Subject Access Request

Patient	Mr Alexander O'Rourke
Date of birth	04-Dec-1970 (age 55)
Gender	M
NHS number	
Patient's address	14c Erskine View Clydebank Glasgow G81 5JF
Date range selected	Full record
Organisation	MMA Legal
Reference	100897

Problems

Active

01-July-2026 Nurse Ruth Crawford (RUTH_13414)
[D]Rash and other nonspecific skin eruption NOS

15-Oct-2025 Mrs Nicola Hales (NJ)
Diabetes mellitus NOS with ophthalmic manifestation

15-Oct-2025 Mrs Nicola Hales (NJ)
Myopathy due to endocrine disease EC
Bilat - myopic shift.

06-Aug-2025 Mrs Nicola Hales (NJ)
Computed tomography of kidneys
Normal

15-Apr-2025 Ms Anne McDougall (ANNEM_13414)
Diabetes mellitus with ketoacidosis

07-Mar-2025 Ms Anne McDougall (ANNEM_13414)
[X]Intent self harm by sharp object occ resident instit'n

27-Jan-2025 Nurse Jacqui Barker (JB)
Type 2 diabetes mellitus

25-Jan-2025 Mrs Nicola Hales (NJ)
Urinary tract infection, site not specified NOS

08-Jan-2025 Mrs Nicola Hales (NJ)
Influenza
A

08-July-2024 Mrs Nicola Hales (NJ)
CT of thorax, abdomen and pelvis
Nil bowel, abdoment & lungs

06-Dec-2023 Ms Anne McDougall (ANNEM_13414)
[V]Drug use
Multiple

20-Sept-2023 Mrs Nicola Hales (NJ)
Cocaine dependence, unspecified

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414)
Haematemesis

06-Jun-2023 Mrs Nicola Hales (NJ)
Cigarette smoker

09-May-2023 Mrs Nicola Hales (NJ)
O/E - BP reading

03-Apr-2023 Mrs Nicola Hales (NJ)
Coronavirus infection

18-Nov-2022 Mrs Nicola Hales (NJ)
Anxiety with depression

29-Aug-2022 Mrs Nicola Hales (NJ)
Suicidal ideation

01-Aug-2022 Mrs Nicola Hales (NJ)
H/O crack cocaine misuse

05-July-2022 Mrs Nicola Hales (NJ)
FH: Parkinsonism (Mother)

05-Feb-2022 Mrs Nicola Hales (NJ)
Essential and other specified forms of tremor
Dystonic/essential phenotype - upper limbs

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09-Dec-2021 Mrs Nicola Hales (NJ)
Closed fracture of great toe (Right)

11-Nov-2021 Mrs Nicola Hales (NJ)
Magnetic resonance imaging of head
? small vessel disease

09-Aug-2021 Mrs Nicola Hales (NJ)
Hypogonadotropic hypogonadism

09-Aug-2021 Mrs Nicola Hales (NJ)
Hyperprolactinaemia
igatrogenic

26-Feb-2021 Mrs Nicola Hales (NJ)
Nondependent amphetamine or other psychostimulant abuse

04-Feb-2021 Mrs Nicola Hales (NJ)
Magnetic resonance imaging
Pituitary - normal

21-Dec-2020 Mrs Nicola Hales (NJ)
O/E - weight

01-Dec-2020 Mrs Nicola Hales (NJ)
Chronic obstructive pulmonary disease

27-Nov-2019 Mrs Nicola Hales (NJ)
ECG: sinus bradycardia

27-Nov-2019 Mrs Nicola Hales (NJ)
Exercise tolerance test normal

22-Sept-2019 Mrs Nicola Hales (NJ)
Acute exacerbation of asthma

12-Aug-2019 Mrs Nicola Hales (NJ)
Body Mass Index

25-Mar-2019 Mrs Nicola Hales (NJ)
Non-organic psychosis NOS

06-Dec-2018 Mrs Nicola Hales (NJ)
Prison record
Various sentences

04-Dec-2018 Mrs Nicola Hales (NJ)
O/E - weight

04-Dec-2018 Mrs Nicola Hales (NJ)
Moderate smoker - 10-19 cigs/d

04-Dec-2018 Mrs Nicola Hales (NJ)
FH: Asthma

04-Dec-2018 Mrs Nicola Hales (NJ)
FH: Ischaemic heart dis. <60 (Brother,Mother)

03-Dec-2018 Mrs Nicola Hales (NJ)
Nondependent cocaine abuse

15-Aug-2017 Mrs Nicola Hales (NJ)
History of abuse
Physical - mother

04-Aug-2017 Mrs Nicola Hales (NJ)
Alcohol dependence syndrome

26-Apr-2017 Mrs Nicola Hales (NJ)
Olecranon bursitis (Left)

23-Nov-2016 Mrs Nicola Hales (NJ)
H/O benzodiazepine misuse

09-Nov-2016 Mrs Nicola Hales (NJ)
Primary repair of incisional hernia

11-Dec-2015 Mrs Nicola Hales (NJ)
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)

01-Feb-2015 Mrs Nicola Hales (NJ)
Death of mother

03-Sept-2014 Mrs Nicola Hales (NJ)
[X]Men & behav disorder multiple drug use/psychoactive subst

25-July-2014 Mrs Nicola Hales (NJ)
H/O: deliberate self harm

18-Jun-2014 Mrs Nicola Hales (NJ)
Lost custody of children

18-Jun-2014 Mrs Nicola Hales (NJ)
Child lives with mother

05-Jun-2014 Mrs Nicola Hales (NJ)
On severe mental illness register

18-Nov-2013 Mrs Nicola Hales (NJ)
Incisional hernia NOS

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19-Mar-2012 Mrs Nicola Hales (NJ)
[X]Assault by sharp object

19-Mar-2012 Mrs Nicola Hales (NJ)
Exploratory laparotomy

19-Mar-2012 Mrs Nicola Hales (NJ)
Other operations on colon
Oversewing of (L) gastro-colic vessel

19-Mar-2012 Mrs Nicola Hales (NJ)
Debridement and irrigation of joint
(L) elbow

11-May-2009 Mrs Nicola Hales (NJ)
Alcohol problem drinking

05-May-2009 Mrs Nicola Hales (NJ)
Right handed

04-May-2009 Mrs Nicola Hales (NJ)
Closed fracture thumb proximal phalanx (Right)

20-Aug-1998 Mrs Nicola Hales (NJ)
Nondependent cannabis abuse NOS

03-Apr-1997 Mrs Nicola Hales (NJ)
Drug addictn therap-methadone

01-Jan-1996 Mrs Nicola Hales (NJ)
[X]Heroin addiction

01-Jan-1984 Mrs Nicola Hales (NJ)
Ulnar nerve injury (Right)
Ulnar digital nerve

26-Sept-1983 Mrs Nicola Hales (NJ)
Bilateral orchidopexy

Significant Past

18-Jun-2015 Mrs Nicola Hales (NJ)
Asthma

01-Jan-2010 Mrs Nicola Hales (NJ)
[X]Assault by sharp object

Minor Past

02-Jun-2026 Dr Finlay Hutchison (FH1)
Syncope symptom

31-Mar-2026 Dr Scott Queen (QUEEN_13414)
Syncope symptom

27-Feb-2026 Dr Julia Clarkson (JC2)
Diarrhoea

19-Feb-2026 Dr Lyndsey Borland (LB1)
Epididymo-orchitis

04-Feb-2026 Dr Scott Queen (QUEEN_13414)
Dizziness symptom

18-Jan-2026 Dr Julia Clarkson (JC2)
Diarrhoea

07-Oct-2025 Dr Julia Clarkson (JC2)
Acute lower respiratory tract infection

07-Oct-2025 Dr Julia Clarkson (JC2)
Diarrhoea

03-Oct-2025 Dr. Zainab Ali (ZA1)
Upper respiratory infection NOS

23-Sept-2025 Nurse Emma Sharp (ES)
Otitis externa NOS

30-Jun-2025 Dr Scott Queen (QUEEN_13414)
[D]Dizziness

13-Jun-2025 Dr Sophie Hepburn (SH2)
Postural hypotension

21-May-2025 Dr Scott Queen (QUEEN_13414)
Urinary tract infection, site not specified

16-May-2025 Dr Scott Queen (QUEEN_13414)
Non-alcoholic fatty liver

16-May-2025 Dr Scott Queen (QUEEN_13414)
Non-alcoholic fatty liver disease (NAFLD) fibrosis score
(Indetrminate)

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16-May-2025 Dr Scott Queen (QUEEN_13414)
Fungal infection of skin

02-Apr-2025 Dr Alan McCrorie (ADM)
Respiratory tract infection

19-Mar-2025 Dr Scott Queen (QUEEN_13414)
Otitis externa NOS

19-Mar-2025 Dr Scott Queen (QUEEN_13414)
Balanitis

19-Mar-2025 Dr Scott Queen (QUEEN_13414)
Serum alkaline phosphatase
(196)

18-Mar-2025 Ms Elaine Archer (ELAINE ARC13414)
Did not attend - no reason

04-Mar-2025 Dr Saranya Thangathurai (ST23)
Haemophilus influenzae infection

20-Feb-2025 Dr Scott Queen (QUEEN_13414)
Bleeding PR

19-Feb-2025 Dr Scott Queen (QUEEN_13414)
Acute exacerbation of chronic obstructive airways disease

13-Feb-2025 Dr Alan McCrorie (ADM)
Anxiety states

13-Feb-2025 Dr Alan McCrorie (ADM)
Drug addiction therapy

04-Feb-2025 Nurse Emma Sharp (ES)
Suspected UTI

24-Jan-2025 Dr Sophie Hepburn (SH2)
Chest infection

17-Dec-2024 Dr Alan McCrorie (ADM)
Respiratory tract infection

21-Aug-2024 Ms Lauren Gallacher (LG1)
Did not attend - no reason

07-Aug-2024 Dr Kate Chapman (KC3)
Misuse of Amphetamines unspecified

14-Jun-2024 Nurse Jacqui Barker (JB)
Pre-diabetes

10-May-2024 Nurse Jacqui Barker (JB)
Pre-diabetes

28-Nov-2023 Nurse Ruth Crawford (RUTH_13414)
Vomiting

Consultations

01-July-2026 Nurse Ruth Crawford (RUTH_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem [D]Rash and other nonspecific skin eruption NOS
Examination Examination Inflammed rash on R frontal aspect of hand and R ankle, evidence of excoriation, some scabby inflammed lesions, no sign spreading, try below CWS
Medication Medication Clobetasone/Oxytetracycline/Nystatin Cream 0.05 % + 3 % + 100,000 units/gram 30 gram APPLY THINLY TWICE A DAY AS DIRECTED

01-July-2026 Ms Ann McKee (AMK) Administration

Comment Comment 01/07 as below

01-July-2026 Nurse Ruth Crawford (RUTH_13414) Administration

Comment Comment RC f2f please

01-July-2026 Ms Ariane Murphy (AEM) Administration

Comment Comment Triage 01/07 Itchy spots on back of hand. Ankle also itchy - red spots / flaky skin. Requesting F2F review.

30-Jun-2026 Mrs Catherine Gorman (CG) Administration

Comment Comment INFO 30/06 PT advises rash on back of hand for few weeks. spots, painful and itchy - will attend pharmacy and call for OTD if needed.

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02-Jun-2026 Dr Finlay Hutchison (FH1) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Chronic obstructive pulmonary disease	
History	History IECOPD. cough and wheeze for around 3 weeks. increasingly SOB, struggling with stairs, not using inhaler much. cough worsening over last few weeks, struggling to expectorate. no chest pain. wheezy ++.	
Examination	O/E - blood pressure sats 98% RA, HR 80, chest wheeze throughout.	
Comment	Comment abx, steroids, worsening advice	
Problem	Syncope symptom	
History	History reports further episode of syncope around 2-3 weeks ago. was walking from living room to bathroom and collapsed, woke on floor seconds later. no prodrome or presyncoipe. doesn't remember having any chest pain/SOB/palps. no tongue bite or incontinence. no confusion. got straight back up and walked to toilet and carried on his day. has started using pregabalin heavily alongside his amphetamines. reports also had episode 2 weeks ago where he froze when talking to his friend, lasted 5 seconds and was awake the whole time but felt himself shaking and then it subsided. hasn't recurred since.	
Examination	Examination obs as above, CN grossly intact. moving all 4 limbs normally. is slightly tremulous but distractable.	
Comment	Comment has already been referred to cardio and awaits appt. updated letter sent for their reference to update still onoing.	
New Referral	New Referral 8H44.: Cardiological referral (SCI Gateway Referral)	
Examination	Systolic blood pressure	138 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Medication	Medication Amoxicillin Capsules 500 mg 15 capsule ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	
Medication	Medication Prednisolone Tablets 5 mg 30 tablet 6 DAILY IN MORNING FOR 5 DAYS	

02-Jun-2026 Mrs Susan Richardson (SR23) Administration

Comment	Comment F2F FH 02/06 pt collapsed in kitchen happened a couple of wweeks ago also first thought was MI but not

05-May-2026 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment	EMIS attachment reference code *letter to patient*

04-May-2026 Dr Julia Clarkson (JC2) Administration

History	History dictated letter to patient that he has had 2 USOC referrals to colorectal surgeons and he has not attended. I advised him to make a review appt with GP if he wishes further referral and if he would attend these very precious appts .

28-Apr-2026 Dr Julia Clarkson (JC2) Administration

History	History patient DNA his appt.

27-Apr-2026 Mrs Susan Richardson (SR23) Administration

Comment	Comment F2F 28/04 JC to discuss referral to colorectal referral

24-Apr-2026 Mr Kevin Carlton (KC2) Administration

Comment	Comment ADMIN - Called ARU5 again: they will ensure IDL is written up today and they will send it onto us. Pt notes are on docman now if required in meantime.

22-Apr-2026 Mr Kevin Carlton (KC2) Administration

Comment	Comment ADMIN/INFO - Spoke to sec, no medical staff around atm. Took pts details: they state that since pt was not seen with them and was sent to a ward, they cant see anything. Directed to ARU5 (83939) again: sec will check and will call us back.

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22-Apr-2026 Ms Lyndsay McAlinden (LM1) Medicine Management

History	History Pharmacy task: struggling to swallow metformin 1g tabs - can he be switched to 500mg
Comment	Comment On Metformin 1gx2 tabs daily (not MR). Changed to below.
Medication	Medication Metformin Hydrochloride Tablets 500 mg 112 tablet TWO TO BE TAKEN TWICE DAILY WITH MEALS
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber
Read Code	Medication changed

21-Apr-2026 Mr Kevin Carlton (KC2) Administration

Comment	Comment ADMIN - IDL wasn't for castle craig, its for QEUH. Added to tomorrow for checking.

21-Apr-2026 Mrs Catherine Gorman (CG) Administration

Comment	Comment ADMIN 21/04 Moved to Frday to make sure this has been reeived.

21-Apr-2026 Mrs Catherine Gorman (CG) Administration

Comment	Comment ADMIN 21/04 Spoke with ***** at Castle craig hospital who will action this request and send to clinical mailbox

20-Apr-2026 Dr Scott Queen (QUEEN_13414) Administration

History	History No IDL recived for admission 08-09/04/26 SUARU5G under care of Dr Lim. No IDL on CP. From handwrittend notes felt ? Amphetamine induced chest pain Refer cardiology.
Comment	Comment ADMIN asked to chase IDL

15-Apr-2026 Ms Ann McKee (AMK) Administration

Comment	Comment INFO 15/04 - Summary requested from Castle Craig Hospital (signed mandate)

10-Apr-2026 Dr Scott Queen (QUEEN_13414) Telephone Consultation

History	History Looks lik did not attend hospital. Phone Pt says went up to IAU but decides not to stay as was too busy. No further syncopa episode since and saya not even any further dizzy spells. Hsfurther cut back on Amphetamine use (althogh a differrnt " Base".) Attended hospital 08-09/04. Chest discomfort. Told ECG, Bloods etc OK.NO IDL received not in CP as below. TnI was -ve on CP and ECGST102 incomplete RBBB Prev broad Q waved in III recolved soe ?? technical issue/spurious. NO further CP.
Comment	Comment Agreed await IDL I will check on ny return from A/L and could cosider Cardiology or syncope clinic referral. Strong specific worsening advice an knows to attne dED of futher CP or syncope. Encouraged re redicing Amphetamine use. Tells me drug worker looking into Castle Craig as an option ofr him

10-Apr-2026 Ms Ariane Murphy (AEM) Administration

Comment	Comment INFO 10/04 Patient admitted to ward ARU5 via A&E Majors on 08/04 - discharged on 09/04 and due to attend endoscopy pre-admission on 21/04. Called ARU5 to request IDL - they will send this over asap

08-Apr-2026 Ms Heather Lally (HL) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Did not attend - no reason

07-Apr-2026 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is a reminder for your appointment at 12:00 on Wednesday 08 of April at Redwing Medical Practice. 0141 531 6475 If you are unable to attend, please text CANCEL to 07903590756.

02-Apr-2026 Ms Ariane Murphy (AEM) Externally Entered

Comment	Comment Action 02/04 Mob rang out - sent letter. Pt to hand in further qFIT
Attachment	EMIS attachment reference code *action*

THIRD PARTY COPY

01-Apr-2026 Mr Anonymous User (ANON) MJog

Read Code SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is confirmation of your appointment at 12:00 on Wed, 08 of Apr at Redwing Medical Practice. If unable to attend please send CANCEL to 07903590756.

31-Mar-2026 Dr Scott Queen (QUEEN_13414) Administration

History History Tried to send referral via SCI Gateway but recurrently triggering EMIS crash. Phoned FNC and updated Will ensure ED made aware of background, Hx and reason for referral

31-Mar-2026 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

History History See ECG. ST 103 c PACs. Incomplete RBBB. " cannot rule out inferior infarct". Wide deep Q waves in lll, T wave and P wave inversion in lll. Sligt T inversion aVF. No ST elevation. Changes appear NEW cf ECG of 30/06/25. Phone patient and discussed ECG changes. Quite clear he does not recall any prolonged or severe episodes of chest pain over recent months and denies any exertional chest pain. He also denies any prolific pain or haemoptysis. Given New changes and several episodes syncope Discussed c cardiology on-call QEUH - on balance feels prob best to be seen acutely by Medics given new changes and syncopaal episodes. Referred Meical receiving QEUH. FNC advised Pt attend ED and they have addded to ED expecteds. honed Pt. Happy to attend ED.

31-Mar-2026 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment HCA 08.04.26 - Bloods as per below

31-Mar-2026 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Syncope symptom

History History I note background including previous Iatrogenic hyperprolacinaemia, Hypogonadotrophic Hypogonadism (Mormal pituitary MRU 2021) Prev paranoid Psychosis, recreational drug misuse. T2DM COPD. Remains on Depot via Goldenhill No longr on Bupenoprhine. Still heavy amphetamine misue - up to 12 grams per day. Denies other drug use. No alcohol. Describes likely syncope episode on Saturday. Had stared to feel sick and though he was going ot vomit " Dry Boak" Didn't actually vomit. Thinnks passed out, recallc soming rouns on flloow. Thinks seconss. No Tongue biting or incontience. No prolonged confusion. doesn't think injured self. No preceding Chest pain, palpitations or headache. Now thins has 3x episoded of syncope in total over past ? few months. On one occasion had stood up quite quickly and was standing at kitchedn dor felt light heaed and passing ouly - agaon only seconds and no seizure markers. One further episode he recallc occurres after ha stood up quickly- anag bories and no seizure markers.No associated headaches CPs or palpitations on any occasion. No exertional Chest pains. Asthna Om Inhaled Rx.

Examination Examination Apyrexial. 90reg, SpO2 98%,BP 125/81, 122/85 (erect) HS 1+2+0. Chest-&gt clear c good A/E bilaterlly No DVT or calf swelling clinically. PERL. FROEM, CNs Grossly intact. Rhombergs -ve.

Comment Comment Imp. Likley syncopal epispde c Hx 2x similar previous epsiodes. Light headed at times. Type II Diabetes, On Antipsychotic Depot and ongoing amphetamine misuse. Agreed check bloods, ECHG. I will phoen 1-2/52 to review results and likely refer Syncope clinic. Strong soecific worsening adv aand advised ED assessment If further episodes.

Problem Nondependent amphetamine or other psychostimulant abuse

31-Mar-2026 Ms Ann McKee (AMK) Administration

Comment Comment 31/03 - as below aware there may be a wait as seeing On Call Dr

31-Mar-2026 Nurse Ruth Crawford (RUTH_13414) Administration

Comment Comment Make way to on-call please, note ongoing and previously reported sob, may be a wait

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31-Mar-2026 Ms Karen Conlin (KCONLIN_13414) Administration

Comment Comment TRIAGE 31/3; Requested emergency appt, having dizzy spells, fainted on Saturday, did not attend OOH or A&E. Mobile confirmed

26-Mar-2026 Ms Jennifer Deacon (JEN) Administration

Comment Comment Info - Pt had to leave. Unable to wait any longer

26-Mar-2026 Ms Ann McKee (AMK) Administration

Comment Comment 26/03 - as below

26-Mar-2026 Dr Lyndsey Borland (LB1) Administration

History History Booked in for review 4pm this afternoon please inform pt thanks

26-Mar-2026 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Tel Triage 26.03.26 - Pt advised he is feeling breathless feels struggling to get air int lugs and having and dizzy spells - please call mobile

03-Mar-2026 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment EMIS attachment reference code
letter to patient

02-Mar-2026 Dr Julia Clarkson (JC2) Administration

History History dictated a letter to patient, asked him to book review appt for his diarrhoea. Asked for QFIT repeat. I have dictated referral back to Colorectal surgeons are asking for a further appointment for his Category 3B colonoscopy.

02-Mar-2026 Dr Julia Clarkson (JC2) Red Wing Clydebank Health & Care CentreMain Surgery

History History The patient did not attend his appointment today. This was booked on Friday after discussing with the patient, as He had Not being able to attend his colonoscopy due to his addiction habit. He is still having diarrhoea and PR bleeding and so rearranged an appointment for today.I will write a letter to the patient advising I will refer for colonoscopy but to rearrange the appointment for Abdominal exam and PR examination and further QFIT As findings can change, the triage colonoscopy..

27-Feb-2026 Dr Julia Clarkson (JC2) Telephone Consultation

Problem Diarrhoea
History History called patient. states did not wish to go for colonoscopy As he says, his life is unmanageable just now due to his addiction.Still taking speed daily, his addiction worker is trying to get him into rehab on the 11th of March.State: Symptoms are as before - diarrhoea once a day and he states for the past year.Denies any vomiting.No weight loss.One episode of bleeding from the back passage five days ago when moving his bowels, fresh red blood not mixed with stools. No other bleeding from the back passage.Denies any alcohol.I note his QFIT was less than 9 in February 2025 and less than 9 in October 2025.He states he buys street Pregabalin and also speed, but no other drugs.Denies any abdominal pain. No weight loss.I note my previous exam in October 2025 showed Abdomen was soft, non-tender with no masses. Normal rectal examination.
Comment Comment Discussed that the colonoscopy is to exclude cancer of the bowel, and so he says he is happy to be referred for a further colonoscopy referral given the fact that he has had blood from the back passage with the previous normal PR examination. I have booked him in for Monday for repeat examination prior to referral for a colonoscopy.The patient is happy with the plan.Can also discuss on Monday changing his metformin to long release to see if this helps his diarrhoea. He is hopefully going to rehab on the 11th of March which will also help with the speed addiction which also may help with his diarrhoea.

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27-Feb-2026 Dr Julia Clarkson (JC2) Red Wing Clydebank Health & Care CentreMain Surgery

History History patient DNA- was to discuss his colonosocpy which he did not Reply to the letters to arrange his appointment for the colonoscopy. Due to him not Engaging with general surgery regarding his colonoscopy, he has been removed from the waiting list for a colonoscopy.I will call him later.

20-Feb-2026 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Info 20.02.26 - Pt wants us to go get his medication for him as he is unable to walk pt physically has the script advised unable to help him to see if he can get someone to help him or call chemsit pt advised he will call hospital

19-Feb-2026 Dr Lyndsey Borland (LB1) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Epididymo-orchitis
History History As below Unable to PU currently Sex with a female known to him
Examination Examination T 36 sats 99% P104 reg Chaperone declined L testes NAD R testes tender at superiod pole No masses felt Boggy soft swelling R testes
Comment Comment Hand in MSSU and STI screen Cover with below WSG Does not take statin
Medication Medication Doxycycline Hyclate Capsules 100 mg 28 capsule 1 CAP BD

19-Feb-2026 Dr Lyndsey Borland (LB1) Telephone Consultation

History History Right testicle Swollen Painful + Started Tues Last sex Monday morning First sex in 12 years No discharge No fever Asked to make way down this morning Hosting a meeting he feels he cannot miss. Asks to be seen this afternoon App made

19-Feb-2026 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment On call 19/2/26 - Swollen (R) testicle - vey painful. Started Tuesday after intercourse Sunday/ Monday. Mobile please.

12-Feb-2026 Mr Kevin Carlton (KC2) Administration

Comment Comment APPT - JC - 27/02 - As per yourself re colonoscopy.

09-Feb-2026 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment EMIS attachment reference code
letter to goldenhill

09-Feb-2026 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment EMIS attachment reference code
letter to community addictions team

THIRD PARTY COPY

04-Feb-2026 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

History	History I note background coded " Mental and Behaviorsl disorder due to multiple drug use- Psychotic disorser. Remaisn on Aripiprazoel depot. Also on AMT Ongoing Psychiatry and ADRS follow up. Looks like on Bupernorphine. Previosu issued c Postyral hypotension nut see Psych correspondnece of 10/07/25. felt more like secondary to illicit drug use (Amphetamine) cf the Aripiprazole. Looks like has DNA'd recent Psychiatry appointments but was sen by ADRS 16/11/25 for " Physical helath review. Heavy ongoing amphetamin misuse. Has ben using inhaler more frequently ofr " Breathlessness" byr ANP fely more likle in fact anxiety episodes. Awaits cat 3 colonoscopy for ABH and bleeding (Known Haemorrhoids) and -ve qFITs. Seen ED 01/07/25 c Postural dizziness an visual blurring felt sec to Aphhetamin use/ rapdid reduction in use BP was stable. lying and standing and cortisol was within referend range for time taken. T2DM. Asthma/COPD . FTF. Has cut back signifincntly on amphetamine use over past 10 days 22g to9g daily. No alcohol. Denies other drugs (admite one off cocaile 1/52) . No illicit opiate use. Says off Bupenorphine at least couple of years. Over past week or so. Feeling ^ anxious,Mood more variable, mood low at times. Fleeting suicidal thoughts - clear no plan. Still trying to attend Zoom meeting c Cocain Anonymous. Likes listening to music- Used headphone when outside. Says has been attending reliably for depot. Seeing CAT tem nexy week- seeing them weekly. Has ben feeling a bit lightheaded at times. No LOC/Syncope. Can feel a bit SOBOE ? morssop when anxiety worse. No cough no sputum no haemoptysis no CPs. Denies palpitations. Says only using/requiring Trixeo BD relaed previos ^use (CAT letter) to Chest infection at the time	
Problem	Nondependent amphetamine or other psychostimulant abuse	
Examination	O/E - BP reading Apyrexial 92reg, SpO2 97%, HS 1+2+0 No resp distress at rest. Chest clear c reasonabel A/E bilaterlly. No cresp No Rhonchi No vcalf swelling or tenderness. No ankle oedema Casualy dressed but well presented. Engaged well amxious but appropriate No evidence thought disorder, not responding to unseen stimuli.	
Comment	Comment Discussed findings. I suspect increased anxiety and possible mild postural symptoms relate to rapid reduction in amphetamine use.Tells me he has spoken to the addictions team and has been advised not to reduce further at present. Has missed a number of planned psychiatric follow-up appointments. I have advised him to contact his worker at Golden Hill Psychiatry to discuss his increased anxiety, but I will also write to them. Agreed check bloods as below. Strong specific worsening advice	
Problem	Dizziness symptom	
Examination	Systolic blood pressure 125/86(erect)	128 mm Hg
Examination	Diastolic blood pressure	90 mm Hg

03-Feb-2026 Nurse Jacqui Barker (JB) Administration

Examination	Leucocytes in urine nil else sample discarded

03-Feb-2026 Dr Gillian J McGeoch (GMCGEOCH_13414) Telephone Consultation

History	History noted. Called given struggling with Anxiety. Chronic dizziness and been using amphetamines 22g to 9g within a week. Thinks related to this. If he gets up too quick can happen. also SOB and Dizziness. Cant now come down but porb needs seen. Could book in then wait outside and GP will call him. have booked in for first appt with SQ tomorrow (thanks *****) poor guy is extremely anxious. Prob all related to reducing drug usage quickly but prob needs BP and P check.

03-Feb-2026 Ms Irene Doyle (ID) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Info - Pt walked out says couldn't wait any longer for appointment as anxiety through the roof.

03-Feb-2026 Ms Ann McKee (AMK) Administration

Comment	Comment 03/02 - as below

03-Feb-2026 Nurse Ruth Crawford (RUTH_13414) Administration

Comment	Comment GP f2f please with urine

THIRD PARTY COPY

03-Feb-2026 Mr Kevin Carlton (KC2) Administration

Comment	Comment TRIAGE - Chronic dizziness/fainting (mentioned methamphetamine usage, cutting down, unsure if relating to blood pressure.) mob pls

20-Jan-2026 Dr Julia Clarkson (JC2) Administration

Problem	Diarrhoea
History	History as per surgical letter 4th december. Issued . await colonoscopy for chornic ongoing diarrhoea.
Medication	Medication Loperamide Hydrochloride Capsules 2 mg 30 CAPSULE ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS

19-Jan-2026 Ms Margaret Fitzsimmons (MF) Administration

Comment	Comment Info Mess 20/01 JC- Called patientas message below. Patient did say he has been having diarrhoea for a long time. Can a px be issued for Loperamide.

18-Jan-2026 Dr Julia Clarkson (JC2) Administration

History	History Note general surgical letter states to start fybogel which has been done. however, also states can take 1-2 capsules of loperamide at night until investigations, if still having diarrhoea. Please can you contact patient and advise loperamide can be OTC but if needed from us, if diarrhoea still present, please inform me so It can prescribe hanks.
Problem	Diarrhoea

19-Dec-2025 Mr Kevin Carlton (KC2) Administration

Comment	Comment ACTION/INFO - VM left/letter sent. If pt calls pls arrange inhaler rev w/ Jacqui

15-Dec-2025 Ms Chloe Murphy (CM1) Data Entry

History	History SR
Comment	Comment T/c to pt - using for muscle spasm pains, finds this very helpful. If is late taking dosette meds notices pain worsening. Feels pain worsening in evening, uses 20mg morn and 10mg evening, asking if he can increase evening dose - would need to make a routine GP rv. Not using pcm, happy to give this a try for evenings, if pain still uncontrolled can make a routine rv
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 84 TABLET TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY
Medication	Medication Paracetamol Tablets 500 mg 112 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Read Code	Repeated prescription Repeat Reauthorisation
Read Code	Telephone encounter
Read Code	Medication review done by pharmacist

08-Dec-2025 Ms Chloe Murphy (CM1) Data Entry

History	History AMT rv
Comment	Comment T/c to pt - not free to rv today, I have moved to next Monday as busy this week. Non-urgent rv
Read Code	Telephone encounter

25-Nov-2025 Ms Chloe Murphy (CM1) Data Entry

History	History SR
Comment	Comment 1M issued and added to next avail rv slot
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 84 TABLET TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY
Read Code	Medication requested Acute Rx Issued

24-Nov-2025 Ms Anne McDougall (ANNEM_13414) Administration

Comment	Comment SR For Amitriptyline needs review.

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10-Nov-2025 Ms Lauren Gallacher (LG1) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment pulse 98. HBA1C taken as requested- difficult venepuncture.	
History	Cigarette smoker	12 Cigarettes/day
Examination	O/E - Systolic BP reading	112 mm Hg
Examination	O/E - Diastolic BP reading	80 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	99 Kg
Examination	Body Mass Index	31.6
Examination	Ideal Weight	72.06 Kg
Social	Alcohol consumption	0 units/week

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is a reminder for your appointment at 09:15 on Monday 10 of November at Redwing Medical Practice. 0141 531 6475 If you are unable to attend, please text CANCEL to 07903590756.

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is confirmation of your appointment at 09:15 on Mon, 10 of Nov at Redwing Medical Practice. If unable to attend please send CANCEL to 07903590756.

30-Oct-2025 Mrs Catherine Gorman (CG) Administration

Comment	Comment ACTION 30/10 HCA 10/11 HbA1c as per action.

28-Oct-2025 Dr Julia Clarkson (JC2) Administration

History	History Letter from optician- asking for review of metformin as patient struggling with taking MR pills- JB already reviewed and switched from MR to normal release metformin. Asked Admin for HBa1c update as per letter.

14-Oct-2025 Nurse Jacqui Barker (JB) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Type 2 diabetes mellitus
Comment	Comment Advised should not be halfing MR Metformin as these will no longer be Modified release - switched back to Metformin and can half these if required - aware if make sms worse should contact for further review - awaiting colorectal appointment
Medication	Medication Metformin Hydrochloride Tablets 1 gram 56 tablet TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

10-Oct-2025 Ms Kirsty O'Donnell (KO) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment sputum sample handed in - sent for C&S as requested
Comment	Comment qFIT handed in - sent to Labs as requested

10-Oct-2025 Ms Kirsty O'Donnell (KO) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment bloods taken as requested

09-Oct-2025 Mrs Catherine Gorman (CG) Administration

Comment	Comment ACTION 09/10 Spoke with PT - advises feeling better. Was unsure wether to take flu vacciantion but got a letter though today and is going to call tomorrow and arrange this.

07-Oct-2025 Mrs Catherine Gorman (CG) Administration

Comment	Comment ADMIN 07/10 TEL CONS 14/10 JB As below reg metformin tablets.

07-Oct-2025 Dr Julia Clarkson (JC2) Administration

History	History Dictated USOC referral to Colorectal team for change in bowel habit &gt 4 weeks. Patient will hand in QFIT on thursday.
Comment	Comment Admin, please could you book patient in with JB regarding his diabetic meds, patient feels the current metformin MR tablets are too large to swallow thanks.

THIRD PARTY COPY

07-Oct-2025 Dr Julia Clarkson (JC2) Red Wing Clydebank Health & Care CentreMain Surgery

History	History T2DM, COPD. given otomize spray 23/9 for otitis externa. Then given amoxicillin on 3rd October for cough and normal ear examination on 3rd october. does not feel he has improved on amoxicillin. right ear is still sore when he coughs. left is normal. right ear sore inside his ear. no discharge from right ear. hearing normal both ears. no vertigo. called OOH on friday as he felt he was going to faint. paramdeics reviewed but patient declined hosptial assessment. he is sure he had COVID 19 - fever monday 8 days ago, sore head, runny nose. sore throat last week. not tested himself at the time. tested yesterday for COVID 19 - negative. no tinnitus. pinna not itchy. no fevers now, cough - 8 days. green sputum in the morning. feels a litte more SOB when walking. smokes- 15cpd. not wheezey. taking inhalers as prescribed. no blood. no chest pain. no fevers. no leg swelling. E+D well. no vomiting. feels the metformin tablets are too big to swallow. he says there are smaller ones he used to take which he can manage. looser stools for the past 4 weeks. used to go once a day. now 2-3 times a day and looser stools for the past month. stools are looser- 13 times this mroning. no blood. no abdominal pain. no vomiting. no weight loss. no previous colon issues. takes speed daily- CAT team aware. in for detox at end of month. started metformin months ago and no side effects from that.
Examination	Examination T: 36.4C HR 80 Sp02: 96% RR22 coughing throughout. chest: mild wheeze ocassionally throughout chest. no creps. no resp distress. talking in compelte sentences. HS: I+II+0 earsL normal pinna. normal canals. normal TM x 2. no perf or discoloured TM. no cervical lymph nodes. throat: oral thrush on tongue. normal tonsils. no pus or swelling. Abdomen: soft non tender. no masses BS: + PR: consent granted. chaperone offered but declined. skin tag at 12 oclock. normal rectal walls. no perianal diesease. no masses. no blood empty rectum.
Comment	Comment for chest: doxy, pred, CXR, VTS. for change in bowel habit: bloods QFIT and USOC referrla to colorectal for change in bowel habit &gt 4 weeks. WH metformin for 2-3 days whilst diarrhoea is very frequent, but then return to metformin after 2-3 days- I arrange appt with JB for review of diabetic meds.
Problem	Acute lower respiratory tract infection
Problem	Diarrhoea
Medication	Medication Doxycycline Hyclate Capsules 100 mg 6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS
Medication	Medication Prednisolone Tablets 5 mg 30 tablet 6 DAILY IN MORNING FOR 5 DAYS
Medication	Medication Nystatin Oral suspension 100,000 units/ml 30 ML USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED

07-Oct-2025 Ms Karen Conlin (KCONLIN_13414) Administration

Comment	Comment F2F JC 7/10; Ongoing ear infection, finished abx.

03-Oct-2025 Dr. Zainab Ali (ZA1) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Upper respiratory infection NOS
History	History follow up, patient was having pain on his right ears, started for 1 weeks now with dry cough and feeling cold, was using ear spry but not feeling its helped with it. denied any chest pain , nasuea, vomiting/ vertigo/ tinnitus/ headache/ chest pain / fever . was having pain onf ears with swolling. pateint think he was havign a covid as he did not tested but think that takign in account thi is his 5/7 with these symptoms.
Examination	Examination Pulse 99 spo2 95% T 36.9 . Chest: good air entry with no added sounds, ears: no erythema, inatct TM. no cervical lymphadenopathy. mouth : central uvula with normla size tonsils and no exudate.
Comment	Comment I think it mostly an upper respiratory infection, as patient was think he not greet and need abx , abx wa sgiven to cover chest and ears, pnt aware to book for a review if notice any worsening of the pain or no improvement with abx
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

03-Oct-2025 Ms Ariane Murphy (AEM) Administration

Comment	Comment INFO 03/10 Booked as below

THIRD PARTY COPY

03-Oct-2025 Nurse Ruth Crawford (RUTH_13414) Administration

Comment Comment ZA f2f please

03-Oct-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Tel Triage 03.10.25 - Pt advised as per below ongoing ear infection advised not cleared up still painful - please call mobile

23-Sept-2025 Nurse Emma Sharp (ES) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Otitis externa NOS
History History Right ear discomfort, hearing a bit muffled, no discharge, pain at back of ear, wears external headphones, no internal headphone use, bit of a cough to day, no fevers. No sore thorat
Examination Examination O2 sats 98%, p 99, t 36.6, both ears examined, TMs intact, right TM slightly cloudy, no blood or pus, canal mildly inflammed, no lymphadenopathy, no throat inflammation.
Comment Comment Treat as OE. Worsening advice.
Medication Medication Otomize Spray 1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

23-Sept-2025 Ms Ariane Murphy (AEM) Administration

Comment Comment INFO 23/09 Booked as below

23-Sept-2025 Nurse Ruth Crawford (RUTH_13414) Administration

Comment Comment Es f2f please

23-Sept-2025 Ms Ariane Murphy (AEM) Administration

Comment Comment Triage 23/09 Earache 2/52. No discharge. Unsure if swelling. Muffled hearing. Similar sx previously and was given spray which helped. Mob pls.

04-July-2025 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment A&E 30/6/25 D/charged - hypotensive episodes on background of significant drop in amphetamine usage. Stable BP and cortisal.

