

Note: Appears to have a history of poor impulse and temper control. Previous charges for domestic assault. Attends Caledonian Project.
Denies any thoughts of deliberate harm to others.

Abuse issues
Green

Note: No on-going issues. Previous report of physical abuse as a child.

Neglect/Vulnerability issues (consider ASP/AWIA)
Green

Note: No acts deemed necessary

Child protection concerns
Green

Note: daughter Casey Duncan DOB: 5.3.14.
states that he has no access currently

Risk from substance misuse

Substance misuse
Amber

Note: History of alcohol misuse
Previous cocaine use
Longstanding daily cannabis use.

Social and personal risks

Support network
Green

Note: Step dad is supportive
Caledonian project

Physical health
Green

Note: No chronic issues.
No on-going concerns resultant from overdose or reported fall.

Occupation of time
Green

Note: Works full time - self employed tree surgeon.

Housing and finances
Green

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y)	Gender Male	CHI Number 2210843472

Note: Lives with his step-dad.
Self employed tree surgeon. Reports that he in "broke" having not made as much money as normal during the summer season.

Any other issues
Green

Overall Impression of Risk
Amber

Note: No acute concerns relating to mental state. No evidence of mental illness impacting judgement or decision making ability.
Remains at risk of further overdose due to history of impulsive behaviours and on-going social stress.

Immediate Risk Management Plan
Aware of how to contact services out of hours.
Email to inform CMHT of presentation.

Gender based violence

Was gender based violence routine enquiry carried out?
No

Why was gender based violence routine enquiry not possible?
Not relevant as already carried out

Did disclosure take place?
Not applicable

Capacity to consent to care and treatment

Sufficient information provided?
Yes

Does the person have capacity

Understand the information given to them that is relevant to the decision
Yes

Retain that information long enough to be able to make the decision
Yes

Use or weigh up the information as part of the decision-making process
Yes

Communicate their decision
Yes

Is consent valid?
Yes

Is the consent given voluntarily?
Yes

Summary of Assessment

Summary of Assessment
Impression
Impulsive overdose in response to social stress. No evidence of acute mental illness. No indication of mental illness impacting judgement or decision making ability.
May present as on-going risk due to impulsivity.

NHS Confidential: Personal data about a patient

Service User Copy Printed 20/09/2018 by Cameron Alexander (Psychiatric Liaison Nurse) carepartner

Duncan, Lewis (Mr)

Date of Birth 22-Oct-1984 (33y)	Gender Male	CHI Number 2210843472

Action points
Discussed and agreed on Following Plan.
1: Declined Psychiatric Liaison leaflet

2: Copy of assessment to GP

3: Email to CMHT to request allocation of CPN

4: Feedback to ED staff

5: Discharged from PLN point of view

Adult Mental Health Services

Adult Mental Health Services
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net

NHS
Ayrshire
& Arran

CLINICAL IN CONFIDENCE

Dr KL Coulter
The Surgery
9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Clinic Date: 05/06/2018
Date Dictated: 05/06/2018
Date Typed: 06/06/2018
Our Ref: JL/AS
Enquiries to Angela Smith
Tel No: 01292 559807
Fax No:

Dear Dr Coulter

LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

I reviewed Mr Duncan today, 5th June 2018 at my Ailsa Out-patient Clinic.

He is taking the full dose of the Depakote regularly and it "seems to work". He is "not as agitated" although he still can have some temper issues. For the most part, he is back with his wife and this is better in terms of their relationship. He is "working a lot" doing garden maintenance for his father's firm. He is finding this tiring and he is starting not to enjoy his job. However, he doesn't have any clear direction as to what he might do as an alternative. Regarding alcohol, he is "hardly touching it". He admits to still having "a couple of nights out a month". This would involve, as he judged it, "not very much drinking" although it "could be up to 10 beers". He knows this is "a lot for other people" but it still represents a significant reduction in frequency and amount for him. He is still using Cannabis, but a lot less heavily than he did. He is aware of the financial benefits of these lifestyle changes, but admits that "if I get agitated, it is the first thing I turn to", especially with alcohol. Having moved out of his father's home he is getting on better with his dad. A further 5 criminal charges have been added to his earlier driving escapade. He is likely to be in Court later this year, but doesn't know when. He has a lawyer. He is at least going to get a lengthy driving ban and he knows there is a possibility that a custodial sentence might result. He missed an appointment with my CPN colleague Mr Frank Hughes because of bail issues, but would like another offer of this.

Current Medications
Valproate Semi-Sodium (Depakote) 1g twice daily.

He is not on any other medications. He is taking 8 tablets of 250mg strength to get to this dose, and he struggles a bit swallowing that number. He can occasionally get tired in the afternoon, but he denies other side effects. He said he takes it regularly and he reports definite symptomatic improvement. He previously tried hypnotics and they simply didn't work for his sleep.

2/ LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

Mental State Examination
He was a casually and appropriately dressed, tanned young man wearing his work clothes. Eye contact and self-care were good. He was much more settled. He sat calmly and appropriately throughout, and his level of emotional intensity and distress was significantly less. Speech was spontaneous and appropriate with no recurrent themes today. His mood is more level. He is less irritable and less impulsive, but he could still have a temper "if I am needled". He is denying thoughts of suicide or self-harm. He was euthymic and reactive and much more calm and settled. A better rapport was established. There were no psychotic or obsessive-compulsive features reported or in evidence. He is aware of his situation and his symptoms, and he voices awareness of the negative impact that his lifestyle could have on his situation.

Impression
He seems now to be in remission regarding his depressive illness (ICD10 Code – F32), and his harmful use of alcohol (ICD10 Code – F10.1) is much better under control. His Cannabis misuse is less too. He reports significant improvement on his mood stabiliser, which he is taking regularly and tolerates well. Things are better in his relationship with his wife and father. He is working hard in his job and not really enjoying this, but doesn't have a clear direction otherwise where he might go. He has driving related charges pending, but has legal representation for this.

Recommendations
We discussed how best to proceed. We were both keen that he continues the same medication without change in dose. **I wonder if it would be possible to specify in his prescription that he is dispensed the tablets of 500mg strength, as having to swallow fewer tablets would make medication adherence easier for him**. I will keep him under out-patient clinic review, and I encouraged him in his efforts to minimise as much as possible his illicit drug and alcohol use. Sleep can be a problem, but I am not seeing great merit in trying alternative hypnotic medication here. I asked him if he thought me sending him information about sleep hygiene would be of use, and he indicated that it would. I will therefore send him out some sleep information (from the Moodjuice website, hosted by NHS Forth Valley). He has indicated that he would like to try again with some CPN input and I will therefore, by means of copying this letter, request that a CPN colleague arrange another attempt at CPN input for Mr Duncan. I will catch up with him again later on in the summer, and I made sure he had our contact details so that he can get back in touch between planned contacts if he identified a need. It remains my view that Mr Duncan retains the capacity for his decision making and therefore responsibility for any adverse consequences of those decisions.

Kind regards.

Yours sincerely

Authorised on 07/06/2018 15:31:49 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

www.nhsaaa.net

NHS Confidential: Personal data about a patient

C.c. Frank Hughes, CPN, Adult CMHT, Ailsa Hospital, Ayr, KA6 6AB

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Alloway Place Surgery (9)

Patient : Lewis Duncan

(Gender: Male) (DOB: 22/10/1984) (Age: 33 years) (CHI: 2210843472)

Case No 25733 **Case Date** 19/05/2018 15:36
Own Dr Hunter, Helen

Current Address
Partnership In Care The Ayr Clinic Dalmellington Road
Ayr

KA6 6PT
Current Phone 07923 939296

Home Address (If Different)
62 Dalmilling Crescent Ayr

KA8 0QJ
Home Phone (If Different) 07718 651274

Case Type NHS24 Advice
Priority On Reception NHS24 Advised

NHS 24 Advice by Deborah Kidd (Dental Nurse) ()
Triage Start 15:38
Triage End 16:02

Clinical summary created by: Deborah Kidd (Dental Nurse) () [19/05/2018 16:04:22]
Reason for call: TOOTHACHE WORSE - 1 HOUR
19:05:2018 15:38:10 BURTW.. RETURN CALLER - APPOINTMENT MADE FOR 12 TOMORROW, BUT PT CANNOT STAND PAIN. PAINKILLERS NOT WORKING...
19:05:2018 15:59:32 KIDDD1.. RETURN CALLER 1 NAPROXEN X500MG 2 X 8/500 COCODAMOLCALLER STATES CONSTANT THROBBING PAIN WORSENING SWELLING UPTO EYE AREA FEELING CLAMMY SWEATY.. SWELLING HOT FIRM SOLID INCREASING QUICKLY TOOTH SPLIT PIECE BROKEN OFF CALLER STATES COUGHING EASING PRESSURE ANALGESIC ADVICE AND SELF CARE GIVEN TO BE SEEN WITHIN 1 HOUR A+E FOR ASSESMENT REG AA.. CALLER HAS FOLLOW UP FOR SUNDAY FROM PREVIOUS ASSESMENT..
Outcome: Patient advised to go to A&E - For Information Only

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**
Consult Start
Consult End

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

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Report Statistics: Report produced by Adastra Version 3 - 19/05/2018 17:07:02

NHS Confidential: Personal data about a patient

Report Statistics: Report produced by Adastra Version 3 - 19/05/2018 17:07:02

Adult Mental Health Services

Adult Mental Health Services
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net

NHS Ayrshire & Arran

CLINICAL IN CONFIDENCE

Dr KL Coulter
The Surgery
9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Clinic Date: 03/04/2018
Date Dictated: 03/05/2018
Date Typed: 04/05/2018
Our Ref: JL/AS
Enquiries to Angela Smith
Tel No: 01292 559807
Fax No:

Dear Dr Coulter

LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

I reviewed Mr Duncan on 3rd April 2018 at my Ailsa Out-patient Clinic. Please accept my apology for the delay in dictating this letter. He attended with his wife. He has been charged with "numerous offences" regarding his driving, in that he took his dad's car out without permission and then tried to evade the Police as they intervened. He has legal representation. He continues his pattern of heavy alcohol consumption. My CPN colleague Mr Frank Hughes has been seeking to engage with him. His wife expressed the family's concerns about his impulsive behaviour and prominent temper.