30-Jun-2025 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Postural hypotension
History History I note SH consultation below and also OOH correspondnce of 28/06. Recurring severe light headedness. Ocurring mainly when standing. No LOC. but form OOK slip vision can go " Black" for a few seconds and sounds presyncopal. T3DM diagnosed Jan 25- maintained metformin and Gliclazide. Attends Psych Goldenhill re " metal and behaviousral disorder due to multiple drug use and use of psychotropic sunstances". Maintained depot Aripiprazole. Alos on AMT. Also under ADRS FU. Evidence of postural drop whe seen by SH and she was going wo write to Psych re ro ensure they didn't feel Psych medication implenmented ? Autonopnic neuropathy also considered. Was E+D OK. Mentioned couls be forgetful re PM bmeds. ECG SE c incomplete RBBB. Cureently cutting back gradually on Ampheatmine Currently around 1 gram pre day in divided doses/ Working c drug worker. No longer on Bupenorphine. No alcohol or other drugs currently. No CPs No palpitations. PPK had advised ED if further severe episodes. Yesterday and today multiple further presyncopal episodes, loses vision. No actual LOC but fell into a fridge. Worse shorly after standing having to grab onto objects. Feels symptoms getting worse. Bit of a cough past few says. No sputum no haemoptysis.
Examination Examination Apyrexial. 108reg, SpO2 97%, BP 116/75 102/65(erect)(HR ^ 130) HS 1+2+0. Chest-&gt harsh BS lower zones. Occasional Exp rhonchi. Abdo Obese. SNT BS+. No calf tenderness or swelling. No ankle oedema.
Comment Comment Imp. Worsening presyncopal symptoms c associated visual sx. Postural drop. ^ frequency and severity. ? cause. Needs hospital assessment. Referred medical receiving QEUH. Happy to see and assess IAU QEUH.
Problem [D]Dizziness

30-Jun-2025 Ms Ann McKee (AMK) Administration

Comment Comment 30/06 - As Below

THIRD PARTY COPY

30-Jun-2025 Nurse Ruth Crawford (RUTH_13414) Administration

Comment	Comment GP f2f please	

30-Jun-2025 Mrs Susan Richardson (SR23) Administration

Comment	Comment TRIAGE 30/06 pt was on to nhs 24 at weekend having dizzy spells and feels his memoery is failing dizzy when coughing and lying down call pt mobile	

26-Jun-2025 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment	EMIS attachment reference code *letter to goldenhill*	

13-Jun-2025 Dr Sophie Hepburn (SH2) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Postural hypotension	
History	History For 4 weeks has been getting dizzy when standing, happens 8-9 times a day, only when moving from lying to standing or sitting to standing. Using amphetamines but this is long standing, feels they are not working as well as previous as often feeling tired. CPN thinks he is losing weight but Alex not aware of this himself, occasional alcohol, 4 cans last week. Otherwise well, E+D as normal. No other symptoms, really struggling to remember to take afternoon/evening meds so not taking full dose gliclazide or metformin, asking about a dossett but already puts his medication in a home dossett and forgets to take them. No pins nad needles in hands or feet.	
Examination	O/E - BP reading T 37 Hr 111 O2 96%	
Examination	Examination Postural drop to 100/68 - cranial nerves intact.	
Comment	Comment Unclear cause of drop, bloods, ECG, write to psych ?aripiprazole related, will speak with JB re: diabetic meds ?diabetic autonomic neuropathy but HbA1c not too poor, no other neuropathy symptoms.	
Examination	Systolic blood pressure	120 mm Hg
Examination	Diastolic blood pressure	78 mm Hg

13-Jun-2025 Ms Ann McKee (AMK) Administration

Comment	Comment 13/06 - As below	

13-Jun-2025 Dr Emma Newhouse (EN) Administration

History	History F2F with GP please	

13-Jun-2025 Ms Karen Conlin (KCONLIN_13414) Administration

Comment	Comment TRIAGE 13/6; Lightheadedness and dizzy spells when standing, no pain, Mobile confirmed	

29-May-2025 Nurse Jacqui Barker (JB) Telephone Consultation

Problem	Type 2 diabetes mellitus	
Comment	Comment Chol 4.7 LDL 2.6 compliance poor did not know why had atorvastatin - explained rationale happy to start review lipid at next diabetic check - gliclazide issued not had for a while	

23-May-2025 Nurse Jacqui Barker (JB) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Type 2 diabetes mellitus	
Comment	Comment Diabetes - feet low risk walked out of RS appointment - will await further review - bloods taken	
Examination	10g monofilament sensation R foot normal	
Examination	10g monofilament sensation L foot normal	
Examination	O/E - right foot pulses present	
Examination	O/E - left foot pulses present	
Examination	O/E - Right diabetic foot at low risk	
Examination	O/E - Left diabetic foot at low risk	
Examination	Systolic blood pressure	126 mm Hg
Examination	Diastolic blood pressure	82 mm Hg
Examination	O/E - height	177 cm
Examination	O/E - weight	99 Kg
Examination	Body Mass Index	31.6
Social	Rolls own cigarettes	1.8 oz/wk
Social	Alcohol consumption	0 units/week
Read Code	Diabetic annual review	

THIRD PARTY COPY

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is a reminder for your appointment at 11:00 on Friday 23 of May at Redwing Medical Practice. 0141 531 6475 If you are unable to attend, please text CANCEL to 07903590756.

21-May-2025 Dr Scott Queen (QUEEN_13414) Telephone Consultation

Problem	Urinary tract infection, site not specified
History	History Urine C+S- &gt E. Coli UTI. Sensitibe Nitrofurantoin and TMP. Phoned Pt. No real dysuria No ^ freq.urgency. No Haematuria, no loin pain fever or rigors. Unsure if stronger smelling
Comment	Comment Agreed Px below I will refer Urology as planned re incidental USS findings. Worsening advice.
Medication	Medication Nitrofurantoin M/R capsules 100 mg 14 capsule ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS

16-May-2025 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Non-alcoholic fatty liver	
History	History FTF review re. incidental finding or echogenic debris in central calyces right kidney. No previous Urology imput I can see. No Haematuria, no Dysuria. No fever. no rigors. Does get LEFT loin discofort at timed. NO right loin pain Flow OK. Nocturia 1x. No real hestiancy(says prev a bit stop- start). Some terminal dribbling	
Examination	Urinalysis = abnormal Apyrexial. 83reg, SpO" 98%. Abdo-&gt Obese, soft, BS+, no discrete masses. No renal angle precission tenderness Tr WCC only.	
Examination	O/E - height	177 cm
Examination	O/E - weight	99 Kg
Examination	Body Mass Index	**31.6 kg/m2**
Comment	Comment Discussed findisngs. Agreed refer Urology re incidental USS findings, refer Gastro re fatty liver c indeterminate NAFLD score. General lifestyle advice.	
Problem	Non-alcoholic fatty liver disease (NAFLD) fibrosis score (-1.02 Indetrminate)	
Problem	Fungal infection of skin	
History	History Wanted me to chec itcht rash on right foot.	
Examination	Examination Dry, flaky fingal looking rash c active looking marhin lateral aspect pf foor extending to lateral malleolus. Hars skin on foot too - says has file an will misturise.	
Comment	Comment Try below review if not settling	
Medication	Medication Terbinafine Hydrochloride Cream 1 % 30 gram APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS	

16-May-2025 Mr Anonymous User (ANON) MJog

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is confirmation of your appointment at 11:00 on Fri, 23 of May at Redwing Medical Practice. If unable to attend please send CANCEL to 07903590756.

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13-May-2025 Dr Scott Queen (QUEEN_13414) Telephone Consultation

History	History See USS.-&gt "Liver is normal in size and outline but demonstrated diffusely echobright texture, suggestive of fatty infiltration. No focal liver abnormality identified. Portal vein flow is in a normal hepatopetal direction. Reght kidney id normal in size with central calyces showing some echogenic debris. Appearanced are non specific. You may wish to consider cross sectional inaging. I inderstsnd the patient is already seeing Urology. Ledf kidney outlines normally. Urinary bladder is underfilled and cannot be fully evaluated. Gallbladder, biliary tree, pancreas ans spleen outline normally. No free fluid. Imp. Fatty liver. Ill defines acre in central right kidney showing echogenic debris. Urologicla opinion would be of value with a view rto further Inx." USS was initially requested due to persisting ^ ALP GGT Normal and Vit D normal On checking CP looks like Pt has Urology appr 23/05 following referrla by endocrinology May 23 c LUTS. Needs FTF assessment and U/A re Possibel right renal abnormality ans likely Urgent further Urology ref. Needs height/weight/MBI to allow calculation of NADFL fibrosis score.
Comment	Comment Phoned patient. Discusses results. Discussed rational for FTF assessment an subsequent Urology ref as weel as NAFLD score etc. Agreed to fit in for FTF assessment on my Admin day Friday. Happy to attend and will briing urien spec.

08-May-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History Noted.

08-May-2025 Ms Jennifer Deacon (JEN) Administration

Comment	Comment Info SQ - Contacted radiology at GJNH. Ultrasound is scheduled for 12th May at 2:40pm

02-May-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History Stil No USS result I will ask AS to chase via GJNH. I note recent admission

25-Apr-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History Abdo USS remains outstanding. No DNA letter. Check 1/52.

23-Apr-2025 Mr Cameron Henderson (CH) Red Wing Clydebank Health & Care CentreMain Surgery

History	History IDL 15/04/25 - 17/04/25 QEUH Ward 5B General Medicine
Comment	Comment T/c to Kilbowie pharmacy - do not do dispense weekly for patient (last dispense weekly scripts done in Decmeber) - see IDL entry from pharm tech KM 20/11/24, patient had box with Garscadden but no longer wished for weekly dispense meds - all meds added to file as 1 month supply not to be dispensed weekly **EDIT** T/c to Alexander - aware of changes, requesting scripts for a few itmes - sent to practive via docman
Follow Up	Follow Up OP DSN follow up
Read Code	Post hospital dischrge med reconciliation with medical notes
Read Code	Medication changed - Esomeprazole dose reduced to 20mg daily
Read Code	New medication commenced - Gliclazide Tablets, 160mg twice daily + Metformin Tablets, 500mg twice daily + Thiamine Tablets, 50mg four times daily
Read Code	Telephone encounter
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

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17-Apr-2025 Ms Teri Baker (TB) Phone Encounter

History	History Re OPL QEUH Diabetes - ***** McCafferty.	
Comment	Comment Reply email from ***** Re formulary choice Lancets - Either is fine sorry I thought it was the 30g on formulary.	
Comment	Comment T/c with pt who advised he is in hospital at the moment but was aware of new items and requested scripts be sent to Kilbowie.	
Comment	Comment Script requested via DOCMAN.	
Medication	Medication Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge 200 LANCET TO BE USED AS DIRECTED	
Read Code	Outpatient clinic letter received	
Read Code	New medication commenced	
Read Code	Telephone encounter	
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub	

17-Apr-2025 Mr Docman *****do Not Edit Or Delete*** (DOC1) Docman**

16-Apr-2025 Ms Teri Baker (TB) Data Entry

History	History OPL: QEUH Diabetes - ***** McCafferty	
Comment	Comment NOTED OPL states - Microlet lancets 30g - these don't come as this gauge and aren't formulary choice - Email sent to ***** to query - Awaiting response.	
Medication	Medication Lift Glucose Shot Liquid 30 ml USE AS DIRECTED	
Medication	Medication Contour Plus Test strips 100 strip TO BE USED AS DIRECTED	
Read Code	Outpatient clinic letter received	
Read Code	New medication commenced	
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub	

14-Apr-2025 Dr Lyndsey Borland (LB1) Administration

History	History Referred IAU	
New Referral	New Referral 8H41.: General medical referral (SCI Gateway Referral)	

14-Apr-2025 Dr Lyndsey Borland (LB1) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Type 2 diabetes mellitus	
History	History Started metformin last week Nauseous since but also felt sick before he started PUing lots and thirsty Vomit once last night No appetite Drinking soup and water Vision poor Has diabetic eye clinic app	
Examination	O/E - BP reading BM 32.7 UA ketones +	
Comment	Comment Needs to get laundry done meet sponsor and has lawyers app today Adamant that he needs to ge this all done but will attend QEU after this with support worker Explained my concerns and why he needs seen	
Examination	Systolic blood pressure P117 reg Mouth a little dry	133 mm Hg
Examination	Diastolic blood pressure	94 mm Hg

14-Apr-2025 Ms Ann McKee (AMK) Administration

Comment	Comment 14/04 - As below

14-Apr-2025 Dr Emma Newhouse (EN) Administration

History	History F2F with GP please

14-Apr-2025 Mrs Susan Richardson (SR23) Administration

Comment	Comment TRIAGE 14/04 pt has just been discharged from hosp with comlications of diabetes not able to face foodonlydrinking water also has a sore throat call pt mobile

11-Apr-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Action 11.04.25 - Pt booked in with JB for 23.05.25 as per GMC in action

09-Apr-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History Prev ^ ALP 196. Vit D was adequate at 102. Serum electrophoresi -ve feb 25. On repeat bone profile improved to 165(too low for isoenzymes to be processed) . GGT was normal at 48 on 02/04/25. LFTs normal barring the ^ ALP. I have requested Liver USS for completeness. Await USS. I will check and phone on my return form A/L ?? Bone metabolism adv ref.

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08-Apr-2025 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment A&E 7/4/21 D/.charged - LRTI - 5/7 amoxicillin

07-Apr-2025 Ms Ariane Murphy (AEM) Administration

Comment Comment INFO 07/04 Pt advised ambulance ordered - declined to take note of ref number. Advised to call 999 if worsening

07-Apr-2025 Dr Gillian J McGeoch (GMCGEOCH_13414) Data Entry

History History 1 hour amboref: 11948135.
Comment Comment Ariane can you pl advise Alex that the ambulance has been ordered. 1 hour. Please be ready. May take in excess of 4 hours. If feeling any more unwell then call 999 and can give him the ref no. Thanks.

07-Apr-2025 Ms Ariane Murphy (AEM) Administration

Comment Comment INFO 07/04 Pts friend unable to take him to hosp - requires transport now - at home address - confirmed 14c Erksine View

07-Apr-2025 Dr Gillian J McGeoch (GMCGEOCH_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Nondependent amphetamine or other psychostimulant abuse
History History Came alone - seen sleeping in WR whilst I was calling other patients.
"ive had a chest infection since Dec" cough. some spit. COPD. some wheeze. Feels hellish - been in bed and dragged himself here. Feels terrible.
OE sleepy ? under the influence of drugs. Admits to taking Speed every day - nil else.
Tanned (sunbeds) looks older than his years.
Large old lap scar down abdomen (2013)
OE Sats 98% P 122. Dry+++ drinking water. vomited x1 before coming. Chest - little AE and a few crackles. No ^ WOB but Needs CXR and bloods tonight given dehydration. Friend John will take to IAU.
Comment Comment if any issues with lift, will call surgery back and I can arrange an ambo to the house.
Problem Chronic obstructive pulmonary disease

07-Apr-2025 Ms Ann McKee (AMK) Administration

Comment Comment 07/04 - As below

07-Apr-2025 Dr Scott Queen (QUEEN_13414) Administration

History History FTF GP

07-Apr-2025 Mr Kevin Carlton (KC2) Administration

Comment Comment TRIAGE - Ongoing from below: not been eating since Thurs, v low energy. Chest inf sx improved but not fully shifted, struggling to mobilise/leave bed

02-Apr-2025 Dr Alan McCrorie (ADM) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Respiratory tract infection
History History Seems to be getting quite frequent LRTI's since turn of the year. Cough productive phlegm. Doesn't feel it is breaking up enough to expectorate. Fevers and sweats overnight. Called NHS 111 and sign posted here. Throat so dry at moment. Catching. Tried a variety of cough bottles.
Examination Examination Temp 36.5, SPO2 98%, HR 97, no iWOB, chest = bilateral expiratory wheeze, HS dual no murmurs.
Social Social Still smoking but tells me down to 10 per day - has tried NRT from chemist before, not working. Thinking about buying vapes instead.
Comment Comment Trial an oral mucolytic and run another course antibiotic and steroid. Honey and hot water for soothing throat.
Result Result Last sputum = H.influenze sensitive to amox and doxy; CXR done mid March normal.
Medication Medication Acepiro Effervescent tablets 600 mg 30 TABLET TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL
Medication Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING
Medication Medication Doxycycline Hyclate Capsules 100 mg 8 capsule TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

THIRD PARTY COPY

02-Apr-2025 Ms Ariane Murphy (AEM) Administration

Comment	Comment INFO 02/04 Pt will attend at 9.45am

02-Apr-2025 Dr Sophie Hepburn (SH2) Administration

History	History FTF 9:45 AM

02-Apr-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Tel Triage 02.04.25 - Pt advised suspected chest infection advised symptoms of shallow breathing cough bringing up bile did have a fever - please call mobile

20-Mar-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History USS req GJNH via SCI

19-Mar-2025 Mrs Catherine Gorman (CG) Administration

Comment	Comment ACTION 19/03 PT advised to hand in repeat urine sample around 07/04 as requested on action.

19-Mar-2025 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Otitis externa NOS
History	History Discomfort right eat past 6 days. No discharge uncomfortable if pressed on tragal area a uncomnfortabe if yawns/opens moith wide.
Examination	Examination Apyrexial. 88reg, SpO" 98%. Righ ear NAD Left ear sl tragal tednerness TM appears grossly normal but EAC sl flaky, reddened an inflammed. Tender on otoscopy In keeping c AOE. No inflammation/redness pinna No mastoid tednerness.
Comment	Comment Discusessed findings Try below, avoid cotton buds. picking etc. Worsening adv and review if not sttling.
Problem	Balanitis
History	History Forskin inflammed an irritated ~ 1/52 uncomfortabel retracring but abel to do so. No Dysuria No penils discharge etc. know T2DM
Examination	Examination Apyrexial. Abdo Obese, SNT, BS+. Foreskin a bit reddned/inflammed. Non retractime Fe tuny whitis specks suggesting possbel thrush but ? bacterial component too
Comment	Comment Discussed findinsg, commence below discussed hygiene measures. Worsening adv and review if not settling
Problem	Serum alkaline phosphatase (196)
History	History See most recent bloods. FBC Normal U+es normal LFts norma othe rthan ^ ALP 196. SEP -ve Feb 26th. Vit D was adequet at 102. Bone profile was norla oter than the ^ ALP. GGT was normal jan 25. No alochol. Ongoing amphatamine use.
Comment	Comment Agreed refer USS ? undelying fatty liver. Repeat bloods 2/52 inc GGT I will request lsoenzymes but may not bs sufficentlt elevated for this. Review c resilts.
Medication	Medication Otomize Spray 1 SPRAY ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS
Medication	Medication Clotrimazole Cream 1 % 20 GRAM APPLY TWO TO THREE TIMES DAILY
Medication	Medication Flucloxacillin Capsules 500 mg 20 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

19-Mar-2025 Mrs Susan Richardson (SR23) Administration

Comment	Comment F2F SQ pt called looking for app with gp for ear infection on triage not happy not seeing a gp as has some thing else to talk about embarrased to say

18-Mar-2025 Ms Elaine Archer (ELAINE ARC13414) Data Entry

Problem	Did not attend - no reason

THIRD PARTY COPY

12-Mar-2025 Dr Saranya Thangathurai (ST23) Red Wing Clydebank Health & Care CentreMain Surgery

History	History smoking 10 roll up day, continues to cough- thought 'breaking up' but has not cleared. feel sback to ususal. Did not take high dose abx but 500mg TDS with last prescription. still feeling alittle hot and cold, cough, sometimes a bit puffy.
Examination	Examination 36.9, 98%, 97bpm- regular, 143/87 looks sweaty and says he is hot chest largely clear, occasional crackle throughout
Social	Social smoker, takes 6g speed every week. working with addictions team
Problem	Haemophilus influenzae infection
Comment	Comment given 2nd course abx and ongoing symtpoms I asked Alex to go in for bloods and x ray. did not feel he could today. send sputum
New Referral	New Referral 8HII.: Referral to community phlebotomist (SCI Gateway Referral)

12-Mar-2025 Ms Ariane Murphy (AEM) Administration

Comment	Comment INFO 12/03 Booked as below

12-Mar-2025 Nurse Ruth Crawford (RUTH_13414) Administration

Comment	Comment F2f ST , have booked 14.40 today

12-Mar-2025 Ms Karen Conlin (KCONLIN_13414) Administration

Comment	Comment TRIAGE 12/3; Call via housing support worker *****, pt still has ongoing chest infection symptoms, finishes abx today, mobile confirmed

11-Mar-2025 Dr Lyndsey Borland (LB1) Administration

History	History Proteinuria but note recent UTI Repeat 4 weeks

04-Mar-2025 Dr Saranya Thangathurai (ST23) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Haemophilus influenzae infection
History	History Cough since last seen- given doxy and steroid- mild improvement but not away. sputum- h.influenzae. sweaty/hot, cough relentless- now just feels nothing to bring up, sob but nil acutely different, no haemoptysis. using salbutamol in the morning but not throughout the day- doesn't feel excessive use. Has always had a tremor- back on depot for
Examination	Examination 36.8, 96%, 98bpm regular, 146/94, rr 18, seen with DrEN for CEPS- warm peripheries, slight tremor both hands, no asterixis, no raised JVP, chest, no focal percussion dullness, air entry to bases with, mild scatter screp- nil obviously focal, mild exp wheeze throughout,
Comment	Comment hih dose amox, steroids, strong worsening advice, cxr
Medication	Medication Amoxicillin Capsules 500 mg 30 capsule TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Prednisolone Tablets 5 mg 30 tablet 6 DAILY IN MORNING FOR 5 DAYS

04-Mar-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment F2F 04.03.25 - Call via pt support worker ***** advised has persistant cough pt has copd given abx few weeks ago advised cough and breathless - will come for F2F

THIRD PARTY COPY

20-Feb-2025 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Bleeding PR
History	History Says passed a stool testerday PM. Notced some fresh red blood on paper, and some blood had dripped into pan. Ususlly no PR bleeding on defaecation but did have similar ~ 1 year ago. I note I had rereferred to Colorectal surgery back in June. 2x unsuccessful attempts at scope Sept 23 then DNA'd Miss Dorrance clinic June 3rd. Previosu positive qFIT, Repeat qFIT was -ve May 24. Usually BO 1x everyy 2 days, ususlly quite soft. Ususlly no blood but does describe PR Mucouc No anal pain. No Abdo pains. No vomiting. Denies tenesmus sx. No weight loss. Looks like was seen in clinic Aug by Mr smith and had CT AP demonstrating no evidence malignancy but not scoped.
Examination	Examination Apyrexial. 90reg, SpO2 97%. Abdo-&gt Obese, soft, non tender. No palp masses PR-&gt No obvious heamorrhoids or fissure. Empty rectum No masss.
Comment	Comment Given Hx further PR bleeding prev positive qFIT and PR Mucous rerefer USOC Colrectal. Check bloods and updat qFIT Emphasised importance of attending. Knows to alert us if fails to receive appt.

19-Feb-2025 Ms Margaret Fitzsimmons (MF) Administration

Comment	Comment Appoint 20/2 SQ- Patient happy to come into surgery on Thurs.

19-Feb-2025 Dr Scott Queen (QUEEN_13414) Administration

History	History Not mentioned at all at appointment. New issue. Needs FTF assessment for exam I can see as on-all tomorrow AM 09.00 in esp column. If feels needs assessed more urgently then needs to be dealt with as urgent care triage today.

19-Feb-2025 Ms Margaret Fitzsimmons (MF) Administration

Comment	Comment Info Mess SQ- Patient called in to say he has just noticed when passing motion there is a lot of blood in it. He said he had been asked at appoint but had said no.

19-Feb-2025 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Acute exacerbation of chronic obstructive airways disease	
History	History I note coded COPD. Maintained Trixeo and Salbutamol. No coded antibiotic allergy. Chest cough iver past week or so. Cehsty cough. More wheezy, denies assoiated. Feels slike has sputum but struggling to expectorate. No CP. No Haemiotysis Unsure if feverish. No calf pain or swelling E+D OK. Still smokeing 20 Roll ups per day.	
Examination	O/E - BP reading Apyrexial. 81reg, O2 98%. Undistressed. not flushed or toxic looking. No sig nasal congestion. No resp distress at rest. Full sentences c ease. No IWOB. Chest. Reasonable A/E bilaterlly. Harsh BS generally. Few sparse creps bot bases. Occ rhonchi. No calf swelling or tenderness.	
Comment	Smoking cessation advice Imp. Exac COPD. Discussed findings, adv re inhaled Rx. Sputum C+S. Px below. Strong specific worsening advice inc re 111/ED.	
Examination	Systolic blood pressure	132 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Medication	Medication Doxycycline Hyclate Capsules 100 mg 6 CAPSULE TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	
Medication	Medication Prednisolone Tablets 5 mg 30 tablet 6 DAILY IN MORNING FOR 5 DAYS	

19-Feb-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment F2F 19.02.25 - Pt advised he is struggling to catch a breath sore chest coughing advised has been using a cough bottle not subsided feeling very breathless - will come for F2F

THIRD PARTY COPY

13-Feb-2025 Dr Alan McCrorie (ADM) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Anxiety states
History	History Here with his support worker. CAT not willing to work with him due to continued amphetamine abuse. Also telling me wants to stop his depot due to weight gain. Is not on a treatment order by sounds of it. Next due FU with Rosemary McCaffrey March. Documented to not be psychotic. Wanting me to prescribe him Valium or Zimovane or something else to help with his anxiety.
Examination	Examination Shaking. Swearing. Not psychotic. No voiced TLNWL.
Social	Social Continues to use drugs heavily. Amphetamines. Alcohol. Wants to stop but feels unable to do so.
Comment	Comment Explained calmly as a practice we would not be offering any of what he was asking for. Offered to advocate for him by re-referring to drug rehab services. Tried to persuade him to keep attending for his depot until next review by psychiatry but he seems fairly fixed he's going to refuse it going forward. Nothing much else to offer this man today.
New Referral	New Referral ^ESCTPA256691: Patient referral for drug addiction rehabilitation (SCI Gateway Referral)
Problem	Drug addiction therapy

13-Feb-2025 Nurse Jacqui Barker (JB) Administration

Comment	Comment Please ask patient to hand in further early morning urine when in at appoint 4 weeks please

13-Feb-2025 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment F2F 13.02.25 - Call via ***** housing support worker for pt requesting an app for pt regarding pt MH pt aware of her making call - will come for F2F and ***** will attend with him

04-Feb-2025 Nurse Emma Sharp (ES) Telephone Consultation

Problem	Suspected UTI
History	History Still feels has UTI, was given Amox x 2 in Dec & Jan for chest ?UTI. still has dysuria, still has urinary frequency, suffers from muscle spasms, always around waistline, spasms today on both sides. I note T2DM. Denies fevers. no nausea/vomiting. I note declined GP assessment x 2 today.
Comment	Comment Treat for UTI. Await MSSU results. Last eGFR &gt60ml/min. NKDA.
Medication	Medication Trimethoprim Tablets 200 mg 14 tablet ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

04-Feb-2025 Nurse Jacqui Barker (JB) Administration

Examination	Urine nitrite positive
Examination	Leucocytes in urine
Examination	Urine protein test = +
Examination	Urine blood test = +
Comment	Comment See below pulse raised sweating in room - declined GP review - urine sent - c/o pain on passing lower abdo pain

04-Feb-2025 Nurse Jacqui Barker (JB) Administration

Problem	Chronic obstructive pulmonary disease
Comment	Comment Patient in for diabetes review - chat re inhaler (used full trimbow since last week 4 pffs at a time) chat re overuse and correct inhaler technique thinks not working - given trixeo to try and advice using via chamber - aware of oral hygiene with inhaler call 4 weeks to review

04-Feb-2025 Nurse Jacqui Barker (JB) Red Wing Clydebank Health & Care CentreMain Surgery

Examination	O/E - pulse rate	118 beats/minute
Examination	O/E - pulse rhythm regular	
Comment	Comment Had UTI few weeks ago thinks has flu or further UTI - clutching side says muscle spasm 4/5 times whilst in room - DECLINES GP review - agrees to hand in urine - discussed fever/ shivery shaking and signs of SEPSI and WSG GP/ nhs 111 or 999 if things worsen or not settling - please dip urine and send	

THIRD PARTY COPY

04-Feb-2025 Nurse Jacqui Barker (JB) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Type 2 diabetes mellitus	
Comment	Comment Diabetes new HBA1c 50 - chat re ace/stating takes amphetamines daily not able to stop - chat with GP re ace/statin - chat re redbull high sugar foods/labels and info away - feet low risk will attend RS and hand in urine	
Examination	10g monofilament sensation R foot normal	
Examination	10g monofilament sensation L foot normal	
Examination	O/E - right foot pulses present	
Examination	O/E - left foot pulses present	
Examination	O/E - Right diabetic foot at low risk	
Examination	O/E - Left diabetic foot at low risk	
Social	Alcohol consumption	0 units/week
Medication	Medication Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose 120 dose 2 Puffs morning and night	
Medication	Medication Easychamber Spacer device 1 device USE AS DIRECTED	
Read Code	Diabetic annual review	

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

Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr O'Rourke, this is a reminder for your appointment at 13:20 on Tuesday 04 of February at Redwing Medical Practice. 0141 531 6475 If you are unable to attend, please text CANCEL to 07903590756.

29-Jan-2025 Nurse Jacqui Barker (JB) Telephone Consultation

Problem	Type 2 diabetes mellitus
Comment	Comment Patient in dentist - difficult to talk but advised of diagnosis and booked in for tuesday 4th for full review

28-Jan-2025 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment A&E 25/1/25 D/charged UTI with nitrofurantoin

27-Jan-2025 Nurse Jacqui Barker (JB) Administration

Problem	Type 2 diabetes mellitus
Comment	Comment New HBA1c 50 call to discuss added to recall - check compliance with ator ^ dose to 40mg Chol 4.7 LDL 2.7

24-Jan-2025 Dr Sophie Hepburn (SH2) Telephone Consultation

Problem	Chest infection
History	History WCC 13, neutrophils 12 - called to review, feels he is coming down with something, coughing ++ dry at present, pain in his upper left side when coughing. Bowels not moved for 3 days and urinary flow is slow.
Comment	Comment Given results cover with abx and below given for constipation, if any concerns to get back in touch.
Medication	Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 30 sachet ONE TO BE TAKEN TWICE A DAY PRN
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

23-Jan-2025 Ms Lyndsay McAlinden (LM1) Medicine Management

History	History SR
Comment	Comment Overdue COPD/asthma review. Trimbow issued 7/1/25 - should last 30 days. Tried to call x2 but no answer and no VM option. Have issued another with HWN tma for asthma review, and also to advise must stick to prescribed dose.
Medication	Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 120 dose TWO PUFFS TO BE USED TWICE DAILY
Read Code	Medication requested Acute Rx Issued
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber
Read Code	Unsuccessful attempt to contact patient by telephone

THIRD PARTY COPY

23-Jan-2025 Ms Kirsty O'Donnell (KO) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment bloods taken as requested by Chanel, Medical Student - BP 116/77 120/78 HR 98reg. - Please note Patient admits to Amphetamine use.	
Examination	Systolic blood pressure	116 mm Hg
Examination	Diastolic blood pressure	77 mm Hg
Examination	O/E - height	178.5 cm
Examination	O/E - weight	104 Kg
Examination	Body Mass Index	32.64
Social	Current smoker	
Social	Rolls own cigarettes	2.8 oz/wk
Social	Alcohol consumption	0 units/week

22-Jan-2025 Mr Kevin Carlton (KC2) Administration

Comment	Comment SR - Trimbow (inc usage, VM left on px machine)

22-Jan-2025 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment EA 23/1/25 - appt as per 22/1/25. Thanks

22-Jan-2025 Nurse Jacqui Barker (JB) Administration

Comment	Comment Patient seen at specsavers wanting review for hyp/diabetes - HCA appointment needs bloods BMI/BP/smoking/Alcohol thanks

17-Dec-2024 Dr Alan McCrorie (ADM) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Respiratory tract infection
History	History Over a month of persistent cough. Mainly dry. Scarce sputum. Using his inhalers more frequently. Feeling hot/sweaty. Not vomiting. Bowels etc all ok. Thinks needs an antibiotic.
Examination	Examination SPO2 96%, HR 102, temp 38.1, BP 144/89, bi-basal creps and wheeze, stigmata prior midline laparotomy from prior stabbing, HS dual no murmurs, no finger clubbing.
Social	Social Smoker, does not use a filter - off amphetamines for 4 days now, no psychotic symptoms as of yet - engaging with drug harm reduction programme.
Comment	Comment Some antibiotic and steroid for next 5 days, safety net advice to return if no better next week, wants to restart AMT, psych letter 5/8/24 saying he voluntarily stopped taking - back on repeat.
Result	Result Thorax component of a CT pan scan done July 2024 = no lung malignancy, few small bulae R apex, no signs PE
Medication	Medication Amoxicillin Capsules 500 mg 15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS
Medication	Medication Prednisolone Tablets 5 mg 40 TABLET EIGHT TO BE TAKEN IN THE MORNING
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 84 tablet TAKE TWO IN MORNING AND ONE AT NIGHT

17-Dec-2024 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment F2F 17.12.24 - Call via ***** suport worker for pt advised pt has had persistant cough for over 6 weeks no other symptoms advised - will come for F2F

09-Dec-2024 Mrs Susan Richardson (SR23) Administration

Comment	Comment INFO ONLY chemist called pt has been to pharmact saying he dosent want blister pack chemist checking if he has been in contact with us

20-Nov-2024 Ms Kirsty Marr (KM2) Telephone Call

History	History OPL: 19/11/24 Goldenhill Dr Rosemary McCaffery
Comment	Comment T/c to Garscadden to inform of change to dosette spoke to Nieve pt due box Fri so will change from next box. T/c to pt pt asking re cholesterol tab - advised gets statin in dosette - confirmed with Garscadden - pt doesn't want meds disp weekly - advised will need to discuss with GP. KM
Read Code	Outpatient clinic letter received
Read Code	Drug therapy discontinued procyclidine
Read Code	Telephone encounter
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

THIRD PARTY COPY

28-Oct-2024 Mrs Catherine Gorman (CG) Administration

Comment	Comment INFO 28/10 ***** from Garscadden calling to request Procyclidine and Atorvistatin early as making up dosett box in advance. Spoke with SQ happy to issue.

10-Oct-2024 Mrs Catherine Gorman (CG) Administration

Comment	Comment INFO 10/10 Issued both doses for Aripirazole as per task from pharm team

10-Oct-2024 Ms Teri Baker (TB) Phone Encounter

History	History Task from Jannette at Garscadden Pt not had aripriprazole for weeks
Comment	Comment T/c with Jannette who confirmed pt who picked up dosette on 4/10/24 has aripiprazole 10mg - 2 tabs daily this week, I advsied reduction to start from wednesday 16/10/24. Jannette stated that as a business they arent obliged to keep pts on a dosette, I advised Janette that if they wish toi take this pt off dosette they need to discuss with his GP first as pt is under psychiatry and is on a weekly disp for a reason and it may not be safe to stop it. Jannette stated she will need to get pt to come back on wednesday to add in the reducing dose of aripiprazole 15mg for 2 weeks. I advised I will request a script for aripiprazole 10mg tabs for 5 days from 4/10/24 - 15/10/24 then new reduced dose starts on wednesday.
Comment	Comment Script requested.
Read Code	Medication changed Aripriprazole 15mg tabs - 1 daily for 2 weeks from 16/10/24 then stop
Read Code	Discussed with pharmacist

10-Oct-2024 Mrs Catherine Gorman (CG) Administration

Comment	Comment INFO 10/10 Task sent to pharmacy team as ***** from Garscadden had query over Aripiprazole.

10-Oct-2024 Ms Teri Baker (TB) Phone Encounter

History	History OPL: Goldenhill resource centre - Dr Rosemary McCaffery
Comment	Comment T/c with Janette at Garscadden to advise of change to dosette to commence from 16/10/24.
Comment	Comment Script requested via DOCMAN.
Read Code	Outpatient clinic letter received
Read Code	Medication changed Aripiprazole 5mg tabs - take 3 tabs once daily for 2 weeks from 16/10/24 then stop -
Read Code	Discussed with pharmacist
Read Code	Uses monitored dosage system
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

10-Oct-2024 Ms Teri Baker (TB) Phone Encounter

History	History OPL: Goldenhill resource centre - Dr Rosemary McCaffery
Comment	Comment T/c with Nicki at Garscadden to confirm changes to dosette medication.
Comment	Comment T/c with pt who confirmed change to medication.
Comment	Comment Script requested via DOCMAN.
Read Code	Outpatient clinic letter received
Read Code	Medication changed Procyclidine 5mg tabs - 1 three times daily
Read Code	Discussed with pharmacist
Read Code	Telephone encounter
Read Code	Uses monitored dosage system

08-Oct-2024 Mr Anonymous User (ANON)

11-Feb-2022	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *FN4817/ COVPFIZER/IM/Right Arm//C-19 Pfizer (The Hub (Clydebank) - Public Vaccination Clinic 15/02/2022 10:41:35 - CS - Mrs ***** ***** - OT1)*

08-Oct-2024 Mr Anonymous User (ANON)

01-Nov-2022	Vaccination	Administration of first inactivated seasonal influenza vacc *440171A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Drumchapel Community ***** Public Vaccination Clinic 04/11/2022 08:51:59 - CS - Mrs ***** ***** - OT1)*

08-Oct-2024 Mr Anonymous User (ANON)

01-Nov-2022	Vaccination	Administration of first dose of SARS-CoV-2 vaccine *200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community ***** Public Vaccination Clinic 04/11/2022 08:51:59 - CS - Mrs ***** ***** - OT1)*

THIRD PARTY COPY

08-Oct-2024 Mr Anonymous User (ANON)

22-July-2024 Vaccination Pneumococcal vaccination *3030523/ PNEUMOCOC/IM/Right Arm//PNEU - Pneumococcal Vaccine (The Hub (Clydebank) - Public Vaccination Clinic)*

08-Oct-2024 Mr Anonymous User (ANON)

11-Feb-2022 Vaccination Immunisation course to maintain protection against SARS-CoV-2 *FN4817/ COVPFIZER/IM/Right Arm//C-19 Booster Pfizer (A Asif 15/02/2022 10:41:35 - CS - Mrs ***** ***** - OT1)*

25-Sept-2024 Dr Kate Chapman (KC3) Red Wing Clydebank Health & Care CentreMain Surgery

History History See below- yes, script issued,

25-Sept-2024 Ms Chloe Murphy (CM1) Red Wing Clydebank Health & Care CentreMain Surgery

History History As below
Comment Comment Cancelled script for 8 tabs as looks like requested in error? T/c to Garscadden - advise that looks like 6 week course of 20mg nocte now completed but no way to confirm as no boxes left in shop, based on start date 08/08/24 would be finished. T/c to pt - unable to confirm how long has been on 20mg nocte. Reports taking procyclidine as causing shaking Sx. Latest GHRC letter advises to c/t aripiprazole 20mg, due for f/u 09/10/24.
GP are you agreeable for me to issue a further 1M at 20mg nocte pending decision from GHRC if to start ablify.

25-Sept-2024 Ms Chloe Murphy (CM1) Data Entry

History History SR
Comment Comment Most recent clinic letter 17/09/24 advising to c/t aripiprazole 20mg. Uynclear if this means to c/t to end of 6/52 supply or if ongoing. T/c to GHRC - next appt 09/10/24 where they will clarify if getting ablify in place of aripiprazole of not. Issued 8 tabs to cover dosette in meantime
Medication Medication Aripiprazole Tablets 10 mg 8 tablet ONE TABLET DAILY FOR ONE WEEK INCREASING TO TWO TABLETS (20MG) DAILY FOR 6 WEEKS. DISPENSE WEEKLY
Read Code Medication requested Acute Rx Issued

24-Sept-2024 Ms Anne McDougall (ANNEM_13414) Administration

Comment Comment SR For 8 Aripiprazole.

16-Sept-2024 Mr Cameron Henderson (CH) Data Entry

History History OPL 12/09/24 Goldenhill Resource Centre
Comment Comment T/c to Lorraine Garscadden - passed to colleague who deals with boxes, asking for 3 week script as patient looking for new pharmacy
T/c to Mr O'Rourke - advised many pharmacies have waiting lists if he wants a box elsewhere, happy to remain at Garscadden for now and I have advised him to call around and get on a waiting list for a pharmacy closer to home - pharmacy notified
Follow Up Follow Up Patient will be seen again in 4 weeks
Read Code Repeated prescription Repeat Rx Issued
Read Code Outpatient clinic letter received - Dr Rosemary McCaffery, Consultant Psychiatrist
Read Code Medication changed - Procyclidine dose changed to 5mg twice daily
Read Code Discussed with pharmacist
Read Code Telephone encounter
Read Code Site of encounter NOS Pharm Tech Actioned in Pharmacotherapy Hub

13-Sept-2024 Ms Denise Ferguson (DF) Red Wing Clydebank Health & Care CentreMain Surgery

History History OPL Goldenhill Dr Rosemary McCaffery 12/9/24
Comment Comment Pharm Tech - Request to change Procyclidine 5mg to 2.5mg three times a day - amended repeat accordingly.
T/c to Garscadden to advise of change to medicine, spoke to *****, next box goes out Wednesday chenge will commence in next box
Read Code Outpatient clinic letter received Goldenhill
Read Code Medication changed Procyclidine 5mg changed to 2.5mg three times a day
Read Code Discussed with pharmacist
Read Code Uses monitored dosage system
Read Code Site of encounter NOS Actioned in Pharmacotherapy Hub

THIRD PARTY COPY

04-Sept-2024 Dr Kate Chapman (KC3) Red Wing Clydebank Health & Care CentreMain Surgery

History	History SR aripiprizole- 7 week supply issued 4 weeks ago- declined.

04-Sept-2024 Ms Jennifer Deacon (JEN) Administration

Comment	Comment SR - Aripriprazole

29-Aug-2024 Dr Alan McCrorie (ADM) Telephone Consultation

History	History Called patient to ask why requesting more aripiprazole as should have sufficient supply. Tells me did not request this. Does not remember phoning us but does need more paracetamol and Trimbow. Paracetamol issued today. Trimbow inhaler probably due so have issued another.
Comment	Comment Fluoxetine stopped as per psych letter dated 6th Aug 24.
Medication	Medication Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose 120 dose TWO PUFFS TO BE USED TWICE DAILY

29-Aug-2024 Mr Kevin Carlton (KC2) Medicine Management

Comment	Comment SR - Fluoxetine/aripiprazole

21-Aug-2024 Ms Lauren Gallacher (LG1) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Did not attend - no reason

07-Aug-2024 Ms Denise Ferguson (DF) Data Entry

History	History OPL Goldenhill Dr z Dai 6/8/24
Comment	Comment Pharm Tech - Request to increase Aripipazole to 10mg daily for one week then increase to 20mg daily for 6 weeks - added full quantity to acute. Also request to stop Amitriptyline & Fluoxetine as not taking these and throwing them out -removed from repeat. T/c to Garscadden Pharmacy advised of changes to compliance aid - compliance aid was delivered this morning therefore changes will be made for next week. Tried to contact pt - no reply
Read Code	Outpatient clinic letter received Goldenhill
Read Code	Drug therapy discontinued Aripipazole 5mg Amitriptyline Fluoxetine
Read Code	New medication commenced Aripipazole 10mg, one daily for one week then increase to 20mg daily for 6 weeks
Read Code	Discussed with pharmacist
Read Code	Unsuccessful attempt to contact patient by telephone
Read Code	Uses monitored dosage system
Read Code	Site of encounter NOS Actioned in Pharmacotherapy Hub

07-Aug-2024 Dr Kate Chapman (KC3) Red Wing Clydebank Health & Care CentreMain Surgery

Problem	Problem L shoulder
History	History woke up yesterday with L shoulder pain, no accident or injury, nil previous like this. Friend encouraged him to seek review. Also gets chest pain someitmes on certain movements- not exertional no associated SOB/palpitations/nausea or dizziness.
Examination	Examination No c spine bony tenderness. Tender over AC joint, sore on internal rotation. limited extension due to pain. No weakness no swelling.
Social	Social Escalating amphetamine use. Under goldenhill. Attends CA and other groups.
Comment	Comment Reassured appreas MSK and short history, happy to simply observe, reminded of red flag symtpoms of chest pain which should prompt urgent review.
Problem	Misuse of Amphetamines unspecified

07-Aug-2024 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment F2F 07.08.24 - Pt advised he has pains in shoulder down back and arm did have chest pain but eased off no injury advised to sore to lift no injury looking to discuss no vomiting - will come for F2F

24-July-2024 Ms Lauren Gallacher (LG1) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment bloods as requested. patient coming back in 4 week for lipds&fbc blood test.

19-Jun-2024 Ms Ann McKee (AMK) Administration

Comment	Comment Admin 19/06 - Px issued and printed

THIRD PARTY COPY

19-Jun-2024 Nurse Jacqui Barker (JB) Administration

Examination	Examination mum and brother died of heart attack agree to commence statin as below - discussed risk and diet lifestyle etc aware of se knows to contact of any issues
Medication	Medication Atorvastatin Tablets 20 mg 56 TABLET ONE TO BE TAKEN EACH DAY

17-Jun-2024 Nurse Jacqui Barker (JB) Administration

Comment	Comment Assign 21% consider statin

14-Jun-2024 Nurse Jacqui Barker (JB) Telephone Consultation

Problem	Pre-diabetes
Comment	Comment Chat re diet carb heavy 4 sugars in tea - will switch to sweetner and aim to reduce carbs - sign posted diabetes UK declines CIP - review bloods Dec 24

10-May-2024 Nurse Jacqui Barker (JB) Administration

Problem	Pre-diabetes
Comment	Comment New HBA1C 43 call to discuss

02-May-2024 Dr Scott Queen (QUEEN_13414) Red Wing Clydebank Health & Care CentreMain Surgery

History	History FTF as below. Hx as below. ? 3-4St wt loss over 6/12 but diat poor ans feel appetite less good as currently using Amphetamines most days. Planning to try an redice. Engaged c CAT.	
Examination	O/E - BP reading Apyrexial. 90reg, SpO2 98%,Chest clear. Not clubbed no palp Cx/SC Lymphadenopathy. Abdo-&gt Obese, SNT, BS+ no discrete masses. Declined PR	
Examination	O/E - weight	102 Kg
Comment	Comment Discussed findings rerefer USOC colrectal Updat bloods and qFIT. Knows to alert us if fails to receive appt.	
Examination	Systolic blood pressure	142 mm Hg
Examination	Diastolic blood pressure	85 mm Hg

01-May-2024 Dr Scott Queen (QUEEN_13414) Telephone Consultation

History	History See Gen surg letter of 19/04 indiating Pt has either nit responded to appt offer, refsed 2 reasonabel offers or indicated no lomgwe require appt. Looks like was initially referred by locum Dr ***** Thomas Fb 23 c PR bleeding and positive qFIT. I can see GJNH scp appts on CP from 31/08/23 ans 20/09/23 but no report ? DNA'd. Phoned Pt. No reply. Try later Phoned Pt say attended GJNH for scope but bowel prep was poor. Thinks was contacted more cently bu hopsital but a bit vague re. BO every 2/7. Normal/firm stool. No further blood. No Mucous. Thinks has lost some weight. vague re amount ? over 6/12. Admites dist very poor. Discussed prev positive qFIT and rational to LGIE. Thinks woule be willing to undrgo scope if rereferred. Given time elapsed and ? wt loss prob warrants FTF. Can come tomorrow AM. Appt given under circumstances. Emphasised importance of attending

01-May-2024 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Docman import received.

22-Apr-2024 Ms Margaret Fitzsimmons (MF) Administration

Comment	Comment Tele Cons 1/5 SQ- Patient to discuss endoscopy that he says he is not wiling to have at the moment. Not comfortable with getting this. Happy to discuss with gp.

11-Apr-2024 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment	Comment Docman import received.

07-Mar-2024 Ms Rebecca Morison (RM) Medicine Management

History	History SR
Comment	Comment As per psych
Medication	Medication Aripiprazole Tablets 5 mg 28 tablet ONE TO BE TAKEN DAILY
Read Code	Medication requested Acute Rx Issued
Read Code	Prescription by supplementary prescriber Rx issued by Pharmacist Independent Prescriber

THIRD PARTY COPY

06-Mar-2024 Ms Anne McDougall (ANNEM_13414) Administration

Comment Comment SR For Aripriprizole

14-Feb-2024 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

25-Jan-2024 Dr Sophie Hepburn (SH2) Medicine Management

Medication Medication Aripiprazole Tablets 5 mg 28 tablet ONE TO BE TAKEN DAILY
Medication Medication Procyclidine Hydrochloride Tablets 5 mg 56 tablet ONE TO BE TAKEN TWICE A DAY

25-Jan-2024 Ms Anne McDougall (ANNEM_13414) Administration

Comment Comment SR for aripriprizole and procyclidine

08-Jan-2024 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

11-Dec-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

11-Dec-2023 Ms Kirsty Marr (KM2) Telephone Consultation

History History OPL: 6/12/23 Goldenhill Resource Centre
Comment Comment T/c to Safe as Houses - spoke to Kerry who advised pt self discharged from Safe as houses last night? unable to contact pt - Kerry advised he will be coming into the office today and they can pass message on to contact practice - Kerry advised pt will not collect from Alderman Rd Pharmacy so if his rxs could be marked for collect and they will let him know to collect them - passed to Admin. KM
Read Code Outpatient clinic letter received
Read Code Medication commenced Medication Started Pharmacy Team aripiprazole 5mg 1 daily, procyclidoine 5mg 1 twice daily, promethazine 25mg 2 night when required for 2 weeks for sleep
Read Code Telephone encounter
Read Code Site of encounter NOS Actioned in Pharmacotherapy Hub

01-Dec-2023 Mrs Nicola Hales (NJ) Data Entry

Comment Comment Immunisations reviewed and updated

29-Nov-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

28-Nov-2023 Nurse Ruth Crawford (RUTH_13414) Telephone Consultation

Problem Vomiting
Comment Comment Started yesterday vomiting and loose stool, last bowel action 8am, last vomit 60 mins ago, no haematemsis, no pr bleed, no abdo pain, passing urine, no rash no photophobia, alert and orientated on TC, due depot buprenorphine tomorrow, telss me no other drugs, offered f2f review this afternoon but not keen, looking for px emailed alderman, CWS ^ fluids 5mls/5mins, happy with plan CWS
Medication Medication Prochlorperazine Maleate Buccal tablets 3 mg 10 TABLET ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY
Medication Medication Dioralyte Oral powder (blackcurrant) 6 SACHET DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

28-Nov-2023 Dr Emma Newhouse (EN) Red Wing Clydebank Health & Care CentreMain Surgery

History Medication requested Threw trimbow out in error. Last issued 7/11 Further issued

28-Nov-2023 Mr Kevin Carlton (KC2) Administration

Comment Comment TRIAGE - RC - Vomiting/diahhrea (24 hours, no OTC meds tried) LL pls

THIRD PARTY COPY

27-Nov-2023 Ms Ariane Murphy (AEM) Administration

Comment Comment SR 28/11 Trimbow - last ordered on 07/11 but has thrown it out in error

17-Nov-2023 Miss Stephanie Parry (SP2) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Info Only 17.11.23 - Pt called to cancel app he advised he didn't ask for app so unsure

17-Nov-2023 Ms Karen Conlin (KCONLIN_13414) Administration

Comment Comment INFO ONLY 17/11; Pt changed address as moving into rehab again for 6 months, number updated.

14-Nov-2023 Mrs Nicola Hales (NJ) Data Entry

Comment Comment Import 13/11/23 reviewed - meds added.

13-Nov-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

10-Nov-2023 Mrs Nicola Hales (NJ) Data Entry

Comment Comment Notes summarised and coded. Added to COPD recall.

07-Nov-2023 Ms Allison McAllister (ALLISONS_13414) Externally Entered

Attachment EMIS attachment reference code
letter to patient

06-Nov-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received

10-Oct-2023 Dr Gillian J McGeoch (GMCGEOCH_13414) Data Entry

History History ill write to him to ensure he knows the importance of investigations.

02-Oct-2023 Ms Margaret Fitzsimmons (MF) Administration

Comment Comment Info- Tasked to NH- Patient said he does not want a new referral for Colonoscopy, he is going through an 'addiction' programme at the moment and does not go out!

28-Sept-2023 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Email from ptnt - updated mobile. Tried to call mobile - no VM. Email sent to ask ptnt to call re a colonoscopy apppt ptnt had cancelled. To disucss why cancelled and see if new referral is required. Will check 4/10 for response. Thanks

27-Sept-2023 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Info only - email sent to ptnt to update phone and address details

22-Sept-2023 Mrs Nicola Hales (NJ) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Letter sent. Ptnt cancelled urgent colonscopy appt. LL tried ptnt - does not stay there any more. We have correct address. Letter sent to ask ptnt to contact us to update telephone number and discuss whether would attend a new referral for colonoscopy. Will check 29/9 for respone.

06-Sept-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received.

THIRD PARTY COPY

29-Aug-2023 Dr Julia Clarkson (JC2) Telephone Consultation

History History SR. note was reviewed and admitted to IAU yesterday for haematemesis. In rehab centre. No letter on clinical portal as yet. bloods in hospital- Hb 175 normal urea. noraml U+E. CRP7. and discharged yesterday. was not admitted. continued to vomit today. looking for antisickness. No diarrhoea. no abdominal pain. no blood for 24 hours. no black vomit. has colonoscopy 31st. drinking- coffee currently.
Comment Comment Agreed to antisickness tablet. advised as per IAU advise- any further episodes of blood/ black vomit to seek urgent review in A+E. If this continues despite antisickness, to seek further review from GP in next few days. plenty fluids.
Medication Medication Cyclizine Tablets 50 mg 30 tablet 1 TABLET 8 HOURLY. MAXIMUM 3 TIMES A DAY

29-Aug-2023 Ms Karen Conlin (KCONLIN_13414) Administration

Comment Comment SPEC REQ 29/8; Pt requesting anti sickness medication, discharged from IAU last nigh, nothing in docman as yet. Please send to Alderman Road

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414) Red Wing Clydebank Health & Care CentreMain Surgery

Problem Haematemesis
History History as below. Not keeping anything down. Head banging. No change in bowels. Due colonoscopy This week.
Examination Examination P 87 Sats 98% BP 140/82 abdo tender EPiG and R flank.
Comment Comment Haematemesis ? cause and ongoing vomiting. Prob needs admitted for ? scope. Sent IAU. SAH carer will bring.

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414) Telephone Consultation

History History in SAH since 18th. Sick since Monday onwards. Not holding anything down. bringing up black stuff. Some abdo pains. some heartburn. Feels ike indigestion. Trying gaviscon. No help. no blood. Has hospital on thurs for camera test. BLeeding from back passage. Losing weight. 3 stones. 19st 4llb, now 16llb 4. Was using for 2-3 weeks. Coke and amphetamines. no pain into back.
scared to eat with vomiting.

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414) Data Entry

History History no ans LL. cut off. ***** - any idea what rehab unit he is in?

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414) Data Entry

History History no answer on LL. cut off.

28-Aug-2023 Nurse Ruth Crawford (RUTH_13414) Telephone Consultation

Comment Comment In rehab, on buprenorphine, since stopping street amphetamines has been vomiting daily, x2 today &gt GP review

28-Aug-2023 Ms Karen Conlin (KCONLIN_13414) Administration

Comment Comment TRIAGE RC 28/8; Pt has has sickness for past 5 days, no diarrhoea, slight temp, LL confirmed

14-Aug-2023 Ms Laura McElwee (LM3) Red Wing Clydebank Health & Care CentreMain Surgery

Comment Comment Docman import received

Medications (inc. issues)

Acute

01-July-2026 Clobetasone/Oxytetracycline/Nystatin Cream 0.05 %+ 3 %+ 100,000 units/gram
30 gram - APPLY THINLY TWICE A DAY AS DIRECTED

01-July-2026 Clobetasone/Oxytetracycline/Nystatin Cream 0.05 %+ 3 %+ 100,000 units/gram
30 gram - APPLY THINLY TWICE A DAY AS DIRECTED

02-Jun-2026 Prednisolone Tablets 5 mg
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

THIRD PARTY COPY

02-Jun-2026 Amoxicillin Capsules 500 mg
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

02-Jun-2026 Amoxicillin Capsules 500 mg
15 capsule - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

02-Jun-2026 Prednisolone Tablets 5 mg
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

Repeat

29-Jun-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

29-Jun-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

29-Jun-2026 Metformin Hydrochloride Tablets 500 mg
112 tablet - TWO TO BE TAKEN TWICE DAILY WITH MEALS

29-Jun-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

29-Jun-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

25-Jun-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

25-Jun-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

25-Jun-2026 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

02-Jun-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

28-May-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

28-May-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

28-May-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

28-May-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

28-May-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-May-2026 Metformin Hydrochloride Tablets 500 mg
112 tablet - TWO TO BE TAKEN TWICE DAILY WITH MEALS

29-Apr-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

29-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

29-Apr-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

29-Apr-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

29-Apr-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

22-Apr-2026 Metformin Hydrochloride Tablets 500 mg
112 tablet - TWO TO BE TAKEN TWICE DAILY WITH MEALS

22-Apr-2026 Metformin Hydrochloride Tablets 500 mg
112 tablet - TWO TO BE TAKEN TWICE DAILY WITH MEALS

21-Apr-2026 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

21-Apr-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

01-Apr-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Apr-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

01-Apr-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

01-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

01-Apr-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

THIRD PARTY COPY

31-Mar-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

04-Mar-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

04-Mar-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

04-Mar-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

04-Mar-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

04-Mar-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

26-Feb-2026 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

23-Feb-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

13-Feb-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

13-Feb-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

13-Feb-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

13-Feb-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

13-Feb-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Jan-2026 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet
60 sachet - THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY

19-Jan-2026 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

19-Jan-2026 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

19-Jan-2026 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

19-Jan-2026 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

19-Jan-2026 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

05-Jan-2026 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

05-Jan-2026 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

30-Dec-2025 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet
60 sachet - THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY

30-Dec-2025 Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet
60 sachet - THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY

15-Dec-2025 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

15-Dec-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

11-Dec-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

11-Dec-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

11-Dec-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

11-Dec-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

05-Dec-2025 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

05-Dec-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

25-Nov-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

17-Nov-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

17-Nov-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

THIRD PARTY COPY

17-Nov-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

17-Nov-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

03-Nov-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

27-Oct-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

27-Oct-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

27-Oct-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

27-Oct-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

27-Oct-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

07-Oct-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

23-Sept-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

23-Sept-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

23-Sept-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

23-Sept-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

23-Sept-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

23-Sept-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

28-Aug-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

28-Aug-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

28-Aug-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

28-Aug-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

28-Aug-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

01-Aug-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

01-Aug-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

01-Aug-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

01-Aug-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

01-Aug-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

24-July-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

03-July-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

03-July-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

03-July-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

03-July-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

03-July-2025 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

02-July-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

17-Jun-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

17-Jun-2025 Gliclazide M/R tablets 60 mg
56 TABLET - 2 TABS DAILY DISPENSE WEEKLY

THIRD PARTY COPY

17-Jun-2025 Gliclazide M/R tablets 60 mg
56 tablet - 2 TABS DAILY

13-Jun-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

21-May-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

21-May-2025 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY

21-May-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

23-Apr-2025 Thiamine Tablets 50 mg
112 TABLET - ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY

23-Apr-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

23-Apr-2025 Contour Plus Test strips
200 STRIP - TO BE USED AS DIRECTED

23-Apr-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

17-Apr-2025 Contour Plus Test strips
100 strip - TO BE USED AS DIRECTED

17-Apr-2025 Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge
200 LANCET - TO BE USED AS DIRECTED

17-Apr-2025 Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge
200 LANCET - TO BE USED AS DIRECTED

16-Apr-2025 Contour Plus Test strips
200 STRIP - TO BE USED AS DIRECTED

02-Apr-2025 Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe
0.001 pre-filled disposable injection - TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)

02-Apr-2025 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

02-Apr-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

02-Apr-2025 Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe
0.001 pre-filled disposable injection - TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)

02-Apr-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

12-Mar-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

04-Mar-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

19-Feb-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

11-Feb-2025 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

11-Feb-2025 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Feb-2025 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Feb-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

04-Feb-2025 Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose
120 dose - 2 Puffs morning and night

04-Feb-2025 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

07-Jan-2025 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-Dec-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

18-Dec-2024 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

18-Dec-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

18-Dec-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

17-Dec-2024 Amitriptyline Hydrochloride Tablets 10 mg
84 tablet - TAKE TWO IN MORNING AND ONE AT NIGHT

17-Dec-2024 Amitriptyline Hydrochloride Tablets 10 mg
84 TABLET - TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY

THIRD PARTY COPY

20-Nov-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE

20-Nov-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

20-Nov-2024 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

20-Nov-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

28-Oct-2024 Atorvastatin Tablets 20 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

25-Oct-2024 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

25-Oct-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

25-Oct-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

24-Sept-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Sept-2024 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

24-Sept-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

11-Sept-2024 Atorvastatin Tablets 20 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

29-Aug-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-Aug-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

05-Aug-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

22-July-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

04-July-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

24-Jun-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

19-Jun-2024 Atorvastatin Tablets 20 mg
56 TABLET - ONE TO BE TAKEN EACH DAY

19-Jun-2024 Atorvastatin Tablets 20 mg
28 TABLET - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-Jun-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

17-May-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

14-May-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 TABLET - 1 TAB TWICE DAILY DISPENSE WEEKLY

12-Apr-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

12-Apr-2024 Esomeprazole Gastro-resistant Tablets 20 mg
56 tablet - 1 TAB TWICE DAILY

06-Mar-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

25-Jan-2024 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

29-Dec-2023 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

21-Dec-2023 Esomeprazole Gastro-resistant Tablets 20 mg
56 tablet - 1 TAB TWICE DAILY

12-Dec-2023 Buprenorphine Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe
0.001 pre-filled disposable injection - AS DIRECTED DO NOT PRESCRIBE GIVEN BY CAT

12-Dec-2023 Buprenorphine Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe
0.001 pre-filled disposable injection - AS DIRECTED DO NOT PRESCRIBE GIVEN BY CAT

27-Nov-2023 Esomeprazole Gastro-resistant Tablets 20 mg
56 tablet - 1 TAB TWICE DAILY

07-Nov-2023 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

30-Aug-2023 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

THIRD PARTY COPY

30-Aug-2023 Esomeprazole Gastro-resistant Tablets 20 mg
56 tablet - 1 TAB TWICE DAILY

30-Aug-2023 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

30-Aug-2023 Salbutamol Dry Powder Inhaler 100 micrograms/actuation
1 INHALER - ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED

30-Aug-2023 Paracetamol Tablets 500 mg
112 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

30-Aug-2023 Esomeprazole Gastro-resistant Tablets 20 mg
28 TABLET - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

Past

01-Apr-2026 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

04-Mar-2026 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

19-Feb-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - 1 CAP BD

19-Feb-2026 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
28 capsule - 1 CAP BD

13-Feb-2026 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

20-Jan-2026 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
30 CAPSULE - ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS

20-Jan-2026 Loperamide Hydrochloride Capsules 2 mg Acute Medication (Past)
30 CAPSULE - ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS

19-Jan-2026 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

11-Dec-2025 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

17-Nov-2025 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

14-Oct-2025 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

14-Oct-2025 Metformin Hydrochloride Tablets 1 gram Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY

07-Oct-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS

07-Oct-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

07-Oct-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

07-Oct-2025 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ML - USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED

07-Oct-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS

07-Oct-2025 Nystatin Oral suspension 100,000 units/ml Acute Medication (Past)
30 ML - USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED

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

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

23-Sept-2025 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

23-Sept-2025 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

23-Sept-2025 Metformin Hydrochloride M/R tablets 1 gram Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY

28-Aug-2025 Metformin Hydrochloride M/R tablets 1 gram Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY

01-Aug-2025 Metformin Hydrochloride M/R tablets 1 gram Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY

03-July-2025 Metformin Hydrochloride M/R tablets 1 gram Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY

17-Jun-2025 Metformin Hydrochloride M/R tablets 1 gram Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY

THIRD PARTY COPY

29-May-2025 Gliclazide Tablets 80 mg Repeat Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME

21-May-2025 Nitrofurantoin M/R capsules 100 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS

21-May-2025 Nitrofurantoin M/R capsules 100 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS

16-May-2025 Terbinafine Hydrochloride Cream 1 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS

16-May-2025 Terbinafine Hydrochloride Cream 1 % Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS

23-Apr-2025 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME

23-Apr-2025 Gliclazide Tablets 80 mg Repeat Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME

23-Apr-2025 Metformin Hydrochloride Tablets 500 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME

23-Apr-2025 Gliclazide Tablets 80 mg Repeat Medication (Past)
112 TABLET - TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME

17-Apr-2025 Lift Glucose Shot Liquid Acute Medication (Past)
30 ml - USE AS DIRECTED

16-Apr-2025 Lift Glucose Shot Liquid Acute Medication (Past)
30 ml - USE AS DIRECTED

02-Apr-2025 Acepiro Effervescent tablets 600 mg Acute Medication (Past)
30 TABLET - TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL

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

02-Apr-2025 Acepiro Effervescent tablets 600 mg Acute Medication (Past)
30 TABLET - TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL

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

02-Apr-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

02-Apr-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
8 capsule - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS

19-Mar-2025 Clotrimazole Cream 1 % Acute Medication (Past)
20 GRAM - APPLY TWO TO THREE TIMES DAILY

19-Mar-2025 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

19-Mar-2025 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

19-Mar-2025 Otomize Spray Acute Medication (Past)
1 SPRAY - ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS

19-Mar-2025 Clotrimazole Cream 1 % Acute Medication (Past)
20 GRAM - APPLY TWO TO THREE TIMES DAILY

19-Mar-2025 Flucloxacillin Capsules 500 mg Acute Medication (Past)
20 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS

04-Mar-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
30 capsule - TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

04-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

04-Mar-2025 Amoxicillin Capsules 500 mg Acute Medication (Past)
30 capsule - TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

04-Mar-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

19-Feb-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

19-Feb-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

19-Feb-2025 Prednisolone Tablets 5 mg Acute Medication (Past)
30 tablet - 6 DAILY IN MORNING FOR 5 DAYS

19-Feb-2025 Doxycycline Hyclate Capsules 100 mg Acute Medication (Past)
6 CAPSULE - TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS

04-Feb-2025 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

04-Feb-2025 Easychamber Spacer device Acute Medication (Past)
1 device - USE AS DIRECTED

04-Feb-2025 Trimethoprim Tablets 200 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS

THIRD PARTY COPY

04-Feb-2025 Easychamber Spacer device Acute Medication (Past)
1 device - USE AS DIRECTED

24-Jan-2025 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - ONE TO BE TAKEN TWICE A DAY PRN

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

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

24-Jan-2025 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - ONE TO BE TAKEN TWICE A DAY PRN

23-Jan-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

07-Jan-2025 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

18-Dec-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

17-Dec-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

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

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

17-Dec-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS

20-Nov-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

28-Oct-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY

25-Oct-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

11-Oct-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY

10-Oct-2024 Aripiprazole Tablets 5 mg Acute Medication (Past)
42 TABLET - TAKE THREE TABLETS ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP - DISPENSE WEEKLY

10-Oct-2024 Aripiprazole Tablets 10 mg Acute Medication (Past)
10 TABLET - TWO TABLETS (20MG) DAILY FOR 5 DAYS FROM 11/10/24 - 15/10/24 .DISPENSE WEEKLY

10-Oct-2024 Aripiprazole Tablets 15 mg Acute Medication (Past)
14 tablet - TAKE ONE TABLET ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP

10-Oct-2024 Aripiprazole Tablets 15 mg Acute Medication (Past)
14 tablet - TAKE ONE TABLET ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP

04-Oct-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE DAILY - DISPENSE WEEKLY

25-Sept-2024 Aripiprazole Tablets 10 mg Acute Medication (Past)
28 TABLET - TWO TABLETS (20MG) DAILY .DISPENSE WEEKLY

25-Sept-2024 Aripiprazole Tablets 10 mg Acute Medication (Past)
10 TABLET - TWO TABLETS (20MG) DAILY FOR 5 DAYS FROM 11/10/24 - 15/10/24 .DISPENSE WEEKLY

24-Sept-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

17-Sept-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE DAILY - DISPENSE WEEKLY

13-Sept-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
42 TABLET - HALF A TABLET (2.5MG) TO BE TAKEN THREE TIMES A DAY DISPENSE WEEKLY

29-Aug-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

29-Aug-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

07-Aug-2024 Aripiprazole Tablets 10 mg Acute Medication (Past)
91 tablet - ONE TABLET DAILY FOR ONE WEEK INCREASING TO TWO TABLETS (20MG) DAILY FOR 6 WEEKS. DISPENSE WEEKLY

07-Aug-2024 Aripiprazole Tablets 10 mg Acute Medication (Past)
91 tablet - ONE TABLET DAILY FOR ONE WEEK INCREASING TO TWO TABLETS (20MG) DAILY FOR 6 WEEKS. DISPENSE WEEKLY

05-Aug-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

22-July-2024 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY

22-July-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

22-July-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

THIRD PARTY COPY

22-July-2024 Aripiprazole Tablets 5 mg Repeat Medication (Past)
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

04-July-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

24-Jun-2024 Aripiprazole Tablets 5 mg Repeat Medication (Past)
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

24-Jun-2024 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY

24-Jun-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

24-Jun-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

05-Jun-2024 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY

05-Jun-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

05-Jun-2024 Aripiprazole Tablets 5 mg Repeat Medication (Past)
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

05-Jun-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

17-May-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

14-May-2024 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY

14-May-2024 Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe Repeat Medication (Past)
0.001 pre-filled disposable injection - TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY

14-May-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

14-May-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY DISPENSE WEEKLY

14-May-2024 Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe Repeat Medication (Past)
0.001 pre-filled disposable injection - TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY

14-May-2024 Aripiprazole Tablets 5 mg Repeat Medication (Past)
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

01-May-2024 Procyclidine Hydrochloride Tablets 5 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY

01-May-2024 Aripiprazole Tablets 5 mg Repeat Medication (Past)
28 tablet - 1 TAB DAILY DISPENSE WEEKLY

12-Apr-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

07-Mar-2024 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

07-Mar-2024 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

06-Mar-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

25-Jan-2024 Procyclidine Hydrochloride Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

25-Jan-2024 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

25-Jan-2024 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

25-Jan-2024 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

25-Jan-2024 Procyclidine Hydrochloride Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

21-Dec-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT

21-Dec-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

12-Dec-2023 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

12-Dec-2023 Paliperidone Prolonged release suspension for injection 75 mg/0.75 ml pre-filled syringe Repeat Medication (Past)
0.001 pre-filled disposable injection - TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY

12-Dec-2023 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - TWO TO BE TAKEN AT NIGHT WHEN REQUIRED FOR 2 WEEKS FOR SLEEP

12-Dec-2023 Procyclidine Hydrochloride Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

12-Dec-2023 Paliperidone Prolonged release suspension for injection 75 mg/0.75 ml pre-filled syringe Repeat Medication (Past)
0.001 pre-filled disposable injection - TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY

11-Dec-2023 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

11-Dec-2023 Aripiprazole Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

11-Dec-2023 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - TWO TO BE TAKEN AT NIGHT WHEN REQUIRED FOR 2 WEEKS FOR SLEEP

11-Dec-2023 Procyclidine Hydrochloride Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

11-Dec-2023 Procyclidine Hydrochloride Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN TWICE A DAY

11-Dec-2023 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
28 tablet - TWO TO BE TAKEN AT NIGHT WHEN REQUIRED FOR 2 WEEKS FOR SLEEP

28-Nov-2023 Dioralyte Oral powder (blackcurrant) Acute Medication (Past)
6 SACHET - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

28-Nov-2023 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

28-Nov-2023 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
10 TABLET - ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY

28-Nov-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

28-Nov-2023 Dioralyte Oral powder (blackcurrant) Acute Medication (Past)
6 SACHET - DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED

14-Nov-2023 Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe Acute Medication (Past)
0.001 pre-filled disposable injection - AS DIRECTED TITRATING UP TO 96MG MONTHLY DO NOT PRESCRIBE GIVEN BY CAT

14-Nov-2023 Buvidal Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe Acute Medication (Past)
0.001 pre-filled disposable injection - AS DIRECTED TITRATING UP TO 96MG MONTHLY DO NOT PRESCRIBE GIVEN BY CAT

07-Nov-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

30-Aug-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

30-Aug-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
84 TABLET - ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY

30-Aug-2023 Nebido Injection 250 mg/ml, 4 ml vial Repeat Medication (Past)
1 vial - to be injected 12 weekly

30-Aug-2023 Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose Repeat Medication (Past)
120 dose - TWO PUFFS TO BE USED TWICE DAILY

30-Aug-2023 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY

30-Aug-2023 Nebido Injection 250 mg/ml, 4 ml vial Repeat Medication (Past)
1 vial - to be injected 12 weekly

29-Aug-2023 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - 1 TABLET 8 HOURLY. MAXIMUM 3 TIMES A DAY

29-Aug-2023 Cyclizine Tablets 50 mg Acute Medication (Past)
30 tablet - 1 TABLET 8 HOURLY. MAXIMUM 3 TIMES A DAY

Allergies

This section is empty.

Vaccinations

22-July-2024 Mr Anonymous User (ANON)
Pneumococcal vaccination
3030523/ PNEUMOCOC/IM/Right Arm//PNEU - Pneumococcal Vaccine (The Hub (Clydebank) - Public Vaccination Clinic)

01-Nov-2022 Mr Anonymous User (ANON)
Administration of first inactivated seasonal influenza vacc
*440171A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Drumchapel Community ***** Public Vaccination Clinic 04/11/2022 08:51:59 - CS - Mrs ***** ***** - OT1)*

01-Nov-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
*200020A/ COVMODERNA/IM/Left Arm//C-19 Moderna (Drumchapel Community ***** Public Vaccination Clinic 04/11/2022 08:51:59 - CS - Mrs ***** ***** - OT1)*

01-Nov-2022 Mrs Nicola Hales (NJ)
Administration of fourth dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine

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11-Feb-2022 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 vaccine
*FN4817/ COVPFIZER/IM/Right Arm//C-19 Pfizer (The Hub (Clydebank) - Public Vaccination Clinic 15/02/2022 10:41:35 - CS - Mrs ***** ***** - OT1)*

11-Feb-2022 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2
*FN4817/ COVPFIZER/IM/Right Arm//C-19 Booster Pfizer (A Asif 15/02/2022 10:41:35 - CS - Mrs ***** ***** - OT1)*

11-Feb-2022 Mrs Nicola Hales (NJ)
Administration of third dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine

14-May-2021 Mrs Nicola Hales (NJ)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine

01-Mar-2021 Mrs Nicola Hales (NJ)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine

18-Jun-2014 Mrs Nicola Hales (NJ)
Booster combined hepatitis A and B vaccination
(GMS)

17-July-2011 Mrs Nicola Hales (NJ)
2nd hepatitis A vaccination
(GMS)

15-Jan-2011 Mrs Nicola Hales (NJ)
1st hepatitis A vaccination
(GMS)

23-Nov-1984 Mrs Nicola Hales (NJ)
Booster diphth, tetanus, acellular pert, inactive polio vacc
(GMS)

Referrals

02-Jun-2026 Dr Finlay Hutchison (FH1)
8H44.: Cardiological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

27-Apr-2026 Dr Scott Queen (QUEEN_13414)
EMISSPR320: Cardiology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-Mar-2026 Dr Julia Clarkson (JC2)
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

08-Oct-2025 Dr Julia Clarkson (JC2)
EMISSPR100: General surgery referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

30-Jun-2025 Dr Scott Queen (QUEEN_13414)
8H41.: General medical referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

05-Jun-2025 Dr Scott Queen (QUEEN_13414)
EMISSPR301: Gastroenterology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-Jun-2025 Dr Scott Queen (QUEEN_13414)
EMISSPR101: Urology referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

14-Apr-2025 Dr Lyndsey Borland (LB1)
8H41.: General medical referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

07-Apr-2025 Dr Gillian J McGeoch (GMCGEOCH_13414)
8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

20-Mar-2025 Dr Scott Queen (QUEEN_13414)
8HQ2.: Refer for ultrasound investign (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Outpatient

12-Mar-2025 Dr Saranya Thangathurai (ST23)
8HIl.: Referral to community phlebotomist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

03-Mar-2025 Dr Scott Queen (QUEEN_13414)
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

21-Feb-2025 Dr Scott Queen (QUEEN_13414)
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

13-Feb-2025 Dr Alan McCrorie (ADM)
^ESCTPA256691: Patient referral for drug addiction rehabilitation (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

13-Jun-2024 Dr Scott Queen (QUEEN_13414)
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

THIRD PARTY COPY

07-May-2024 Dr Scott Queen (QUEEN_13414)
8H5J.: Referral to colorectal surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

28-Aug-2023 Dr Gillian J McGeoch (GMCGEOCH_13414)
8Hd5.: Admission to acute assessment unit (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

14-Apr-2026 Mrs Susan Richardson (SR23)		
Result: GMS Contract Back Population		
Serum creatinine	95 umol/L	(No range available)
13-Apr-2026 Mr Anonymous User (ANON)		
Result: (Non Coded Event - QFIT)		
qFIT (Non Coded Event - qFIT) < 9		(No range available)
10-Nov-2025 Mr Anonymous User (ANON)		
Result: Haemoglobin A1c level - IFCC standardised		
HbA1c (IFCC)	**43 mmol/mol**	**(Range: 20 - 41)**
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - QFIT)		
qFIT (Non Coded Event - qFIT) < 9		(No range available)
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - Liver Function Tests)		
Albumin	36 g/L	(Range: 35 - 50)
Alkaline Phosphatase	111 U/L	(Range: 30 - 130)
AST	19 U/L	(No range available)
ALT	41 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)
10-Oct-2025 Mr Anonymous User (ANON)		
Result: Urea and electrolytes		
Estimated GFR > 60		(No range available)
Creatinine	82 umol/L	(Range: 40 - 130)
Urea	6.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	**109 mmol/L**	**(Range: 95 - 108)**
Potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
Sodium	142 mmol/L	(Range: 133 - 146)
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - C-reactive Protein)		
C Reactive Protein	6 mg/L	(No range available)
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - ESR)		
ESR	**15 mm/hr**	**(No range available)**
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - Full Blood Count)		
Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.06 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	**1.1 x10^9/l**	**(Range: 0.2 - 1)**
Lymphocytes	2.1 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.7 x10^9/l	(Range: 2 - 7)
Platelet Count	383 x10^9/l	(Range: 150 - 410)
MCH	31.5 pg	(Range: 27 - 32)
Mean Cell Volume	95 fl	(Range: 83 - 101)
Haematocrit	0.416 l/l	(Range: 0.4 - 0.54)
Haemoglobin	138 g/l	(Range: 130 - 180)
Red Cell Count	**4.38 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	9 x10^9/l	(Range: 4 - 10)
10-Oct-2025 Mr Anonymous User (ANON)		
Result: (Non Coded Event - I Coeliac Serol (Dx))		
TTG Ab (IgA)	1.2 U/mL	(No range available)

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07-Oct-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Respiratory virus)

M. pneumoniae :		(No range available)
Adenovirus :		(No range available)
RSV :		(No range available)
Influenza B virus :		(No range available)
Influenza A virus :		(No range available)

07-Oct-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - 2019 NCoV)

2019 NCoV (Non Coded Event - 2019 NCoV) Not detected		(No range available)

09-July-2025 Ms Ann McKee (AMK)
Result: GMS Contract Back Population

Haemoglobin A1c level - IFCC standardised	55 mmol/mol	(No range available)

16-Jun-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.15 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.5 x10^9/l	(Range: 2 - 7)
Platelet Count	282 x10^9/l	(Range: 150 - 410)
MCH	31.7 pg	(Range: 27 - 32)
Mean Cell Volume	94.7 fl	(Range: 83 - 101)
Haematocrit	0.412 l/l	(Range: 0.4 - 0.54)
Haemoglobin	138 g/l	(Range: 130 - 180)
Red Cell Count	**4.35 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7.5 x10^9/l	(Range: 4 - 10)

16-Jun-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	11.8 pmol/L	(Range: 9 - 21)
TSH	0.92 mU/L	(Range: 0.35 - 5)

16-Jun-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - C-reactive Protein)

C Reactive Protein	6 mg/L	(No range available)

16-Jun-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Serum Ferritin)

Serum Ferritin	**325 ug/l**	**(Range: 15 - 300)**

23-May-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.11 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.1 x10^9/l	(Range: 1.1 - 5)
Neutrophils	5.3 x10^9/l	(Range: 2 - 7)
Platelet Count	296 x10^9/l	(Range: 150 - 410)
MCH	32 pg	(Range: 27 - 32)
Mean Cell Volume	94.8 fl	(Range: 83 - 101)
Haematocrit	0.4 l/l	(Range: 0.4 - 0.54)
Haemoglobin	135 g/l	(Range: 130 - 180)
Red Cell Count	**4.22 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	7 x10^9/l	(Range: 4 - 10)

23-May-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	3.4	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.7 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.6 mmol/L	(No range available)
HDL Cholesterol	1.4 mmol/L	(No range available)
Triglycerides	1.5 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.7 mmol/L	(No range available)

23-May-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	37 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**139 U/L**	**(Range: 30 - 130)**
AST	16 U/L	(No range available)
ALT	24 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

23-May-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - GGT)

Gamma-GT	29 U/L	(No range available)

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23-May-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	97 umol/L	(Range: 40 - 130)
Urea	6.5 mmol/L	(Range: 2.5 - 7.8)
Chloride	107 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	140 mmol/L	(Range: 133 - 146)

23-May-2025 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level - IFCC standardised

HbA1c (IFCC)	**83 mmol/mol**	**(Range: 20 - 41)**

19-May-2025 Ms Karen Conlin (KCONLIN_13414)
Result: Bowel Cancer Screening Result

BCSP faecal occult blood test normal Negative		(No range available)

21-Apr-2025 Ms Ann McKee (AMK)
Result: GMS Contract Back Population

Haemoglobin A1c level - IFCC standardised	119 mmol/mol	(No range available)
Serum creatinine	73 umol/L	(No range available)