Current Medications
He continues on his Valproate Semi-sodium 500mg twice daily.
He is tolerating this but doesn't think that it has made much of a difference.

Mental State Examination
He was casually and appropriately dressed. He was not obviously under the influence of alcohol or other substances. He was quite sullen and a good rapport was not reached. He feels that subjectively things are "getting worse". He can have good days but temper is a problem and that "all it takes is a little trigger". He wasn't obviously objectively depressed or elated. A sense of volatility was evident on the surface however. There were no psychotic or obsessive compulsive features in evidence.

Impression
This gentleman continues with subjective low mood as a result of his depressive illness (ICD10 Code – F32) on a background of harmful use of alcohol (ICD10 Code – F10.1). It is difficult to judge at the moment to what extent his volatility is due to a mood disorder such as Cyclothymia and to what extent it is down to his personality. There is a possibility that elements of both maybe involved. I am not seeing grounds for making a diagnosis of a bipolar illness at the present time.

2/ LEWIS DUNCAN **20 MOSSGIEL AVENUE, TROON, AYRSHIRE, KA10 7DQ**

CHI No: 2210843472

Recommendations
We discussed how best to proceed. **He was agreeable to my suggestion for increasing the Valproate Semi-sodium to 750mg twice daily. This can subsequently be increased to 1g twice daily if needed and tolerated.** I will keep him under out-patient clinic review and my CPN colleague will continue efforts to meet with him, although there is a responsibility of Mr Duncan to engage with this. Although he is troubled by his experiences, I would consider him to retain capacity to make decisions and therefore legal culpability should additional offending take place.

Kind regards.

Yours sincerely

Authorised on 28/05/2018 11:28:13 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Mr Frank Hughes
Charge Nurse
Adult Community Mental Health Team
Ailsa Hospital
Ayr
KA6 6AB

NHS Confidential: Personal data about a patient

Tuesday.

Mental Health Services

South Ayrshire Adult CMHT
Ballantrae
Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

Date: 12/3/18

Private and Confidential

CHI: 2210843472
Duncan, Lewis
20 Mossgiel Avenue
Troon
KA10 7DQ
22/10/1984
Dr HS Hunter
MRN: A-H074742

Tele No: 01292 559810
Email: maureen.quinnell@aaaht.scot.nhs.uk

Dear Dr Hunter

I reviewed the above patient at my Ailsa out-patient clinic today. As a result,

I would be grateful if you could make the following medication changes:

Please discontinue MIRTAZAPINE
Please commence VALPROATE SEMISODIUM (DEPAKOTE) 250mg TWICE DAILY increasing to one week to 500mg twice daily
Further advice in discharge letter

Additional Information

Stopping CPN & CPN follow-up

Thank you

Yours sincerely,

DR JAMIE LEWIS
CONSULTANT PSYCHIATRIST

NHS Confidential: Personal data about a patient

Mental Health Services

Adult Community Mental Health Team
Main Building
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB

NHS Ayrshire & Arran

PERSONAL IN CONFIDENCE

Mr. Lewis. Duncan,
35 Outdale Avenue,
Prestwick,
KA9 1BY

Date 08th February 2018
Our Ref: FH/NMcN
CHI: 2210843472
Enquiries to: Nicola McNulty
Tel: 01292-559777

Dear Mr. Duncan,

You have been referred to the Community Mental Health Team.

It would be helpful in progressing your referral if you would telephone 01292 559777 between the hours of 9.30 am – 4.30 pm to confirm that you would like an appointment. Alternatively please respond by completing the tear off slip below and returning to the address above. If you wish to proceed you will be offered an assessment appointment with a member of our Community Mental Health Team, which should last about one hour.

If we do not hear from you by 22nd February 2018 you will be discharged from the Community Mental Health Nurse back to your referrer.

We look forward to hearing from you.

Yours sincerely,

Nicola McNulty
Team Secretary

Cc Dr Coulter, The Surgery, 9 Alloway Place, Ayr

Please complete the attached slip and return to the address above before:

Name: Lewis Duncan D.O.B. 22/10/1984

I would like an appointment to be seen by the Adult CMHT ☐
I no longer wish to be seen by the Adult CMHT ☐

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

NHS Confidential: Personal data about a patient

University Hospital Ayr Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555	Immediate Discharge Letter & Prescription	NHS Ayrshire & Arran

To:	Re:
The Surgery 9 Alloway Place Ayr Ayrshire KA7 2AA	LEWIS J DUNCAN 35 OUTDALE AVENUE , DUNDONALD , PRESTWICK , AYRSHIRE , KA9 1BY DOB: 22/10/1984 Hosp. No.: 2210843472 CHI No.: 2210843472

Date of Admission: 23/09/2017
Mode of Admission: Emergency
Admission Reason:
Discharge Date: 24/09/2017

Ward: STATION 3-AYR
Consultant: DR DAVID SWORD (Respiratory)
Follow Up:

Diagnoses Intentional Overdose

( )

Secondary Diagnoses Depression
PTSD
Previous alcohol excess

DR MARIANN BUARI (24-SEP-2017 12:11)

Clinical Progress Admitted on 23/09/17 with an intentional OD of citalopram (14x 40mg + 8 x20mg tablets).
Patient had also drank 1 bottle of wine and had used cocaine the night before.
OD was triggered by a fight with his wife on the same morning.
Pt claims his intention was not suicide, he regretted his actions immediately and called ambulance.
ECG fine. Telemetry normal. Paracetamol level: 8.
Pt has been seen by psych liason nurse this morning who is happy to discharge him.

DR MARIANN BUARI (24-SEP-2017 12:11)

Allergy/Intolerance	Reaction
No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

No medicines prescribed on discharge

Discharged by: DR MARIANN BUARI

Page 1 of 1
Report generated on: 24/09/2017 20:00

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

To: **HS.HUNTER**

Re: **Lewis Duncan**
35 OUTDALE AVENUE,PRESTWICK,AYRSHIRE
KA9 1BY
DOB: 22/10/1984
A & E No: AYR-17-031254-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 23/09/2017 **Time of Attendance:** 10:34:00
Presenting Complaint: suicidal/overdose **Duty Consultant:** N Bartlett
Additional Information: No Attendances in Last 12 months:3 Total Number of Attendances:18

Diagnosis OD of CNS medications,,

Treatment Assessed and referred

Investigations

Discharge Information: Admitted, Combined Assessment Unit (CAU)

Additional Information intentional overdose of citalopram. admitted under medics for observation

Discharged by: Alice O'Neill,Senior Grade

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Crosshouse Hospital A & E
Tel: 01563 577757 / 577758
Fax: 01563 572009

A&E Discharge Letter

To: **HS.HUNTER**

Re: **Lewis Duncan**
35 OUTDALE AVENUE,PRESTWICK,AYRSHIRE
KA9 1BY
DOB: 22/10/1984
A & E No: XH-17-048795-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 15/09/2017 **Time of Attendance:** 21:18:00
Presenting Complaint: fell off bike **Duty Consultant:** Y Moulds
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:17

Diagnosis Minor head injury,,

Treatment Analgesia

Investigations X-Ray,
X-Ray,

Discharge Information: Admitted, Ambulatory Care

Additional Information COme off bike at 60mph with multiple soft tissue injury to limbs, ct head and neck normal. admitted to ambulatory care for observation.

Discharged by: Monica McKenna,Spec Trainee Year 4

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Ambulatory Care Unit
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Switchboard 01563 521133
Fax 01563 827731
www.nhsaaa.net

NHS Ayrshire & Arran

Dr HS Hunter
The Surgery
9 Alloway Place
Ayr
Ayrshire
KA7 2AA

Our Ref: KF/LR
Date Dictated: 16/09/2017
Date Typed: 29/09/2017
Enquiries to Lorraine Ritchie
Direct Line 01563 825056
Ext. Number 25056
Email lorraine.ritchie@aaaht.scot.nhs.uk

Dear Dr Hunter,

LEWIS DUNCAN DOB: 22/10/1984 CHI No: 2210843472
35 OUTDALE AVENUE, PRESTWICK, AYRSHIRE, KA9 1BY

DATE OF ADMISSION: **15/09/17**
DATE OF DISCHARGE: **16/09/17**
DIAGNOSIS: **Trauma secondary to fall from motorbike**
MEDICATION ON DISCHARGE: **No new medication on discharge**
FOLLOW UP: **Nil required**

The above 32 year old gentleman was admitted to the Emergency Department at Crosshouse Hospital after falling from his motorbike on a dirt track. He had consumed a half bottle of Buckfast and some cannabis prior to the event. He denied any loss of consciousness prior to the event. He was wearing a helmet at the point of impact.

On admission he was complaining of general all over body tenderness although there was no C spine tenderness. X-ray of his chest, pelvis, right elbow, left femur, left knee, left hand and thumb all showed no evidence of fracture. CT head and cervical spine showed no evidence of fracture, contusion or haemorrhage and there was no acute intracranial abnormality.

He was admitted to Ambulatory Care overnight for a period of observation and the following morning was reviewed by Dr Black, Consultant in Emergency Medicine. GCS was 15/15, pupils were equal and reacting to light. His neck was non tender with full range of movement. His abdomen was soft and on tender and there were no complaints of headache.

He was therefore discharged home with appropriate head injury advice.

Yours sincerely

Authorised on 04/10/2017 13:32:47 by Lisa Black.

Karen Figgins
Advanced Nurse Practitioner
Ambulatory Care
NMC No 84B0554S

Dr Lisa Black
Consultant In Emergency Medicine
GMC No 6128517

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

To: **HS.HUNTER**

Re: **Lewis Duncan**
35 OUTDALE AVENUE,PRESTWICK,AYRSHIRE
KA9 1BY
DOB: 22/10/1984
A & E No: AYR-17-002993-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 26/01/2017 **Time of Attendance:** 17:57:00
Presenting Complaint: inj r hgand toe inj **Duty Consultant:**
Additional Information: No Attendances in Last 12 months:2 Total Number of Attendances:16

Diagnosis	Minor soft tissue injury,Hand,Right
Treatment	Advice
Investigations	X-Ray,
Discharge Information:	Discharge, Usual place of residence no follow up
Additional Information	Punch inj Rt hand this morning. Xray - no # identified. RICE advice, Paracetamol 1g 4 times per day (16 tabs), gentle finger exercises.
Discharged by:	Janet Falls,ENP

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayr Hospital
Tel: 01292 614615

A&E Discharge Letter

Dr A T Hand, Dr E Ofei, Dr A Stevenson, Dr A Krichell, Dr S Learmonth, Dr N Bartlett

To: **HS.HUNTER**

Re: **Lewis Duncan**
35 OUTDALE AVENUE,PRESTWICK,AYRSHIRE
KA9 1BY
DOB: 22/10/1984
A & E No: AYR-16-028049-1
CHI No.: 2210843472

Attendance Details
Date of Attendance: 09/08/2016 **Time of Attendance:** 13:47:00
Presenting Complaint: L finger injury **Duty Consultant:** E Ofei
Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:15

Diagnosis

Treatment

Investigations

Discharge Information:

Additional Information

Discharged by: Nicola Bartlett,ED Consultant

If you have any queries about this patient, please contact one of the staff at the above number

NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust — **Area Laboratory**

DUNCAN		*Patient No.*	2210843472	*Clinician*	Dr A G McHattie
LEWIS		*Unit No.*		*Request Location*	Portland Surgery
65 PORTLAND STREET		*DOB*	22/10/1984		1 Dukes Raod
TROON	KA10 6QU	*Sex*	M		Troon

This Report To **Dr A G McHattie GP, Troon: Dukes Road Surgery**

Culture yields **No growth**

☐ MCHATTIE
☑ MCGREGOR
☑ HOLLAND
☑ REGISTRAR

☑ FILE
☐ NOTES TO_____
☐ APPT
☐ SCRIPT@ONE ☐
☐ PHONE
☐ VISIT
☐ LETTER@ONE ☐
☐ NURSE APPT
☐ HV APPT
☐ OTHER_____
☑ ON COMPUTER

DataMail 8895

Lab No	M.00.063594.4	*Date/Time Coll*	02/08/2000	11:30	*Authorised By*	Brian Wilson	05/08/2000
Printed	05/08/2000 10:12	*Sample Type*	Elbow swab		*Page*	1 OF 1	

NHS Confidential: Personal data about a patient

Duncan, Lewis
DoB: 22/10/1984

Report Valid On 04/08/00 12:44

Portland Surgery
Page number 1

Registration

Mr Lewis Duncan
65 Portland Street
TROON
Troon

KA10 6QU
CHI Number: 2210843472 NHS Number: 231/84/772

Service Code: Permanent
DoB: 22/10/1984
Age: 15
Telephone: 318753
Contact: ?

Marital Status: Unknown

Registered GP: A G MCHATTIE

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0

Priority Clinical / User Marker

10/01/1998 High MVTA+pedestrian hit by MV - pedestrian injured hit by car, not badly injured

High H/O: asthma

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Cons.
Terbutaline Sulphate 100 Dose Dry Powd	opx1 2 PUFFS AS DIRECTED	29/01/99	02/08/00	56	0
Budesonide 100 Dose Dry Powder Breath	opx1 1 PUFF TWICE DAILY	29/01/99	02/08/00	56	0

Adverse Reactions

Read Code **Description**

Clinical / User Marker

10/01/1998 High MVTA+pedestrian hit by MV - pedestrian injured hit by car, not badly injured

High H/O: asthma

04/08/2000 Low Asthma control step 1

04/08/2000 Low Asthma not disturbing sleep

04/08/2000 Low Asthma not limiting activities

04/08/2000 Low Current smoker 1-2:cigs/day

04/08/2000 Low Inhaler technique - good

04/08/2000 Low More than 80% of predicted peak flow rate 100:%

04/08/2000 Low Peak exp. flow rate: PEFR/PFR @908.00420:l/min

13/01/1999 Low Patient signed reg. form

Screening

04/08/00 **Asthma Review$$** Lung function testing normal
Repeat after an interval - 6 Months Do not send recall letter Do not send result letter

Summary Sheet: 2000

Printed at 04/08/00 12:44:39

Duncan, Lewis
DoB: 22/10/1984

Report Valid On 04/08/00 12:44

Portland Surgery
Page number 2

06/07/99	**1st Primary Immunis.$$**	First DTP/HIB + Polio
Repeat after an interval - 4 Weeks		Send recall when due
06/07/99	**2nd Primary Immunis.$$**	Second DTP/HIB + Polio
Repeat after an interval - 4 Weeks		Send recall when due
06/07/99	**3rd Primary Immunis.$$**	Third DTP/HIB + Polio
Repeat after an interval - 4 Weeks		Send recall when due
06/07/99	**Mmr Immunis.$$**	Measles/mumps/rubella vaccn.
No Action Required		Send recall when due
06/07/99	**Preschool Immunis.$$**	Booster DT + Polio + MMR
No Action Required		Send recall when due

Summary Sheet: 2000

Printed at 04/08/00 12:44:39

NHS Confidential: Personal data about a patient

Portland and Meadowgreen Surgeries
Child Questionnaire

Surname ~~CAMERON~~ DUNCAN

First Names ~~JOHN DAVIDSON~~ LEWIS

Date of Birth ~~13/3/65~~ 22/10/84

Telephone number 01292 318753

Has your child had any serious illnesses or operations?
If so, could you list them below?

No. Pulmcort Brocl.

Is your child allergic to anything? If so, please list them:

No.

Is your child taking any medications?
If so, please list them below:

Drug Name *Dose* *Frequency*

What vaccinations has your child had?

First Triple, Polio and HIB Yes/~~No~~ *Did your last GP do this for you?* Yes/No
Second Triple, Polio and HIB Yes/~~No~~ *Did your last GP do this for you?* Yes/No
Third triple, Polio and HIB Yes/~~No~~ *Did your last GP do this for you?* Yes/No

Measles, Mumps and Rubella (MMR) Yes/~~No~~ *Did your last GP do this for you?* Yes/No

Pre-School Booster Yes/~~No~~ *Did your last GP do this for you?* Yes/No

Did you request that your child should NOT have the Whooping cough vaccination? Yes/~~No~~

Is there any other information that you feel may be of help to us?

LEWIS SUFFERS FROM ASTHMA WHICH WAS DIAGNOSED BY DR. MCHATTIE.

NHS Confidential: Personal data about a patient

Dr M Zaidi Mr J Stevenson Dr A Lannigan

Accident and Emergency

Crosshouse Hospital
Kilmarnock KA2 0BE

Phone: 01563 577758/9
Fax: 01563 572009

Dr. AG MCHATTIE
PORTLAND SURGERY
1 DUKES ROAD
TROON
KA10 6QR

LEWIS DUNCAN,
65 PORTLAND ST, TROON,
AYRSHIRE KA10 6QU

DOB: 22/10/1984
A/E No: 00031333

Date and Time of Attendance: 30/07/2000 17:42

Diagnosis: *abrasion left olecranon*

Treatment: *wound toilet, dressing, tetanus booster*

X-Rays:

X-Ray Results: *None:*

- ☑ MCHATTIE
- ☐ MCGREGOR
- ☑ HOLLAND
- ☐ REGISTRAR

- ☑ FILE K
- ☐ NOTES TO
- ☐ APPT
- ☐ SCRIPT DONE ☐
- ☐ PHONE
- ☐ VISIT
- ☐ LETTER DONE ☐
- ☐ NURSE APPT
- ☐ HV APPT
- ☐ OTHER
- ☑ ON COMPUTER

Follow Up: *Discharge no review*

Additional Information: *Fell off bike onto gravel.*

Clinicians Seen in A&E Department:

A MACDONALD

If you have any queries about this patient, please contact one of the staff at the above number.

ANDREW MACDONALD
Senior House Officer

NHS Confidential: Personal data about a patient

Garve 242

MALE	SURNAME	CHRISTIAN NAMES
	DUNCAN	LEWIS JAMES

ADDRESS LOCHLUICHART LODGE NR GARVE

Date of Birth 22 10 84

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
25/10/88	3rd	triple vaccine A	57760
31/10/85		[illegible]	DT

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

P.H.P., 53-2785, 6/81

Form G.P. 7 (Scotland)

NHS Confidential: Personal data about a patient

2 31 - 84 - 772

MALE

SURNAME	CHRISTIAN NAMES
DUNCAN	LEWIS James

ADDRESS 'CALYSPO Cottage' DUNROBIN G0AS/015 — Date of Birth 22 10 84

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
8/11/84.		(1) OK. at 4/52!	
E58		Rx. Otosporin 5ml	
14/12/84		Sudden. Otomycosis	
27.2.85		Cold' — Ears OK — NTA.	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

P.P.L., 53-2977, 3/82

Form G.P. 7 (Scotland)

		National Health Service Number	231:84:772
CLINICAL NOTES	Surname (Block Letters) DUNCAN	Forenames (Block Letters) LEWIS J.	
	Address ~~LOCHLUICHART LODGE, BY GARVE.~~	19, ~~43~~, ORD PLACE LAIRG	Date of Birth 22.10.84

Date	*	
31/10/85		Triple vacc. / OPV Trivax AD Bwc. A5776A SKF OPV 5708A1
12/5/86		Measles 2/52 ago. No patches of red inflammation → urticaria ℞ Vallergan
7/10/86	P	Drv a/1. ℞ for Draught
15.11.88		Cough; bilat OM ℞ Amoxil 125 TID
9/10/89		Unwell 3/12 ago, seemed better + [illegible] but rash developed today. Afebrile since Friday
		— macular erythema, no blisters, itch at times
		O/e Ears ✓ Throat mild erythema. Cervical nodes ++.
		• Chest clear
		Abdo NAD
		℞ Amoxil 125mg tid
		Calpol if fever.
20/11/89		Fell out of top bunk landing on (L) jaw. Small bruise at upper end. Movements all normal. No broken teeth.
23/5/90		Itchy raised rash on trunk, back & legs for 3 days. ?annular. ? Tinea infection
		℞ Canesten HC Cream.
22/8/90		Rash on upper chest 24 hrs. Discreet measles-like itchy spots.
		None elsewhere. ? allergy to new clothes.
		℞ Eurax Cream 30 Gm.
23/8/90		Now rash widespread over back & upper legs. Not unduly itchy & not out of sorts. See 3 days.
21.10.91		Eye injured by Thrown Stone. 6/6 vision

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	•	
29/9/92		Itchy rash all over body mainly abdo.
		Rx 2½% Hydrocortisone Cream
6/6/94	A	
25/9/94	A	Itchy rash again on upper chest.
		Rx 2½% Hydrocortisone Cream x 30G.
10/11/94	A	Spots on buttocks ? early chickenpox
		? bites Rx = [illegible] Cream.
14/12/94	K	Bruise to (R) temple on Handley - hit [illegible]
		NV [illegible]. [illegible]
		[illegible] bruising & tenderness. No [illegible]
		Pupils = & reactive. Fundi NAD. Usual
		post concussion advice.
13/4/95		FB (L) eye - piece of grass removed.