18-Apr-2025 Ms Ann McKee (AMK)
Result: GMS Contract Back Population

Serum total cholesterol level	**7.2 mmol/L**	**(Range: 3.5 - 6.5)**

14-Apr-2025 Ms Ann McKee (AMK)
Result: GMS Contract Back Population

Serum creatinine	86 umol/L	(No range available)

02-Apr-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	37 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**156 U/L**	**(Range: 30 - 130)**
AST	18 U/L	(No range available)
ALT	32 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

02-Apr-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - GGT)

Gamma-GT	48 U/L	(No range available)

02-Apr-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	89 umol/L	(Range: 40 - 130)
Urea	5.4 mmol/L	(Range: 2.5 - 7.8)
Chloride	99 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	133 mmol/L	(Range: 133 - 146)

02-Apr-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	**156 U/L**	**(Range: 30 - 130)**
Albumin	37 g/L	(Range: 35 - 50)
Phosphate	0.89 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.4 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.31 mmol/L	(Range: 2.2 - 2.6)

02-Apr-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Alk Phos Isoenzymes)

Gamma-GT	47 U/L	(No range available)
Alkaline Phosphatase	**158 U/L**	**(Range: 30 - 130)**
Alk Phos Isoenzymes (Non Coded Event - Alk Phos Isoenzymes) Not available		(No range available)

18-Mar-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - XR Chest)

XR Chest (Non Coded Event - XR Chest)		(No range available)

17-Mar-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	37 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**196 U/L**	**(Range: 30 - 130)**
AST	20 U/L	(No range available)
ALT	36 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

THIRD PARTY COPY

17-Mar-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	90 umol/L	(Range: 40 - 130)
Urea	5.9 mmol/L	(Range: 2.5 - 7.8)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)

17-Mar-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.14 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.3 x10^9/l	(Range: 1.1 - 5)
Neutrophils	6.4 x10^9/l	(Range: 2 - 7)
Platelet Count	282 x10^9/l	(Range: 150 - 410)
MCH	**32.8 pg**	**(Range: 27 - 32)**
Mean Cell Volume	97.2 fl	(Range: 83 - 101)
Haematocrit	0.418 l/l	(Range: 0.4 - 0.54)
Haemoglobin	141 g/l	(Range: 130 - 180)
Red Cell Count	**4.3 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	8.6 x10^9/l	(Range: 4 - 10)

06-Mar-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine	25 mg/mmol creatinine	(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein	0.111 g/L	(No range available)
Urine Creatinine	4.4 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

06-Mar-2025 Mr Anonymous User (ANON)
Result: Urine albumin

U Alb/Creat Ratio	2.3 mg/mmol creatinine	(No range available)
Urine Albumin	10 mg/L	(No range available)

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.15 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.7 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.8 x10^9/l	(Range: 1.1 - 5)
Neutrophils	**8.3 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	327 x10^9/l	(Range: 150 - 410)
MCH	**32.5 pg**	**(Range: 27 - 32)**
Mean Cell Volume	98.7 fl	(Range: 83 - 101)
Haematocrit	0.455 l/l	(Range: 0.4 - 0.54)
Haemoglobin	150 g/l	(Range: 130 - 180)
Red Cell Count	4.61 x10^12/l	(Range: 4.5 - 6.5)
White Blood Count	**11 x10^9/l**	**(Range: 4 - 10)**

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Protein EP & Igs)

IgM	**2.5 g/L**	**(Range: 0.4 - 2.4)**
IgA	2 g/L	(Range: 0.8 - 4)
IgG	8.4 g/L	(Range: 6 - 16)
Paraprotein 3 (Non Coded Event - Paraprotein 3) NA		(No range available)
Paraprotein 2 (Non Coded Event - Paraprotein 2) NA		(No range available)
Paraprotein 1 (Non Coded Event - Paraprotein 1) NA		(No range available)
Electrophoresis		(No range available)
Total Protein	73 g/L	(Range: 60 - 80)

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Vitamin D)

25-OH Vitamin D	102 nmol/L	(No range available)

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - GGT)

Gamma-GT	56 U/L	(No range available)

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**171 U/L**	**(Range: 30 - 130)**
AST	22 U/L	(No range available)
ALT	35 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

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26-Feb-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	98 umol/L	(Range: 40 - 130)
Urea	7.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
Sodium	143 mmol/L	(Range: 133 - 146)

26-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	**171 U/L**	**(Range: 30 - 130)**
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	1.23 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.53 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.48 mmol/L	(Range: 2.2 - 2.6)

20-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT) < 9		(No range available)

04-Feb-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Urine Protein)

U Protein:Creatinine	23 mg/mmol creatinine	(No range available)
Urine Protein/volume (Non Coded Event - Urine Protein/volume)		(No range available)
Urine Protein	0.517 g/L	(No range available)
Urine Creatinine	22.8 mmol/L	(No range available)
Urine volume (ml) NA		(No range available)

04-Feb-2025 Mr Anonymous User (ANON)
Result: Urine albumin

U Alb/Creat Ratio	**8.2 mg/mmol creatinine**	**(No range available)**
Urine Albumin	187 mg/L	(No range available)

30-Jan-2025 Ms Ann McKee (AMK)
Result: GMS Contract Back Population

Serum creatinine	103 umol/L	(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.03 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.8 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	**0.7 x10^9/l**	**(Range: 1.1 - 5)**
Neutrophils	**12.2 x10^9/l**	**(Range: 2 - 7)**
Platelet Count	239 x10^9/l	(Range: 150 - 410)
MCH	**33.1 pg**	**(Range: 27 - 32)**
Mean Cell Volume	100.9 fl	(Range: 83 - 101)
Haematocrit	0.448 l/l	(Range: 0.4 - 0.54)
Haemoglobin	147 g/l	(Range: 130 - 180)
Red Cell Count	**4.44 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	**13.8 x10^9/l**	**(Range: 4 - 10)**

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Glucose)

Glucose NA		(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Lipid profile)

Chol/HDL ratio	3.1	(No range available)
VLDL-Chol (calc'd) (Non Coded Event - VLDL-Chol (calc'd))	0.5 mmol/L	(No range available)
LDL-Cholest (calc'd)	2.7 mmol/L	(No range available)
HDL Cholesterol	1.5 mmol/L	(No range available)
Triglycerides	1 mmol/L	(Range: 0.2 - 2.3)
Cholesterol	4.7 mmol/L	(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	38 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**132 U/L**	**(Range: 30 - 130)**
AST	20 U/L	(No range available)
ALT	30 U/L	(No range available)
Total Bilirubin	11 umol/L	(No range available)

23-Jan-2025 Mr Anonymous User (ANON)
Result: (Non Coded Event - GGT)

Gamma-GT	39 U/L	(No range available)

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23-Jan-2025 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	96 umol/L	(Range: 40 - 130)
Urea	5.3 mmol/L	(Range: 2.5 - 7.8)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	136 mmol/L	(Range: 133 - 146)

23-Jan-2025 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level - IFCC standardised

HbA1c (IFCC)	**50 mmol/mol**	**(Range: 20 - 41)**

24-July-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	36 g/L	(Range: 35 - 50)
Alkaline Phosphatase	**135 U/L**	**(Range: 30 - 130)**
AST	16 U/L	(No range available)
ALT	26 U/L	(No range available)
Total Bilirubin	5 umol/L	(No range available)

03-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Full Blood Count)

Nucleated RBC, 0	0 x10^9/l	(No range available)
Basophils, 0	0 x10^9/l	(No range available)
Eosinophils	0.1 x10^9/l	(Range: 0.02 - 0.5)
Monocytes	0.5 x10^9/l	(Range: 0.2 - 1)
Lymphocytes	1.2 x10^9/l	(Range: 1.1 - 5)
Neutrophils	4.5 x10^9/l	(Range: 2 - 7)
Platelet Count	241 x10^9/l	(Range: 150 - 410)
MCH	**32.6 pg**	**(Range: 27 - 32)**
Mean Cell Volume	96.3 fl	(Range: 83 - 101)
Haematocrit	0.422 l/l	(Range: 0.4 - 0.54)
Haemoglobin	143 g/l	(Range: 130 - 180)
Red Cell Count	**4.38 x10^12/l**	**(Range: 4.5 - 6.5)**
White Blood Count	6.4 x10^9/l	(Range: 4 - 10)

03-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Glucose)

Glucose	4.9 mmol/L	(Range: 3.5 - 6)

03-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Thyroid funct test)

Total T3		(No range available)
Free T4	12.8 pmol/L	(Range: 9 - 21)
TSH	0.78 mU/L	(Range: 0.35 - 5)

03-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Liver Function Tests)

Albumin	40 g/L	(Range: 35 - 50)
Alkaline Phosphatase	126 U/L	(Range: 30 - 130)
AST	23 U/L	(No range available)
ALT	36 U/L	(No range available)
Total Bilirubin	6 umol/L	(No range available)

03-May-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

Estimated GFR > 60		(No range available)
Creatinine	89 umol/L	(Range: 40 - 130)
Urea	7.7 mmol/L	(Range: 2.5 - 7.8)
Chloride	105 mmol/L	(Range: 95 - 108)
Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Sodium	141 mmol/L	(Range: 133 - 146)

03-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - Bone Profile)

Alkaline Phosphatase	126 U/L	(Range: 30 - 130)
Albumin	40 g/L	(Range: 35 - 50)
Phosphate	0.96 mmol/L	(Range: 0.8 - 1.5)
Calcium (adjusted)	2.46 mmol/L	(Range: 2.2 - 2.6)
Calcium	2.41 mmol/L	(Range: 2.2 - 2.6)

03-May-2024 Mr Anonymous User (ANON)
Result: Haemoglobin A1c level - IFCC standardised

HbA1c (IFCC)	**43 mmol/mol**	**(Range: 20 - 41)**

02-May-2024 Mr Anonymous User (ANON)
Result: (Non Coded Event - QFIT)

qFIT (Non Coded Event - qFIT) < 9		(No range available)

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Other Items

10-May-2026	Recall	Diabetic monitoring
04-Dec-2025	Recall	Mental health review *Physical Health Monitoring done at Goldenhill*
15-Oct-2025	Read Code	Diabetes mellitus NOS with ophthalmic manifestation
15-Oct-2025	Read Code	Myopathy due to endocrine disease EC Bilat - myopic shift.
06-Aug-2025	Read Code	Computed tomography of kidneys Normal
15-Apr-2025	Read Code	Diabetes mellitus with ketoacidosis
07-Mar-2025	Read Code	[X]Intent self harm by sharp object occ resident instit'n
27-Jan-2025	Read Code	Type 2 diabetes mellitus
25-Jan-2025	Read Code	Urinary tract infection, site not specified NOS
08-Jan-2025	Read Code	Influenza A
08-July-2024	Read Code	CT of thorax, abdomen and pelvis Nil bowel, abdoment & lungs
29-Feb-2024	Recall	Medication review
07-Dec-2023	Recall	Chronic obstructive pulmonary disease annual review
06-Dec-2023	Read Code	[V]Drug use Multiple
10-Nov-2023	Read Code	Notes summary on computer
08-Nov-2023	Read Code	Chronic obstructive pulmonary disease annual review
20-Sept-2023	Read Code	Cocaine dependence, unspecified
06-Jun-2023	Read Code	Cigarette smoker 20 Cigarettes/day
09-May-2023	Read Code	Diastolic blood pressure 96 mm Hg
09-May-2023	Read Code	Systolic blood pressure 146 mm Hg
09-May-2023	Read Code	O/E - BP reading
03-Apr-2023	Read Code	Coronavirus infection
18-Nov-2022	Read Code	Anxiety with depression
29-Aug-2022	Read Code	Suicidal ideation
01-Aug-2022	Read Code	H/O crack cocaine misuse
05-July-2022	Read Code	FH: Parkinsonism (*****)
05-Feb-2022	Read Code	Essential and other specified forms of tremor Dystonic/essential phenotype - upper limbs
09-Dec-2021	Read Code	Closed fracture of great toe (Right)
11-Nov-2021	Read Code	Magnetic resonance imaging of head ? small vessel disease
09-Aug-2021	Read Code	Hypogonadotropic hypogonadism
09-Aug-2021	Read Code	Hyperprolactinaemia igatrogenic
26-Feb-2021	Read Code	Nondependent amphetamine or other psychostimulant abuse
04-Feb-2021	Read Code	Magnetic resonance imaging Pituitary - normal
21-Dec-2020	Read Code	O/E - weight 102.2 Kg

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01-Dec-2020	Read Code	Chronic obstructive pulmonary disease
27-Nov-2019	Read Code	ECG: sinus bradycardia
27-Nov-2019	Read Code	Exercise tolerance test normal
22-Sept-2019	Read Code	Acute exacerbation of asthma
12-Aug-2019	Read Code	Body Mass Index 35.11 kg/m2
25-Mar-2019	Read Code	Non-organic psychosis NOS
06-Dec-2018	Read Code	Prison record Various sentences
04-Dec-2018	Read Code	O/E - weight 177.8 Kg
04-Dec-2018	Read Code	Moderate smoker - 10-19 cigs/d
04-Dec-2018	Read Code	FH: Asthma
04-Dec-2018	Read Code	FH: Ischaemic heart dis. <60 (Brother,Mother)
03-Dec-2018	Read Code	Nondependent cocaine abuse
15-Aug-2017	Read Code	History of abuse Physical - mother
04-Aug-2017	Read Code	Alcohol dependence syndrome
26-Apr-2017	Read Code	Olecranon bursitis (Left)
23-Nov-2016	Read Code	H/O benzodiazepine misuse
09-Nov-2016	Read Code	Primary repair of incisional hernia
11-Dec-2015	Read Code	FH: Myocardial infarct in 1st degree male relative <55 years (Brother)
18-Jun-2015	Read Code	Asthma
01-Feb-2015	Read Code	Death of mother
03-Sept-2014	Read Code	[X]Men & behav disorder multiple drug use/psychoactive subst
25-July-2014	Read Code	H/O: deliberate self harm
18-Jun-2014	Read Code	Lost custody of children
18-Jun-2014	Read Code	Child lives with mother
05-Jun-2014	Read Code	On severe mental illness register
18-Nov-2013	Read Code	Incisional hernia NOS
19-Mar-2012	Read Code	[X]Assault by sharp object
19-Mar-2012	Read Code	Exploratory laparotomy
19-Mar-2012	Read Code	Other operations on colon Oversewing of (L) gastro-colic vessel
19-Mar-2012	Read Code	Debridement and irrigation of joint (L) elbow
01-Jan-2010	Read Code	[X]Assault by sharp object
11-May-2009	Read Code	Alcohol problem drinking
05-May-2009	Read Code	Right handed
04-May-2009	Read Code	Closed fracture thumb proximal phalanx (Right)

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20-Aug-1998	Read Code	Nondependent cannabis abuse NOS
03-Apr-1997	Read Code	Drug addictn therap-methadone
01-Jan-1996	Read Code	[X]Heroin addiction
01-Jan-1984	Read Code	Ulnar nerve injury (Right) Ulnar digital nerve
26-Sept-1983	Read Code	Bilateral orchidopexy

Attachments

Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_496.pdf
Extension:.tif
Pages:

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Registration Details - Patient No: 10566

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	G82 3JE
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	100a Whiteford Avenue
Previous Surname		Village	Bellsmyre
Forenames	Alexander	Town	Dumbarton
Calling Name	Alexander	County	Dunbartonshire
Title	Mr		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) Scottish		

Next of Kin		Contact details...	
Name	Anne O'Rourke	Home Tel No	07425411782
Contact address	80 Fergusile Park Ave, Paisley	Work Tel No	
Home Telephone	0141 889 5911	Mobile Tel No	
Mobile		E Mail Address	
Relationship to patient	Mother		

HA/HB Details...		Practice Information...	
Trading partner	Greater Glasgow HB and Clyde	Dispensing	N
Registered GP	Dr Fergus MacLean	Hospital Number	
Usual GP	Dr Fergus MacLean	Records At	
CHI Number	0412703297		
NHS Number			
National Insurance Number			
Residential Inst			
Branch Surgery			

ECS (GP Summary) Consent		Upload Consent	
Patient Consent	Implied Consent (default)	SCI-DC Consent	Implied Consent (default)

Medical Record

Problems

Active Problems		Authorised By	Code
03/04/1997	[X]Drug addiction NOS receiving treatment	Miss McElroy	Eu192-1
01/01/1998	Drug addictn therap-methadone	Miss McElroy	8B23-1
18/11/2013	Incisional hernia NOS	Miss McElroy	J33z1
18/06/2014	Drug addiction therapy bellsmyre pharmacy Dumbarton Suboxone 768818	Dr Pourghazi	8B23

Past Problems		Authorised By	Code
05/01/1976	**[D]Generalized enlarged lymph nodes** reactive neck exploration	Miss McElroy	R0563
29/09/1983	**Bilateral orchidopexy**	Miss McElroy	7C05
01/01/1984	**[SO]Ulnar nerve - hand (Right)** damage right ulnar digital nerve	Miss McElroy	7N08L
16/08/1990	**[SO]Hand NEC** laceration of hand	Miss McElroy	7NB03
11/03/1991	**Anxiety states** insomnia	Miss McElroy	E200
01/02/1998	**[X]Heroin addiction** relapse after losing job	Miss McElroy	Eu112-2
01/09/2005	**[X]Stabbing** alleged stab wound - left A & E incomplete consultation pat refused treatment	Miss McElroy	U3E-1
19/11/2008	**Chest infection NOS**	Miss McElroy	H06z0
20/02/2009	**Chest infection NOS**	Miss McElroy	H06z0
04/05/2009	**Other thumb injuries, unspecified** unspecified x ray small fracture prox phalanx	Miss McElroy	SK152
11/05/2009	**Alcohol problem drinking**	Miss McElroy	E23-2
08/03/2012	**Exploratory laparotomy** with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration	Miss McElroy	7H220

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03/06/2014	Dental care filling - HMP Low Moss	Miss McElroy	8CJ
05/06/2014	On severe mental illness registor	Dr MacLean	9H8
05/06/2014	Attended new patient screen	Dr MacLean	9OW1
18/06/2014	Acid reflux	Dr Pourghazi	J10y4-3
31/10/2014	Shortness of breath	Dr Hodgins	1739
09/12/2014	Shortness of breath symptom	Dr Hodgins	173-3
12/12/2014	Diarrhoea & vomiting, symptom	Dr Pourghazi	19FZ-1
22/12/2014	Shortness of breath	Dr MacLean	1739
22/12/2014	(0)Abdominal cramps	Dr MacLean	R0904

Health Admin Problems	Authorised By	Code

Investigations		Authorised By	Code
18/06/2014	Urine opiates screen (Source: LAB) neg (SP).		46QF.
18/06/2014	Urine methadone (Source: LAB) neg (SP).		46QB.
18/06/2014	Urine creatinine (Source: LAB) .		46M7.
18/06/2014	Urine cocaine metabolite screen (Source: LAB) neg (SP).		46QH.
18/06/2014	Urine benzodiazepine (Source: LAB) neg (SP).		46Q8.
18/06/2014	Urine amphetamine screening test (Source: LAB) neg (SP).		44qF.

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
22/08/2014	O/E - pulse rate 77 beats/minute ,		
22/08/2014	Blood pressure reading 131/92 mm Hg		
22/08/2014	O/E - BP reading , HS pure, no ankle swelling, overweight, ,		
18/06/2014	Urine amphetamine screening test Negative		
18/06/2014	Urine benzodiazepine Negative		
18/06/2014	Urine cocaine Negative		
18/06/2014	Urine creatinine 35.1 mmol/L		
18/06/2014	Urine methadone Negative		
18/06/2014	Urine opiates screening test Negative		
05/06/2014	Rolls own cigarettes 56.6 g/week		
05/06/2014	Alcohol consumption 0 units/week		
05/06/2014	Ideal weight 75.19 Kg		
05/06/2014	Body Mass Index 34.72	.....	20-25
05/06/2014	O/E - weight 115 Kg		
05/06/2014	O/E - height 182 cm	.....	10-250
15/07/2003	Helicobacter serology positive		

Attachments			Authorised By	Code
05/06/2014	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: Major Mental Health issues; Duration: 05/06/2014 - 07/07/2014)	FitNote_4a61fb70-72c3-498c-ba29-5b8784021df6.pdf	Dr MacLean	9D17
05/06/2014	eMED3 (2010) new statement issued, not fit for work (Diagnosis: Major Mental Health issues; Duration: 05/06/2014 - 07/07/2014)	FitNote_4a61fb70-72c3-498c-ba29-5b8784021df6.pdf	Dr MacLean	9D15
23/06/2014	Attachment Request to register	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
23/06/2014	Attachment April-June 2014	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
04/07/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 04/07/2014 - 04/08/2014)	FitNote_d401ad0b-92a8-4693-91e5-c093ba51eec0.pdf	Dr Pourghazi	9D15
17/07/2014	Attachment Letter to Low Moss Prison	Letter to Low Moss Prison.doc	Mrs McGourlay	EMISATTACHMENT
04/08/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mental health issues and previous drug dependence; Duration: 04/08/2014 - 01/09/2014)	FitNote_c745626a-bd0a-40f1-97e7-92ccfd83a5c8.pdf	Dr Somerville	9D15
22/08/2014	Attachment cxr card	cxr card.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	Attachment cxr card.doc cxr card	cxr card.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	Attachment Spirometry	Spirometry.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	Attachment Spirometry.doc Spirometry	Spirometry.doc	Dr Locum1	EMISATTACHMENT
26/08/2014	Attachment letter to patient	letter to patient.doc	Mrs McGourlay	EMISATTACHMENT
01/09/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol and mental health issues; Duration: 01/09/2014 - 01/10/2014)	FitNote_60b2a7a1-8f94-44fa-812a-ce5e49d1812f.pdf	Dr Hodgins	9D15
02/10/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis:	FitNote_ea6f19fc-55d4-47f1-93c7-	Dr Locum2	9D15

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	Alcohol and mental health issues; Duration: 01/10/2014 - 01/11/2014)	9076c973b6fc.pdf		
31/10/2014	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 31/10/2014 - 30/11/2014)	FitNote_bd39f01a-2530-4115-9e27-bd1ca331cc0b.pdf	Dr Hodgins	9D15
05/11/2014	Attachment July-Sept 2014	Shared Care Scheme .doc	Mrs Johnston	EMISATTACHMENT
05/11/2014	Attachment Discharge form	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
23/02/2015	DNA surgery appointment - 1st letter 1st dna ltr	1st dna ltr.doc	Mrs McGourlay	EMISNQDN7

Due Diary Entries		Authorised By	Code
18/06/2015	Medication review	Dr Pourghazi	8B314
04/12/2035	Influenza vaccination	Dr MacLean	65E..

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
09/06/2014	8H...: Referral for further care (SCI Gateway Referral)	Dr MacLean	8H
18/08/2014	8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)	Dr Pourghazi	8HHe

Immunisations		Authorised By	Code
17/07/2011	1st hepatitis A vaccination (GMS)	Miss McElroy	65FA
18/06/2014	Booster combined hep A&B vaccn	Mrs Kier	65MG

Health Status		
05/06/2014	Height 182 cm	
05/06/2014	Weight 115 Kg	
05/06/2014	Body Mass Index 34.72 kg/m2	
22/08/2014	Blood pressure reading O/E - BP reading	
22/08/2014	Blood pressure reading 131/92 mm Hg	
22/08/2014	Smoking Status Light smoker - 1-9 cigs/day	

Other Observations		Authorised By	Code
11/05/2009	Mole of skin	Miss McElroy	B76-4
22/07/2009	Cannot sleep - insomnia	Miss McElroy	1B1B
05/06/2014	Scottish - ethnic category 2001 census	Mrs Gray	9i21
13/06/2014	White Scottish	Miss McElroy	9S13
17/06/2014	Computer record of patient received	Miss McElroy	93d
18/06/2014	Abs drug mis on mainten replac	Mrs Kier	13r3
18/06/2014	Drug add maint ther buprenorph	Mrs Kier	8B2Q
18/06/2014	Initial substance misuse asses	Mrs Kier	9HC0
18/06/2014	Shared care prescribing	Mrs Kier	8BM5

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18/06/2014	**Seen by general practitioner**	Mrs Kier	9N21
18/06/2014	**Seen by nurse practitioner**	Mrs Kier	9N2I
18/06/2014	**House rented from council**	Mrs Kier	13K6
18/06/2014	**Lost custody of children**	Mrs Kier	13HM7
18/06/2014	**Lost custody of children**	Mrs Kier	13HM7
18/06/2014	**Child lives with parent**	Mrs Kier	13IX
18/06/2014	**Unemployed**	Mrs Kier	13J7
18/06/2014	**Hepatitis C screen not offered**	Mrs Kier	682A
18/06/2014	**Drug addiction therapy (REVIEW)**	Mrs Kier	8B23
04/07/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
16/07/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
16/07/2014	**Abs drug mis on mainten replac**	Dr Pourghazi	13r3
16/07/2014	**Drug add maint ther buprenorph**	Dr Pourghazi	8B2Q
16/07/2014	**Shared care prescribing**	Dr Pourghazi	8BM5
16/07/2014	**Seen by general practitioner**	Dr Pourghazi	9N21
16/07/2014	**Seen by nurse practitioner**	Dr Pourghazi	9N2I
04/08/2014	**Drug addiction therapy (REVIEW)**	Dr Somerville	8B23
13/08/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
22/08/2014	**Light smoker - 1-9 cigs/day rollups, off alcohol now.**	Dr Locum1	1373
22/08/2014	**O/E - pulse rhythm regular**	Dr Locum1	2431
01/09/2014	**Drug addiction therapy (REVIEW)**	Dr Hodgins	8B23
02/10/2014	**Drug addiction therapy (REVIEW)**	Dr Locum2	8B23
31/10/2014	**Drug addiction therapy (REVIEW)**	Dr Hodgins	8B23
22/12/2014	**Smoking cessation advice**	Dr MacLean	8CAL
02/02/2015	**Rep.presc. monitoring NOS MM LES**	Mrs Gray	66RZ

Consultations

05/06/2014 Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre

Problem (FIRST) **Attended new patient screen**

History Just released from Prison. See letter from liason forensic psyche. Helpful in giving some back ground. Kempt and lucid etc.

Examination Blood pressure reading 130/82 mm Hg
O/E - height, 182 cm
O/E - weight, 115 Kg
Body Mass Index, 34.72
Ideal Weight, 76.19 Kg

Social Alcohol consumption, 0 units/week
Rolls own cigarettes, 56.6 g/week

Comment Needs fit note he said. Meds added as they are. Is on suboxone- seeing service for this tomorrow he said. Not on prison discharge letter. I said to have the paisley service let us know if changes needed and he is seeking to have his care transferred to the DJH etc.

Problem (FIRST) **On severe mental illness register**

History See psyche letter. Psychotic episode. Thus on olanzapine. Will need CMHT follow up from here. First fi note issue failed - hence duplicate issued as below

Additional eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: Major Mental Health issues; Duration: 05/06/2014 - 07/07/2014)

06/05/2014 Dr Fergus MacLean at message

History nefopam is non formulary and an unusual medicine to use- will need review from here.

18/06/2014 Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre

Problem (REVIEW) **Drug addiction therapy**

History reports being liberated from low moss prison after spending 2 years for house breaking 2 weeks ago, supported by prison throughcare, now settled in bellsmyre from renfrew (RDS) urinalysis obtained Alex reports being illicit drug free. SMr completed see back in 4 weeks. Mai Ferguson and Dr Pourghazi.

18/06/2014 Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre

Social Abs drug mis on mainten replac
History Drug add maint ther buprenorph
Social Initial substance misuse asses
History Shared care prescribing
Social Seen by general practitioner
Seen by nurse practitioner
House rented from council
Lost custody of children
Lost custody of children
Child lives with parent

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	Unemployed
History	Booster combined hep A&B vaccn
	Hepatitis C screen not offered
18/06/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Drug addiction therapy** bellsmyre pharmacy Dumbarton Suboxone 768818
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
Problem (FIRST)	**Acid reflux**
History	on long term acid suppression treatment, asking for script for this
Medication	Lansoprazole Capsules (Gastro-Resistant) 15 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*
18/06/2014	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen neg (SP)
	Urine methadone neg (SP)
	Urine creatinine
	Urine cocaine metabolite screen neg (SP)
	Urine benzodiazepine neg (SP)
	Urine amphetamine screening test neg (SP)
04/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	here for sickline and script for olanzapine, appears well and confident in himself today, says having problem with paranoia still, normal speech and well kempt though casually dressed, good eye contact and normal mood today.
Medication	Olanzapine Tablets 15 mg *28 tablet 1 TAB AT NIGHT WEEKLY DISPENSE*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 04/07/2014 - 04/08/2014)
16/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Social	Abs drug mls on mainten replac
History	Drug add maint ther buprenorph
	Shared care prescribing
Social	Seen by general practitioner
	Seen by nurse practitioner
16/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
History	all appearss well, no drug use declared, feels bored and wishes to get involved more in church etc. we talked about the conersation cafe taking place in dumbarton just now, encouraged to contact them, for review in a month time, also i will write to low moss prison with info on his hep c testing
Additional	EMIS attachment reference code Letter to Low Moss Prison
22/07/2014	Dr Fergus MacLean at prescription request
History	sec care psyche seek zopiclone 7.5mg for 2 weeks only
Medication	Zopiclone Tablets 7.5 mg *14 tablet ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS ONLY*
04/08/2014	Dr Lesley Ann Somerville at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	Here for line. Wondering why initial line was for mental health issues and subsequent line was for drug issues. Advised both correct so wrote both diagnosis on this line.
Comment	Prev on ranitidine and finds more effective than PPI
Medication	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mental health issues and previous drug dependence; Duration: 04/08/2014 - 01/09/2014)
08/08/2014	Dr Saied Pourghazi at message

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History	see psych report, reportedly continues to drink/etc and mentally not stable, hey have suggested referral to the alcohol team, will discuss with him at the next visit , certainly the last urine test was clear from benzo and other illicit drugs
13/08/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	doing ok, continues to binge drink when he is paid, thi sis about once a fortnight and says drnks "until he gets drunk", feels isolated etc, given the drinking issue agreed to refer back to the joint hospital to see if with more support some stability can be achieved
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
22/08/2014	Dr A Locum1 at Levenside Medical Practice,Dumbarton Health Centre
History	c/o SOB, says out of prison, has done little physical work there, feels health downhill, sobos- walking uphill, Lt side tightening, not sure if chest pain on exertion as such, few times a week, no cough, no phlegm, wheezy when lying down,
Examination	O/E - BP reading , HS pure, no ankle swelling, overweight. ,
	Blood pressure reading 131/92 mm Hg
	O/E - pulse rate 77 beats/minute ,
	O/E - pulse rhythm regular
Family History	brother MI in his 40s
Social	Light smoker - 1-9 cigs/day rollups, off alcohol now,
Comment	EMIS attachment reference code cxr card.doc cxr card
	EMIS attachment reference code Spirometry.doc Spirometry
Result	CXR, chest pain clinic, spirometry, bloods (to book w nurse -chol, Glu, FBC, UEs, LFTS, TFTs) // imp: likley obesity+ smoking, but has FH , hence referral, worsening statement given
Additional	EMIS attachment reference code letter to patient
01/09/2014	Dr Peter Hodgins at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	Looking for sick line. Due to see psychiatrist this afternoon. Otherwise well. States has not drank alcohol in over a wek. Prefering living in Dumbarton to Paisley.
Comment	Sick line issued. Required repeats of regular medications..
Medication	Olanzapine Tablets 15 mg *28 tablet 1 TAB AT NIGHT WEEKLY DISPENSE*
	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol and mental health issues; Duration: 01/09/2014 - 01/10/2014)
02/10/2014	Dr B Locum2 at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	stopped drinking, f/u in Nov, already feeling better, needs Med3 AND MEDS
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol and mental health issues; Duration: 01/10/2014 - 01/11/2014)
31/10/2014	Dr Peter Hodgins at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 31/10/2014 - 30/11/2014)
History	Still managing to abstain from alcohol. Feeling better. Requesting new fit note.
Medication	Salbutamol Cfc-free Inhaler 100 micrograms/puff 1 *INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Problem (FIRST)	**Shortness of breath**
History	see results of spirometry on docman. Dishcarge/ clinic notes awaited. Symptoms resolved at present. Inhaler given but to return for review in 2/52 to check progress.
09/12/2014	Dr Peter Hodgins at prescription request
Problem (FIRST)	**Shortness of breath symptom**
History	Req for salbutmol inhaler.
Medication	Salbutamol Cfc-free Inhaler 100 micrograms/puff 1 *INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
12/12/2014	Dr Saied Pourghazi at Telephone Consultation

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Problem (FIRST)	**Diarrhoea & vomiting, symptom**
History	in appointment pool. Alex says his neighbour was the one who phoned and he does not wish to see a doctor today, had diarrhoea earlier in the week, no longer has diarrhoea, vomiting started about the same time and not better, not able to keep solids down, also could and dyspnoea on effort, high temp also noted, offered an emergency appointment but he feels does not need to see a doctor and this is going to get better, advised to phone back and request an emergency appointment should he change his mind, otherwise worsening advice also given, he seemed happy with the advice offered
22/12/2014	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Additional	Smoking cessation advice
22/12/2014	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**(D)Abdominal cramps**
History	gets these coming onto him - has an abdominal surgical hernia and thinks this is part of the problem - can get cramps when pushing in the toilet but at other times too.
Examination	surgical scar seen and hernia apparent- abdo soft and non tender
Comment	try the below and review if not helping
Medication	Hyoscine Butylbromide Tablets 10 mg *56 tablet 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY*
Problem (NEW)	**Shortness of breath**
History	More of the same-- says inhalers helped but not enough. Issued more and add clenil to see if this helps from here
Examination	comfortable at rest and no wheeze heard
Medication	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation *1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY* Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
29/01/2015	Dr Peter Hoggins at prescription request
History	Req for ranitidine.
Medication	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/03/2015	**Hyoscine Butylbromide Tablets 10 mg** 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY 56 tablet	26/03/2015P	Dr Fergus MacLean	ACUTE
26/03/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	26/03/2015P	Dr Fergus MacLean	ACUTE
05/06/2014	**Nefopam Hydrochloride Tablets 30 mg** ONE TABLET 3 TIMES DAILY WEEKLY DISPENSE 90 tablet	Not Issued	Dr Fergus MacLean	ACUTE
05/06/2014	**Alverine Citrate Capsules 60 mg** 1 Cap 3 times daily 84 capsule	Not Issued	Dr Fergus MacLean	ACUTE
18/08/2014	**Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg** 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT 1 TABLET	09/09/2014P	Dr Saied Pourghazi	REPEAT
05/06/2014	**Olanzapine Tablets 15 mg** 1 TAB AT NIGHT WEEKLY DISPENSE 56 TABLET	10/04/2015P	Dr Saied Pourghazi	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
29/01/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	29/01/2015P	Dr Fergus MacLean	ACUTE
22/12/2014	**Clenil Modulite Cfc-free inhaler 100 micrograms/actuation** TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	05/01/2015P	Dr Fergus MacLean	ACUTE
22/12/2014	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	05/01/2015P	Dr Fergus MacLean	ACUTE
22/12/2014	**Hyoscine Butylbromide Tablets 10 mg** 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY 56 tablet	19/01/2015P	Dr Fergus MacLean	ACUTE
	Ranitidine Tablets 150 mg ONE TO BE TAKEN TWICE			

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24/11/2014	A DAY 60 tablet	29/12/2014P	Dr Fergus MacLean	ACUTE
31/10/2014	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	09/12/2014P	Dr Fergus MacLean	ACUTE
02/10/2014	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	31/10/2014P	Dr Fergus MacLean	ACUTE
04/08/2014	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	01/09/2014P	Dr Saied Pourghazi	ACUTE
22/07/2014	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS ONLY 14 tablet	22/07/2014P	Dr Fergus MacLean	ACUTE
18/06/2014	**Lansoprazole Capsules (Gastro-Resistant) 15 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	18/08/2014P	Dr Saied Pourghazi	ACUTE

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Registration Details - Patient No: 10566

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	G823JS
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	4d Whiteford Place
Previous Surname		Village	DUMBARTON
Forenames	Alexander	Town	Dunbartonshire
Calling Name	Alexander	County	
Title	Mr		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) Scottish		

Next of Kin		Contact details...	
Name	Anne O'Rourke	Home Tel No	07423118444
Contact address	80 Fergushie Park Ave, Paisley	Work Tel No	
Home Telephone	0141 889 5911	Mobile Tel No	
Mobile		E Mail Address	no email
Relationship to patient	Mother		

HA/HB Details...		Practice Information...	
Trading partner	Greater Glasgow HB and Clyde	Dispensing	
Registered GP	Dr Fergus MacLean	Hospital Number	
Usual GP	Dr Fergus MacLean	Records At	
CHI Number	0412703297		
NHS Number			
National Insurance Number			
Residential Inst			
Branch Surgery			

ECS (GP Summary) Consent		Upload Consent	
Patient Consent	Implied Consent (default)	SCI-DC Consent	Implied Consent (default)

Medical Record

Problems

Active Problems		Authorised By	Code
22/05/2017	Anxiety states	Dr Ibrahim	E200
26/04/2017	Olecranon bursitis (Left)	Mrs Curley	N2133
04/11/2015	Polypharmacy medication review	Mrs Gray	8B31B
18/06/2015	Asthma	Mrs Low	H33
18/06/2014	Drug addiction therapy bellsmyre pharmacy Dumbarton Suboxone 768818	Dr Pourghazi	8B23
18/11/2013	Incisional hernia NOS	Miss McElroy	J33z1
11/05/2009	Alcohol problem drinking	Miss McElroy	E23-2
01/01/1998	Drug addictn therap-methadone	Miss McElroy	8B23-1
03/04/1997	[X]Drug addiction NOS receiving treatment	Miss McElroy	Eu192-1

Past Problems		Authorised By	Code
08/03/2012	**Exploratory laparotomy** with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration	Miss McElroy	7H220
01/09/2008	**[X]Stabbing** alleged stab wound - left A & E incomplete consultation pat refused treatment	Miss McElroy	U3E-1
01/02/1998	**[X]Heroin addiction** relapse after losing job	Miss McElroy	Eu112-2

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11/03/1991	Anxiety states insomnia	Miss McElroy	E200
01/01/1984	[SC]Ulnar nerve - hand (Right) damage right ulnar digital nerve	Miss McElroy	7N08L
29/09/1983	Bilateral orchidopexy	Miss McElroy	7C05
05/01/1976	[D]Generalized enlarged lymph nodes reactive neck exploration	Miss McElroy	R0563

Alerts		Authorised By	Code
22/08/2017	Alert MJOG RECALL FAILED, UPDATE CONTACT INFO & REMOVE ALERT WHEN DONE PLEASE 22/8/17	Mrs McGourlay	EMISALERT
22/08/2017	Alert ASTHMA REVIEW OVERDUE	Mrs McGourlay	EMISALERT

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status		
04/12/2018	Height 177.8 cm	
04/12/2018	Weight 110 Kg	
04/12/2018	Body Mass Index 34.8 kg/m2	
04/12/2018	Blood pressure reading 137/91 mm Hg	
02/06/2017	Blood pressure reading O/E - BP reading	
04/12/2018	Smoking Status Cigarette smoker, 10 Cigarettes/day	
04/12/2018	Exercise grading Aerobic exercise 3+ times/week	
04/12/2018	FH: Ischaemic heart dis. <60	
04/12/2018	FH: Ischaemic heart dis. >60	

Consultations	
05/12/2018 14:17	Dr Fiona Gregor at Levenside Medical Practice Dumbarton Health Centre
Problem (REVIEW)	Anxiety states
History	Out of prison on Monday. Looking for sickline and meds. Meds have been added and repeat was printed yesterday, may be at reception as no chemist noted for him
Comment	Sickline done for 2 months. Mental health problems is what he wanted it to say. Was seeing someone in prison for this and to have follow up in the community. He has already been to the Joint to get methadone sorted.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: Mental health problems; Duration: 03/12/2018 - 04/02/2019)

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/06/2014	Nefopam Hydrochloride Tablets 30 mg ONE TABLET 3 TIMES DAILY WEEKLY DISPENSE 90 tablet	Not Issued	Dr Fergus MacLean	ACUTE
05/06/2014	Alverine Citrate Capsules 60 mg 1 Cap 3 times daily 84 capsule	Not Issued	Dr Fergus MacLean	ACUTE
05/12/2018	Salbutamol Cfc-free Inhaler 100 micrograms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	05/12/2018P	Dr Saied Pourghazi	REPEAT
05/12/2018	Beclometasone And Formoterol Dry Powder Inhaler 100 micrograms + 6 micrograms/dose 2 PUFF TO BE INHALED TWICE A DAY 1*120 dose	05/12/2018P	Dr Saied Pourghazi	REPEAT

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05/12/2018	**Nefopam Hydrochloride Tablets 30 mg** TWO TABS TDS 168 tablet	05/12/2018P	Dr Saied Pourghazi	REPEAT
05/12/2018	**Olanzapine Tablets 10 mg** TWO Tabs At night WEEKLY DISPENSE 56 tablet	05/12/2018P	Dr Saied Pourghazi	REPEAT
05/12/2018	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT WEEKLY DISPENSE 28 tablet	05/12/2018P	Dr Saied Pourghazi	REPEAT
05/12/2018	**Thiamine Hydrochloride Tablets 100 mg** ONE TABLET TDS WEEKLY DISPENSE 84 tablet	05/12/2018P	Dr Saied Pourghazi	REPEAT
21/04/2017	**Methadone 1 Mg/Ml Oral solution 40ML** DAILY PRESCRIBED BY DJH THIS IS FOR INFO ONLY DO NOT DISPENSE 1 ml	Not Issued	Dr Saied Pourghazi	REPEAT

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MALE

O'ROURKE	DATE OF BIRTH	SERIAL No.
	04/12/70	3297

ALEXANDER
S5731/1970/2195

7 MIDDLETON CRES
PAISLEY
PA3 1JB

DR. I S MASON

DATE 31/03/91 C

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*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

FORM G.P. 7A(COMP)

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

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MALE

SURNAME	CHRISTIAN NAMES
O'Rourke	Alexander

ADDRESS 105 F.P.Rd. Date of Birth 14/12/70

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
12/2/71		Nasal ointment.	
17/5/71		Clininyein	
31/5/71		chickenpox Bendrofluazide 5mg	
5/8/71		Cyclosporin Hydrocortisone 30mg Vista.	
27/8/71		Prednisone.	
16/9/71		Lung Aneurysm (Mass) Seen 5/8/71	
7/10/71		V. Quick.	
14/10/71		Bedclothes Support	
25/10/71		Prednisone.	
5/11/71		Tetracosactrin	
8/11/71		? Pneumonia	
14/11/71		Phenergan elixir and Benylin Mixture	
18/12/71		Cryst. Vit.	
13/3/72		[illegible] P.R. Oil	
6/11/72		Inj. Amoxil	Tonsillitis.
		Diuril Sulcolitron	Bronchitis
8/12/72		Mist. Kaolin Paediatric	
20/12/72		~~Penicillin~~ Pens	Tonsillitis
26/12/72		Bacitracin Syrup	Tonsillitis.
28/12/72		D.P.T. Polio Vaccine.	
3/9/73		Cryst. Vit. by Aneurysm Herpes	

* 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 FORM E.C. 7 (Scotland)

(9.1.70) (17002) Dd. No. 244021 200,000 3/70 J.&G.L.Ltd. Gp. 459

10/8/73 (5F DTP booster) Had LNV return.

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/9/74		2nd toe overrides third to orthopaedics 1 AI	Skeletal
19/2/75		comp clear clear. well walking to.	Exostosis
8/3/75		Ung Aureomycin to face Tixylix	
12/4/75		Ung Aureomycin	
22/4/75		Tab Sulphadimidine	
29/4/75		R foot Ex, Sinus, Vomiting ++	? Measles ? Rubella
1/12/75		TO GP2 RAF. Vomiting + Diarrhoea	Influenza
13/6/83		2nd undescended which is lying in inguinal canal. Mr. McEwan -	testis in Rt Scrotum
2/2/84		Rt Simple Cyst	
22.3.84		Rt Patellae	
7.1.85		Operation R knee on 4/1/85 - discharged to Hospital. - should have been stitches. Dressings	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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MALE N.H.S. No. Unknown

SURNAME: O'Rourke

CHRISTIAN NAMES: Alastair Ian Sutherland Alexander

ADDRESS: 103 Ferguslie Park Ave. Ply

Date of Birth: 4 | 12 | 40

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

Dr.....

This person has been placed on your list in accordance with your acceptance and this card ~~should be~~ used until his medical record envelope is sent to you. It should then be placed in the envelope.

RN

Date ..... 9 FEB 1971 Rn

* 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 FORM E.C.7a (Scotland)

(2.5.69) (E5385) Dd. 242211 200,000 6/69 J. & G. L. Ltd. Gp 259

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DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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C

MALE

O' ROURKE	DATE OF BIRTH	SERIAL No.
	04/12/70	3297

ALEXANDER
S/57 3/70/2195

25 BLACKSTOUN OVAL
PAISLEY
PA3 1LR

DR. W S KIRKWOOD DATE 20/01/97 C

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

*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

FORM G.P. 7A(COMP)

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

*IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

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O'rourke, Alexander
DoB: 04/12/1970

Report Valid On 08/02/02 11:53

Dr Watson and Partners
Page number 1

Registration

Mr Alexander O'rourke
118
fergusiie main rd
PAISLEY
Renfrewshire
PA1 2XP

Telephone: 848 5793
Contact: 0141 887 0942 ContactRelship: ?

Service Code: Permanent
DoB: 04/12/1970

CHI Number: 0412703297

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0

Priority Clinical / User Marker

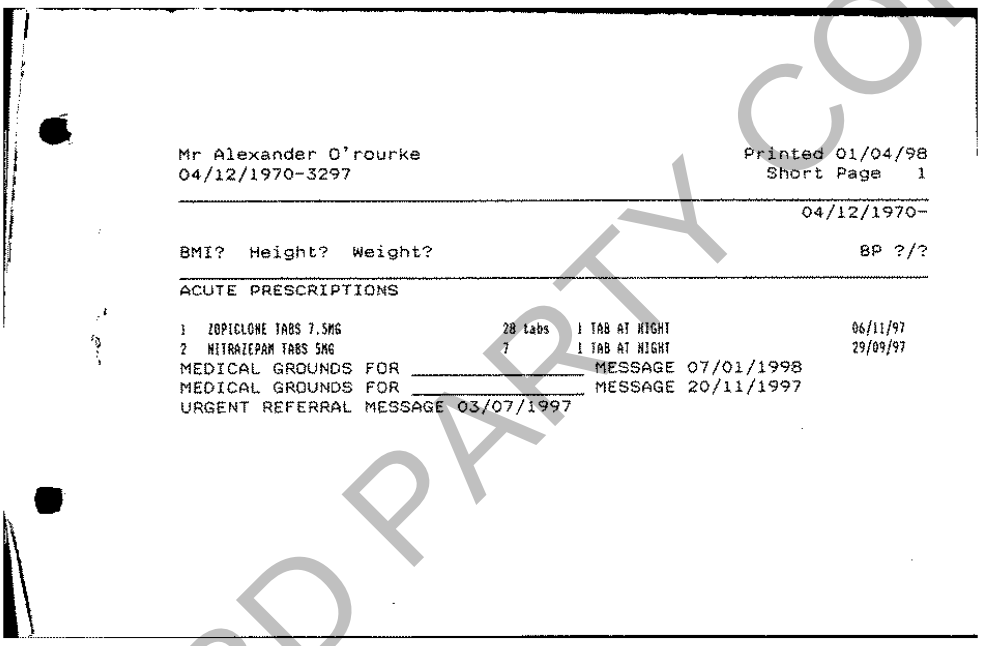
08/02/2002	High	Lloyd George+problem summary
01/02/1998	High	[X]Heroin addiction - relapse after losing job
01/01/1996	High	Drug addictn therap-methadone - treatment continues
01/01/1997	High	[X]Drug addiction NOS - receiving treatment
01/01/1991	High	Anxiety states - insomnia
01/01/1990	High	[SO]Hand NEC - laceration of hand
01/01/1984	High	[SO]Ulnar nerve - hand - damge right ulnar digital nerve
01/01/1983	High	Bilateral orchidopexy - left
01/01/1976	High	[D]Generalized enlarged lymph nodes - reactive neck exploration

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Summary Sheet: practice summary

Printed at 08/02/02 11:53:09

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Mr Alexander O'rourke
04/12/1970-3297

Printed 01/04/98
Short Page 1

04/12/1970-

BMI? Height? Weight?

BP ?/?

ACUTE PRESCRIPTIONS

1	ZOPICLONE TABS 7.5MG	28 tabs	1 TAB AT NIGHT	06/11/97
2	NITRAZEPAM TABS 5MG	7	1 TAB AT NIGHT	29/09/97

MEDICAL GROUNDS FOR _____ MESSAGE 07/01/1998
MEDICAL GROUNDS FOR _____ MESSAGE 20/11/1997
URGENT REFERRAL MESSAGE 03/07/1997

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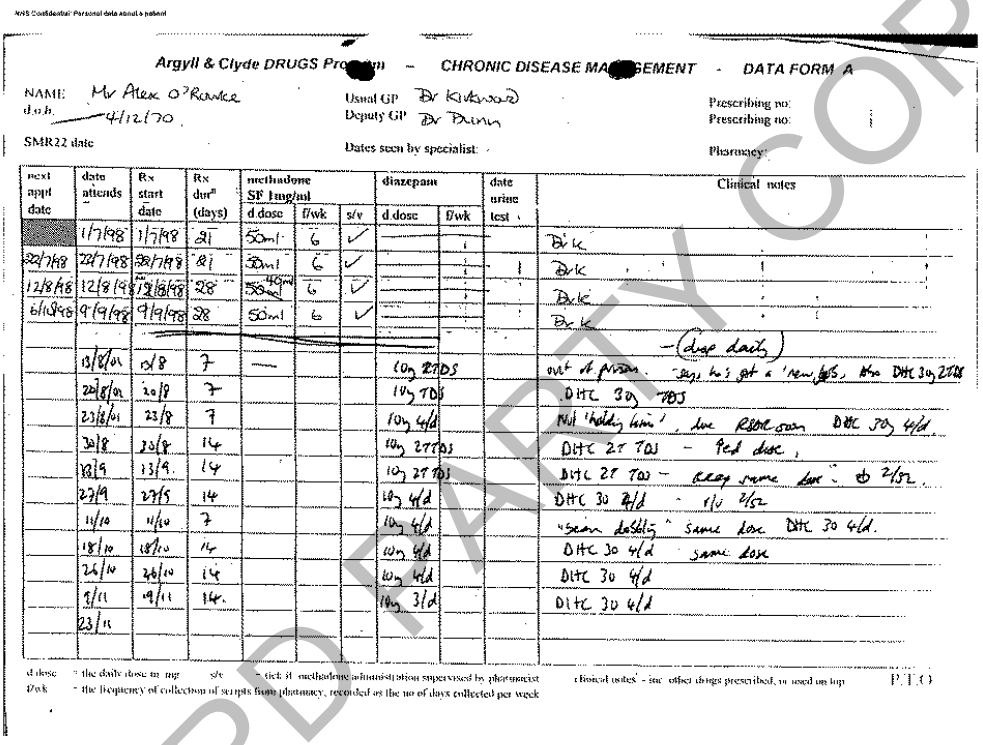
Mr Alexander O'rourke
04/12/1970-3297

Printed 01/04/98
Short Page 2

LAST ENCOUNTER INFORMATION

Doctor:Dr Kirkwood, Encounter Date 23/03/1998,Time 11:00

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Argyll & Clyde DRUGS Pro[illegible]m – CHRONIC DISEASE MA[illegible]EMENT - DATA FORM A

NAME Mr Alex O'Rourke
d.o.b. 4/12/70
SMR22 date

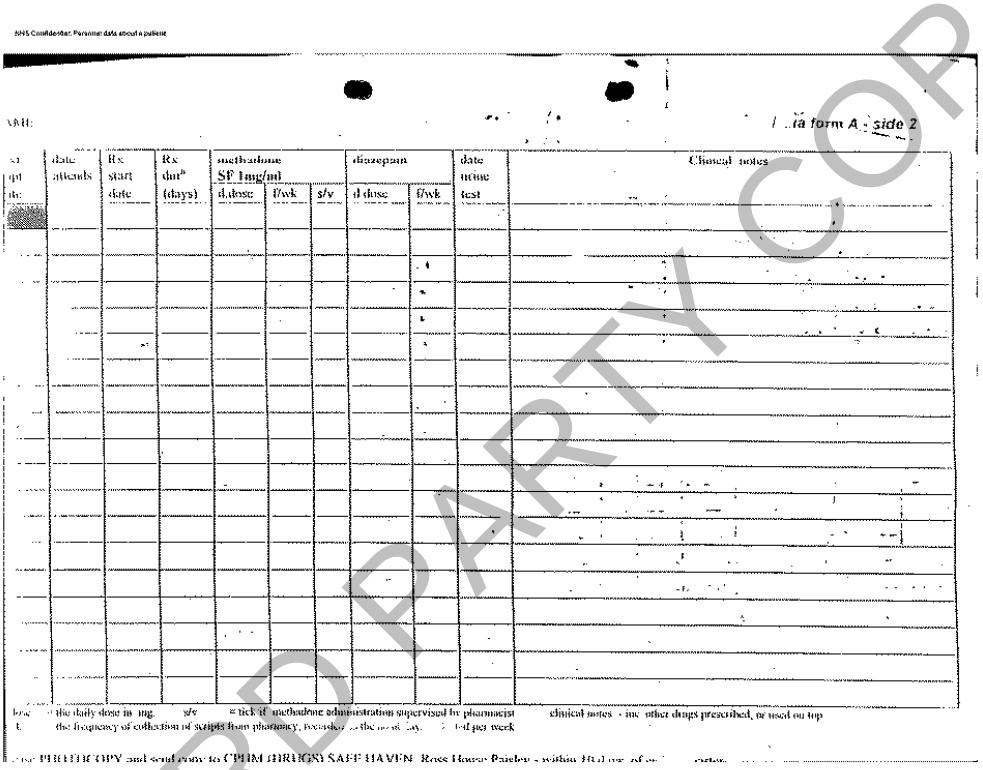
Usual GP Dr Kirkwood
Deputy GP Dr Dunn
Dates seen by specialist:

Prescribing no:
Prescribing no:
Pharmacy:

next appt date	date attends	Rx start date	Rx dur^n (days)	methadone SF 1mg/ml d dose	methadone SF 1mg/ml f/wk	methadone SF 1mg/ml s/v	diazepam d dose	diazepam f/wk	date urine test	Clinical notes
	1/7/98	1/7/98	21	50ml	6	✓				Dr K
22/7/98	22/7/98	22/7/98	21	50ml	6	✓				Dr K
12/8/98	12/8/98	12/8/98	28	40ml 50ml	6	✓				Dr K
6/9/98	9/9/98	9/9/98	28	50ml	6	✓				Dr K
										– (drop daily)
	13/8/01	13/8	7	—			10mg 2TDS			out of prison. says he's got a 'new GP', Rx DHC 30g 2TDS
	20/8/01	20/8	7				10mg TDS			DHC 30g TDS
	23/8/01	23/8	7				10mg 4/d			Mil 'holiday him', Rx RSTOC soon DHC 30g 4/d
	30/8	30/8	14				10mg 2TDS			DHC 2T TDS – fed disc.
	13/9	13/9	14				10mg 2T TDS			DHC 2T TDS – keep same Rx. ↓ 2/52
	27/9	27/9	14				10mg 4/d			DHC 30 4/d – 1/52
	11/10	11/10	7				10mg 4/d			"seen dabbly" same Rx DHC 30 4/d.
	18/10	18/10	14				10mg 4/d			DHC 30 4/d same Rx
	25/10	26/10	14				10mg 4/d			DHC 30 4/d
	9/11	9/11	14				10mg 3/d			DHC 30 4/d
	23/11									

d dose = the daily dose in mg s/v = tick if methadone administration supervised by pharmacist clinical notes = use other drugs prescribed, as used on top P.T.O.
f/wk = the frequency of collection of scripts from pharmacy, recorded as the no of days collected per week

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NHH: ...ia form A - side 2

...pt is:	date attends	Rx start date	Rx dur[b] (days)	methadone SF 1mg/ml d.dose	methadone f/wk	methadone s/v	diazepam d.dose	diazepam f/wk	date urine test	Clinical notes

low: = the daily dose in mg. s/v = tick if methadone administration supervised by pharmacist clinical notes - inc other drugs prescribed, or used on top
b: the frequency of collection of scripts from pharmacy, records as the usual day. f/wk = times per week

...se PHOTOCOPY and send form to CPHM BIRBIG) SAFE HAVEN Rose House Fairfax within 10 d... of ... patient.

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National Health Service Number: 557 370 2195

Surname (Block Letters): O'ROURKE

Forenames (Block Letters): ALEXANDER

CLINICAL NOTES

Address: 7 MIDDLETON CRESCENT

Date of Birth: 4.12.70

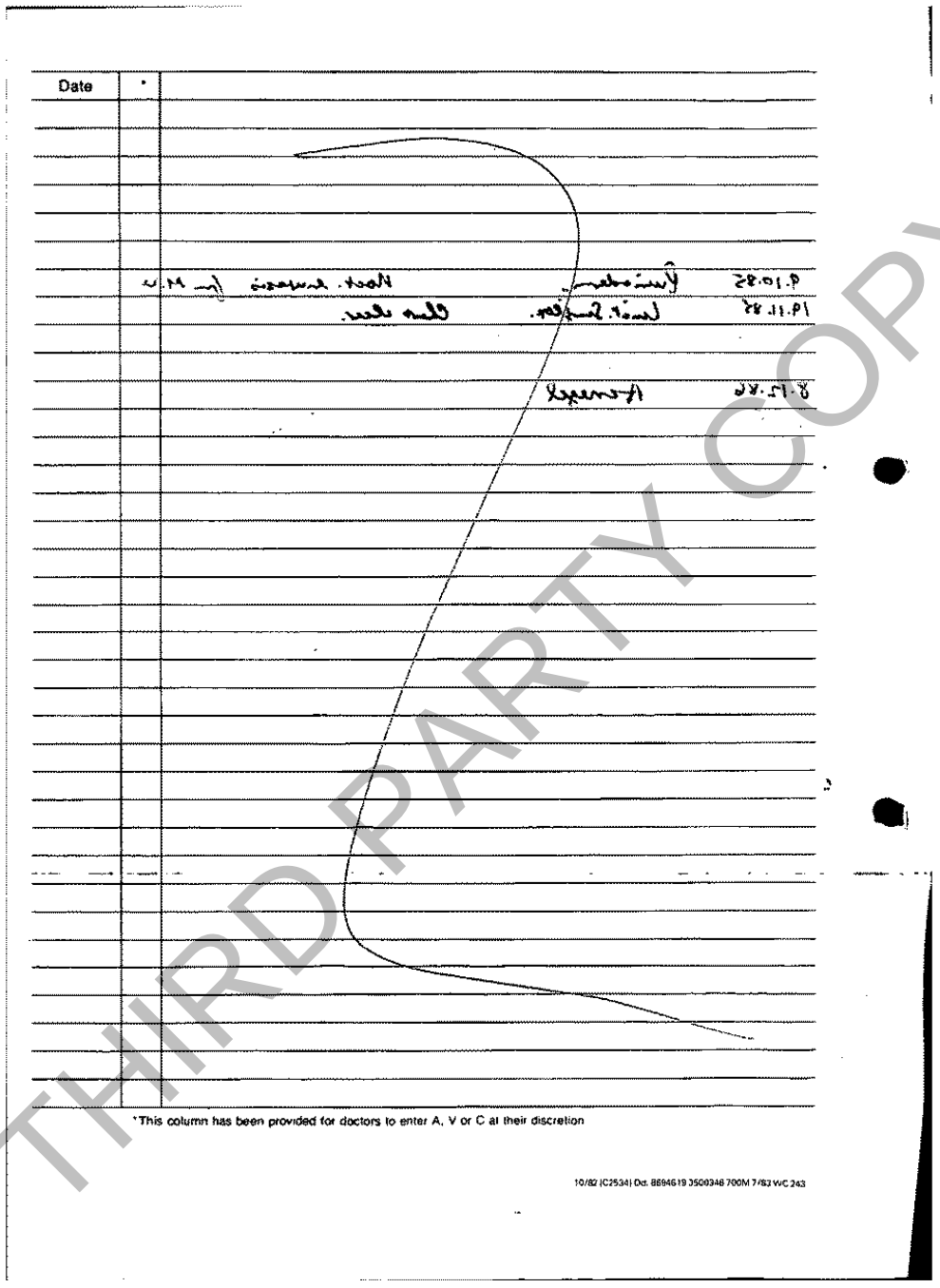
Date	*	
9.10.85		Paracodamol. Nocte. enuresis for MSU
19.11.85		Lact. Samples. Chest clear.
21.1.86		Sodafed elixir
2.5.86		rash ? viral
8.12.86		Aerosol
2.7.87		Chest clear. Pholcodine linctus.

*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number: 557 3\70\2195

CLINICAL NOTES

Surname (Block Letters): O'ROURKE

Forenames (Block Letters): ALEX

Address: 7 MIDDLETON CRESCENT ~~Newfield Ass Centre~~

Date of Birth: 4/12/70

Date	*	
12/87		URTI. Rhinorr. Rhonchi / sore throat.
25/2/87		Rubella. → Advice.
		OWN GP:- DR Sutherland Ferguslie Clinic
		H/A: 25 Blackstoun Oval Ferguslie Park Paisley
20/5/88		A pallid lend wasp[illegible] with head and the parietal area tissue [illegible] now was pallid, [illegible] Co-Dydramol — [illegible] Sutton Surgery — Dr. Hetherman! [illegible] Advice [illegible] two / daily for acne
23 9 88		C/O R eyelid abdominal pain — DIGNAN — caused by violent coughing Clavulanic Calumplot
27.9.88.		[illegible] Gaviscon Sl gid 150ml
		Teejel to mouth ulcers
6.10 88.		Penicillin V ?? dental abscess
		Azmegal
22 11 88		[illegible] cream Canesten HC Give Nystan x6 for [illegible]
		Scan doctor tomorrow
23.3.89.		Anxiety due to impending court appearance..
		Ascorbic acid 25g tid (50)
13.3.90		Fell at work yesterday slipping back.. SC1.
		Codydramol 1 qid (40)

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Date	*	
26 6 90		pediculus pubis Quellada Pc
		Shakes tr. Propranolol 10mg tid (100)
6.8.90		40mg tid (30)
16/8/90		Jumper out on the
		window superficial lacerati
		over dorsum of R hand
		on 2nd + third fingers
		" 3/4 long each x2 steristrip dressg
		paracetamol - Advised to go
		to A/E. : stitches - covered for TT
17.8.90		Pt rang - he insists he will be fine
28.9.90		fine tremor - anxious - not
		thyrotoxic - Propranolol 10mg 30
12 10 90		wants "S" - Pills now Bergen. Propulse (15)
		~~Inc Propranolol~~
30/10/90		Tab Thiam Hcl 25mg 100 1 tds
		~~Tab Thiamine~~
		Inc Cyproterone

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Dd.8529077 750M 12/85 F. & S. Ltd.

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REG 200197 WK

National Health Service Number

Surname (Block Letters): O'ROURKE

Forenames (Block Letters): Alexander

CLINICAL NOTES

Address: 25 Blackstoun Oval

Date of Birth: 04 12 70

Dr Hamilton, St Ganes St

Date	*	
22. 1. 97		Newly registered patient who had been smoking two / day of heroin. He had originally been taking temgesic 7 daily for 11 months but when they were unavailable before Christmas he commenced on to heroin. Lives w mother, hangs out with drug culture. Previously willing help, attending drug rehabilitation unit in Queen's Street - Ty Kennedy Blood Advice Unit Queen St. Paisley Access Cooperative M F 2 4/52 To see partner & more from Cowells

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Date	*	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters): O'Rourke

Forenames (Block Letters): Alex

Address:

Date of Birth: 4/12/70

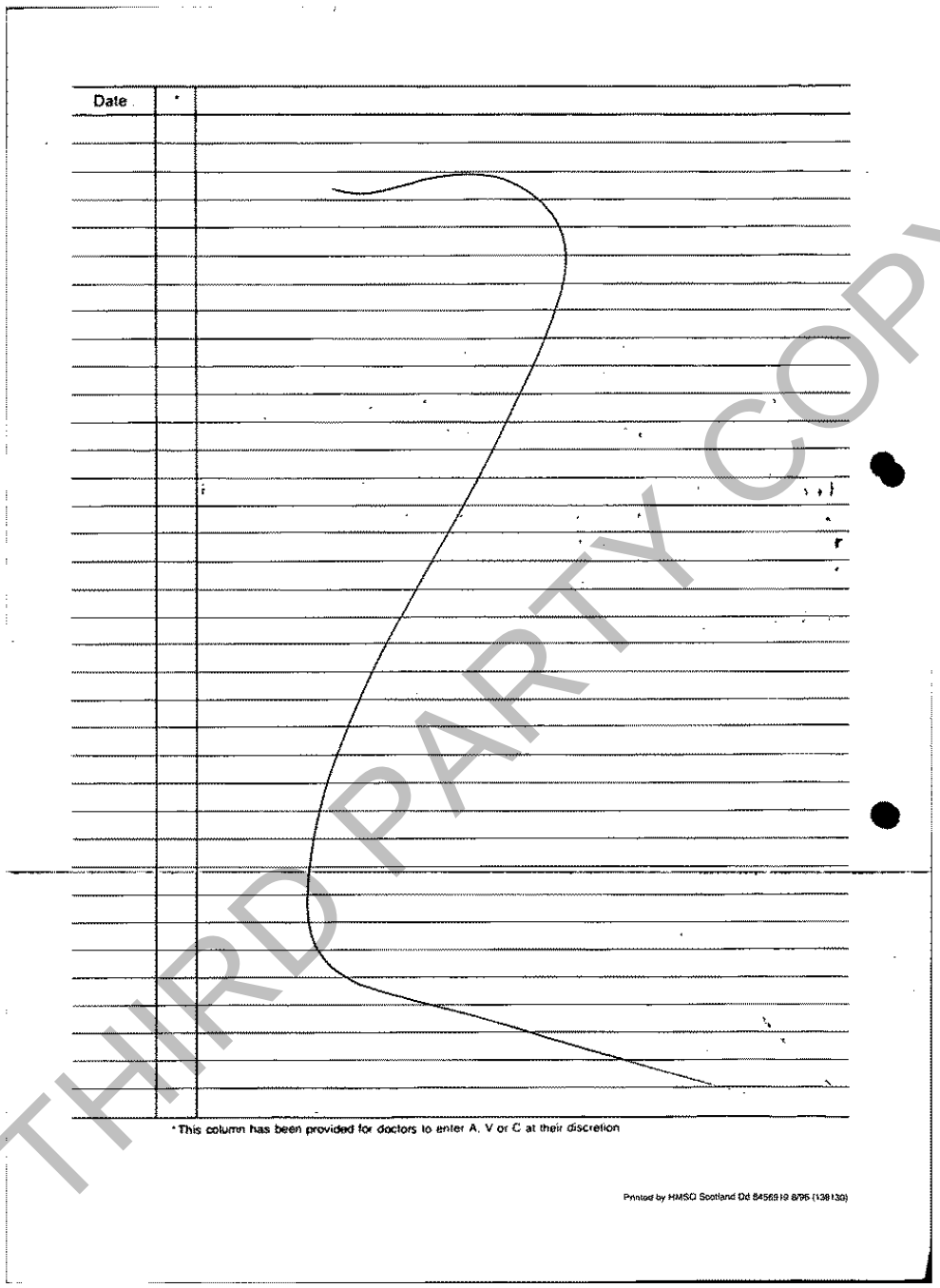
Date	*	
3/04/97		Deliver yesterday from drug rehab
		Rx 8 day supply (to include 11th April) of methadone 1mg/1ml 60ml daily (480) disp daily
11/4/97		Rx methadone 1mg/1ml 60ml daily 3600 well done 2 nurse (12)
19/04/97		Rx methadone SF 1mg/1ml 60ml daily (1200 1140ml) well done 2 nurse (40) Stemetil 5mg (30) MC → 08/4/97 'drug addiction'
30/04/97		DNA ←
2/5/97		DNA ←
7/5/97		14 x 55ml methadone
21/5/97		DNA

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National Health Service Number	S573\70\2195
Surname (Block Letters) O'Rourke	Forenames (Block Letters) Alex.
CLINICAL NOTES	Address 7 MIDDLETON CRESCENT ~~25 Blackthorn Ave~~ Pardon
	Date of Birth 4.12.70

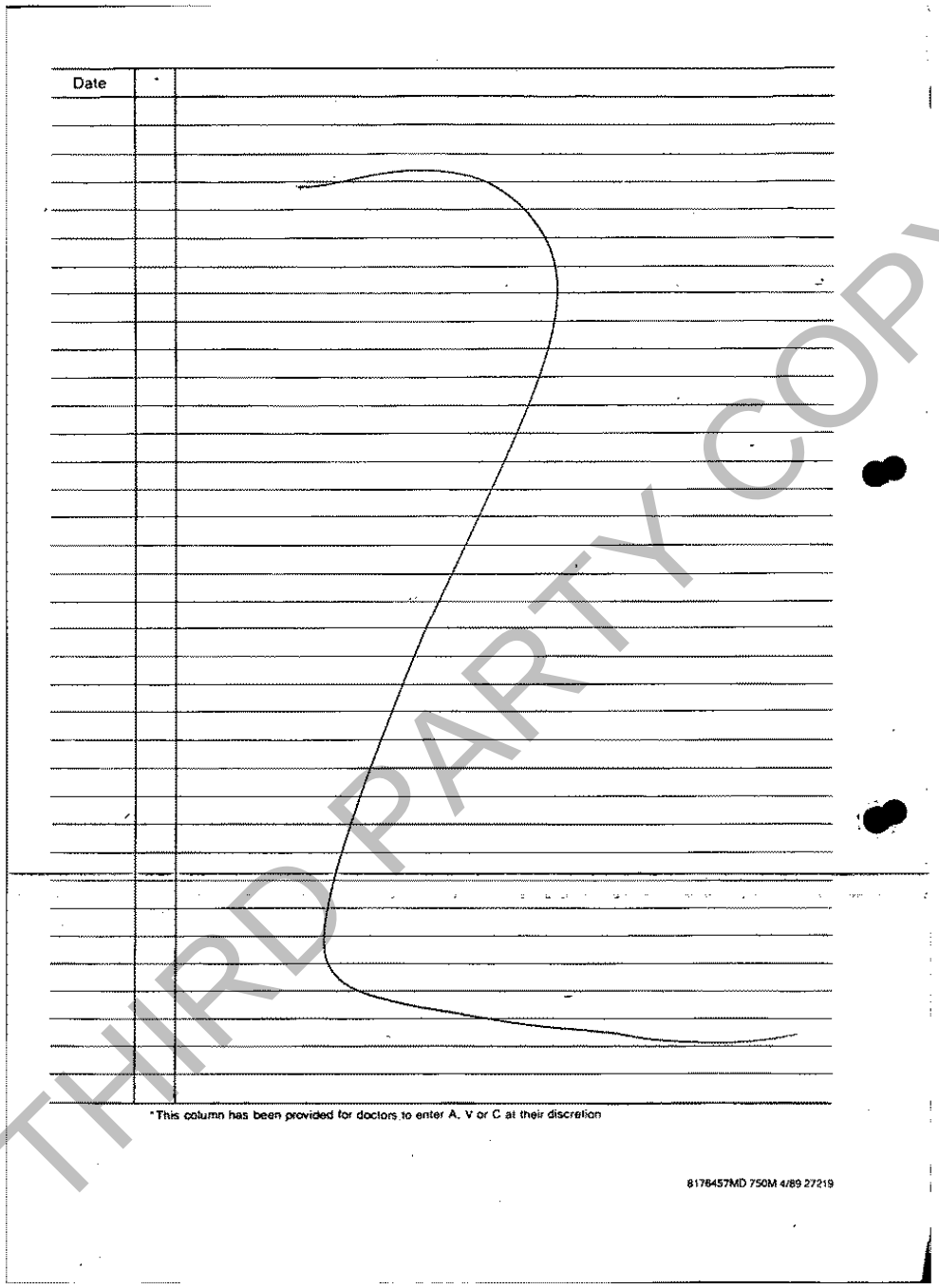
Date	*	
26 MAR 1991		Rt hit. Fell. hit. Dizzy. hit. Hyper before any trouble. anxiety. c/o. tension before want to vomit. refer Ahmed 9am Door kicked in + threatened. What matter Mondays. Decided going to crack up. Not sleeping. Warned re defendance Occas. 10mg (30)

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8176457MD 750M 4/89 27219

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National Health Service Number

Surname (Block Letters): O' Rourke

Forenames (Block Letters): Alexander

CLINICAL NOTES

Address: ~~25 Blackstock Road~~ 11D BLACKSTOCK MILLARSTON CT.

Date of Birth: 4/12/70

Date		
31/1/97		been on sick certificate for 3/52.
		Drug rehab registered.
		work supportive
		paranoid – can't go out of house.
		MC 3/52 'Drug addicts'.
		referred chlepromazine – offered it in pm –
		did not like the way it made people
14/6/97		see 30 hours per day
		Rx phenergan 25mg (GD)
		MC 4/52 "Drug addicts"
14/3/97		MC 4/52 "Drug addicts"
		phenergan didn't help Rx temazepam 30mg tabs
		2 weeks (GD) due RSAH med appt 3/52.
~~18/04/97~~		
21/05/97		DNA
22/5/97		DNA ? Should we be keeping this patient
21/5/97	HM	– probably not, but he should this
		AM and my table had no appt, that it
		had been yesterday.
		Drug contract for right.
		14 x 50-1 gm.
5/06/97		– FBC, ESR, ANF, RF
		Rx methadone 1mg/1ml (680ml)
		45ml daily disp daily
19/6/97		40ml daily Rx 3/52 560ml
8/7/97		Rx methadone 1mg/1ml 490ml
		35ml daily Rx 3/52 disp daily
17/07/97		Rx methadone 1mg/1ml
		30ml daily Rx 3/52 disp daily see 3/52
		420ml.

X This column has been provided for doctors to enter A, V or C at their discretion

30 / 14 / 30
140 / X14
420 / 42 / 120
560 / 182 / 800
1120

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Date	*	
29/7/97	C/C	Came up methadone himself after long absence up on drugs except cannabis. Pains : Wants to stay up methadone. Unfit for work
31/7/97		housed smaller needs after assault above stated to go back to work – to phone Victim Support. back on methadone 80ml daily – med to come off NO query Rx methadone 85ml daily lofexidine 200 mcg bd daily mod 4/8/97 6/8/97 (recvd ASAP) reduce to 80ml daily at next issue genuinely keen to kick his habit
6/8/97		D/D.
7/8/97		Rx methadone 20ml daily } disp daily 4/7 lofexidine 200 mcg daily }
18/08/97	MC	11/8 – 18/8. remains detoxing
20/08/97		getting paranoid about his dose – improving with time – realises he should not carry a bottle – will ask for counselling at ASAP appt 2/9/97. Rx methadone 15ml daily 15/7 lofexidine 200mcg bd 14/7 – taking 2 per day disp daily see 2/52
4/9/97	C/B.	7/7 supply as per ASAP letter Work Permit being put in as destroyed.
11/9/97		lofexidine detox (66) nitrazepam 10mg (14) see 2/52 won £2,500 on lottery – have made a big difference to financial worries
26/9/97		Unfortunately back on heroin £40 pd. Rx methadone 25ml daily 20ml disp daily to supervised parent See 2/52

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
O'Rourke	Alexander

Address: 45B Durward Rd

Date of Birth: 4/12/70

Date	*	
23/10/97		going to Duncan — given 9 days sup Rx 60 tabs methadone 40mg/ml daily + phenergan (22) see 24/10/97
21/10/97		can't get off heroin just now attends CMAR tomorrow — is going to ask for IP detox not stable Rx Zimuvine 7.5 mg nocte (30) disp daily MC Tues (N.Density) quite down given tel no of Nurofen Angymm
24/10/97		Rx methadone SF 1mg/1ml elixir 60ml daily 840ml disp daily ~~Zimovine 7.5mg nocte~~ 24 25 26 27 28 29 30 31 1 2 3 4 5 6 14 2x60 840
6/11/97		off heroin 60ml daily methadone + 7.5 Zimuvine disp daily see 19/11/97 for panel line & script (84ml) 84R22
19/11/97		phoned in — slept in — wants panel line did not request script
20/11/97		Rx methadone SF (1610ml) 3 disp daily Zimuvine 7.5mg (75) (82)
21/11/97		script due 17/12/97 MCF → 8/12/97
26/1/98		DNA
29/1/98	CJ	DNA Script as per ledger 22/1/98 Advised he must ring us urgent slots for this!

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Date	*	
7/1/98		had 3/52 from 17/12/9897 – no clinical note from here
		Rx methadone 1mg/1ml SF elixir wants to decrease to 40ml daily 14/7 due 22/1/98 inclusive
		medical sick letter ✓
19/2/98		sacked yesterday final warning re alter done & has lodged an appeal – had headache on methadone 35ml
		wife has moved out but she is making trouble in
		Rx methadone 35ml daily 490ml drop down given 4 days sent 27/28/1/2
		script lasts till 4/3/98 due 5/3/98
4/3/98		DNA
12/3/98	Meg	Phoning for script This had been given in to his chemist accompanied by plain TTRSH daily g methadone Sen here on 25/2/98
25/3/98		DNA → letter
26/3/98		cancelled yesterday – our computer went down
		Rx methadone 35ml daily Dispensed complete L – 490ml i.e. 14 days
		murder get for MBP SE Pain Rem
		MC 3/52 'MBP'
		very shaky – took laxative
26/3/98	Meg	very unwell re dispensed complete L – would accept it – left
9/4/98		will try supervised dispensing not happy to have 30ml daily DTW ROAR – must start off small Rx methadone 1mg/1ml SF elixir 35ml daily (175ml) review Tuesday ? increase then
14/4/98		DNA
17/4/98		shaky Rx methadone 1mg/1ml SF elixir 45ml daily 1 week dispensed L
5/5/98		feeling fine still a bit shaky L

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due to see Dr McMahon 28/5/98 Chemist – Milton, Tannahill Centre on 60ml daily [849 1030] L
not taking anything just now
seeing Connie ? when
Rx 60ml daily SF/ml dispensed see 3/52

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CLINICAL NOTES

National Health Service Number: 140 L 40 / 8

Surname (Block Letters): O'Rourke

Forenames (Block Letters): Alex

Address:

Date of Birth: 4/12/70

Date	*	
13/5/98		due methadone in hand
		Study tipped down — gave him opinion of
		Veronica in hosp for 1 day X Rep on
		last week - out on blues — meant — for neighbour —
		hospital Glengyn Bay — Upperstelly — carer
		for 4 days — I will do c chemist in
		Rx diclofenac & diffle —
		nurse to open ATE
13/5/98	T	Hilton Chemist, Tamahill' HE
		would like new script for methadone
		15/5/98 240ml start
		+60ml x 2 repeated compts
		Script will then stop from Friday 21/5/98
19/5/98		DNA
21/5/98		840 - 1. 60 1. 0 x 2/52.
4/6/98		has appt RSAR for 30/6/98
		going to Glengyn Bay from 15/6/98
		given methadone 1mg/1ml SF 500ml daily
		250ml → 9/6/98 dispensed
		15/6/98 250ml start
		15/6/98 200ml dispensed
		due next script 18/6/98
18/6/98		Rx methadone 1mg/1ml SF elixir mitte 700ml
		5g 50ml daily dispensed compliance
		due 1/7/98
1/7/98		had an appointment c Dr Hough yesterday — August
		— told to contact RSAR
		Rx methadone 1mg/1ml 500ml daily 1000ml i.c. 21

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days dispensed

transferred having to methadone seeing chemist today

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Date		
22/7/98		Rx methadone 1mg/1ml SF elixir 1050ml i.e. 21 days supervised 50ml daily appt RSAR 11/8 see 12/8
12/8/98		methadone 1mg/1ml SF elixir 1120ml i.e. 28 days supervised 40ml daily appt RSAR 8/9/98 see 9/9/98
9/9/98		has been self cutting for 5 days – flu – wheezy (R) base Rx K McLeod 52 Undernd Rd, Ass Manag Rx amoxycillin 250mg (21) see 4/52 Rx methadone 50ml daily 1400ml 28 days supervised complete see 4/52
7/6/99		DoA
13/8/01		not ↓ given 9/7/01, ↓ heroin use available, assessment from RSAR – 29/8/01. using 1 bag/day, smokes, never injected, previously on Methadone 1998, came off it recently – re-started it end of June, discussed detox therapy Stable, never got to known Scain keen & motivated Rx diazepam 10mg 2T TDS (42) Disp daily DHC 30mg 2T TDS (42) Disp daily r/v 1/52 – to reduce by to 1T TDS next week pt patient has agreed to this
20/8/01		Appears no known Rx Diazepam 10mg 1 T.D.S (21) Disp daily Dihydrocodeine 30mg 1 T.D.S (21) Disp daily Read via system. Rx Dihydrocodeine Advised no extras.
23/8/01		3 tabs daily, not holding him, long chat due RIAM next wed (29/8) Rx diazepam 10mg 4 tabs daily disp daily (28) DHC 30mg 4 tabs daily disp daily (28)
30/8/01	PC	with Dr. Hay advised to give him 'a break' from treatment will be assessed at RSAR in due course
30/8/01		Discussed c patient. Sounds v genuine & desperate for help. 'about to lose everything' 2/52
		Rx DHC 30mg 2T TDS (84) Disp daily Diazepam 10mg 2T TDS (84) Disp daily r/v 2/52
13/9/01		*This column has been provided for doctors to enter A, V or C at their discretion Dosing well no word from RSAR, Stella that he wanted 'eased' 2/52 ago. Maintain present dose for 2/52 r/v 2/52 – discharge ? LEAVE DoA

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National Health Service Number

Surname (Block Letters): O'Rourke

Forenames (Block Letters): Alexander

CLINICAL NOTES

Address

Date of Birth: 4/12/70

Date	*	Clinical Notes	Diagnosis
27/9/01		~~Drug~~. Left;	
		presently - on DHC, dosepn 3T am 3T pm,	
		? due RSAR 11/2001, doesn't worry any.	
		exam - groin region - looks like ~~5~~ site.	
		Pt to doctor re DHC 30, dosepn 10 4T daily.	
		1/v 2/52	
11/10/01	4/52	been 'dabbling' - seeing RSAR tomorrow ~12-30pm.	
		Pt keep on same dose DHC30/dosepn 10 4T daily.	
		1/v 1/52. Med 3 4/52 N.D.	
18/10/01		next RSAR - 26/10/01 - ? due methadone in	
		NAV. Been very intermittently since last seen,	
		Discussed this at length - decide to C/T	
		on present dose. 1/v 1/52,	
26/10/01		2/52 script given - seen at RSAR by keyworker -	
		speak re writing re appointment ? NAV - phone please	
9/11/01		been assigned a Keyworker at RSAR,	
		To reduce dosepn by 1T a day. 3T x 10/7 daily.	
		Keep DF30 at 4T/day. 1/v 2/52	
23/11/01		~~Drug~~ -	
7.12.01		DNA	
13/12/01	c/s	"Continuation of Letter"	
	L	previously dealing in heroin. DHC dropped by	
		RSAR	
7/2/02	c/s	Med 3, 26/52 'N.D'. ? recent rash groin, Pt cannot HZ (1yr)	
23/9/02		off methadone - DNA'd RDS - was on 25ml methadone.	
		back on heroin again. Smoking it; using £20/day,	
		in a job now, seems motivated. Log out	
		Pt DHC 30 67 (42), dosepn 10 37 (21)	
		1/v 4/52.	
26/9/02		Incapax form (!) - 6m chron - "in a job"!	