* This column has been provided for doctors to enter A, V or C at their discretion

AL 53-2521 7/77

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) DUNCAN	Forenames (Block Letters) LEWIS
	Address	Date of Birth 22.10.84

Date	*	
21.2.95		Registered
28/3/95		Sore T. + nodes 12h. O/E Flushed Pharyngitis
		c nodes. Adv. fluids, paracetamol & rest
2.5.95		H/call
24/7/97		[illegible] SOB overnight
		O/E Cerv LNs [illegible] P 100 RR 24/min
		[illegible] - [illegible]
		5mg Salbutamol Neb - No change
		[illegible] Pred 5g x (30)
		Amoxyll (15)
		[illegible] TH (100) R/V 1/52
30/7/97		much improved.
		O/E chest clear.
		Start pulmicort 200mcg BD turbohaler.
		Relished
		Review 1/12.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP11F
355 2095

NHS Confidential: Personal data about a patient

National Health Service Number

RE: 29/11/98
INV: 29/11/98

CLINICAL NOTES

Surname (Block Letters): DUNCAN
Forenames (Block Letters): LEWIS
Address: c/o REDBURN HOTEL IRVINE
Date of Birth: 22/10/84

Date	*
5/2/98	3 noctes two/three day. -Seen with MWM - Redburn Hotel. Has with Dr McHattie in Troq. -Cough 2-3 weeks. attend RA. -Uses Rhinocort 200 turbohaler Bricanyl in MWM requests a review in case he is missing school unnecessarily. O/E Well. Temp 36.4. ENT normal chest clear. -return to school.

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

	National Health Service Number		
CLINICAL NOTES	Surname (Block Letters) DUNCAN	Forenames (Block Letters) LEWIS	
	Address		Date of Birth 22.10.84

Date	•	
13/1/99		Registered
13/1/99		2/52 Hx sharp pain in stomach & sharp pain in head.
		No medical advice sought. Weak on moving (L) arm.
		O/E CVS✓ RS✓ Full ROM shoulder & neck. Tenderness (L) pec
		major. Rx ~~thyroxine~~ paracetamol 500mg QDS (30).
		Tell not settle.
21/5/99		Cough [illegible] wheezing
		- Temp [illegible]
		Throat red
		Chest widespread wheeze
		Imp exacerbation [illegible]
		Rx - Oral prednisolone [illegible] x 3 days
		- [illegible] 4-5 x daily 4 days
		- If worsening to return
		[illegible signature]

This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

	National Health Service Number	
NURSES AND HEALTH VISITORS RECORDS	Surname (Block Letters): DUNCAN	Forenames (Block Letters): LEWIS
	Address	Date of Birth: 22.10.84

Date	
24/7/97	Nebulised ̄c 5mgs Salbutamol via compressor & mask as per Drs instructions
	Resps:- 36 per minute P:- 128 regular.
	See GP notes. [illegible]
15/11/98	Nylon sutures removed ex forehead and back of scalp [illegible] total wounds [illegible] clean + dry
2/8/00	attended A&E 30/7/00 ̄c graze to (L) elbow. attended for redressing.
	Slightly in centre crusted [illegible]. Inadine dressing applied review
	8/7 for change + asthma review. [illegible]
4/8/00	asthma Review
	Height 161.8 age:- 15 Predicted PEFR:- (520) ̄c 425
Rx	Pulmicort 2 puffs BD not taking
	Bricanyl usage nil.
	PEFR: 420 ? technique.
	asymptomatic advised re inhalers has ordered Rx Bricanyl
	advised to keep taking everywhere with him. Review 6/12
	Dressing changed [illegible] applied review in 4/7 dressing for Sunday given
8/8/00	Healing well discharged ̄c moisturising advice. [illegible]

FORM GP111M 355—2101

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National Health Service Number	231:84:7772

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
DUNCAN	LEWIS J.	22.10.84

Address COACH HOUSE DR AUCHNAGAR ~~#3, OAK PLACE~~ ~~LOCHLUICHART LODGE~~, ~~BY GARVE~~. LAIRG

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1	17.1.85	17.1.85	17.1.85	17.1.85	M.M.R 4/8/89.			
2	28.2.85	28.2.85	28.2.85	28.2.85				
3	~~14.3.85~~ 31.10.85	~~14.3.85~~ 31.10.85	~~14.3.85~~ 31.10.85	~~14.3.85~~ 31.10.85				
Boost	4/8/89	✓	4/8/89	4/8/89				
Boost								
Boost								

Tuberculin Test					BCG		
Result				Date			
Date							

Other Inoculations

Type							
Date							
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H Dd 8360946 500M 2/82 Ed (18575)(C3)

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HIGHLAND HEALTH BOARD

28 QUEENSGATE, INVERNESS

VACCINATION AND IMMUNISATION APPOINTMENTS — UNSCHEDULED ATTENDANCES

C.T.		H.B.		
1	3	0	0	1

DOCTOR OR CLINIC: THE HEALTH CENTRE, GOLSPIE

SURNAME: DUNCAN

FORENAME(S): LEWIS JAMES

DATE OF BIRTH: 22-10-84 SEX: MALE

ADDRESS: CALYPSO COTTAGE, DUNROBIN, GOLSPIE

IF THE CHILD'S ADDRESS HAS CHANGED, PLEASE RECORD PREVIOUS ADDRESS BELOW —

PREVIOUS ADDRESS: ..... POST CODE .....

DATE IMMUNISATION GIVEN: 28-2-85

COURSE GIVEN (PLEASE ENTER 1st, 2nd OR 3rd INJECTION/DOSE)

	DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MEASLES
INJECTION OR DOSE NUMBER	2nd	2nd	2nd	2nd	

BATCH NUMBER USED

D.T.P.	A 57979
D.T.	
POLIO	3706A1
MEASLES	
DIPHTHERIA	
TETANUS	
OTHER	

DOCTOR'S SIGNATURE .....

FOR OFFICE USE

DATE OF BIRTH	H.H.B. NUMBER	Sex	DATE GIVEN	TREATMENT CENTRE	Course	Antigen	Course	Antigen	CH
6 — 11	12 — 15	16	17 — 22	23 — 26	27	30	31	34	35

CHANGE OF CONSENT AT				
D	PE	T	HO.	M
36				40

NHS Confidential: Personal data about a patient

THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: 100-546413/EJ/HG Your Ref: If 'phoning please ask for:

GENERAL SURGERY
MR A.T. FORSTER

DATE ADMITTED: 10/01/1998 **DATE DICTATED:** 13/01/1998
DATE DISCHARGED: 11/01/1998 **DATE TYPED:** 15/01/1998

Dr A G McHattie
Portland Surgery
Dukes Road
TROON

Dear Dr McHattie

MASTER LEWIS DUNCAN, REDBURN HOTEL, IRVINE. (DOB 22/10/84)

DIAGNOSIS: Head injury

PROCEDURE: Nil

COMMENTS:
This 13 year old boy was admitted to the Seafield Wing having been knocked down by a car travelling at approximately 20 miles an hour. This apparently hit him on the right leg and threw him over the bonnet of the car from which he sustained a head injury. He had no loss of consciousness and no neurological sequelae at the time. He was brought to A & E where his examination was essentially normal, with a 15/15 Glasgow Coma Scale. He had a 2 cm laceration to the right side of his forehead and a 3 cm laceration to the right occiput with some bruising in the lateral aspect of his right shin, and a graze over the mid shaft of his right tibia and his right scapula. He was admitted for neurobservations which remained essentially normal and skull x-ray showed no bony injury.

He was allowed home the following day and we have no plans for any follow up.

Yours sincerely

E JACK
Paediatric SHO

☑ PHOTO
☐ CONSULTANT
☐ REGISTRAR
☑ FILE
☐ NOTES
☐ APPT
☐ SECRY
☐ PHOTO
☐ ...T
☐ FREE APPT
☐ OTHER
☐ COMPUTER

Changing ... for the better

THE SOUTH AYRSHIRE HOSPITALS NHS TRUST

STA 2035

NHS Confidential: Personal data about a patient

To: 01292317837 From: Adastra 27/07/97 06:00 Pg 04/05

Ayrshire Doctors on Call Unknown

Call #: 22537 Received: 26-Jul-1997 22:09 Type: Sister Advice

Patient's Name: Lewis Duncan
Date of birth: 22-Oct-1984 (Age: 12 years) Sex: Male
30 Frew Terrace IRVINE Ayrshire
KA12 9EA (NS:323 402)
Tel No: 01294 277936 Origin: Same Address

Received: 22:09
Passed : 22:10
Triaged : __:__
Arrived : __:__
Departed: __:__

Triage Time:
Time taken from reception to final consultation..... 4 mins
Consulted by: WILSON SUSAN (SISTER) Own Doctor: McHattie, A G

Message received:

22:18 26-Jul-1997 diagnosis entered
ASTHMA ON BRYCANYL TURBO HAS LOST IT
WILL OBSERVE OVERNIGHT IF HE HAS ATTACK ADOC WILL CALL
IF CANNOT FIND INHALER PRESCRIPTION WILL BE GIVEN IN AM AT CENTRE

P. 04

To: 01292317837 From: Adastra 27/07/97 06:00 Pg 05/05

FAX TRANSMISSION COMPLETE

P. 05

- [x] AGM
- [ ] AC
- [ ] REG

- [x] FILE
- [ ] NOTES
- [ ] APPT
- [ ] SCRIPT
- [ ] PHONE
- [ ] VISIT
- [ ] NURSE APPT
- [ ] OTHER

NHS Confidential: Personal data about a patient

AYRSHIRE + ARRAN
Community Health Care
NHS TRUST

Child and Family Clinic
Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ
Tel: (01292) 285607

Child and Family Clinic
Ayrshire Central Hospital
IRVINE
KA12 8SS
Tel: (01294) 272023
Fax: (01294) 313798

RO/AMM/8133

25 July 1997

AGM
AC
PEG

FILE
NOTES
APPT
SCRIPT
PHONE
VISIT
NURSE APPT
OTHER

Ms Caroline Corrigan
Social Worker
Social Work Department
Bridgegate House
Bridgegate
IRVINE

Dear Ms Corrigan Dr Mathew

LEWIS DUNCAN and FAMILY, 30 FREW TERRACE, IRVINE, KA12 9EA. DOB 22.10.84

This family were referred to Child and Family Services in March 1997 by Beverley Bone, Social Worker at the Whitletts Department, at a time when the family were moving from Troon to Irvine.

A family appointment was offered at the Child and Family Services Clinic, Ayrshire Central Hospital for 23 July 1997 and I interviewed Mrs Carrie Duncan, her two sons Lewis aged 12, Grant aged 10, and her present partner, Mr George Wilson, in a session which was screened by several of my colleagues on the multidisciplinary team.

I heard that there had been many changes in the boys lives. Lewis and Grant are the product of Mrs Duncan's first marriage which dissolved when Lewis was aged only three. There has been no recent contact with natural father whom Lewis is seen to resemble in personality. Mrs Duncan then had a six year relationship with Mr John Cameron, moving with him to Sutherland where the couple worked together in a hotel. The boys attended a local country school and appeared quite happy and settled. Two years ago, the hotel closed and Mr Cameron took up a new post as chef in Troon. The family lived together for a while in Troon but in June 1996 Mr Cameron decided that he wanted to end the relationship and Mrs Duncan moved out of the family home with her two boys to rented accommodation in Barassie. She subsequently started a new relationship with her present partner George and in December 1996 moved the family to join him in Irvine.

Lewis' behavioural problems seemed to started two years ago, coinciding with the move of house although none of the family seemed to think this significant timing. Lewis denied being unhappy at leaving Sutherland although mother recalled that he had been unhappy and tearful at the time and found it difficult at first to start at Troon Primary. In primary seven he started truanting in the company of other children and this seems to have become an established habit. The situation deteriorated on his move to Marr College where, even though mother took him to school staff were unable to contain him within the building. Regular truanting has led to involvement with a delinquent subculture and he is being drawn into acts of vandalism and shop-lifting.

Within the home Lewis is an immature oppositional boy who defies parental authority. Mr Wilson does not feel that he has any authority over the boy although they can get on well when Lewis is in a good mood. Both Mrs Duncan and Mr Wilson felt that they were being sabotaged by Mr Cameron who still has access to the boys at weekends and holidays. Although he is often not at home because of working long hours as a chef, the boys enjoy going to his home because they see it as a soft option and are allowed to stay up to all hours watching television and videos. If Lewis is grounded at home he tries to escape unless mother has locked the doors and windows and seeks refuge with Mr Cameron. On two occasions when Mr Wilson has tried to get Lewis back into the home, the boy has accused him of assault.

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KA12 8SS
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RO/AMM/8133 2 25 July 1997

Ms Corrigan

Although Lewis was officially transferred from Marr College to Irvine Royal Academy in the Spring he has only attended for a handful of days. Mrs Duncan puts him out of the house with assurances that he will attend school but sees no point in accompanying him to the bus stop because he will just create a scene. She feels that at his age she cannot physically enforce discipline.

At interview the team were aware of the inappropriate levity and giggling by the family. When challenged they agreed that this masked depression with Mrs Duncan saying that if she could not laugh she would cry. Lewis also seemed quite unconcerned at the events being described and mother confirmed that he took no responsibility and showed no remorse for his actions. He does not seem to be concerned about the consequences nor to have any thought for future ambitions or career.

When asked what they wanted from the referral, parents felt they were looking for a diagnosis and understanding of Lewis' problems. Mrs Duncan in particular queried whether he might be suffering from attention deficit and hyperactivity disorder (ADHD) examining Lewis' past medical history and development did not particularly confirm this diagnosis. There is no family history of learning difficulties. Lewis has always had difficulty sustaining attention and completing tasks in school, but this seems to be in the context of finding the work boring and never really having been made to concentrate. He was a very easy baby who had to be woken to feed and although he had temper tantrums between the ages of two and three these did not persist. Mrs Duncan felt that there had been a period when she had control over Lewis although this has not been the case for the last couple of years.

In summary my impression was of a rather disorganised family where there have been a number of losses not dealt with seriously enough by the family. I would query Mrs Duncan's assessment that she has been in control of Lewis in the past, wondering how much she has ever had real parental authority over this child. Lewis presents as suffering from oppositional defiant disorder. He is not an obvious case of ADHD but this may warrant further investigation.

Regarding the possibilities of therapy from Child and Family Services, there needs to be a division between the practical issues and the psychological issues. I put it to the family that as a "talking shop" we could address the issues of losing 'dad' (John Cameron) for the boys, and taking on George Wilson as a replacement. I also felt that Lewis must have considerable fears about ever returning to school and having to catch up on two years work. There is also a huge issue about who has parental authority with Lewis and Grant relating to three different adults at the moment. I think the issue of whether John Cameron should have access to the children and be allowed to sabotage any discipline in the family home is one that should be urgently addressed. Mrs Duncan and Mr Wilson were quite clear that there would be no point in trying to organise a three way discussion in our clinic as Mr Cameron would not co-operate.

Other areas which it is not appropriate for us to take charge of are the care control and educational issues. I was concerned that there does not appear to be a clear plan for Lewis' return to school in the autumn. I could not clearly establish whether and Educational Psychologist was involved or whether Lewis had been referred to he Joint Assessment Team at Irvine Royal Academy for regular reviews. Presumably to be successfully reintegrated into school he will need an individualised programme with massive support from the Learning Support Base and a behavioural time-table with reporting to teachers at the beginning and end of every lesson. If this fails then an urgent referral to the Reporter will be needed to look at his home and educational placements. While not taking an active part in any of these decisions I would be happy to attend any reviews if given sufficient notice.

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Tel: (01294) 272023
Fax: (01294) 313798

RO/AMM/8133 3 25 July 1997

Ms Corrigan

For the time being we have offered, and the family have accepted, a follow up appointment top start discussing the psychological issues outlines above.

Yours sincerely

Dr Rachel Oglethorpe
Consultant Child and Adolescent Psychiatrist

cc Educational Psychologist (Irvine Royal Academy), Psychological Services, Vineburgh Park, Kilwinning Road, Irvine
Dr PHG Thomson, Senior Clinical Medical Officer, Child Health Department, Ayrshire Central Hospital
Dr McHattie, Portland Surgery, 1 Dukes Road, Troon

CONFIDENTIAL TO ADDRESSEE
NOT TO BE SHOWN TO OTHER PERSONS WITHOUT REFERENCE TO THE WRITER

"Promoting Health. Providing Care"

NON 4348

NORTH AYRSHIRE
COUNCIL

GEORGE L. IRVING: DIRECTOR OF SOCIAL WORK

Contact:
Telephone:
Your Ref:
Our Ref:
Date: 23rd June 1997

MINUTES OF CHILD PROTECTION CASE DISCUSSION
HELD ON TUESDAY, 10TH. JUNE 1997

LEWIS DUNCAN (21.10.84)
30 FREW TERRACE, IRVINE.

Present:

Mr. D. MacRitchie, Manager (Area Services).
Ms. I. Dumigan, Senior Social Worker.
Ms. L. Owens, Social Worker.
Mrs. C. Garrigan, Social Worker.
Mrs. M. Smith, Project Leader Kids and Carers.
Ms. S. Stewart, Guidance Teacher Irvine Royal Academy.
Ms. S. Mc Cart, Minute Secretary.

☐ AGM
☐ AC
☐ REG

☑ FILE
☐ NOTES
☐ APPT
☐ SCRIPT
☐ PHONE
☐ VISIT
☐ NURSE APPT
☐ OTHER

Apologies:

DS W. Burgess, Female and Child Unit.

Invited but didn't attend:

Dr. Hattie, Portland Road Surgery, Troon.
Specialist Services.

Group members were introduced and the meeting formally opened.

Social Worker's report was circulated (see attached).

Mr. MacRitchie, Chairperson, advised that the alleged incident was one part of numerous general concerns involving the family. The Case Discussion had been convened to highlight and discuss these concerns and formulate a package of support/guidance.

The alleged incident occurred on 28.5.97. There had been various witnesses and the

KILWINNING TEAM OFFICE, 17 BYRES ROAD, KILWINNING, KA13 6JY. TEL: (01294) 553925
BERNARD DEVINE: CHIEF EXECUTIVE

Police had become involved. After an investigation, Police were satisfied that there was no need for action to be taken regarding the incident.

Ms. I. Dumigan, senior social worker, however, received a telephone call on 29.5.97 from a member of Social Work Headquarters staff who had seen the incident. In her opinion, Mr. Wilson had assaulted Lewis and rubbed grass containing dog dirt on to his face. Lewis denied this and stated it was only grass.