*This column has been provided for doctors to enter A, V or C at their discretion

1/10/02 - Pt been using for 10/7, doing well, to be down

FORM GP111F

355 2095

Pt DHC 30/7 (30). dosepn 10/7 (10) - 10 days.

opt ventolin inhaler (1yr) due PNPD.

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Date	*	Clinical Notes	Diagnosis
11/10/02		DNA ·	
19/12/02		rc attending RDS · "relapse" · due Dr's 07/1/03.	
		I am not with dr R Sitt + Dampan. Drowsy	
		Meth · start 30 mt (84) · drug daily.	
16/1/03	Rx	mirtazapine 30mg daily SR (Lomb)	
17/1/03		doesn't know when Dr's appointment will be.	
		Licensed : RDS · 'allocated to Michael Rattley,	
		Meth. 30 (210) · I/v 1/52.	
23/1/03	R	due D M'Mahon 4/2/03 · (RDS) 889 1223	
24/1/03		Meth 30mt (360). "11-30am.	
		c/o lower back pain - dully R dothiepin 50 (84)	
21/2/03		c/o lower back pa L side lower,	
		· · xR -	
21/3/03		mirtaz given · R himself (Lip)	
8/4/03		On antibiotics for balanitis from Russell Rattle	
		Medicine Show drawing — Russell Rattle says Sertraline - Lydia Donahue	
		Rebecca — Mac Tomorrow	
		+ Teresa Cream — " "	
		Reviewed Russell 3m1. 16/6/03	
30.5.03		DNA	
18.6.03		DNA	
20.06.03		epigastric pain. long standing. persists 5a meal - in prison.	
		no ulcer. worse after alcohol / gum chewing	
		relieved by zantac	
		no red flag SS. tender epigastrium	
		Plan ranitidine 150 bd (60)	
		— advice - alcohol / gum	
		Bloods inc. H Pylori	
		relevi i result	
		- mouth ulcer. advice RPO'	
11/7/03		Still epigastric pain - for H. pylori tests	
		worse after alcohol / smoking	
		Rx Zoton 30mg (28)	
24.7.03	Ix	H pylori serology positive. Rx Helicleen 10P.	
19/8/03	Rx	Ranitidine 150mg (56) BD.	
23/9/03		R Nizatidine 150mg (28) once daily	

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): O'Rourke

Forenames (Block Letters): Alexander

Address:

Date of Birth: 4/12/70

Date	*	Clinical Notes	Diagnosis
18/9/03		Relapsed + had been again over past week has appt at BAC next Tues (23/9) spoke to Dr McGeagan who confirmed it is not practice policy to issue scripts until he has attended clinic Left, obviously unhappy with this decision Jane (locum)	
16/2/04		DNA	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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355 2095

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Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

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National Health Service Number: S573\70\2195

Surname (Block Letters): O'ROURKE

Forenames (Block Letters): ALEXANDER

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: ~~7 Middleton Gdns.~~ Blackstoun Oval

Date of Birth: 4.12.70

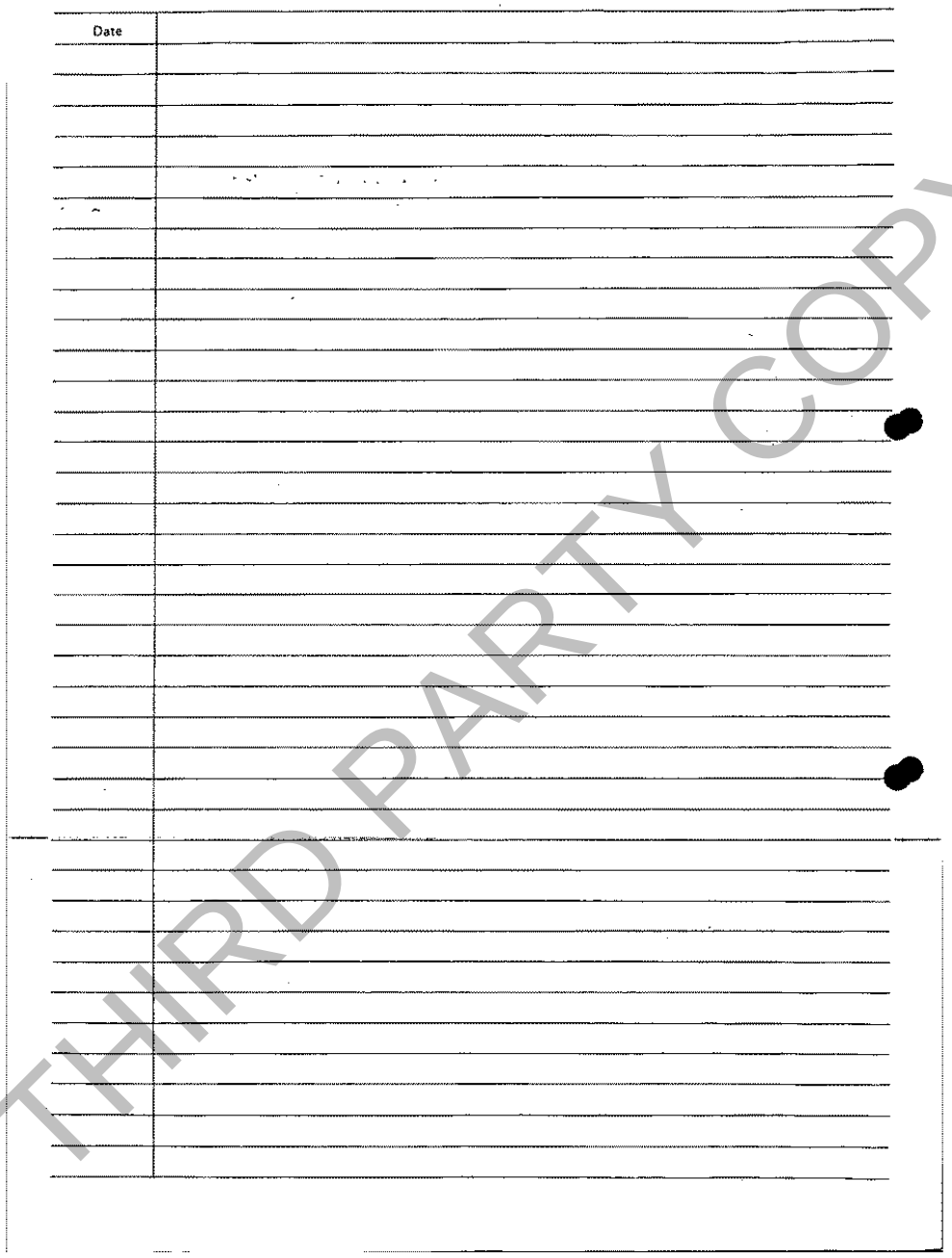
Date	
1976	neck exploration – reactive lymph nodes
1983	(L) orchidopexy
1984	damage (R) ulnar digital nerve
1990	laceration (R) hand
1991	anxiety / insomnia
1997	drug addict – receiving treatment
98	METHADONE TREATMENT CONTINUES
2/98	HEROIN RELAPSE AFTER LOSING JOB
3/2000	NIL TO DATE 3/2000

Form GP111G

Od 8178035 500M 4/89 Ed(267575)

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National Health Service Number

NURSES AND HEALTH VISITORS RECORDS

Surname (Block Letters): O' Rourke

Forenames (Block Letters): Alex

Address: Blackstown Oval.

Date of Birth: 4/12/70

Date	
10/6/97	Cancelled apt
11/6/97	FBC/ESR/ANF/RF checked
3d/4m	DNA
15/07/03	Blood for H-Pylori. EKH

FORM GP111M 355—2101

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Date	

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Printed by HMSO Scotland Dd 8392000 4/96 (124443)

NHS Confidential: Personal data about a patient

National Health Service Number: 5573\70\2195

IMMUNISATIONS AND SCREENING INVESTIGATIONS

Surname (Block Letters): O'ROURKE

Forenames (Block Letters): ALEXANDER

Address: 7 MIDDLETON CRESCENT

Date of Birth: 4.12.70

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox
1								
2								
3								
Boost			23.11.84					
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)(Q3)

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SCREENING INVESTIGATIONS Continued from overleaf

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

Other Procedures

Date		Date		Date	

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Filename: iGPRDA_495.pdf
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Pages:

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ROYAL ALEXANDRA INFIRMARY – ACCIDENT & EMERGENCY 165/983 PATIENT LABEL

SURNAME (BLOCK LETTERS) O'ROURKE
FORENAMES ALEXANDER
ADDRESS H. KNOCK AVE PAISLEY

AGE 13
D.O.B. 4.12.70
SEX M
MARITAL STATUS S
RELIGION C

TYPE OF INJURY
1. Home
2. Work
3. RTA
4. Recreation
5. Assault
6. Other

35616

FIRST ATTENDANCE
DATE 23/11/84
TIME 3.50 pm

NEXT OF KIN

GENERAL PRACTITIONER

TYPE OF INJURY R/HAND

DATE OF INJURY 23/11/84

IF ROAD TRAFFIC ACCIDENT – DRIVER'S NAME & ADDRESS

LOCATION OF ACCIDENT

CLINICAL HISTORY

Deep Cut from Hyalinon container to [illegible] portion of Rt. dig. 1st. hand knife

Deep cut bleeding freely

Flexor & Ext. ten. Nn. & aa. of ulnar side divided

left ulnar digital aspect of dig.

On physical examination

1. Wound sutured & sterile Sx 3/0 silk = 4 sutures OK
2. Tetanus booster
3. Return in 5 or 10 days to Dr Findlay

[illegible] ulnar digital nerve [illegible]
[illegible] the remaining
[illegible]

4.12.84. Stitches out. The ulnar digital nerve of the right ring finger is to be left alone after discussion with Mr. O'Rourke.
Discharged.

JAMES A. FINDLAY (MR).

SIGNATURE:

DISPOSAL

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TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor IP Date 3/11/02

This patient attended Accident & Emergency Department today.

Diagnosis: ① broken (R) big toe

② traumatic decreased keratin (R)

X-Ray / ECG shows: comminuted # terminal phalanx

Treatment given: hooded cast + analgesia

NSAID + sling

DRUGS

3 days supply of Cocodamol/Ibuprofen has been given

TT Booster .....HATI .....(please tick)

Tetanus Prophylaxis has / has not been administered.

Patient Details:

047544/02
O'ROURKE ALEXANDER
118 FERGUSLIE MAIN RD
PAISLEY

NONE
04/12/1970 MALE

Would you please arrange:

to prescribe ibuprofen for [redacted]

RECEIVED 5 NOV 2002

DISPOSAL (please tick) 1

G.P.	☑	Admit Ward No.	☐	Died in Dept.	☐
No Follow up	☐	Transfer to Other Hospital	☐	D.O.A.	☐
Return to A & E Clinic	☐	Fracture Clinic	☐	Irregular Discharge	☐
Return to A & E Clinic (if necessary)	☐	Other Clinic	☐	Did not Wait	☐

Medical Officer's Name (in BLOCK CAPITALS) HARYOEN

Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)

CODE 125

Signature of Medical Officer [signature]

ROYAL ALEXANDRA HOSPITAL NHS TRUST ACCIDENT & EMERGENCY DEPT. Corsebar Road, PAISLEY PA2 9PN Tel. No: 0141 887 9111

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TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

014008/03
OROURKE ALEXANDER
118 MAIN ROAD
FERGUSLIE
PAISLEY
PA12XD
04/12/1970 MALE

Dear Doctor IP Date 6.4.3

This patient attended Accident & Emergency Department today.

Diagnosis: Bento-Urinary infection

X-RAY Film / ECG shows:

Would you please arrange: 7 4 2003

Treatment given: Advised to attend G.U.M Clinic at Russell Institute tomorrow.

DRUGS

5 days supply of Augmentin 375mg T.D.S has been given

TT Booster .....HATI .....(please tick)

Tetanus Prophylaxis has / has not been administered.

DISPOSAL (please tick)

G.P.	☐	Admit Ward No.		Died in Dept.	☐
No Follow up	☑	Transfer to Other Hospital	☐	D.O.A.	☐
Return to A & E Clinic	☐	Fracture Clinic	☐	Irregular Discharge	☐
Return to A & E Clinic (if necessary)	☐	Other Clinic	☐	Did not Wait	☐

Medical Officer's Name (in BLOCK CAPITALS) HANIF

CODE

Signature of Medical Officer M. Hanif

Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)

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TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor Date 27/12/02

This patient attended Accident & Emergency Department today.

Diagnosis: dg laceration right hand

X-RAY Film / ECG shows:

Treatment given: cleaned + dressed

Rx delayed 1° closure Lt hand

055530/02
O'ROURKE ALEXANDER
118 FERGUSLIE MAIN ROAD
PAISLEY

04/12/1970 MALE

Would you please arrange:

DRUGS

..... days supply of ..... has been given

TT Booster ..... (please tick)

Tetanus Prophylaxis ..... (if not) been administered

NORMAL		GW	
NO ACTION		CM	
REPEAT PRESCRIPTION		WW	
		WK	
APPOINTMENT			
CASE NOTES TO DR			
SUMMARY			

RECEIVED 3 0 DEC 2002

DISPOSAL (please tick)

G.P.	☐	Admit Ward No.	☐	Died in Dept.	☐
No Follow up	☐	Transfer to Other Hospital	☐	D.O.A.	☐
Return to A & E Clinic 4/52	☑	Fracture Clinic	☐	Irregular Discharge	☐
Return to A & E Clinic (if necessary)	☐	Other Clinic	☐	Did not Wait	☐

Medical Officer's Name (in BLOCK CAPITALS) THOMAS

Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)

CODE 135

Signature of Medical Officer

ROYAL ALEXANDRA HOSPITAL NHS TRUST ACCIDENT & EMERGENCY DEPT. Corsebar Road, PAISLEY PA2 9PN Tel. No: 0141 887 9111

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Renfrewshire & Inverclyde
Primary Care NHS Trust

NHS
Argyll
& Clyde

Renfrewshire Drug Service
10 St. James Street
PAISLEY PA3 2HT

Telephone: 0141 889 1223
Fax: 0141 848 9776

Date: 17 June, 2003
Our Ref: MC/NC

PRIVATE AND CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY
PA1 2PS

Dear Dr Ip

RE: ALEXANDER O'ROURKE DOB 04.12.70
118 FERGUSLIE MAIN ROAD PAISLEY PA1 2XP

Mr O'Rourke has been attending Renfrewshire Drug Service since our last letter in February of this year he has been compliant with appointments and has been receiving between 30 and 35 mls of Methadone a day. In the last few weeks he has only occasionally smoked some Heroin. He has been busy attending to DIY in the house as well as attending a sports centre with a friend who has been keeping him "straight". We discussed some sexual dysfunction and were querying whether a prescription of Viagra may help. I advised him to contact yourself regarding this.

When I reviewed him at the outpatient clinic on 27 May 2003 he appeared slightly elated. He has been drinking more in the last week and relates this to the recent football events. He has also developed some gastritis. However he continues to deny using any further illicit substances other than up to 1/2 oz of hash per night.

I discussed his case with his Key Worker. We discussed the risks of using alcohol and Methadone together and encouraged him to reduce his alcohol intake. He certainly did not appear to have an alcohol dependent syndrome but he himself was aware that he could end up substituting alcohol for Heroin. Mr O'Rourke was requesting reduction in his Methadone by 5 mls. However, it was felt that he should see how he gets on this week with a reduction in his alcohol level before dropping his Methadone. I shall continue to review him on a weekly basis at this stage and I shall keep you updated on any major developments.

Yours sincerely

Dr. Malcolm Cameron
Specialist Registrar

Dr Charles McMahon
Consultant Psychiatrist

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Renfrewshire & Inverclyde
Primary Care NHS Trust

NHS
Argyll
& Clyde

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

Date 29.May.2003

PRIVATE AND CONFIDENTIAL

Dr. Ip
The Surgery
15 King Street
PAISLEY PA1 2PS

Dear Dr. Ip

Alexander O'Rourke (d.o.b. 04.12.70) 118 Fergusiie Main Road, Paisley PA1 2XP

Mr. O'Rourke has been attending the Renfrewshire Drug Service since our last letter in February of this year. He has been compliant with appointments and has been receiving between 30 and 35 mls. of Methadone daily. In the last few weeks he has occasionally smoked some Heroin. He has been busy attending to DIY in the house as well as attending a sports centre with a friend, who has been "keeping him straight". He discussed some sexual dysfunction and was querying whether a prescription of Viagra may help. I advised him to contact you regarding this.

When I reviewed him at the outpatient clinic on 27.05.2003 he appeared slightly elated. He has been drinking more in the last week and relates this to the recent football events. He has also developed some gastritis. However, he continues to deny using any further illicit substances other than up to ½ ounce of hash per night.

PLAN

I discussed his case with his keyworker. We discussed the risks of using alcohol and Methadone together and encouraged him to reduce his alcohol intake. He certainly did not appear to have an alcohol dependent syndrome, but he himself was aware that he could end up substituting alcohol for Heroin. Mr. O'Rourke was requesting a reduction in his Methadone by 5 mls. However, it was felt that he should see how he gets on this week with the reduction in his alcohol level before dropping his Methadone. I shall continue to review him on a weekly basis at this stage and I shall keep you updated on any major developments.

Yours sincerely

Dr. Malcolm Cameron
Specialist Registrar

Dr. C. McMahon
Consultant Psychiatrist

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NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

NHS
Argyll & Clyde

Renfrewshire Drug Service
10 St. James Street
PAISLEY PA3 2HT

Telephone: 0141 889 1223
Fax: 0141 848 9776

14 FEB 2003

Date: 12 February, 2003

PRIVATE AND CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY PA1 2PS

Dear Dr Ip

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I eventually saw Alex at the Drug Clinic on 04.02.2003. As you are aware, Alex was in treatment with us last year and was seeing Dr. Haigh. Very poor attendance and ongoing drug misuse punctuated his last few months in treatment and he was detoxified from his Methadone. He seems to have persuaded to start him back on Methadone prior to Christmas and reports that he has done very well. He has persistently again failed to attend here to leave urine samples and I am sure he is continuing to use Heroin despite his protestations of abstinence. I have taken over his prescription from today and will arrange some systematic support and follow up. I will let you know how things progress.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

[illegible]		GY	
[illegible]		CM	
[illegible]		WW	
[illegible]		WK	
APPOINTMENT		JI	✓
CASE NOTES TO DR		DMcF	
SUMMARY		REGIS	

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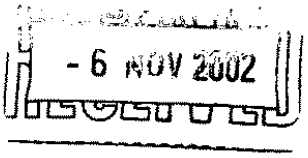
Royal Alexandra Hospital
ARGYLL AND CLYDE ACUTE HOSPITALS NHS TRUST

ORTHOPAEDIC DEPARTMENT

Corsebar Road
PAISLEY
PA2 9PN
Tele: 0141-887-9111
Fax: 0141-887-6701

CONSULTANT	**GILLIES AVISON**
E-MAIL	**GILLIES.AVISON@RAH.SCOT.NHS.UK**
STAFF ORTHO. SURGEON	**M. H. DURRANI**
DIRECT LINE	**0141 580 4500**
FAX NO	**0141 580 4898**
SECRETARY	**MRS J. WATSON**
E-MAIL	**JANET.WATSON@RAH.SCOT.NHS.UK**

Ref: GA/JW/165288



Date: 4 November 2002
Clinic: 4 November 2002

Dr Ip
15 King Street
PAISLEY

Dear Dr Ip

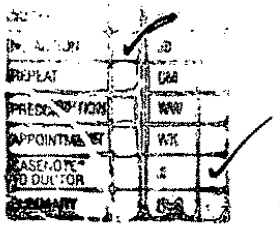
Alexander O'Rourke DOB 04.12.70
118 Ferguslie Main Road PAISLEY

Diagnosis Comminuted fracture distal phalanx right big toe
Olecranon bursitis right elbow

This 31-year-old chap was moving a concrete step at this mother's house when the step fell on his great toe. He has undisplaced but comminuted fracture of his big toe. The toe is very swollen and bruised but he is managing to mobilise in a below knee backslab with a toe extension. I think he should continue with below knee walking cast and we will see him back in 2 weeks. I have told him to return sooner if the pain increases or there are any signs of infection.

Yours sincerely

Gillies Avison ***FRCS (Orth)***
Consultant Orthopaedic Surgeon



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2 MAR 2004

NHS
Argyll
& Clyde

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

Date: 15 March 2004
Our Ref AG/NC

PRIVATE AND CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY

Dear Dr Ip

RE: ALEXANDER O'ROURKE DOB 04.12.70
118 FERGUSLIE MAIN ROAD PAISLEY PA1 2XP

Alex once more failed to attend his appointment with me. He has also failed to attend his last 2 appointments with his Key Worker and he has not been seen by a Doctor since the 13 January 2004. His Key Worker states that his chemist attendance has been extremely erratic and he was last seen at his chemist 4 days ago. In these circumstances the risks of ongoing Methadone treatment outweigh the benefits and he has therefore been discharged.

Yours sincerely

Dr. Andrew Gibson — **G.P. Consultant**

Dr Charles McMahon — **Consultant Psychiatrist**

cc. David Hamilton

NORMAL		GW	
N[illegible]ON		CM	
R[illegible]AT		[illegible]W	
PR[illegible]CRIPTION		[illegible]	
API[illegible]		JI	
CASE[illegible]		[illegible]	
SUMMARY		REGIS	

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date: 04 February 2004
Our Ref AG/NC

PRIVATE AND CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY

Dear Dr Ip

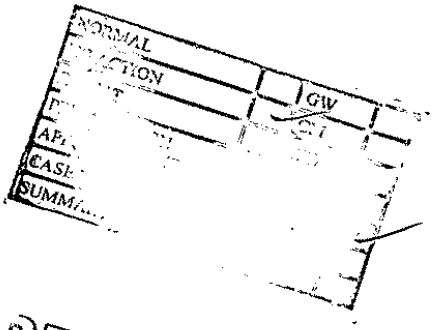
RE: ALEXANDER O'ROURKE DOB 04.12.70
118 FERGUSLIE MAIN ROAD PAISLEY PA1 2XP

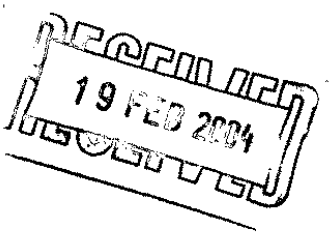
Alex failed to attend his appointment with me this afternoon and will be offered one further appointment in due course.

Yours sincerely

Dr. Andrew Gibson
G.P. Consultant

Dr Charles McMahon
Consultant Psychiatrist





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ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY PA2 9PN
TEL: 0141-887 9111

ACCIDENT/EMERGENCY FORM

AE No. C/

HOSPITAL No:

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	O'ROURKE	ALEXANDER	33	04/12/1970	14/02/04	10:20	006926/04

Address	Sex	Religion	Date of Inc	Time
118 FERGUSLIE MAIN RD PAISLEY	MALE		14/02/04	-

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
MARRIED		OTHER	WALKING/OTHER

PC	Tel
PA1 2XB	NA

GP	Name	Address	Referred by
	IP	15 KING STREET PAISLEY PA1 2PS	POLICE REFERRAL

NEXT OF KIN	Name	Address	Complaint
	NOT STATED		COUGHING-BLOOD EXAM

Relat.

Tel No.

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor.

The above-named patient attended Accident & Emergency Department today.

Diagnosis

X-Ray film/ECG shows

Treatment given

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle

1. Discharge Home
2. Refer to G.P.
3. Irregular Discharge
4. Did not Wait
5. Ret A/E as advised
6. Ret A/E as necessary
7. Fracture Clinic
8. Refer to O.P. Clinic (see below)
9. Social Worker
10. Admit Ward (see below)
11. Trans. other Hospital (see below)
12. Died in dept.
13. Dead on Arrival

Ward No. (if admitted)	Trans. to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (in Block Letters)

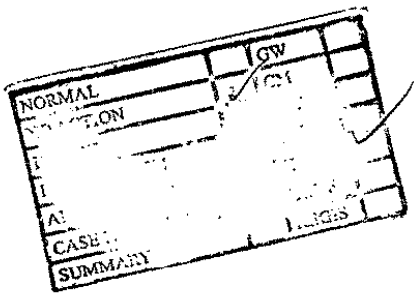
CODE

Signature of Medical Officer

Cons SR Reg SHO/JHO Clin Assist

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



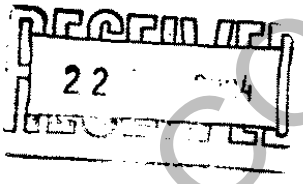
NHS
Argyll & Clyde

Renfrewshire Drug Service
10 St. James Street
PAISLEY PA3 2HT

Telephone: 0141 889 1223
Fax: 0141 848 9776

Dictated: 13 January 2004
Typed: 15 January 2004

Date: 16 January, 2004
Our Ref: MC/NC



PRIVATE AND CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY

Dear Dr Ip

RE: ALEXANDER O'ROURKE DOB 04.12.70
118 FERGUSLIE MAIN ROAD PAISLEY PA1 2XP

The above patient continues to attend the Drug Service for substitute prescription of Methadone for his opiate dependence syndrome. Since my last letter in June 2003 there has been mixed fortunes. He continued to do well in June and July to the extent that he was pushing for a reduction in his Methadone with a view to coming off it completely. He had been abstinent from Heroin but from the odd slip up. He had been attending the gym regularly but had been prone to drinking more substantially since Heroin was out of the picture.

Unfortunately when I met with him on the 23 September 2003 he had stated he had relapsed during the last week to 10 days and was back to smoking 2 bags of Heroin per day. He admitted that he was too confident in coming off the Methadone and also turned down using a blocker. He was recommenced on Methadone 20 mls. Over the last few months he has continued to struggle using Heroin up to 3 – 4 bags per day during November. He started to reduce his intake over December and when I last saw him in January he stated that he had been off Heroin for the last couple of days. He has just started back to the gym and feels quite positive that he will not make the same mistakes as last time.

I have commenced him on a prescription of 60 mls of Methadone at present. He is due to see Dr Gibson on the 29 January 2004. I am sure that Dr Gibson will keep you updated on his progress.

Yours sincerely

Dr. Malcolm Cameron
Specialist Registrar

Dr Charles McMahon
Consultant Psychiatrist

THIRD PARTY COPY

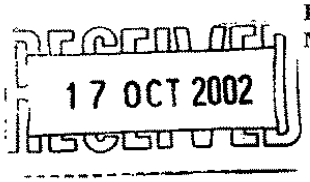
NHS Confidential: Personal data about a patient

Royal Alexandra Hospital
ARGYLL AND CLYDE ACUTE HOSPITALS NHS TRUST

Corsebar Road
PAISLEY
PA2 9PN
Tele: 0141-887-9111
Fax: 0141-887-6701

PATIENT SERVICES DEPARTMENT

Patient Services Manager:
M Martin



If telephoning please ask for:
Miss Martin - Ext 4483

Dear Doctor

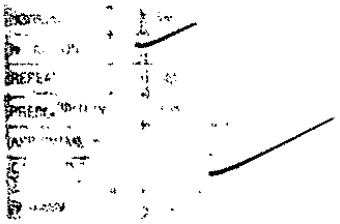
Your patient: ALEXANDER O'ROURKE 4/12/70
118 FERGUSLIE MAIN RD, PAISLEY.

failed to attend the Asthma clinic on
14/10/02

We will not send a further appointment to your patient unless you request us to do so.

Yours sincerely

PATIENT SERVICES MANAGER



F:\home\MCCORF\WINWORD\GENERAL\DNALET.DOC

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Argyll and Clyde Acute Hospitals NHS Trust
MEDICAL DIRECTORATE
CONSULTANT: DR A J DORWARD

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN

NHS
Argyll & Clyde

Dr John Ip
The Surgery
15 King Street
PAISLEY
PA1 2PS

RECEIVED
- 1 OCT 2002

Date: 25 September 2002
Dictated: 24 September 2002
Ref: AJD/CMC/165288

Direct ☎: 0141-580-4363
Fax: 0141-889-5844

Dear Dr Ip

ALEXANDER O'ROURKE - 04/12/70
118 Ferguslie Main Road, Paisley PA1 2XP

ADMITTED: 21.09.02
DISCHARGED: 21.09.02
SOURCE: CASUALTY REFERRAL
DIAGNOSIS: PROBABLE ASTHMA

This 31-year-old unemployed heroin and cigarette smoker developed left side localised pain on inspiration for weeks, probably musculoskeletal. He had also been wheezy for 6 weeks and was worse on the night of admission. He has no past history of asthma.

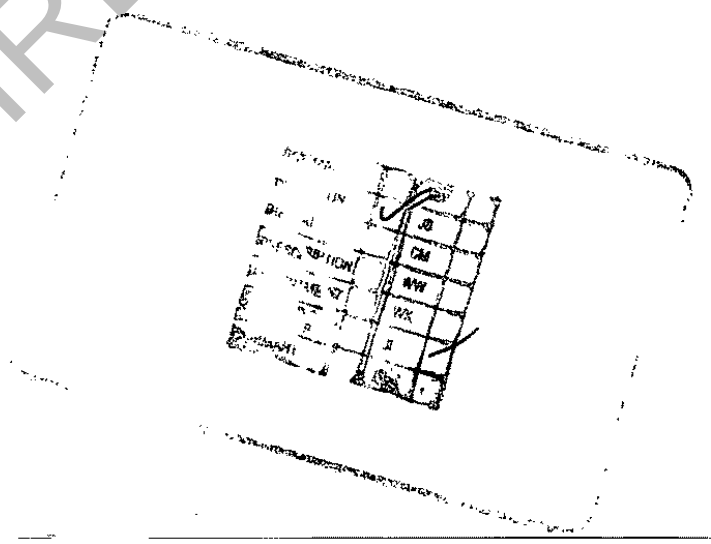
He was thin, slightly unkempt and wheezy. There was no localised tenderness.

Chest X-ray was normal. Peak flow was only 400. ECG was normal.

We felt it was likely that this was asthma. Therefore we gave him Becotide 100 2 puffs b.d. as well as Ventolin. It may of course be a direct pulmonary toxicity from the inhaled heroin vapour. Side-effects of heroin include exacerbation of asthma which can result in acute severe asthma, the induction of asthma as a new diagnosis related to heroin-induced bronchospasm and pulmonary infiltrates associated with eosinophilia. In any case, he has a long history of substance abuse. We explained to him the importance of cutting down his smoking and we will review him again at the Asthma Clinic in due course.

Yours sincerely

A J DORWARD
Consultant Physician



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

About your patient – continued

Your reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

23/9/02

2 Diagnosis of all relevant conditions and date(s) of onset.

Heroin use.

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:

- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Presently - recently relapsed back to heroin
I've started on Subutex + DHC + diazepam
Was keen for methadone
Stated that he is presently "in work" (!!)
Motivated, wanted to keep his job and
keen to get off heroin.

Outlook - dependant on patient and if he
is keen to get clean.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IB113-DLS

Office stamp

SOCIAL SECURITY
3 LOMOND
PAISLEY
RENFREWSHIRE
PA1 1SS

Incapacity for work

DR IP
THE SURGERY
KING ST
PAISLEY
PA1 2PS

Our phone number is
Code 0141 Number 847 Ext 4025

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number
NW 46 33 89 B

Date
19/09/02

About your patient

Surname O'ROURKE
Other names ALEXANDER
NI number NW 46 33 89 B
Date of birth 04/12/70

Address C/O GRIEVE
22 NETHERHILL CRESCENT
PAISLEY
Postcode PA3 4RZ

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the Benefits Agency decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners.*

sent 20/9/02

Thank you for your help.

Yours sincerely

On behalf of the Manager
For the Medical Officer

PRINCIPAL OFFICER
23 SEP 2002
benefits agency
An Executive Agency of the Department of Social Security

For official use	
DO	Ref type
1511	IB113CM
First day of incapacity	
13/09/01	

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

N/A

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Nil

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Nil

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature JIP

Name Dr JOHN IP

Date 26 / 02 / 02

Doctor's stamp

Dr JOHN IP
15 King Street
Paisley
PA1 2PS
Tel: 0141 889 3141

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Argyll and Clyde Health Board

IMMEDIATE DISCHARGE LETTER AND PRESCRIPTION FORM

HOSPITAL RAH.
Ward 14
Consultant DURHAM
Date of Discharge 21/9/02.
G.P.
G.P. Tel. No.

PATIEN
Patient 165288
Home A O'ROURKE, ALEXANDER
458 DARKWOOD CRESC
PAISLEY
04/12/1970
Age
WARD: CONS:
TIME: DATE:
Unit No.

X TO ALL COPIES

Medicine (inc. form of preparation e.g. tablets)	Dose	Times of Administration	Quantity supplied by Pharmacy	* Continuation of Treatment from date of discharge (see below)
AMOXICILLIN	500mg	✓ ✓ ✓	14x 500mg Supplied	21/9/02.
BECOTIDE 100 micrgs	2 puffs	✓ ✓		
VENTOLIN	2 puffs	Prn		
DF 118	60ml	4-6 hrly	240mg	
DIAZEPAM	10mg	Prn	30mg	

Drug Sensitivity
NIL KNOWN.

A 7 days supply has been dispensed
Pharmacist JHO Date Dispensed

MEDICINES DISCONTINUED (with reasons)
~~Asthma~~

DIAGNOSIS (if appropriate)
? Asthma.

*** CONTINUATION OF TREATMENT**
It is important to state in this column
(a) The number of days for which treatment should be continued from DATE OF DISCHARGE.
(b) If treatment is to be for indefinite period mark "indefinite."
(c) If treatment is to be intermittent or irregular, mark "SEE COMMENTS BELOW," and give full details in the Comments space.

OTHER TREATMENT and COMMENTS (including details of dressings etc.)

FOLLOW UP
Clinic: Date ..... / Appointment to follow
G.P.: If needed / ....6..... weeks ..... months
A FULL LETTER WILL FOLLOW ✓

PRESCRIBER'S SIGNATURE
PRESCRIBER'S NAME (IN BLOCK LETTERS)
DATE: 21/9/02

RETAIN WHITE COPY IN PHARMACY

A4N30003 2.93

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NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

NHS
Argyll
& Clyde

Renfrewshire Drug Service,
10 St. James Street,
Paisley,
PA3 2HT.

0141 889 1223
Fax 0141 848 9776

Our ref.: JH/IP

Date: July 26, 2002

Dictated: 19.7.02
Typed: 26.7.02

PRIVATE & CONFIDENTIAL
Dr. Kirkwood,
The Surgery,
15 King Street,
Paisley,
PA1 2PS.

Dear Dr. Kirkwood,

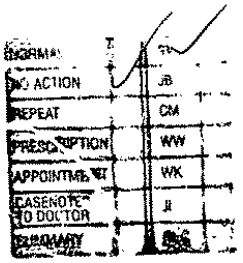
Alexander O'Rourke, dob 4.12.70, 118 Ferguslie Main Road, Paisley PA1 2XP.

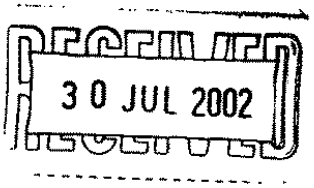
I saw this patient at the Drug Clinic on 19.7.02. He has significantly reduced his heroin use since last seen and is now smoking £20 worth a day. He has had no benzodiazepines or Crack in the last week. He is back living in the family home and back working casually laying pipes. He looked improved today and is keen to be stabilised on Methadone once more. I have therefore introduced Methadone 25mgs daily. He will be reviewed in one week's time.

Yours sincerely,

Dr. Jackie Haigh
Staff Grade

Dictated by Dr. Haigh and signed in her absence.





C:\DATA\WORD\MISCELL\DRUG.O'ROURKE.19.07L.DOC

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

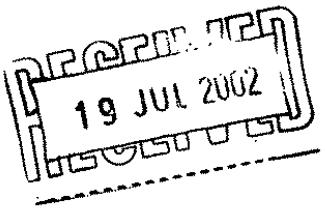
Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date: 17 July 2002
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS



Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I reviewed this patient at the Drug Clinic on 09.07.2002. Unfortunately he tells me that his father died a month ago and since then he has relapsed onto Heroin. He was smoking £20 worth a day but says that over the last week his use has escalated and he has been smoking £40 worth a day while using 10-20 Diazepam a day and Crack. He stopped collecting his Methadone three days ago, as he was aware of the dangers of using excessively on top. He is naturally very grief stricken by the death of his father who has left him £5000. Alex admits that he has spent £1000 of this on drugs already.

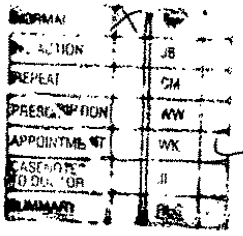
He was very distressed today, claiming that his wife threw him out the house yesterday and he is now staying with his sister. He was previously doing extremely well in treatment and holding down a job, but now he is off sick.

I feel that Alex has done well in treatment and I discussed with him the fact that he defaulted and relapsed and did not attend for support. He feels that he is now ready to stabilise again and I am happy to give him another opportunity to do this. I have not arranged any further prescriptions for Alex at this stage, but have advised him to minimise his drug use over the next week and to attend his counsellor. I shall review him on 19.07.2002 and if he seems motivated and more stable, I will re-introduce his Methadone. We will let you know how things progress.

Yours sincerely,

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date: 09 April 2002
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS

[redacted]

Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I reviewed this patient at the Drug Clinic on 02.04.2002. He managed to secure a job working in Mackays warehouse, but resigned after one week, as he did not like the job and the fact that all his colleagues were female. He admits to smoking £10 worth of Heroin each morning for that week as he could not get to the chemist before work, but since he resigned a month ago, he has had no illicit drugs apart from Cannabis. Propanolol did not help his tremor and he has stopped complying.

Alex is motivated to start his detoxification and we have arranged to reduce his Methadone by 5 mgs. a month. I shall review him in one month's time and we will let you know how things progress.