Ms. Dumigan discussed the above with Mrs. Garrigan, and Ms. Owens, social workers. Contact was made with the Police who again became involved.

A joint interview involving social workers, Police, Ms. Duncan and Lewis was arranged. According to Ms. Duncan, due to work commitments, she would find difficulty in attending such a meeting. However, after the seriousness of the incident was stressed to her, she agreed to attend. During the interview, both Lewis and his mother appeared detached and jocular, trying to minimise events. Ms. Duncan tried to put a lot of responsibility for the incident on to Lewis. She also stated previous misdemeanours to which Mr. Wilson had not reacted. There were also diversionary chats between Lewis and Ms. Duncan, who also referred to her previous partner being unable to control Lewis. With regard to marks on Lewis's face, Ms. Duncan constantly referred to them as creosote marks. From all accounts, Ms. Duncan did not let the interview run its course.

When DS Burgess spoke to Lewis on his own, he was very sketchy about what had happened.

Subsequent to the interview, social workers spoke to Ms. Duncan whose main concern was her own and her children's security. It was made quite clear to her that there were various options open to her. Ms. Duncan became quite upset after the interview.

DS Burgess advised social workers that, although there were real concerns, there was insufficient physical evidence to pursue any charges against Mr. Wilson. Lewis is currently on a voluntary supervision order. At that time, a referral was not made to the Reporter's Administration.

Lewis and Ms. Duncan moved to Ayrshire 6 years ago. Lewis is very immature and has displayed behavioural difficulties over a long period of time. He was not able to cope with the transition from primary and secondary education. Ms. Stewart, Guidance Teacher, advised that Lewis has a lot of involvement with Ms. Douglas, Support Base. When he truants, he tends to go fishing, putting himself at risk. His mother provides cards/letters condoning his non-attendance. Ms. Duncan takes no responsibility for getting Lewis to school. When in school, Lewis fits in well in class and mixes well with other pupils. He has made friends in the area who tend to be somewhat younger than himself. The feeling is that Lewis's truancy exacerbates the home situation. School has not totally broken down as he attended yesterday and today. After the summer, Lewis will go into an Attendance Group. There is the possibility that Colin Findlay, C.E.S.Y.P., will also become involved with Lewis. The day after the incident, when he spoke to both Ms. Douglas and Ms. Stewart, he started to retract his story.

School staff will contact the social worker as well as Lewis's home if he continues to truant.

Mrs. Smith, Kids and Carers, informed that both Ms. Duncan and Mr. Wilson have been attending a weekly parents group for the last seven weeks. During the meetings, Lewis and Grant are looked after by carers, who state that Lewis is uncontrollable and Grant is beginning to learn negative behaviour. The feeling is that Lewis probably does not receive much attention at home. On 28.5.97, when the alleged incident occurred, the group had been cancelled. It has been noticed that Ms. Duncan laughs inappropriately, maybe not realising how difficult Lewis's behaviour really is. Mrs. Smith has suggested to the couple that all the adults in the childrens lives should handle them in a consistent manner i.e. positive parenting. However, the couple seem to be paying lip-service to this proposal. Mr. Wilson tends to give them money rather than spend time with them. Mrs. Smith had been informed that Lewis had cycled to and from Troon, along the bypass, with no-one knowing his whereabouts.

Lewis's contact with his befriender will continue.

Ms. Duncan tends to shift responsibility for Lewis's behaviour on to Mr. Cameron, her ex-partner, who lives in Troon. The boys regard Mr. Cameron as their father and he is keen to keep their relationship going. Apparently, in the past, if there was an incident, Mr. Cameron would talk things through with Lewis and Grant. As Mr. Wilson has never been a parent, he does not seem to understand this approach or the trauma of separation and therefore does not want this relationship to continue.

It is hoped that, in the future, Ms. Duncan and Mr. Wilson will agree to the boys having regular contact with Mr. Cameron in Troon. At the moment, however, it is unclear how much contact Mr. Cameron would like.

Group members agreed that Lewis's situation would improve dramatically if he could attend school on a regular basis, experience consistent parenting, and develop his relationship with Mr. Cameron.

Mrs. Garrigan, social worker, advised that Ms. Carolyn Duncan is easily manipulated, not assertive or ambitious. She is very dependent on her partner and happy to be part of a couple. She seems self centred and ineffectual. Ms. Duncan has polarised views of her current and previous partner. She acknowedged that Mr. Wilson can be heavy-handed with the boys. She has, since the alleged incident occurred, become more consistent in her handling of the boys and more understanding of their needs. She is aware that support from the social worker is available to her.

Mr. Wilson was brought up in Irvine and extended family live nearby. He was married briefly. His image/reputation is one of being in control. However, he inherited Ms. Duncan's children and seems unable to control them without resorting to physical violence. Mr. Wilson has not been charged by the Police with previous alleged incidents involving Lewis and his attitude is therefore quite dismissive. There is concern about Mr. Wilson's ability to cope with any arguments in the future between the two boys.

Grant is very manipulative, learning that negative behaviour gets him noticed and he is beginning to truant. His attendance at school will be closely monitored. He demands money from his mother and wears her down until she gives in. Both parents tend to give the children money on a regular basis.

The Parenting Group organised by the Kids and Carers Project will continue and hopefully Ms. Duncan will be involved in outings and assertiveness training. There will be close liaison between the Project and the social worker, on a session by session basis.

Ms. Dunigan suggested that, if Ms. Duncan and John Cameron were agreeable, family mediation may be a helpful resource.

Mrs. Garrigan, social worker, informed that, in the past, the family had been quite co-operative with the Directorate on a voluntary basis. This voluntary contact will continue as there would appear to be no grounds for a referral to the Reporters Administration.

The meeting formally closed.

Minute Secretary: S. Anderson

Chairperson:

Date: 1/7/97

Family Background

Lewis, 12 years and Grant, 9 years, reside with their mother, Carolyn Duncan and her partner George Wilson in Irvine. This relationship and living arrangement are fairly recent - November 1996. Prior to this, Mrs Duncan and the children lived in a private accommodation in Barassie.

Mrs Duncan and her sons had moved to Troon from near Tain in the North of Scotland approximately two years ago with John Cameron, her partner of approximately eight years, who the boys regard as their father. Contact with John Cameron is maintained through weekly visits. This relationship was preceded by a fairly short marriage of three years to Gilbert Duncan, both boys father, with whom the children have no contact.

1. Joint Investigation - Social Work and Police at Irvine Royal Academy

2. Alleged assault on Lewis by George Wilson, Mother's partner.

Present

Lewis Duncan	Subject
Carolyn Duncan	Mother
DS Wallace Burgess	Female and Child Unit
Liz Owens	Social Worker
Caroline Garrigan	Social Worker

29.05.97 Telephone call received by Area Team alleging assault on Lewis by George Wilson. Incident took place last night 28.05.97.

Prior to the interview a short discussion of recent events with Lewis took place, in order to alleviate anxiety be may be feeling. Shortly afterwards Mrs Duncan arrived.

Initially Mrs Duncan was extremely defensive regarding her partner George Wilson, launching into a catalogue of misdemeanours committed by Lewis and justifying action taken by George Wilson.

Explained the purpose of the interview with Lewis to Mrs Duncan and the necessity to establish events of the previous evening.

1215 hours DS Wallace Burgess interviewed Lewis in the support base at Irvine Royal Academy. Lewis stated he had been grounded the previous evening for truanting from school, he climbed out a window and left to play with friends. Lewis advised that this led to George becoming angry, coming to look for him and the assault taking place. At this

point DI Burgess requested that he examine Lewis' face which was notably marked. The following was noted:

1. Left side of face bruise/grazing left eyebrow.
2. Right side of face under eye - healing sore, grazed and pink.
3. Right cheek - old scar.
4. Small yellow bruise lower right back.
5. Small yellow bruise on torso.
6. Bruising on both legs.

Mrs Duncan stated marks and grazing were as a result of burns from creosote, Lewis had been using to paint a hut while in the care of John Cameron (ex-partner of Mrs Duncan). No explanation or comment on other marks/bruising was volunteered.

DS Burgess asked Lewis to recount events from when he returned home in the afternoon. Lewis stated he returned home at approximately 3.50 pm, his mother spoke to him regarding truancy that day, at this point his mother stated he was grounded for his actions. Lewis stated he went upstairs to his room, shortly afterwards a friend came to ask if he could come out, was told no, other friends then began to congregate outside his home. Lewis stated he decided to climb out of the window in order to play football with his friends, as he did not agree with the grounding imposed by his mother.

Mrs Duncan witnessed Lewis jumping out from the window, stating she was shocked when she saw him land on the front green, as she thought he had jumped from a second floor window.

Lewis stated he then went to Bilby Terrace to play football, during which time Mrs Duncan sent Grant (her younger son) to look for him. Mrs Duncan stated Iain Emerson had called to pick Lewis up for the IT Group, she informed of earlier events.

Lewis stated IT people came to pick up a friend however he had not seen anyone from IT.

Lewis continued to explain that, sometime after 9.00 pm he and his friends had finished playing football in Stepps Road when he heard George Wilson calling for him. He stated that he ran away hiding behind a bin at a church hall in Anderson Drive.

He informed that George Wilson came at him from behind, grabbed him by the ear, while shouting at him. George Wilson then pulled him down, grabbed a handful of grass rubbing it into his face while saying "What do you think you are playing at, cat this". Lewis went on to

describe being grabbed by the neck, pulled to his feet, then kneed in the back, before being pulled by the neck of his T-shirt to his home. Lewis stated these events were witnessed by his friends, who ran to enlist the support of their parent's, they returned with sticks a few minutes later. Lewis indicated the parents were not available, therefore his friends came to his aide themselves.

Lewis stated that the children and some adults were shouting and swearing at George Wilson as they entered Frew Terrace, telling him to leave Lewis alone.

Mrs Duncan claims she saw and heard the "stramash" from the living room window, she states that in response to the scene, she went out into the street to take Lewis back to the house herself, in order to defuse an escalating situation.