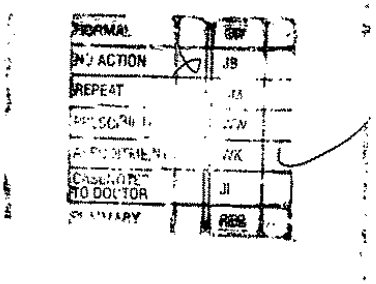
[redacted]

Yours sincerely,

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist

RECEIVED
15 APR 2002



THIRD PARTY COPY

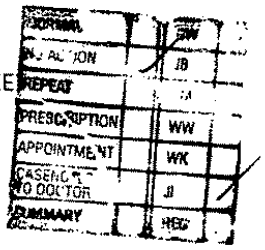
NHS Confidential: Personal data about a patient

agency

of the Department of Social Security.

Your reference is NW463389B
Please tell us this number
if you get in touch with us

DR J IP
THE SURGERY
15 KING STREET
PAISLEY
PA1 2PS



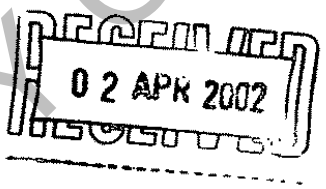
Renfrew
2 Lonend
Paisley
Renfrewshire
PA1 1SS

Phone 0141 8474000
TEXTPHONE for the deaf/hard of hearing ONLY 0141 8474061

Date 26/03/2002
FOR MR ALEXANDER O'ROURKE

INFORMATION ABOUT YOUR PATIENT

Name MR ALEXANDER O'ROURKE



Address C/O GRIEVE
22 NETHERHILL CRESCENT
PAISLEY
PA3 4RZ

Payment of Incapacity Benefits and award of National Insurance Credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Benefits Agency office. It is also published on the DSS website at www.dss.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

3311/0330 Page 01 of 01

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

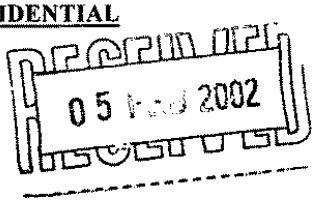
Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date 28 January 2002
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS



Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

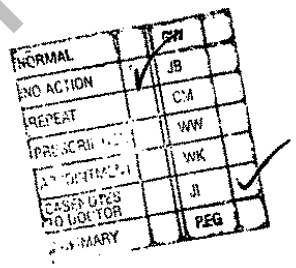
I reviewed this patient at the Drug Clinic on 25.01.2002. He has felt well since his last Methadone increase. He admits to smoking £10 worth of Heroin on one occasion nine days ago, after vomiting his Methadone, but otherwise denies using illicit drugs apart from Cannabis. He recently had a job interview at Mackays warehouse and feels that he has been successful, although this has not been confirmed. He complains of long-standing generalised tremulousness, which is continuous although worse when he is anxious.

In terms of his prescription, I have arranged to continue Methadone Sugar Free Mixture 55 mgs. daily. I have also added Propanolol 10 mgs. tid for his tremulousness. He will continue to attend his keyworker for ongoing support and I shall review him in one month's time.

Yours sincerely,

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date 20 December 2001
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
[redacted]
The Surgery
15 King Street
PAISLEY PA1 2PS

Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I reviewed this patient at the Drug Clinic on 03.12.2001. Alex had been reviewed by his keyworker on 26.11.2001 at which point he had managed to reduce his Heroin intake to £20 worth per day. His Methadone was therefore increased to 40 mgs. daily. When I saw him today he was feeling much improved. He has managed to further curtail his Heroin intake, although is still smoking £20 worth per day. He denies using illicit Benzodiazepines although feels that his Cannabis use has increased.

Alex remains motivated to stabilise on his script. I have therefore increased his Methadone to 45 mgs. daily and tail off the last of his Diazepam. He will be reviewed in two week's time.

[redacted]

Yours sincerely,

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist

NORMAL	GW
NO ACTION	JB
REPEAT	CM
SCRIPT	WW
CONTACT	WK
CASENOTES TO DOCTOR	JI
SUMMARY	REG

RECEIVED
09 JAN 2002

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NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

NHS
Argyll
& Clyde

Date 27 December 2001
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

[redacted]
Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS

Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I reviewed this patient at the Drug Clinic on 17.12.2001. He has still not stabilised on his script and is smoking £10 worth of Heroin per day. He denies using other illicit drugs however. I have therefore arranged a final increase in his Methadone to 55 mgs. daily on the understanding that he stops using altogether. He will be reviewed in ten day's time.

Yours sincerely,

[redacted]

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist

RECEIVED
09 JAN 2002

NORMAL	GW
NO ACTION	JB
REPEAT	CM
PRESCRIPTION	WW
	WK
CASENOTES TO DOCTOR	JI
SUMMARY	REG

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Thursday pay day

Office stamp

THE BENEFIT AGENCY
2 LONEND
PAISLEY
PA1 1SS
0141 847 4000

Posted 14/12

IB113-DLS

Incapacity for work

Dr IP
THE SURGERY
15 KING ST
PAISLEY
PA1 2PS

Our phone number is
Code 0141 Number 847 Ext 4025
If you have textphone, you can call on
Code Number
If you get in touch with us, tell us this reference number
NW463384B
Date
12 / 12 / 01

About your patient

Surname O'ROURKE
Other names ALEXANDER
NI number NW 46 33 84 B
Date of birth 4 12 70

Address c/o
2 LONEND
PAISLEY
Postcode PA1 1SS

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the Benefits Agency decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners.*

Thank you for your help.

Yours sincerely

D Hughes

On behalf of the Manager
For the Medical Officer

benefits agency — An Executive Agency of the Department of Social Security

For official use

DO	Ref type
1511	IBIBM

First day of incapacity
13 / 9 / 01

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

About your patient – continued

Your reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

13/12/01

2 Diagnosis of all relevant conditions and date(s) of onset.

1991 anxiety/insomnia

1997 heroin addiction

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Patient currently on methadone programme prescribed by Dr McClahan of the Renfrewshire Substance Abuse Resource 889 1223. He is also on diazepam 20mg daily but this will be reduced & stopped. There does not appear to be any mental health issues at present

– outlook guarded. Anxious personality. Has been unable to give up drugs in the past. Would probably benefit from the right kind of work – has worked in the past

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

not known

5 **Any other information.**

- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

— none

— none

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

— none

— none

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr W S Kirkwood

Date 13 / 12 / 01

Doctor's stamp
Dr W KIRKWOOD
15 KING STREET
PAISLEY
TEL: 0141 889 3144

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Renfrewshire & Inverclyde
Primary Care NHS Trust

NHS
Argyll
& Clyde

Renfrewshire Drug Service
20 Back Sneddon Street
Paisley
PA3 2DJ
Telephone 0141 889 1223
Fax 0141-848-9776

Date 03 December 2001
Our ref: JH/DC

PRIVATE AND CONFIDENTIAL

NORMAL		GW	
NO ACTION		JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		WK	
SPEAK TO DR		JI	
SUMMARY		REG	

RECEIVED
12 DEC 2001

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS.

Dear Dr Kirkwood

Alexander O'Rourke (d.o.b. 04.12.70) 118 Ferguslie Main Road, Paisley PA1 2XP

I saw this patient at the Drug Clinic on 19.11.2001. He is a 30-year-old man with a long history of polydrug abuse who has been using Heroin for around five years. He attended here in 1998 and was on Methadone; however, he ended up in custody. He has since served three prison sentences for contempt of court, house breaking and driving while disqualified. He has used Heroin on and off over the years, but has had drug free periods while in custody. His last sentence was for sixteen months and he was liberated this July. He admits to dabbling with Heroin while in prison, but his Heroin use increased significantly in May of this year when he was transferred to Barlinnie. Since liberation he has been smoking £40-£60 worth per day and using occasional crack. He has never injected.

I understand that you prescribe Dihydrocodeine 6x30 mgs. and Diazepam 6x10 mgs. daily in August and this has been reduced to 4x30 mgs. of Dihydrocodeine and 30 mgs. of Diazepam. Alex admits to selling his Diazepam script in order to buy Heroin, but as he has started dealing in Heroin over the past fortnight, he has been complying with his Diazepam prescription although admits that it causes drowsiness.

He lives with his wife of seven years duration and their twenty-month-old daughter. His wife is non drug using. Alex has no pending court cases at present and is actively seeking employment.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Alex O'Rourke
03.12.2001

I have arranged to prescribe Methadone Sugar Free Mixture 30 mgs. daily and his Dihydrocodeine has been stopped. I have reduced his Diazepam to 20 mgs. daily and will tail this off fairly quickly. Alex has been advised to attend his keyworker on a regular basis and we will let you know how things progress.

Yours sincerely,

Dr Jacqueline Haigh
Staff Grade

Dr Charles McMahon
Consultant Psychiatrist

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RSAR 30.10.01 0 4 1 2 7 0 3 2 9 7
SUBSTANCE ABUSE HAIGH

O'ROURKE
ALEXANDER
118 FERGUSLIE MAIN ROAD 04.12.70
PAISLEY
PA1 2XP 887 0942

RAH
1983 165288

DR. JOHN IP
15 KING STREET
PAISLEY

0141 889 3144

87490

You may remember this chap who is a 30year old man who has a heroin habit. I spoke to you about him on the telephone on the 30th of August and you advised at that point to give him a break from treatment and see how he went. Prior to that he was getting Diazepam and Dihydrocodeine from ourselves.

In the interim he has been treated by myself at the surgery here and I have been giving him a prescription for Dihydrocodeine 30mgs 4tabs daily, dispensed daily, and Diazepam 10mgs 4tabs daily, dispense daily. I understand that he has been attending his key worker at the RSAR and that you are due to see him soon.

This letter is really just to up date you on what has been going on with Mr. O'Rourke and I hope he will be seen in the near future with possibly a view to being on Methadone.

Yours sincerely,

Dr. John Ip.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY
AUSPICE CÆLO
HOSPITALS
Part of The North Glasgow University Hospitals NHS Trust

Canniesburn Hospital
Switchback Road
Bearsden
Glasgow G61 1QL

Switchboard: 0141 211 5600
Fax Number: 0141-211 5652
Direct Dial 0141 211 5758
Dept Phone No. 0141-211 5750

RECEIVED
17 AUG 2001

PMF/STM

ORAL & MAXILLOFACIAL SURGERY SERVICE
CONSULTANT: MR GA WOOD

Clinic: 07 08 2001
Typed: 14 08 2001

RECEIVED
17 AUG 2001

[redacted]r Kirkwood
[redacted]eneral Practitioner
15 King Street
PAISLEY
PA1 2PS

Dear Dr Kirkwood

ALEXANDER O'ROURKE DOB 04 12 1970 UNIT NO 244310

An appointment was scheduled for this patient to have the retained root in his upper left quadrant removed for 26 July 2001, which he did not attend. No further appointments have been arranged. We would be happy to organise another appointment should he contact us.

Kind regards.

Yours sincerely

[redacted]

Mrs Patricia M Finlay
Associate Specialist in Oral & Maxillofacial Surgery

NORMAL	✓	GW
NO ACTION		JB
REPEAT		CM
PRESCRIPTION		WW
APPOINTMENT		WK
SPEAK TO DR		JI
[illegible]RY		REG

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY
AUSPICE CÆLO
HOSPITALS
Part of
The North Glasgow University Hospitals NHS Trust

Canniesburn Hospital
Switchback Road
Bearsden
Glasgow G61 1QL

Switchboard: 0141 211 5600
Fax Number: 0141-211 5652

Direct dial: 0141 211 5787
Dept phone no: 0141 211 5750

PMF/AJP

ORAL & MAXILLOFACIAL SURGERY SERVICE
CONSULTANT:

Clinic: 15.05.01
Typed: 17.05.01

Mr Andreas Kolle
Health Centre
HMS Prison
GREENOCK
PA16

Dear Mr Kolle

ALEXANDER O'ROURKE DOB 04 12 70 UNIT NO 244310
HM PRISON GREENOCK PA16

Thank you for referring this patient. Your letter was addressed to the Alexandra Hospital but there is no oral or maxillofacial surgery service there. The letter must have been passed to us by the Alexandra Hospital. This gentleman has a retained root in the upper left quadrant which we will remove under local anaesthesia. I have given him an appointment following his release.

Kind regards

Yours sincerely

NORMAL	GW
NO ACTION	JR
REPEAT	GM
PRESCRIPTION	WW
APPOINTMENT	MK
SPEAK TO DR	JI
SUMMARY	GEG

RECEIVED
29 MAY 2001

Mrs Patricia M Finlay
Associate Specialist in Oral & Maxillofacial Surgery

CC Dr W Kirkwood GP 15 King Street Paisley PA1 2PS

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL
Social Work Department
Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

RECEIVED - 5 NOV 1998

NORMAL		GW	
NO ACTION	X	JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		WK	
SUMMARY		TH	

Date: 3/11/98

Dear Dr Kirkwood.

RE: ALEX O'ROURKE D.O.B. 4/12/70
45B Dorkwood Ave.
Paisley

The above patient failed to attend their outpatient appointment at Renfrew Substance Abuse Resource Centre today.

Comments:

No reason for non attendance
Discharged from clinic - 3 month ban

Recommendations:

? continuation of script at your discretion
He may re-refer self and make use of counselling service in the meantime.

SUPERVISED CONSUMPTION **YES / ~~NO~~**

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for.....

Many Thanks

Please note any recommendation is only valid until date of next review.

Yours sincerely

JHaugh

(DR J. HAUGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL
Social Work Department
Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

RECEIVED 08 OCT 1998

NORMAL		GW
NO ACTION	X	JB
REPEAT		CM
PRESCRIPTION		WW
APPOINTMENT		JD
SPEAK TO DR		WK
SUMMARY		TH

Date: 6/10/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B 4/12/70
45B Darkwood Cres
Paisley

The above patient failed to attend their outpatient appointment at Renfrew Substance Abuse Resource Centre today.

Comments:
~~A~~ NO reason for non attendance

Recommendations:
(1) METHADONE S/F MIXT 50mg/day

SUPERVISED CONSUMPTION **YES/~~NO~~**

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 11am 3/11/98

Many Thanks

Please note any recommendation is only valid until date of next review.

Yours sincerely Haigh (DR J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

RECEIVED
22 SEP 1998

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/DC

Renfrew Substance Abuse Resource
0141 889 1223

DATE:

14th September 1998

Date dictated: 10th September 1998

PRIVATE AND CONFIDENTIAL

NORMAL		GW	
NO ACTION	X	JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		WK	
SUMMARY		TD	

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS.

Dear Dr Kirkwood

Alex O'Rourke (d.o.b. 04.12.70) 45B Darkwood Crescent, Paisley

I reviewed this patient at the Drug Clinic on 08.09.98. He did not appear to cope well with his last Methadone reduction and admits that he has been smoking £10 worth of Heroin per day for the last month. He also relates his drug use to the fact that he is unhappy in his job and also has several court cases pending. A further complication of this is that Alex's wife has now started smoking Heroin, around once per week , and Alex feels extremely guilty about the fact that he has introduced her to the drug.

Alex is extremely keen to stop using Heroin and says that he will stop buying it for both him and his wife. Accordingly, I would suggest that his Methadone Sugar Free Mixture is increased to 50 mgs. per day. He will be reviewed on 06.10.98.

Yours sincerely,

Dr Jacqueline Haigh
Clinical Assistant

Dr Charles McMahon
Consultant Psychiatrist

A4B1119 8:95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER
PLEASE TELEPHONE: 0141 889 1223

Date: 8/9/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
45B Dalkwood Gdns
Paisley

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Increase METHADONE S/F MIXT
50ml daily (fifty)

Supervised Consumption YES/~~NO~~
Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 10-30am 6/10/98

Many Thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh

Dr. J Haigh
Clinical Assistant

Lee in NURSE

A4BE119 8:95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

11th September 1998

Mr K McLeod
Assistant Manager
52 Underwood Road
PAISLEY

Dear Mr McLeod

Re: Alexander O'Rourke, 45B Darkwood Crescent, Paisley (4.12.70)

Alex has presented tome with red swollen toes and forefeet caused by metal reinforced shoes. However, I am no expert in footwear and cannot recommend certain shoes. He has been wearing trainers but these became soaked last week.

I think you should speak to your occupational health department or your health and safety officer to see what they advise.

Yours sincerely

Dr W Kirkwood

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/DC

Renfrew Substance Abuse Resource
0141 889 1223

DATE:

14th August 1998

Date dictated: 13th August 1998

RECEIVED
20 AUG 1998

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
The Surgery
15 King Street
PAISLEY PA1 2PS.

Dear Dr Kirkwood

Alex O'Rourke (d.o.b. 04.12.70) 45B Darkwood Crescent, Paisley

I reviewed this patient at the Drug Clinic on 11.08.98. He has been back at work since 18th June and appears to be coping well. He admits to smoking £10 worth of Heroin around once per week but aims to eliminate this. He continues to smoke Cannabis, he has had no Amphetamines or other illicit drugs. He tells me that he took a 10 mg. reduction in his Methadone 2 months ago and has coped well with this. He is currently on probation and has community service to do for house breaking and he still has several cases pending for similar offences.

Alex is keen for a further 10 mg. reduction in his Methadone and accordingly I would suggest that his Methadone Sugar Free Mixture be reduced to 40 mgs. per day. He will be reviewed on 08.09.98.

Yours sincerely,

NORMAL	X	GW	
NO ACTION		JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		WK	
SUMMARY		ER	

Dr Jacqueline Haigh
Clinical Assistant

Dr Charles McMahon
Consultant Psychiatrist

A4B1119 8/95

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NHS Confidential: Personal data about a patient

RECEIVED
- 2 JUL 1998

RENFREWSHIRE COUNCIL
Social Work Department
Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

NORMAL		GW	
NO ACTION	X	JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		WK	
SUMMARY		TR	

Date: 30/6/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
45B Dankwood Cres
Paisley

The above patient failed to attend their outpatient appointment at Renfrew Substance Abuse resource Centre today.

Comments: No reason for DNA. Understand he has been reinstated by employer.

Recommendations:

(1) METHADONE S/F MIXT. 60mg 1 daily (Sicky)

SUPERVISED CONSUMPTION YES / ~~NO~~

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for: 11/8/98 11am

Many thanks.

Please note any recommendation is only valid until date of next review.

Yours sincerely

(DR J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL
Social Work Department
Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

RECEIVED
01 JUN 1998

Date: 28/5/98.

Dear Dr Kerkwood.

RE: ALEX O'ROURKE D.O.B. 4/12/70.
45B Oakwood Cres
Paisley

The above patient failed to attend their outpatient appointment at Renfrew Substance Abuse resource Centre today.

Comments: Cancelled as physically unwell.

Recommendations:
(1) METHADONE SUGAR FREE MIXTURE
10mg daily (sixty)

SUPERVISED CONSUMPTION **YES / ~~NO~~**

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for: 30/6/98.

NORMAL		GW	
NO ACTION	X	JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR.		WK	✓
SUMMARY		TH	

Many thanks.

Please note any recommendation is only valid until date of next review

Yours sincerely

JHaigh
(DR J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ORTHOPAEDIC SERVICES:
Mr J H Hay
Mr D A R Aaron
Mr I J Cartlidge
Mr S L Chitnis

ACCIDENT & EMERGENCY SERVICES - HAND SURGERY SERVICES
Mr C A Allister
Dr L Hislop

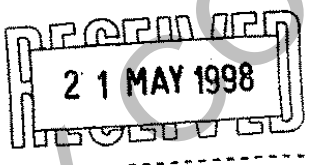
Your Ref:

If telephoning please ask for
Mrs Williamson Ext. 4450

Our ref: **MP/MW/165288**

Date: **19 May 1998**

Dr Kirkwood
15 King Street
PAISLEY
PA1 2PS



Dear Dr Kirkwood

ALEXANDER O'ROURKE, 4.12.70.
45B DARTWOOD CRESC, PAISLEY.

Admitted: 10.05.98.
Diagnosis: Soft tissue injury right hip.
Management: Rest and analgesics.
Discharged: 11.05.98.

Mr O'Rourke fell and hurt his right hip. He was unable to weightbear. X-rays of pelvis and lumbosacral spine did not reveal any bony injury. He was admitted overnight for observation and rest. His pain settled and he mobilised quite well. He was discharged home in a satisfactory condition.

No follow-up appointment has been arranged.

Yours sincerely

Mr M Pai
Locum Consultant Orthopaedic Surgeon

NORMAL		GW	
NO ACTION	X	JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		WK	
SUMMARY		TR	

ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD, PAISLEY, RENFREWSHIRE PA2 9PN TELEPHONE: 0141 887 9111
FAX: 0141 887 6701
A NATIONAL HEALTH SERVICE TRUST
RAH

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/DC **Renfrew Substance Abuse Resource**
0141 889 1223

DATE:

24th April 1998

Date dictated: 23rd April 1998

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
PAISLEY.

Dear Dr Kirkwood

Alex O'Rourke (d.o.b. 04.12.70) 45B Darkwood Crescent, Paisley

I reviewed this patient at the Drug Clinic on 21.04.98. His Heroin relapse has continued since he lost his job on 19.02.98. He admits to smoking 1-2 grams of Heroin each day. He is suffering financial and marital difficulties and admits to thieving in order to finance his habit, he has a pending charge for 5 house break-ins. I understand that you increased his Methadone to 45 mgs. per day 5 days ago. Alex has still not yet reduced his Heroin intake. He remains extremely motivated to stop using and feels that if his Methadone is increased back to its previous level of 60 mgs. per day, he will be able to stop. Accordingly, I would be grateful if you could arrange this. Alex remains extremely motivated to become drug free quickly, I have suggested to him however that he has several rapid detoxes in the past which have always been followed by a relapse, and that he might like to consider remaining on his Methadone for a longer period of time on this occasion. I will review him at the Clinic on 28.05.98.

Yours sincerely,

named [illegible] in notes

Dr Jacqueline Haigh
Clinical Assistant

Dr Charles McMahon
Consultant Psychiatrist

A4B1119 8/95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER
PLEASE TELEPHONE: 0141 889 1223

Date: 21/4/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
45B Dankwood Cres
Paisley

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Increase METHADONE SUGAR FREE MIXTURE to 60ml daily

Supervised Consumption **YES/~~NO~~**

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 28/5/98 2-15pm

Many Thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

JHaigh

Dr. J Haigh
Clinical Assistant

A4B0915 5/96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: *Sheena Duncan*

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

RECEIVED 26 MAR 1998

Date: 24/3/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70

95B Dorkwood Cres

Paisley

The above patient failed to attend their outpatient appointment at the Renfrew Substance Abuse Resource Centre today.

Comments: Cancelled due to appt with police

Recommendations: Please continue methadone and commence supervised consumption It appears from his counsellor that he is using a bit on top of his script so supervision will aid stabilisation and is in line with new area-wide policy.

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for: 21/4/98 3-15pm

Many thanks.

Please note any recommendation is only valid until date of the next review.

NORMAL	X	GW	
NO ACTION		JB	
REPEAT		CM	
PRESCRIPTION		WW	
APPOINTMENT		JD	
SPEAK TO DR		Tr	
SUMMARY			

Yours sincerely

J Haigh

(Dr J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER
PLEASE TELEPHONE: 0141 889 1223

Date: 19/2/98.

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
45B DARKWOOD CRES
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Continue METHADONE S/F MIXT 35mg daily (thirty five) for 2 weeks.
May then reduce to 30mg daily (thirty) if patient feels able to tolerate this.

Supervised Consumption ~~YES~~/NO
Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 24/3/98 4-15pm

Many Thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh

Dr. J Haigh
Clinical Assistant

A480915 5/96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER
PLEASE TELEPHONE: 0141 889 1223

Date: 16/12/97

Dear Dr Kerkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70

Haigh ~~Hd Rutas~~ 45B Dalkwood Cres

Paisley.

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

1. Reduce METHADONE S/F MIXT to 50mg daily (fifty).
2. Stop Zimarane.

Supervised Consumption ~~YES~~/NO

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 22/01/98 4-15pm

Many Thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh

Dr. J Haigh
Clinical Assistant

A480915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER
PLEASE TELEPHONE: 0141 889 1223

Date: 22/1/98

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70

45B Dankwood Ave

Paisley.

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

① Reduce METHADONE S/F MIXT to 35ml daily (thirty five)

Supervised Consumption ~~YES~~/NO

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 19/02/98 4-15pm

Many Thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh

Dr. J Haigh
Clinical Assistant

A4B0915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/WR

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 19th December 1997

Date dictated: 18th December 1997

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
Paisley

RECEIVED
29 DEC 1997

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70.) 45B Darkwood Cres, Paisley.

I reviewed this patient at the Drug Clinic on 16.12.97. He is doing extremely well at present and returned to work last week. He has had no Heroin now for three weeks and prior to this was smoking £10.00 worth once or twice a week. He stopped using Zimovane around three weeks ago and has managed to reduce his Methadone down to 50mg per day by himself. He smokes Cannabis in the evening and has occasional alcohol at social events. He has recently moved house and appears to be settling in to married life.

In terms of his prescription I would be grateful if you could reduce Methadone Sugar Free Mixture 50mg per day he no longer requires Zimovane. I shall see him for review on the 22.01.1998.

Yours sincerely,

NORMAL	X	JJY	
NO ACTION		GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

Dr J Haigh
Clinical Assistant

Dr Charles McMahon
Consultant Psychiatrist

A480915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/HC

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 11th November 1997

Date dictated: 6th November 1997

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 06.11.97. He has been feeling well since his Methadone was increased although admits to smoking a half gram of Heroin on two occasions since last seen. He visited a drug using friend on these occasions and could not resist the temptation, however, now realises that he must avoid this friend for the time being. Otherwise he is feeling well and his sleep pattern is not disturbed.

Accordingly, I would be grateful if you could continue his current prescription for Methadone Sugar Free Mixture 60mg per day along with Zimovane 7.5mg nocte. I shall review him on 16.12.97.

Yours sincerely,

Dr J Haigh
Clinical Assistant

A480915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

RECEIVED
05 MAR 1998

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/WR

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 2nd March 1998

Date dictated: 24th February 1998

NORMAL	X	JJY	
[illegible]TION		GW	
[illegible]AT		JB	
PRESCRIPTION		CM	
[illegible]ENT			
[illegible] TO DR		JD	
[illegible]		TF	

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70.) 45B Darkwood Cres, Paisley.

I reviewed this patient at the Drug Clinic on 19.02.1998. He has been coping well with his detoxification but unfortunately was sacked from his job today. As a result of this he admits to smoking a half gram of Heroin earlier in the day. He says that he is going to appeal against the decision and has been liaising with his union. His marital difficulties continue and his wife is currently staying at her mothers to give the couple a break from each other and Alex feels that this has improved the situation.

Alex remains extremely motivated to detoxify but I feel it would be appropriate to continue his current prescription of Methadone Sugar Free Mixture 35mg per day for the next two weeks until Alex can sort out his difficulties at work. His script may then be reduced to 30mg per day if Alex is able to tolerate it at this stage. He will be reviewed on the 24.03.1998 and he will attend his counsellor for ongoing support in the meantime.

Yours sincerely,

Dr J Haigh
Clinical Assistant

Dr Charles McMahon
Consultant Psychiatrist

A480915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST
TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

RECEIVED 18 FEB 1998

YOUR REF:
OUR REF: JH/SMD
DATE: 10 February 1998

IF TELEPHONING, PLEASE ASK FOR
Renfrew Substance Abuse Resource
0141 889 1223

Date Dictated: 29.01.98

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
PAISLEY

Dear Dr Kirkwood

Alex o'Rourke, (d.o.b. 04.12.70), 45B Darkwood Crescent, Paisley

I reviewed this patient at the Drug Clinic on the 22.01.98. He has had no illicit opiates since last seen and has been coping with regular reductions on his Methadone. Unfortunately he has been experiencing marital problems and not coping at work because he was experiencing initial insomnia until 4.00am and then having to get up at 6.00am for work. As a result of this he admits that he has been using amphetamines several days a week to help him get up for work and this has exasberated his sleep problems. After discussions with his keyworker he has managed to avoid speed for the last 2 days and his sleep pattern has improved, he has also spoken to his wife and they have resolved some of their difficulties.

Alex is keen for a further reduction in his Methadone and accordingly I would be grateful if you could reduce Methadone sugar free mixture to 35mg per day. He will be reviewed on 19.02.98.

Yours sincerely

Dr Jacqueline Haigh
Clinical Assistant

NORMAL	X	
NO ACTION		
REPEAT		JB
PRESCRIPTION		CN
APPOINTMENT		
SPEAK TO DR		
SUMMARY		

A4B0915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

isd Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

Medical - In Confidence
SMR22 revised May 1997

Please complete a form if (a) the patient is attending for the first time ever or (b) the patient has attended before but not within the previous six months. Exclude letter and third party contacts. Please read the notes on the back.

Enquiries: phone 0131 - 551 8715

DETAILS OF PATIENT

First Name: ALEXANDER
Last Name: O'ROURKE
Your Ref:
Date of Birth: 04 12 70
Sex: Male ☑ Female ☐
Ethnic Group: White ☑ Indian Sub-continent ☐ Chinese ☐ Afro-Caribbean ☐ Other (specify) ____

ADDRESS

Street: 45 B DARKWOOD CRES
District/Ward: PAISLEY
City/Town: RENFREWSHIRE
Postal District: PA3 1 JJR
Date of initial contact(of this episode): 29 09 97

DRUG PROFILE (PAST MONTH) List drug use within the past month

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug	Methadone	Yes	oral	daily		
Drug 2	Zimovane	Yes	oral	daily		
Drug 3	Heroin	No	I.V.	twice weekly (says has stopped)		
Drug 4						
Drug 5/Alcohol						

Age at onset of problem drug use (if appropriate): 11 years
Age when help was first sought: 26 years

INJECTING / SHARING DETAILS

Ever injected: Yes ☑ No ☐ go to next section
Age when first injected: ____ years

In the past month has patient:

Injected	Yes ☑	No ☐ go to #
Always used new injecting equipment	Yes ☐	No ☐
Always cleaned equipment first	Yes ☐	No ☐
Shared injecting equipment	Yes ☐	No ☐ go to #
# Has patient ever shared injecting equipment	Yes ☐	No ☐

INTENDED PRESCRIBING

Is there to be any prescribing? Yes ☐ No ☐ Not yet decided ☐ Already on script ☑

If yes or already on script, please state

	drug	form	daily dose
1.	Methadone	oral	60ml
2.	Zimovane	oral	7.5 mg
3.			

Prescriber? Reporting doctor (ie self) ☑ Other: Patient's GP ☐ Psychiatrist ☐ Other doctor ☐ *Tick all that apply*

DETAILS OF REPORTING DOCTOR AND CONTACT

Name: W KIRKWOOD
Address: 15 KING ST PAISLEY
Telephone number: 889 3144
Is patient attending for the first time ever ☐ or is the patient returning after an interval of at least 6 months ☐
Where was patient seen (if different from above)

Practice No. or institution code: 87490
Health board: S01

SOCIAL PROFILE *(CURRENT STATUS)*

EMPLOYMENT STATUS

Never employed ☐
Unemployed (1 year or longer) ☐
Unemployed (less than a year) ☑
Employed ☐
Other (specify) ____

LEGAL SITUATION *Tick all that apply*

None ☑
Serving prison sentence ☐
Deferred sentence ☐
On probation - with condition of treatment ☐
On probation -unspecified ☐
Community service ☐
Awaiting sentence ☐
Trial pending ☐
Pending cases ☐
Other (specify) ____
Previously been in prison ☑

LIVING *Tick all that apply*

Alone ☐
With spouse/partner ☑
With parents ☐
With dependent children ☐
With friends ☐
In residential rehabilitation ☐
In prison ☐
No fixed abode ☐
Other (specify) ____

LOCAL USE C D E F G H

CONTACT PROFILE

DRUG RELATED CONTACT IN PAST 12 MONTHS *Tick all that apply*

None ☐
GP ☑
Specialist drug service
- statutory ☐
- non-statutory ☐
Social work services ☐
Social work offender services ☐
Other (specify) ____

REFERRAL FROM

Self ☐
GP ☑ ADW
Psychiatrist/Mental health services ☐
General hospital services ☐
Specialist drug service (non-statutory) ☐
Social work services ☐
Social work offender services ☐
Family ☐
Friend ☐
Other (specify) ____

ACTION PLANNED

Further appointment/ongoing assessment ☑
No further action ☐
Defaulted ☐
Other (specify) ____

PLANNED LIAISON *Tick all that apply*

GP ☐
Specialist drug service
- statutory ☑
- non-statutory ☐
Other (specify) ____

DISCHARGED AND REFERRED ON

GP ☐
Specialist drug service
- statutory ☐
- non-statutory ☐
Other (specify) ____

This is your copy to retain.

SMR22

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE: 6/11/97

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource

IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER PLEASE TELEPHONE: 0141 889 1223

Date:

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70

11d Hulaston Crt

Paisley

The above patient attended the Renfew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

Continue (Extra)

(1) METHADONE S/F MIXT 60mg daily

(2) ZIMOVANE 7.5mg nocte

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 16/12/97 3-45pm

Many Thanks

Please note this recomendation is only valid until the date of the next review.

Yours sincerely

JHaigh

Dr. J Haigh
Clinical Assistant

A480915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

RECEIVED
- 3 NOV 1997

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/WR

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 31st October 1997

Date dictated: 27th October 1997

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 23.10.97. As you may know he is not stabilising on his Methadone Prescription and admits that he was using half a gram intravenously per day on top of Methadone 30mg per day. Over the last two weeks however he says that he has rarely been collecting his script and his Heroin use has doubled such that he is injecting a gram of Heroin each day. Alex is extremely distressed that he is unable to bring his drug use under control but remains motivated to do so. We discussed the possibility of in-patient detoxification and Alex will consider this prior to his next clinic appointment. I have emphasised that any detoxification will have to commence from a position of stability and Alex is agreeable to stabilise on an increased Methadone prescription in the meantime. Accordingly I would be grateful if you could increase Methadone Sugar Free Mixture to 60mg per day whilst continuing Zimovane 7.5mg Nocte. I have naturally emphasised the dangers of topping up with Heroin at this stage but I feel that Alex is motivated to stabilise. I shall review him on the 06.11.97 and he will attend for counselling in the meantime. We will keep you informed of his progress.

Yours sincerely,

Dr J Haigh
Clinical Assistant

NORMAL	X	JJY	
NO ACTION		GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

A4B0915 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

TRUST HEADQUARTERS
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX NO: 0141-884 5425

YOUR REF:

OUR REF:

DATE:

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource

IF THIS IS NOT THE ORIGINAL IN COLOURED HEADED NOTE PAPER PLEASE TELEPHONE: 0141 889 1223

Date: 23/10/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70.
11d HULASTON CRT
PAISLEY.

The above patient attended the Renfew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Increase METHADONE SUGAR FREE MIXT 60mg daily (Sixty)
(2) Continue ZIMOVANE 7.5mg nocte.

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 6/11/97 1pm

Many Thanks

Please note this recomendation is only valid until the date of the next review.

Yours sincerely

J Haigh

Dr. J Haigh
Clinical Assistant

A4B091S 5:96

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF: JH/WR

DATE: 1st October 1997

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
0141 889 1223

Date dictated: 25th September 1997

PRIVATE AND CONFIDENTIAL

RECEIVED
09 OCT 1997

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 11.09.97. He has been fortunate enough to win two and a half thousand pounds on a scratch card recently and this has relieved his financial pressures in terms of paying for his wedding and paying off the local drug dealer. Unfortunately however he has also been spending some of the money on Heroin. He received a reduction in his Methadone to 10mls per day one week ago but only took it for two days at which point he won the money. For the last few days he has been smoking £20.00 worth of Heroin per day and has not been collecting his Methadone so that overall in fact his total Opiate intake has reduced. Alex is naturally worried about this relapse and remains extremely determined to stop using Heroin. Accordingly I would be grateful if you could commence a Lofexidine detoxification on the 12.09.97. as outlined in my hand written letter. He will attend our Community Psychiatric Nurse for counselling and monitoring of his blood pressure during the next week or two. I have arranged to review him on the 02.10.97. when hopefully he will be drug free. We will keep you informed of his progress.

Yours sincerely,

Dr J Haigh
Clinical Assistant

NORMAL	X	JJY	
NO ACTION		GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

A4B1119 8/95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: *Sheena Duncan*

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 3 2/10/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
11d HULASTON CRT
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Increase METHADONE S/F MIXT to 30mg daily (Thurs)
(2) Stop NITRAZEPAM
(3) Please commence non habit forming night sedative.

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 23/10/97 4-15pm.

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: *Sheena Duncan*

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 11/9/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70.
~~Hd MULASTON CRI~~ 45B Darkwood Cres
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Stop methadone & welldorm
(2) Please provide LOFEXIDINE 0.2mg tabs X (60) (Sixty tablets)
(3) Please provide NITRAZEPAM 10mg tab X (14) (Fourteen tablets)

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 2/10/97.

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

(Dr J. Haigh)

To commence lofexidine detoxification on 12/09/97.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NAME: ALEX O'ROURKE

DATE OF BIRTH: 4/12/70

LOFEXIDINE (Side-effect) tablet
(Number of tablets to be taken)

DAY	9.00 a.m.	12 NOON	6.00 p.m.	10.00 p.m.
FRI	✓1			✓1
SAT	1	1	1	1
SUN	2	1	1	2
MON	2	2	2	2
TUES	2	2	2	2
WED	2	2	2	2
THURS	2	2	2	2

LAST HEROIN →

If you feel dizzy reduce to one tablet or leave out dose.

Drinking alcohol or smoking Cannabis is likely to make withdrawal symptoms worse.

Taking extra Lofexidine will cause side-effects without helping the withdrawal symptoms.

addictions\lofexidi.197

+ Sleeping pill - NITRAZEPAM 10mg one tablet at night.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/HC

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 4th September 1997

Date dictated: 4th September 1997

PRIVATE AND CONFIDENTIAL

RECEIVED
0 8 SEP 1997

NORMAL	X	JJY	
NO ACTION		GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 02.09.97. He tells me that he was assaulted with a golf club whilst at work at the beginning of August and was off work for four weeks. Since then he has felt anxious and over the last fortnight admits that he has relapsed back onto Heroin and is smoking £10.00 worth each morning. He has additional pressures in his life at present in that he is getting married in four weeks time and is still worried about getting enough money together for the occasion. He has also recently moved house and continues to have financial worries both because of the wedding and also because he still owes a drug dealer some money. He complains of feeling tense and anxious all the time and complains of initial insomnia until 4am. He has been off work sick this week as he has felt unable to cope.

Alex remains extremely keen possibly become drug free in time for his wedding. I discussed with him that he is putting to much pressure on himself at this stage and it might be advisable to stabilise on his prescription for a few weeks. Alex however was adamant that he wished to proceed with his detoxification. Accordingly I would be grateful if you would reduce his Methadone to 10mg per day on the 04.09.97. as originally planned. I feel that it is appropriate at this stage to increase Lofexidine to 0.2mg Q.I.D. and Alex has agreed to stop using Heroin. Given his determination to become drug free quickly I feel we should aim for Lofexidine detoxification in the near future. Accordingly he will attend our community psychiatric nurse for counselling in this regard.

Continued

A4B1119 0.95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I shall review him again on the 11.09.97. and if he has successfully managed to eliminate Heroin and has copped with his reduction in Methadone to 10mg per day then we will instigate a Lofexidine detoxification. He should also be commenced on Welldorm 2 tablets Nocte to aid sleep at this stage. We will keep you informed of his progress.

Yours sincerely,

[redacted]

Dr J Haigh
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: *Sheena Duncan*

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 2/9/97

Dear Dr Kenkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
11d MULLASTON CRT
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

1. Reduce METHADONE S/F MIXT 10mg/d
2. Increase LOFEXIDINE 0.2mg qid
3. Commence WELLDORM 2 tabs nocte

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 11/09/97

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

O'Haigh.

(DR J. HAIGH).

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NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: *Sheena Duncan*

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

RECEIVED
06 AUG 1997

Date: 5/8/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70
11d MULASTON CRT
PAISLEY

The above patient failed to attend their outpatient appointment at the Renfrew Substance Abuse Resource Centre today.

Comments: Cancelled as moving house today

Recommendations:

Please continue Methadone & lofexidine as appropriate. detox

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for: 2/9/97 at 4-15 pm

Many thanks.

Please note any recommendation is only valid until date of the next review.

Yours sincerely

JJY
GW
JB
CM
WW
JD

JHaugh
(Dr J. HAUGH).

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 8/7/97.

Dear Dr Kirkwood

RE: ALEX O'ROURKE. D.O.B 4/12/70.
11d MULASTON CRT
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

① Methadone S/F mixt 35ml/d
Please reduce by 5ml every
10 days as tolerated
② Commence LOFEXIDINE 0.2mg bd
increasing as required.