George Wilson is said to have stayed outside in the street, where he argued with neighbours and Lewis' friends regarding the incident. It was stated to George Wilson by a neighbour the intention to telephone the Police.

Lewis states he went upstairs to his room at this time.

Mrs Duncan reports the police were in attendance at the home shortly afterwards. Lewis was interviewed as were Mrs Duncan and Mr Wilson. The police officers were said to be satisfied that there was no need for action to be taken with regards the incident.

Following the interview DS Burgess, Caroline Garrigan and Liz Owens withdrew to another room to discuss the case.

In view of the fact there was little physical evidence, DS Burgess stated an assault charge could be substantiated.

However, taking witness' statements from neighbours to corroborate the allegation may exacerbate the situation.

Liz Owens indicated that although there were concerns that an assault had taken place, there was insufficient evidence to corroborate.

DS Burgess interviewed Lewis individually following the above discussion to clarify his version of events, during which time social workers, Liz Owens and Caroline Garrigan, had a short discussion with Carol Duncan.

She advised Lewis' behaviour has been difficult, however, acknowledges that George Wilson can be very hard on Lewis. She

intimated that she "had to put up this time" as her home and security was dependent on her relationship with George Wilson.

Assessment

This case was allocated to the writer on May 97. Issues at this time were:-

1. Relationship difficulties within the family.
2. Behavioural problems in relation to Lewis.
3. Lewis's frequent absconding.
4. Non attendance at school and related risks.

Prior to the case being transferred to the Irvine Area Team a child protection had taken place on 17th December 1996 in relation to an allegation of an assault on Lewis by George Wilson. In February 1997 during a routing home visit, Lewis was found to have a black eye, ambiguity surrounded the circumstances and cause of injury, although child protection were not instigated on this occasion the incident raised further concern.

Similarities lie in the circumstances of all the above incidents which gives cause for concern.

All incidents alleged assaults on Lewis by mother's partner George Wilson.

Lewis unable or unwilling to recount events without discrepancy, possibly to protect himself and/or his mother.

Ms Duncan's previous failure to intervene in incidents to protect Lewis from George Wilson, despite being aware of the possible consequences.

Previously Ms Duncan has appeared to support her partner as opposed to giving credence to Lewis's position. Following the investigation Ms Duncan has reviewed her earlier position and can now be seen to employ a more objective role. Despite this concerns remain and the writer is uncertain that Ms Duncan can maintain her current position.

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NORTH AYRSHIRE COUNCIL
Social Work Directorate

Director: George L Irving

Irvine Area
Team Office, 25 Bridgegate, Irvine KA12 8BD
Tel: (01294) 324800 Fax: (01294) 324844

NORTH AYRSHIRE
COUNCIL

Dr Hattie
Portland Road Surgery
Portland Road
TROON

Our Ref: DUNCAN/DMACR/AJN
Your Ref:
Date: 30th May 1997

Dear Dr Hattie

CHILD PROTECTION CASE DISCUSSION
LEWIS DUNCAN (21.10.84), 30 FREW TERRACE, IRVINE

A Case Discussion has been arranged for Tuesday 10th June 1997 at 11.00 am in respect of the above named child.

The meeting will be held in the Social Work Office, Manager (Area Services) Room, Bridgegate House, Irvine and I would be grateful if you could arrange to attend.

I look forward to seeing you then.

Yours sincerely

A. J. Norman

DAVID MACRITCHIE
MANAGER (AREA SERVICES)

Phoned 2/6/97
re: unable to attend.

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THE AYR HOSPITAL

DALMELLINGTON ROAD
AYR KA6 6DX

TELEPHONE: 01292 610555
FAX: 01292 288952

Our Ref: GL/HG/AG546414 Your Ref: If 'phoning please ask for:

GENERAL SURGERY
MR A L FORSTER

DATE ADMITTED: 01/05/1995 **DATE DICTATED:** 18/05/1995
DATE DISCHARGED: 02/05/1995 **DATE TYPED:** 23/05/1995

Dr A G McHattie
Portland Surgery
Dukes Road
TROON

Dear Dr McHattie

MASTER DUNCAN LEWIS 8 LOGAN DRIVE TROON (DOB 22/10/84)

DIAGNOSIS: Head injury

PROCEDURE: Nil

COMMENTS:
This 10 year old boy was admitted from Casualty following a head injury when falling off his bike. There had been no history of any loss of consciousness but he was complaining of drowsiness, nausea and vomited once. Skull x-ray was unremarkable. On examination Glasgow Coma Scale was 15/15 and the child had a right frontal haematoma. Examination of the rest was unremarkable and he was admitted for neurobs. These proved to be stable and he was discharged the next day.

Yours sincerely

G LYNAS
Paediatric SHO

☐ AGM ☑ FILE ☐ PHONE
☑ FCE ☐ NOTES ☐ VISIT
☐ APPT. ☐ NURSE APPT
☐ SCRIPT ☐ OTHER

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DUTY DOCTOR 2[illegible]	CALL NO.
PATIENT'S NAME & ADDRESS LOUIS DUNCAN	D.O.B. [illegible]
4 LOGAN DR	DATE 1/5/95
TROON 8/0	TIME RECEIVED C/R 1908
TELEPHONE INFORMATION RECEIVED FELL FROM BIKE [illegible]	TIME PASSED 1914
	TIME ARRIVED 19.30
HISTORY & EXAMINATION Fell off bike. No amnesia. ℅ Frontal haematoma. Nausea. Pupils ✓	TIME COMPLETED 19.40
	TEMP. 37. PULSE 80. B.P. T
DIAGNOSIS Head Injury.	PATIENT TO CALL IF NECESSARY
TREATMENT/DISPOSAL Pasnalcs[?] Ayr Hospital FE	TO SURGERY ON DAY
	PLEASE REVISIT ON DAY
	HOSPITAL ADMISSION ARRANGED ✓
PATIENT'S OWN DOCTOR Dr W Hattie	GENERIC DRUG BATCH/LOT NO. 23 08/6

CAITHNESS AND SUTHERLAND NHS TRUST

"Committed to Care"

Telephone: (0408) 633157
Fax: (0408) 633947

Lawson Memorial Hospital
Golspie
Sutherland
KW10 6SS

MR/MS/S021282

11 August 1994

Dr A Dickson
The Health Centre
LAIRG

Dear Dr Dickson

LEWIS DUNCAN (D B 22.10.84)
COACH HOUSE, AULTNAGAR HOTEL, BY LAIRG

Lewis had his circumcision performed on 10.8.94.

Yours sincerely

M ROBERTSON
S.H.O.

CAITHNESS AND SUTHERLAND NHS TRUST

"Committed to Care"

Telephone: (0408) 633157
Fax: (0408) 633947

Lawson Memorial Hospital
Golspie
Sutherland
KW10 6SS

Our Ref:
RHDM/MS/S021282

21 June 1994

Dr A Dickson
The Health Centre
LAIRG

Dear Alex

LEWIS DUNCAN (D B 22.10.84)
COACH HOUSE, AULTNAGAR HOTEL, BY LAIRG

This young lad will have a circumcision on 3rd August. Many thanks.

Yours sincerely

R H D MELVILLE MB ChB FRCS
Consultant Surgeon

LAWSON MEMORIAL 6/6/94

SURGICAL

DUNCAN
LEWIS J
COACH HOUSE 22/10/84
AULTNAGAR HOTEL BY LAIRG
IV27 4EX (0549-82) 328

L.M.H.
1990 021282

43 ORD PLACE
LAIRG

Many thanks for seeing this boy who complains of acme dysuria and redness of the foreskin which at times balloons out when he passes urine.

On examination he has a tight foreskin which looks as if if needs circumcised.

TIGHT FORESKIN. FOR CIRCUMCISION.

HIGHLAND HEALTH BOARD

Tel.: Inverness 234151
Dr Cormack's Clinic

RAIGMORE HOSPITAL
INVERNESS
IV2 3UJ

CAG/AH/LMH021282

Dr A Dickson
The Health Centre
LAIRG

Dear Dr Dickson

LEWIS DUNCAN 43 ORD PLACE LAIRG (22.10.84)

This child has been reviewed by the Orthoptist in Golspie on the 25 January. The vision in each eye was 6/5 and there was no evidence of a squint. We have not arranged to see him again.

Yours sincerely

CATHERINE A GARDNER
ASSOCIATE SPECIALIST

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HIGHLAND HEALTH BOARD — NORTHERN UNIT

TELEPHONE: GOLSPIE (04083) 3157
LAWSON MEMORIAL HOSPITAL
STATION ROAD
GOLSPIE
SUTHERLAND
KW10 6SS

JGC/MS/021282

7 November 1990

Dr A Dickson
The Health Centre
LAIRG

Dear Dr Dickson

LEWIS DUNCAN (D B 22.10.84)
43 ORD PLACE, LAIRG

Thank you for your note about this lad with a query about a squint. His mother had not seen this until it was pointed out at the school test. No family history of eye disease.

On examination, his vision was 6/6 partly in each eye. I could detect no evidence of a squint today. He was slightly hypermetrophic and his fundii were normal.

I have reassured his mother of this and have arranged an Orthoptic appointment in two month's time.

Yours sincerely

J G CORMACK
Consultant Ophthalmologist

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HIGHLAND HEALTH BOARD — NORTHERN UNIT

TELEPHONE: GOLSPIE (04083) 3157
LAWSON MEMORIAL HOSPITAL
STATION ROAD
GOLSPIE
SUTHERLAND
KW10 6SS

JGC/MS/021282

7 November 1990

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The Health Centre
LAIRG

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J G CORMACK
Consultant Ophthalmologist

NHS Confidential: Personal data about a patient

LAWSON MEMORIAL 24/9/90 /

OPHTHALMOLOGY

DUNCAN
LEWIS J
43 ORD PLACE
LAIRG

22/10/84

At a recent school medical this boy wasnnoted to have a left convergent squint. Today I measured his visual acuity as6/99 in each eye.

I'd be grateful for your opinion please.

NHS Confidential: Personal data about a patient

LAWSON MEMORIAL 24/9/90 /

OPHTHALMOLOGY

DUNCAN
LEWIS J
43 ORD PLACE
LAIRG

22/10/84

At a recent school medical this boy wasnnoted to have a left convergent squint. Today I measured his visual acuity as6/9 in each eye.

I'd be grateful for your opinion please.

NHS Confidential: Personal data about a patient

HIGHLAND HEALTH BOARD — NORTHERN UNIT

TELEPHONE: GOLSPIE (04083) 3157

Dr. A. Betts-Brown
Medical Officer (Child Health)

LAWSON MEMORIAL HOSPITAL
STATION ROAD
GOLSPIE
SUTHERLAND
KW10 6SS

18th September 1990
Dictated 7.9.90

Dr. A. Dickson
The Health Centre
LAIRG

Dear Dr. Dickson

LEWIS J. DUNCAN (D.B. 22.10.84)
43 Ord Place, Lairg

This young boy was seen and examined at Lairg School on 7.9.90.

His vision has deteriorated to 6/6 6/9 and he has a left convergent squint.

I have asked his mother to consult you about this.

Yours sincerely,

DR. M.M. MAIN
Medical Officer (Child Health)

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HIGHLAND HEALTH BOARD — NORTHERN UNIT

TELEPHONE: GOLSPIE (04083) 3157

Dr. A. Betts-Brown
Medical Officer (Child Health)

LAWSON MEMORIAL HOSPITAL
STATION ROAD
GOLSPIE
SUTHERLAND
KW10 6SS

18th September 1990
Dictated 7.9.90

Dr. A. Dickson
The Health Centre
LAIRG

Dear Dr. Dickson

LEWIS J. DUNCAN (D.B. 22.10.84)
43 Ord Place, Lairg

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Yours sincerely,

DR. M.M. MAIN
Medical Officer (Child Health)

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ROSS MEMORIAL HOSPITAL DINGWALL	SURNAME DUNCAN			FIRST NAMES LEWIS JAMES				
	ADDRESS LOCHLUICHART LODGE LOCHLUICHART, GARVE							
ACCIDENT & EMERGENCY DEPT.	DOCTOR Dr. GATE	AGE 3	DATE OF BIRTH 22 10 84		FIRST SEEN Date 31 9 88		Hour AM PM	
HISTORY	Laceration of (R) cheek				ATS	DATE		UNITS
					Toxoid			
DIAGNOSIS	Laceration of (R) cheek							
X-RAY								
TREATMENT	(1) Cleaned = Sch...							
	(2) LA RSS III							
	(3) ... dressing							
RECOMMENDED	T.C.A. 5/9/88 [signature]							

NHS Confidential: Personal data about a patient

ROSS MEMORIAL HOSPITAL
DINGWALL

ACCIDENT & EMERGENCY DEPT.

SURNAME: DUNCAN
FIRST NAMES: LEWIS JAMES
ADDRESS: LOCHLUICHART LODGE, LOCHLUICHART, GARVE

DOCTOR	AGE	DATE OF BIRTH	FIRST SEEN Date	Hour
Dr. GATE	3	22 10 84	31 8 88	AM/PM

HISTORY: Fracture of (R) clavicle

ATS / Toxoid | DATE | UNITS

DIAGNOSIS: Fracture of (R) clavicle

X-RAY:

TREATMENT: (1) Clavicle bandage
(2) LA BSS III
(3) Pain relief

RECOMMENDED: T.C.A. 5/9/88

NHS Confidential: Personal data about a patient

ROSS MEMORIAL HOSPITAL
DINGWALL

ACCIDENT & EMERGENCY DEPT.

SURNAME: DUNCAN
FIRST NAMES: LEWIS JAMES

ADDRESS: LOCHLUICHART LODGE
BY GARVE

DOCTOR	AGE	DATE OF BIRTH			FIRST SEEN Date			Hour
Dr. Gate	3	22	10	84	2	5	88	AM PM

HISTORY: Ran into a window seat. Laceration above (L) eye

ATS	DATE	UNITS
Toxoid		

DIAGNOSIS: ½cm laceration above L eye. Steristrips applied.
T.C.A. 6-5-88

X-RAY:

TREATMENT:

RECOMMENDED:

C Foshaw.

NHS Confidential: Personal data about a patient

ROSS MEMORIAL HOSPITAL
DINGWALL

ACCIDENT & EMERGENCY DEPT.

SURNAME: DUNCAN
FIRST NAMES: LEWIS JAMES
ADDRESS: LOCHLUICHART LODGE BY GARVE

DOCTOR	AGE	DATE OF BIRTH	FIRST SEEN Date	Hour
Dr. GATE	3	22/10/84	2/5/88	AM / PM

HISTORY: Ran into a window Sept. Lacerating above L eye

ATS / Tetanus Toxoid | DATE | UNITS

DIAGNOSIS: 1/2 cm laceration above L eye. Steristrips applied.

X-RAY: T-C-A 6-5-88

TREATMENT:

RECOMMENDED: Chestnut.

NHS Confidential: Personal data about a patient

FILE NOTE

MR LEWIS DUNCAN	DOB: 22/10/1984 CHI: 2210843472

Specialist Drug & Alcohol Service - Lochfield Road Primary Care Centre, 12-28 Lochfield Road, Dumfries, DG2 9BH

Date of Referral: 21-Jul-2022

Source of Referral: GP

Primary ICD10: F10: Mental and Behavioural Disorder due to use of alcohol

Secondary ICD10:

Contact Details

Start Time of Contact:	Length of time with patient (mins):	Location:
21-07-2022 13:00	30	Telephone Assessment

Planned / Unplanned:	Contact Category:	Visit Status:	Travel Time (in mins):	Consent to share information discussed:
Planned	Direct	Contact Occurred	0	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

Change in Risk Factor

No

Vaccination

Part of Structured Clinical Management Program (SCM)

Visit Details

Client contact number: 07519690730.

Initial contact with Lewis, he communicated well and 'came over' as a very personable fellow.

Lewis gave verbal consent to complete our 'Alcohol Audit' screening tool and scored 34 out of 40.

Lewis disclosed that he was now "drinking half of what he used to". He was aware of the risks of drastically reducing the amount of alcohol that he has been used to taking over a short period. He indicated that this reduction had been implemented over a longer period of time.

Lewis was made aware of the next part of his referral to SDAS.

Additional Activity: Combination of Activities

Length of time for additional activity (in mins): 20

NHS Confidential: Personal data about a patient

Date of Discharge from Specialty Team:

Reason for Discharge:

Verified By:

C Nelson HCSW.

eMED3 (2010) new statement issued, not fit for work
29-Jan-2024 Dr Richard Voysey (RV66)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: mental health; Duration: 26/01/2024 - 25/02/2024)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 29 /01 / 2024

and, because of the following condition(s): mental health

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 26 /01 / 2024 **to** 25 /02 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Richard Voysey

Issuer's profession Doctor

Date of statement 29 /01 / 2024

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

E1A7572F-9669-4F87-AD16-9A7DA993C29B

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD

DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
15-Jan-2024 Dr Richard Voysey (RV66)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: mental health issues; Duration: 27/11/2023 - 26/01/2024)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 15 /01 / 2024

and, because of the following condition(s): mental health issues

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /11 / 2023 **to** 26 /01 / 2024

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Richard Voysey

Issuer's profession Doctor

Date of statement 15 /01 / 2024

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

70831BD3-CDAC-4A62-ACF6-7831E17D0640

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD

DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
10-Jan-2023 Dr Catriona Buchan (CB66)
Additional:eMED3 (2010) new statement issued, not fit for work
(Diagnosis: Alcohol Dependency; Duration: 06/01/2023 - 24/03/2023)
Filename: FitNote_9381154f-2648-479e-911c-e0efd5332add.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 10 /01 / 2023

and, because of the following condition(s): Alcohol Dependency

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 06 /01 / 2023 **to** 24 /03 / 2023

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Catriona Buchan

Issuer's profession Doctor

Date of statement 10 /01 / 2023

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

9381154F-2648-479E-911C-E0EFD5332ADD

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD

DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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eMED3 (2010) new statement issued, not fit for work
10-Jan-2023 Dr Catriona Buchan (CB66)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Alcohol Dependency; Duration: 03/01/2023 - 21/03/2023)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 10 /01 / 2023

and, because of the following condition(s): Alcohol Dependency

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 03 /01 / 2023 **to** 21 /03 / 2023

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Catriona Buchan

Issuer's profession Doctor

Date of statement 10 /01 / 2023

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

140EEE23-5A08-421A-8DED-4E12AA1AE22D

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD

DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
18-Oct-2022 Dr Catriona Buchan (CB66)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Alcohol Dependency; Duration: 18/10/2022 - 03/01/2023)
Filename: FitNote.pdf
Extension: .tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 18 /10 / 2022

and, because of the following condition(s): Alcohol Dependency

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 18 /10 / 2022 **to** 03 /01 / 2023

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Catriona Buchan

Issuer's profession Doctor

Date of statement 18 /10 / 2022

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

5912D395-71BE-43A8-915E-753271543554

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD

DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work
18-July-2022 Dr Richard Voysey (RV66)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: alcohol dependancy; Duration: 18/07/2022 - 18/10/2022)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs, Miss, Ms~~ Lewis James Duncan

I assessed your case on: 18 /07 / 2022

and, because of the following condition(s): alcohol dependancy

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 3 Month(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Richard Voysey

Issuer's profession Doctor

Date of statement 18 /07 / 2022

Issuer's address
Gillbrae Medical Practice
Gillbrae Road
Dumfries, DG1 4EJ
Telephone: 01387 246282

Unique ID: Med 3 04/22

C362C300-CCC5-41C1-92CD-2B7F928DCBEC

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ DUNCAN

Other names LEWIS JAMES

Address SANDRIGG FARM COTTAGE, ANNAN ROAD
DUMFRIES **Postcode** DG1 3SF

Date of birth 22 / 10 / 1984 **Mobile**

NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.