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 5/8/97

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haugh

(Dr J. HAUGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 10/6/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B 4/12/70
11D MULASTON CRT
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Please continue METHADONE S/F MIXT reducing by 5ml per fortnight if coping
May wish to add LOFEXIDINE 0·2mg bd if withdrawals become a problem

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 8/7/97

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh

(Dr J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/HC

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 17th July 1997

Date dictated: 17th July 1997

PRIVATE AND CONFIDENTIAL

[redacted]
Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley

I reviewed this patient at the Drug Clinic on 08.07.97. He has continued to receive fortnightly reductions in his Methadone and is currently taking 35mls per day. He complains of excessive sweating particularly at night, however, his sleep is not particularly disturbed and his joint stiffness seems to have settled down. He has managed to sort out his financial problems and is also top of the housing list to move.

He admits to consuming 10 Temgesic over a period of a few days around two weeks ago and he also says that he smoked a small amount of Heroin two days ago when he went fishing with a drug user. I have discussed these issues with Alex and he remains motivated to reduce his Methadone as quickly as possible.

Accordingly, I would be grateful if you could continue to give him 5mls reduction in his Methadone every 10 days as tolerated. It would also be of value to commence Lofexidine at a starting dose of 0.2mg b.d. increasing as required. I have arranged to review him on 05.08.97.

Yours sincerely,

Dr J Haigh
Clinical Assistant

RECEIVED
19 JUL 1997

NORMAL	X	
NO ACTION		
REPEAT		
PRESCRIPTION		
APPOINTMENT		
SPEAK TO DR		
SUMMARY		

A4B1119 9:95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

KING STREET SURGERY

NAME: ALEXANDER O'ROURKE SEX: Male ☑ Female ☐

ADDRESS: 25 BLACKSTOUN OVAL PAISLEY DATE OF BIRTH: 4.12.70

POST CODE: PA3 1LR TEL. No. NONE MARITAL STATUS: Single ☑ Married ☐ Widowed ☐ Other ☐

OCCUPATION: ROAD SWEEPER

We are trying to gather information about our patients health and lifestyle to allow us to offer help and advice appropriately.

Please complete the following questionnaire.

1. FAMILY HISTORY:

Do you or anyone in your family (parents, brothers or sisters or children - please state) suffer from any of the following:

	YOU YES	YOU NO	FAMILY YES	FAMILY NO
1. Asthma	☐	☑	☑	☐
2. Diabetes	☐	☑	☐	☐
3. Epilepsy	☐	☑	☐	☐
4. High Blood Pressure	☐	☑	☑	☐
5. Heart Attack	☐	☑	☐	☐
6. Angina	☐	☑	☐	☐
7. Stroke	☐	☑	☐	☐
8. High Cholesterol	☐	☑	☐	☐
9. Vascular Disease of Legs	☐	☑	☐	☐
10. Thyroid Disease	☐	☑	☐	☐

(Please state who, their age and when it started)

2. SMOKING:

Do you Smoke? Yes ☑ No ☐ Ex Smoker ☐ Stopped ☐ Years ago

If Yes: Are you trying to stop? Yes ☐ No ☑

Do you wish help in stopping? Yes ☐ No ☑

What do you smoke? Cigarettes ~~or Cigars~~ ☑

- ☐ Less than 1 daily
- ☑ 1 - 9 per day
- ☐ 10 - 19 per day
- ☐ 20 - 39 per day
- ☐ 40 or more per day

Tobacco ☐ ounces per week

Pipe smoker ☐ ounces per week

3. ALCOHOL:

Do you drink alcohol? Yes ☐ No ☑ Ex drinker ☐ Stopped ☐ Years ago

If Yes: How many days a week do you drink?

- ☐ Less than 3
- ☐ 4 - 5
- ☐ 5 - 6
- ☐ 7

How many drinks do you have **per day?** (1 unit = ½ pint beer/pub measure of spirits or wine)

- ☐ Less than 1
- ☐ 1 - 2 units
- ☐ 3 - 6 units
- ☐ 7 - 9 units
- ☐ More than 9 units

Are you trying to reduce or stop drinking? Yes ☐ No ☐

Do you wish help with this? Yes ☐ No ☐

P.T.O.

THIRD PARTY COPY

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4. EXERCISE:

Do you take regular exercise — Yes ☑ No ☐

How would you class yourself?

1. Exercise is physically impossible ☐
2. I avoid exercise ☐
3. I enjoy light exercise ☐
4. I enjoy moderate exercise ☐
5. I enjoy heavy exercise ☑
6. I am a competitive athlete ☐

Please state - how often you exercise per week: TWICE

what kind of exercise you enjoy: .....

5. LADIES ONLY:

Number of pregnancies ☐

Number of children ☐

Date of last smear ☐☐☐☐

Have you had a hysterectomy Yes ☐ No ☐ Date ☐☐☐

6. MEASUREMENTS

Please tell us your current height and weight. Ask the doctor or nurse to do this if you do not know.

Height 5 ft. 10 ins or ☐ metres

Weight 11 st. 3 lbs or ☐ kg

Are you trying to lose/gain weight? Yes ☐ No ☑

Do you wish help with this? Yes ☐ No ☑

7. TETANUS

Do you wish a booster if it is more than 10 years ago since you had one? Yes ☐ No ☑

8. LASTLY

Please hand this completed questionnaire to the Doctor/Nurse who will discuss it with you and will check your blood pressure. **Thank you for your co-operation.**

OFFICE USE ONLY

BMI =

BP =

BP Normal < 160/90

BP Borderline 160/90-94

BP Raised 160/95-99

BP High 160/100

NEW PATIENTS ONLY: Urinalysis - protein

- glucose

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NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: JH/HC

Renfrew Substance Abuse Resource
0141 889 1223

DATE: 13 June 1997

Date dictated: 12 June 1997

PRIVATE AND CONFIDENTIAL

RECEIVED 21 JUN 1997

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 10.06.97. He has been doing extremely well with his Methadone prescription and has been coping with fortnightly reductions of 5ml. He complained of night time sweating and pain in his back and hands which he feels may be related to his job. He has had one relapse onto Heroin and admits to smoking a score bag on one occasion two weeks ago. He has felt extremely guilty about this ever since.

He is under some financial pressure in that he has to pay off debts and try to get money together for his forthcoming wedding. I have discussed these issues with him.

In terms of his prescription I would be grateful if you could continue to prescribe Methadone Sugar Free Mixture reducing by 5mls per fortnight if the patient is coping with this. I understand that he is currently receiving 45mls per day. Should withdrawal symptoms become a problem you may wish to add Lofexidine with a starting dose of 0.2mg b.d. increasing as required. I discussed this with Alex and he is not keen on this option at present. I shall review him at the Clinic on 08.07.97.

Yours sincerely,

Dr J Haigh
Clinical Assistant

NORMAL	X	JWJ
NO ACTION		GWM
REPEAT		JHB
PRESCRIPTION		CMM
APPOINTMENT		WBM
SPEAK TO DR		JDD
SUMMARY		TT

A4B1119 8:95

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NHS Confidential: Personal data about a patient

Contract for patients being treated for drug addiction at King Street Surgery

I agree to the following:

- I understand that I can only be given a prescription if I have an appointment with a doctor for that day and time.
- I will not be seen if I arrive more than 15 minutes late for my appoinment.
- My G.P. will decide what medicines and doses will be used, if any.
- Lost or stolen presciptions or medicines will not be replaced.
- Urgent appointments will not be used to get prescriptions.
- My doses of medicine will be reduced and eventually stopped.
- My aim is to be free of all drugs.

IF I BREAK THIS CONTRACT THEN MY TREATMENT WILL BE STOPPED

Patient's signature [redacted] Date _____

Witness's signature [redacted] Date 22/5/97

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL

Social Work Department

Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 6/5/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 6/12/70
11D MULLASTON CRT
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

(1) Stop Welldorm
(2) Reduce METHADONE S/F MIXT to 55ml daily. After 2 weeks if tolerated may further reduce to 50ml daily.

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 10/6/97

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

(DR J. HAUGH)

55
14
220
5
770

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF: JH/HC/

DATE: 7th May 1997

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
0141 889 1223

Date dictated : 06.05.97

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11D Mulaston Crt, Paisley.

I reviewed this patient at the Drug Clinic on 06.05.97. He has had no further Heroin since last seen and started back at work three weeks ago working as a litter collector for the Council. He stopped using the Welldorm as he is now sleeping well. He remains extremely motivated to become drug free and says that he hopes to be off his prescription by the 3rd of October 1997 when he is due to be married.

Accordingly, I would be grateful if you could reduce his Methadone Sugar Free Mixture to 55mls per day. In two weeks time, if tolerated, his Methadone should be further reduced to 50mls per day. He no longer requires Welldorm. I shall review him on 10.06.97.

Yours sincerely

Dr J Haigh
Clinical Assistant

A4B1119 8:95

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

RECEIVED
10 MAY 1997

YOUR REF:

OUR REF:

DATE: JH/HC/

7th May 1997

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
0141 889 1223

Date dictated : 01.05.97

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
15 King Street
Paisley

Dear Dr Kirkwood,

Alex O'Rourke (d.o.b. 04.12.70) 11d Mulaston Crt, Paisley.

I saw this patient at the Drug Clinic on 17.04.97. He continued to use £10 worth of Heroin daily until four days ago but says that he has been using his prescription alone and has been feeling well. He says that he has problems sleeping and that you prescribed two Welldorm tablets at night but he still suffers from initial insomnia until 2 or 3 a.m. He is due to go back to work in two weeks time and has been occupying himself decorating his house in the meantime.

I have encouraged him to avoid Heroin and have suggested that his sleep pattern will gradually improve over time and should also settle down once he gets back into his working routine. In terms of his prescription I would be grateful if you could continue Methadone Sugar Free Mixture 60 mls per day along with Welldorm 2 tablets nocte. I have arranged to review him on 06.05.97.

Yours sincerely

Dr J Haigh
Clinical Assistant

NORMAL		JJY	
NO ACTION	X	GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

L

A4B1119 0:95

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NHS Confidential: Personal data about a patient

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

YOUR REF:

OUR REF: JH/HC/

DATE: 18th April 1997

IF TELEPHONING, PLEASE ASK FOR

Renfrew Substance Abuse Resource
0141 889 1223

Date dictated : 10.04.97

PRIVATE AND CONFIDENTIAL

Dr Kirkwood
King Street
Paisley

RECEIVED
19 APR 1997

NORMAL		JJY
NO ACTION	✓	GW
REPEAT		JB
PRESCRIPTION		CM
APPOINTMENT		WW
SPEAK TO DR		JD
SUMMARY		TT

Dear Dr Kirkwood,

Alex O'Rourke, (d.o.b 04.12.70) 11D Mulaston Crt, Paisley.

Alex has been abusing Heroin for the past four months and admits to smoking 1.0g to 1.5g per day. He has never injected. He also admits to taking four or five 5.0 mg of Diazepam per day for the same length of time. His drug abuse history dates back to the age of 11 when he started using solvents. At the age of 16 he moved on to stimulants and later to Benzodiazepines and Temgesic. He used Temgesic for around a year prior to moving on to Heroin and the reason for this was that Temgesic was not readily available.

He has worked as a road sweeper for the council since September 1995 and has enjoyed this job. He has been on sick lines for the last three and a half months but says that his job is still open and he would like to return to it.

He lives with his girlfriend who does not use drugs. They generally have a good relationship although he admits that it has been under some strain in recent months because of his drug use. She works and uses her money to pay the rent and buy food etc as all of Alex's money goes on drugs. He has in fact run up £1200 worth of debt to drug dealers. He has a long forensic history but has had no involvement with the Police since 1995.

/.....

A481119 8/95

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He has tried to stop Heroin cold turkey in the past but only lasted around a day and a half as he was experiencing marked withdrawal symptoms. If he does not have Heroin he feels irritable, agitated, has various pains and sweats.

His urine test was positive for Heroin but not for Benzodiazepine. Alex is keen to stop using drugs and get back to work and also realises the financial implications of his habit.

Accordingly, I would be grateful if you could commence Methadone Sugar Free Mixture 60mls per day. I would not recommend Benzodiazepines at this stage as there is no clear evidence that he is using these. I shall review him on the 17th of April 1997 to see how he is stabilising.

Yours sincerely

[redacted]

Dr J Haigh
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL
Social Work Department

Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 17/4/97.

Dear Dr Kirkwood.

RE: ALEX O'ROURKE D.O.B. 4/12/70
11 D MULASTON CRT
PAISLEY.

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

Please continue
(1) METHADONE SUGAR FREE MIXT 60ml daily (SIXTY)
(2) WELLDORM 2 tabs nocte (OR other non addictive night sedative as appropriate)

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 6/5/97.

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

(DR J. HAIGH).

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RENFREWSHIRE COUNCIL
Social Work Department

Director: Sheena Duncan

Renfrew Substance Abuse Resource
20 Back Sneddon Street, Paisley PA3 2DJ
0141 889 1223

Date: 3/4/97

Dear Dr Kirkwood

RE: ALEX O'ROURKE D.O.B. 4/12/70.
~~7 HADDINGTON CRES~~ 11D MULLANCRI
PAISLEY

The above patient attended the Renfrew Substance Abuse Resource Centre today and I should be grateful if you would please prescribe the following medication:-

1) Commence METHADONE SUGAR FREE MIXTURE 60ml daily (SIXTY).

Please dispense daily Monday to Friday with 2 days supply at weekends.

Further review is arranged for 17/4/97

Many thanks

Please note this recommendation is only valid until the date of the next review.

Yours sincerely

J Haigh.

(Dr J. HAIGH)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Social Work Department

Director: Sheena Duncan

RENFREW SUBSTANCE ABUSE RESOURCE
20 Back Sneddon Street, Paisley PA3 2DJ
Telephone No: 0141 889 1223

Renfrewshire Council

Our ref: 037
Date: 27/3/97.

NORMAL	
NO ACTION	✓
[illegible]	[illegible]
PRESCRIPTION	CM
APPOINTMENT	WC
SPEAK TO DR	JD
SUBMIT	[illegible]

Dr Kirkwood.
15 King Street.
Paisley PA1 2AS

RECEIVED
29 MAR 1997

Dear Dr:

RE: Alexander O'Rourke.

D.O.B.: 4/12/70

This client who is, we understand, a patient of yours has approached the R.S.A.R. for help with his/her drug problem.

He/She has been given a provisional clinic appointment on 3/4/97

At present the clinic is unable to issue prescriptions, therefore, prior to our consultant recommending any treatment we would be grateful if you would indicate whether you would be willing to prescribe for them. I would appreciate if you could return the enclosed reply slip.

Yours sincerely

Carrie Shields
Staff Nurse.

PATIENT: ..... D.O.B: .....

I am/am not (delete one) prepared to prescribe for the above patient.

COMMENTS:

PLEASE RETURN TO: Renfrew Substance Abuse Resource
20 Back Sneddon Street, PAISLEY PA3 2DJ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Social Work Department

Director: Sheena Duncan

RENFREW SUBSTANCE ABUSE RESOURCE
20 Back Sneddon Street, Paisley PA3 2DJ
Telephone No: 0141 889 1223

Renfrewshire Council

Our ref: letter016
Date: 6/3/97

DR Kirkwood
The Surgery
15 King Street
Paisley PA1 2PS

[redacted]

RECEIVED - 8 MAR 1997

Dear Dr: Kirkwood

RE: Alexander O'Rourke

D.O.B.: 4.12.70

This client who is, we understand, a patient of yours has approached the R.S.A.R. for help with his/her drug problem.

He/She has ~~been given~~ will be given a provisional clinic appointment on as soon as possible. At present the clinic is unable to issue prescriptions.

[redacted]

Before suggesting any programme of prescribing we would be grateful if you would indicate whether you would be willing to prescribe for them and wish our consultant to make recommendations. I would appreciate it if you could return the enclosed reply slip.

Yours sincerely

Martin Cotagler

Rec'd

NORMAL		JJY	
NO ACTION		GW	
REPEAT		JB	
PRESCRIPTION		CM	
APPOINTMENT		WW	
SPEAK TO DR		JD	
SUMMARY		Tr	

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Social Work Department

Director: Sheena Duncan

RENFREW SUBSTANCE ABUSE RESOURCE
20 Back Sneddon Street, Paisley PA3 2DJ
Telephone No: 0141 889 1223

Renfrewshire Council

Our ref: LC/SMD
Date: 22 January 1997

24 JAN 1997

Dr Kirkwood
The Surgery
15 King Street
PAISLEY
PA1 2PS

Notes please

NORMAL		JJY
NO ACTION		GW
REPEAT		JB
PRESCRIPTION		CM
APPOINTMENT		WW
SPEAK TO DR		JD
SUMMARY		Tr

Dear Dr Kirkwood

RE: ALEXANDER O'ROURKE, 25 BLACKSTOUN OVAL, PAISLEY
D.O.B.: 04.12.70

I wish to inform you the above named referred himself to the project today. He states he has been smoking Heroin on a daily basis (currently £50 per day) for approximately 5 weeks. Prior to this he had been smoking Temgesic for 9 months.

Mr O'Rourke presents as motivated to address his drug problem. I understand he is currently employed by the Cleansing Department and that his manager wants him to get help for his drug problem

I have placed his name on our waiting list which we are currently working through. In a couple of weeks he will be contacted to ascertain if he still requires a service. If he responds affirmatively he will be offered an assessment appointment. In the interim he has been advised he can use the duty system, as required

Mr O'Rourke provided a urine sample the results of which will go directly to yourself.

If you require any further information please do not hesitate to contact the project.

Yours sincerely

Lorraine Conway
Senior Project Worker

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ARGYLL AND CLYDE HEALTH BOARD

Your Ref: Jacketts

Our Ref: 24/2/7.1 (M.2)

Date: - 2 MAY 1991

Gilmour House
Paisley
PA1 1DU
Tel: 041-887 0131

If telephoning please ask for:

Ext:

for file

Dr I S Mason

Dear Sir/Madam,

I have to inform you that medical cards/enquiry letters sent to the under-mentioned persons have been returned by the Postal Authority marked "Gone Away" and would be grateful if you could furnish me with particulars of their present address.

Should no further information be forthcoming, I have to advise you that their names will be removed from your list of National Health Service patients within 6 months, from the above date, in accordance with current Regulations.

Yours faithfully,

pp MARLENE OLDROYD

Administrator - Primary Care

Alexander O'Rourke
7 Middleton Cres
Paisley
PA3 1JB

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NHS Confidential: Personal data about a patient

ARGYLL AND CLYDE HEALTH BOARD — RENFREW PRIORITY SERVICES UNIT

Dykebar Hospital

Grahamston Road,
Paisley PA2 7DE.
Tel.: 041-884 5122

PHYSICIAN SUPERINTENDENT
Dr. J. McCurley

CONSULTANT PSYCHIATRISTS
Dr. D.F. Torley
Dr. F. Berry
Dr. S.F. Whyte
Dr. G.J.K. Hodge
Dr. J.M. Dingwall
Dr. I. Sourindhrin
Dr. J. Gallagher
Dr. I.C. Matson
Dr. H.M. Livingston
Dr. A.M. Hughes
Dr. D.A. Bonham

SUA/MM

16th April, 1991.

Dr. Mason,
19 St. James Street,
Paisley.

Dear Dr. Mason,

Alex O'Rourke, 7 Middleton Crescent, Paisley. (DOB. 04.12.70)

As requested, an appointment was sent for this man to come and see me yesterday but he failed to keep it, nor did he inform me of his intentions.

Yours sincerely,

Dr. S.U. Ahmed
Associate Specialist in Psychiatry

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Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☑ Soon ☑ Urgent ☐

Hospital Dykebar Date 11.3.91

Please arrange for this patient to attend the Psychiatric clinic of Dr/Mr Ahmed

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname O'DONNELL — Maiden Surname
First Names MARY — Single/Married/Widowed/Other
Address 7 MIDDLETON CR, PAISLEY — Date of Birth 4.12.70
Patient's Occupation
Postal Code — Contact telephone number

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance — Hospital No

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/~~NO~~

If YES, minimum notice required 2 days

Name, Address and Telephone Number of MEDICAL/~~DENTAL~~ PRACTITIONER

DR. I. S. MASON
19 ST JAMES ST
PAISLEY.

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor, This 20 year old mum has a 1 year history of anxiety + depression. She has problems in that he is being threatened + the door has been kicked in + he was in hospital for a while. However she says symptoms started before all this started.

She is keen to try + control her anxiety + recognise the symptoms of tranquilisers. I would be very grateful if you would see him.

Many thanks

Diagnosis/provisional diagnosis: Anxiety

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

HMSO Dd8177736MD 11/89 M10.5 CCN13161

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ARGYLL AND CLYDE HEALTH BOARD

ROYAL ALEXANDRA HOSPITAL

ACCIDENT & EMERGENCY SERVICE:
Mr. J.A. Findlay
Mr. C.A. Allister

Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111
Fax No: 041-887 6701

Your Ref:

Our Ref:

If telephoning, please ask for:
Extn. 4580

Date: 16-8-90

Dear Doctor,

Re: NAME: 032717/90 O'ROURKE ALEC

ADDRESS 63 FERGUSLIE PK AVE PAISLEY

04/12/1970 MALE

Your patient attended today.

PRESENTING COMPLAINT: laceration ® hand x2

DIAGNOSIS:

X-RAYS:

TREATMENT GIVEN: dry dressing. Tetanus upto date.

TREATMENT ADVISED: suturing of both wounds but patient refused treatment

OTHER INFORMATION:

Yours sincerely,

Dr.

Accident & Emergency Department

Appr. Y/N.

PTG0260

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ARGYLL AND CLYDE HEALTH BOARD

The Royal Alexandra Hospital

Surgical Division
Corsebar Road
Paisley PA2 9PN
Tel: 041-887 9111

Mr. Ronald M. Ross
Mr. Andrew J. McEwan
Mr. Barry W. A. Williamson
Mr. Kenneth G. Mitchell

Your Ref:

Our Ref: AJM/RHM/165288.

Date: 29th July 88.

If telephoning, please ask for:

[redacted]
Dr S. Barua,
Ferguslie Clinic,
Kirklea Avenue,
PAISLEY.

Dear Dr Barua,

Re: Alex O'Rourke, 4.12.70,
11, Westburn Avenue,
PAISLEY.

This patient failed to keep an appointment arranged in response to your request for a consultation.

Yours sincerely,

[redacted]

A. J. McEWAN.
CONSULTANT SURGEON.

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ARGYLL AND CLYDE HEALTH BOARD — RENFREW DISTRICT

The Royal Alexandra Infirmary

SURGICAL DIVISION
Mr. A. Lawrie Morton
Mr. William F. Toomey
Mr. Ronald M. Ross
Mr. Andrew J. McEwan

Barbour Park
Paisley PA2 6LX
Tel: 041-887 9111

GT/MH/165288

30th September, 1983.

Dr. S. Barua,
135 a Ferguslie Park Avenue,
PAISLEY.

Dear Dr, Barua,

Alex. O'Rourke, 4.12.70
4 Killoch Avenue, Paisley

Alexander had a left orchidopexy on 29th September, 1983. He made an excellent recovery and was discharged home on 24th September. We will see him again for review at the Clinic.

Yours sincerely,

GAVIN TAIT,
Surgical Registrar.

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NHS Confidential: Personal data about a patient

The Royal Alexandra Infirmary

Mr. A. Lawrie Morton
Mr. William F. Toomey
Mr. Ronald M. Ross
Mr. Andrew J. McEwan

SURGICAL DIVISION

Barbour Park
Paisley PA2 6LX
Telephone No. 041-887 9111

DM/JRM/165288

5th January, 1976

Dr. Sutherland,
2 Cheviot Road,
Paisley.

Dear Dr. Sutherland,

Alexander O'Rourke (4.12.70)
4 Killoch Avenue, Paisley.

This boy was admitted to the R.A.I. on 4th December, 1975 with what was thought to be a cervical abscess on the right side of the neck. On exploration, however, this was found to be a mass of lymph nodes. His E.S.R. was raised at 76 and his white cell count was normal. His haemoglobin was slightly low at 11.8.

Unfortunately, I could not locate the result of his Paul Bunnell and on review at the clinic about two weeks ago the glandular masses had considerably reduced in size and were almost disappearing. His general condition was quite good and though no definite diagnosis was reached I did not think it necessary to review him again at the clinic or to investigate him any further.

Yours sincerely,

David Mugwanya,
Surgical Registrar.

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The Royal Alexandra Infirmary

ORTHOPAEDIC AND ACCIDENT UNIT

Telephone No.
041-887 9111

BARBOUR PARK
PAISLEY PA2 6LX

JAF/HC.

13th November, 1974.

Dr. Sutherland,
2, Cheviot Road,
PAISLEY.

Unit No. 165288.

Dear Dr. Sutherland,

Alexander O'Rourke, 3 years,
4, Killoch Avenue,
Paisley.

I noted the overlapping of the second toe on the third in each foot in the above patient. This is only a cosmetic defect because it does not interfere with walking or running. It would be a mistake to try and straighten these toes because growth would stop in the epiphysis which would have to be excised. This has been explained to the mother. It is likely that the deformity will not get any worse in degree as growth progresses. If, however, function is interfered with, we should be pleased to see him again.

Yours sincerely,

J. A. Findlay,
Consultant Orthopaedic Surgeon.

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IMPORTANT INFORMATION

If you need to see a doctor

Take this card with you and show it to your doctor if he asks to see it. If you cannot produce this card the doctor may charge a fee for which he will give you a receipt showing how to get this money refunded.

Accidents and Emergencies

First try to contact your own doctor, or a doctor who is covering for him. If he is not available, you can get treatment from any NHS family doctor.

If you are away from home within the UK FOR LESS THAN 3 MONTHS

You can apply for NHS treatment to any local family doctor. Just show this card or give your NHS number (which is on the front of this card).

If you intend to go ABROAD FOR MORE THAN 3 MONTHS

Please send this card back to your local Health Board (address on Page 1) with a note of the date you intend to leave this country. Our address is on the front. You will need to re-register with a doctor when you return home.

If you change your address

Tell your doctor your new address as soon as you can. This is in case your doctor has to write to you or visit you at home. Also tell your Health Board (address on Page 1) who may have to write to you about health screening programmes. If you have moved out of the area that your doctor covers, you should ask your doctor if he is still willing to provide you with general medical services. If not, you should transfer to the list of a doctor nearer to your new place of residence as soon as possible.

You and your Doctor

Your doctor will have a practice leaflet containing information to help you, such as consulting times and the services available to patients.

Home visits

Please do not ask the doctor to make a home visit unless the patient is too ill to attend the surgery. Unless it is an emergency, please contact the surgery as early as possible preferably before 10 a.m., as this helps the doctor to plan his visits.

IF YOU WANT TO CHANGE YOUR DOCTOR

You can do this at any time - you do not have to have a special reason. Just complete Page 4 of this card and give it to the doctor whose list you wish to join. If the doctor is willing to accept you, he will sign the card and send it to the Health Board. We will send you a new card showing your new doctor's name. You may go to your new doctor for treatment as soon as he has accepted you. If you are under 16 years of age, you will need to have this application completed by an adult representative.

HOW YOUR LOCAL HEALTH BOARD CAN HELP YOU

If you cannot find a doctor to accept you

Please write and let us know. We will help you find a doctor.

If you want more information

We can tell you

* names and address of doctors, dentists, opticians and pharmacists in your area
* about services that you can get in your area. For example, about doctors who speak other languages and about extra services like child health clinics.

Complaints

If you want to complain about the service of a doctor, dentist, optician or pharmacist, please write to us.

You should do this within 13 weeks from date of the event that you want to complain about.

If you wait more than 13 weeks, we may not be able to deal with your complaint.

Remember

We are here to help you. But if you write to us, please make sure to tell us your date of birth and, if known, your NHS number. We will be able to find your records and reply to you more quickly if you give us this information.

Your NHS number is on the front of this card.

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CHANGE OF DOCTOR

Please read the notes on the other side of this card.

1. To be completed by the patient

I wish to join the list of

(Name of Doctor) MRS KIRKWOOD

(Doctor's Address) KING STREET

PAISLEY

If your own name or address is different from that on the front of this card, please give your name or address here

New Name .....

New Address 11D PILLASTON

COURT PAISLEY

RENFREWSHIRE Post Code PA1 2XL

Your Signature Alex O'Rourke

Date 20/1/97

If you are not the patient, please state your relationship to the patient

.....

Give this card to the doctor whose list you wish to join.

2. To be completed by the new doctor

I accept this patient on my list

Doctor's Signature WKirkwood

Ref. No. C 34864

Date 11/2/97

If you will be dispensing drugs for this patient, please enter D here

If you are claiming a rural practice fund (mileage) payment please give the number of miles between your main surgery and the patient's home.

C

NATIONAL HEALTH SERVICE MEDICAL CARD

ISSUED BY THE
ARGYLL AND CLYDE HEALTH BOARD
Gilmour House, Paisley, Renfrewshire
PA1 1DU
Tel: 0141-887-0121

C

Community Health Index No.

Date of Birth	Serial No.
04/12/70	3297

N.H.S. No. S1573/70/2195

Name

Address ALEXANDER O'ROURKE
25 BLACKSTOUN OVAL
PAISLEY

PA3 1LR

Dr. W S KIRKWOOD

Acceptance Date 20/01/97

Form G.P. 4 (COMP)

IMPORTANT. PLEASE READ THE INFORMATION ON PAGES 2 AND 3 AND KEEP THIS CARD SAFE

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NHS Confidential: Personal data about a patient

Argyll and Clyde Health Board

IMMEDIATE DISCHARGE LETTER AND PRESCRIPTION FORM

HOSPITAL RAH
Ward 24
Consultant ORTHOPAEDICS
Date of Discharge 11-5-98
G.P.
G.P. Tel. No.

PATIENT IDENTIFICATION DATA - IF LABEL USED AFFIX TO ALL COPIES
Patient's Name ALEX O'ROURKE
Home Address 45 BARNWOOD CRT
Age 4/12/30
Unit No. 2018941/58

Medicine (inc. form of preparation e.g. tablets)	Dose	Times of Administration	Quantity supplied by Pharmacy	* Continuation of Treatment from date of discharge (see below)
CO-PROXAMOL	2 tabs	4-6hly prn. max 8/24		
		1	11/5/98	

Drug Sensitivity

A 7 days supply has been dispensed

..... Pharmacist ..... Date Dispensed

MEDICINES DISCONTINUED (with reasons)

DIAGNOSIS (if appropriate)

*** CONTINUATION OF TREATMENT**

It is important to state in this column

(a) The number of days for which treatment should be continued from DATE OF DISCHARGE.

(b) If treatment is to be for indefinite period mark "indefinite."

(c) If treatment is to be intermittent or irregular, mark "SEE COMMENTS BELOW," and give full details in the Comments space.

OTHER TREATMENT and COMMENTS (including details of dressings etc.)

Review - HCP Wilburn Surgeon

FOLLOW UP
Clinic: no follow up Date ..... / Appointment to follow
G.P.: If needed / ..... weeks ..... months
A FULL LETTER WILL FOLLOW

PRESCRIBER'S SIGNATURE
CLAIRE MCKENDRICK
PRESCRIBER'S NAME (IN BLOCK LETTERS)
DATE: 11/5/98

RETAIN WHITE COPY IN PHARMACY

A4N30003 2.93

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03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_493.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr LOWE
The Surgery
3 Glasgow Road
Paisley

PA1 3QS

March 21, 2010

Dear Dr Lowe,
Re. ALEXANDER O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY

Date of Birth 04.12.70 Hospital Number: 0412703297 CHI Number: 0412703297

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 21 MAR 2010 09:03.

The presenting complaint was:	BACK/FOOT INJURY
Triage Information:	FELL OFF LADDER 3 DAYS AGO, HIT A MANHOLE COVER, BRUISED BOTTOM AND ALSO C/O CORN ON FOOT • PAIN?
The following investigations were carried out:	LUMBAR SPINE X-RAYS
The A&E diagnosis was:	CONTUSION - BUTTOCKS - BILATERAL
The following treatment was given:	Nil
At the conclusion of treatment the patient was:	
Follow-up:	Nil
The patient's departure destination was:	DISCHARGED
Additional Information:	Nil

Yours sincerely,
SILE MACGLONE
EMERGENCY DEPARTMENT DOCTOR

Consultants:

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Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_494.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Registration Details - Patient No: 899

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	PA2 0AY
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	4 Foxbar Road
Previous Surname		Village	Foxbar
Forenames	Alexander	Town	Renfrewshire
Calling Name	Alexander	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Argyll & Clyde	Home Tel No	07707 571 224
Registered GP	Dr Wendy Kirkwood	Work Tel No	
Usual GP	Dr Wendy Kirkwood	Mobile Tel No	
CHI Number	0412703297	E Mail Address	
Residential Inst			
Branch Surgery			
NHS Number	S/573/70/2195		

Practice Information...		Distances	
Dispensing	0	RPP Road Miles	
Hospital Number		Blocked Special	
Records At		Water Miles	
Footpath Miles			

Further Information		ECS (GP Summary) Consent	
Long/Short stay or Dead		Patient Consent	Implied Consent (default)
Date of registration	20/05/2009		

Other Contact Person		Upload Consent	
Name		eAMS Consent	Yes
Relationship		SCI-DC Consent	Implied Consent (default)
Phone number			

Medical Record

Problems

Active Problems		Authorised By	Code
01/01/1976	[D]Generalized enlarged lymph nodes - reactive neck exploration	Administrator	R0563
01/01/1983	Bilateral orchidopexy - left	Administrator	7C05
01/01/1984	[SO]Ulnar nerve - hand - damge right ulnar digital nerve	Administrator	7N08L
01/01/1990	[SO]Hand NEC - laceration of hand	Administrator	7NB03
01/01/1991	Anxiety states - insomnia	Administrator	E200
01/01/1997	[X]Drug addiction NOS - receiving treatment	Administrator	Eu192-1
01/01/1998	Drug addictn therap-methadone - treatment continues	Administrator	8B23-1
01/02/1998	[X]Heroin addiction - relapse after losing job	Administrator	Eu112-2
08/02/2002	Computer summary updated	Mrs Doherty	9348
08/02/2002	Lloyd George+problem summary	Administrator	9311
	[X]Stabbing alleged stab wound - left A & E incomplete consultation - patient	Mrs Doherty	U3E-1

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01/09/2008	refused treatment		
04/05/2009	Other thumb injuries, unspecified X ray small fracture prox phalynx	Ms Locum	SK152
11/05/2009	Alcohol problem drinking	Dr Ip	E23.2
30/06/2009	Administration Medical Report (Dr Ip)to Robertson & Ross, NO NOTES, R & R letter back to file, Mags the Temp	Ms Locum	9

Past Problems		Authorised By	Code
19/11/2008	**Chest infection NOS**	Dr Ip	H06z0
20/02/2009	**Chest infection NOS**	Dr Punati	H06z0
02/03/2009	**Trying to give up smoking**	Dr Punati	137G
11/05/2009	**Mole of skin**	Dr Ip	B76.4
22/07/2009	**Cannot sleep - insomnia**	Dr Ip	1B1B

Health Admin Problems		Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
02/03/2009	**Rolls own cigarettes 10 oz/wk**		
19/11/2008	**O/E - temperature level 36.7 C**	.....j.....	36-37.5

Attachments			Authorised By	Code
06/05/2008	**Letter encounter** Administration Letter Administration discharge sheet from HMP Kilmarnock	D7_00154298.XXX	Mr Man	EMISATTACHMENT
25/06/2008	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Drug Service	D7_00161580.XXX	Mr Man	EMISATTACHMENT
02/09/2008	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00170797.XXX	Mr Man	EMISATTACHMENT
08/09/2008	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Psychiatry Department	D7_00172302.XXX	Mr Man	EMISATTACHMENT
13/09/2008	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00172205.XXX	Mr Man	EMISATTACHMENT
23/10/2008	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Drug Service	D7_00179340.XXX	Mr Man	EMISATTACHMENT
13/11/2008	**Letter encounter** Hospital Letter Renfrewshire Drug Service Drug Service	D7_00182712.XXX	Mr Man	EMISATTACHMENT
05/02/2009	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Psychiatry Department	D7_00194461.XXX	Mr Man	EMISATTACHMENT
24/02/2009	**Letter encounter** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00195080.XXX	Mr Man	EMISATTACHMENT
16/04/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00201808.XXX	Mr Man	EMISATTACHMENT
25/04/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00202895.XXX	Mr Man	EMISATTACHMENT
01/05/2009	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Drug Service	D7_00206909.XXX	Mr Man	EMISATTACHMENT
04/05/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00206153.XXX	Mr Man	EMISATTACHMENT
05/05/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Orthopaedics	D7_00206821.XXX	Mr Man	EMISATTACHMENT
25/05/2009	**Letter encounter** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00209526.XXX	Mr Man	EMISATTACHMENT
10/06/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Accident & Emergency	D7_00211828.XXX	Mr Man	EMISATTACHMENT
26/06/2009	Referral letter - , Outpatient (NHS) (), Routine	Medical Report Robertson & Ross.doc	Ms Locum	EMISATTACHMENT
26/06/2009	Referral letter - , Outpatient (NHS) (), Routine	fee note.doc	Ms Locum	EMISATTACHMENT
29/06/2009	**Administration** Administration Letter Letter from Doctor	D7_00216154.XXX	Mr Man	EMISATTACHMENT
30/06/2009	**Administration** Administration Letter Solicitor	D7_00214717.XXX	Mr Man	EMISATTACHMENT
30/06/2009	**Administration** Administration Letter Medical Report	D7_00214718.XXX	Mr Man	EMISATTACHMENT

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08/07/2009	Referral letter - , Outpatient (NHS) Charleston Centre (), Routine	Refer CMHT.doc	Ms Locum	EMISATTACHMENT
08/07/2009	**Administration** Referral Letter Charleston Centre Mental Health	D7_00215882.XXX	Mr Man	EMISATTACHMENT
16/07/2009	**Letter from consultant** Hospital Letter Royal Alexandra Hospital Mental Health	D7_00217577.XXX	Mr Man	EMISATTACHMENT
23/07/2009	**Attachment** dr not avail letter	Document1.doc	Mrs Flucker	EMISATTACHMENT
29/07/2009	**Letter from consultant** Hospital Letter Renfrewshire Drug Service Psychiatry Department	D7_00223445.XXX	Mr Man	EMISATTACHMENT
26/08/2009	**Letter from consultant** Hospital Letter Renfrewshire Association for Mental Health Mental Health	D7_00224715.XXX	Mr Man	EMISATTACHMENT
06/09/2009	**Letter from consultant** Administration Letter Jobcentre Plus	D7_00226493.XXX	Mr Man	EMISATTACHMENT
06/09/2009	**Administration** Administration Letter Jobcentre Plus	D7_00226508.XXX	Mr Man	EMISATTACHMENT

Due Diary Entries		Authorised By	Code
22/07/2010	**Medication review**	Dr Ip	8B314

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
None		

Immunisations	Authorised By	Code
None		

Health Status

Other Observations		Authorised By	Code
20/01/1997	**Patient signed reg. form**	Administrator	9122
20/01/1997	**Pat. GP7B/GP8B card from HB**	Administrator	PCSDT134582282
10/02/1997	**Patient MRE received from FPC**	Administrator	9125
14/02/1997	**Encounter (ETK0): drug addiction**	Administrator	PCSDT134582
07/05/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
11/06/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
11/06/1997	**Blood sample -> Haematol Lab**	Administrator	4142
11/06/1997	**Blood sample -> Microbiol Lab**	Administrator	4144
03/07/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
29/07/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
21/08/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
29/09/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
06/11/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
20/11/1997	**Encounter (ETK0):**	Administrator	PCSDT134582
07/01/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
20/02/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
12/03/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
23/03/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
21/04/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
05/05/1998	**Encounter (ETK0):**	Administrator	PCSDT134582
13/05/1998	**Encounter (ETK0):**	Administrator	PCSDT134582

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13/05/1998	**Wound dressing NOS**	Administrator	81HZ
04/06/1998	**Encounter** [ETK0]:	Administrator	PCSDT134582
22/07/1998	**Encounter** [ETK0]:	Administrator	PCSDT134582
12/08/1998	**Encounter** [ETK0]:	Administrator	PCSDT134582
09/09/1998	**Encounter** [ETK0]: Acute Consultation	Administrator	PCSDT134582
09/09/1998	**Encounter** [ETK0]:	Administrator	PCSDT134582
23/11/1999	**Data Entry** [ETK1]: Migrated Data	Administrator	PCSDT134582279
13/08/2001	**Encounter** [ETK0]: heroin user, RSAR 29/8/01, recently out of prison, starting new job tomorrow, discussed options- seems keen and motivated- for detox, rv 1/52, reduce to 1 tab TDS	Administrator	PCSDT134582
20/08/2001	**Encounter** [ETK0]:	Administrator	PCSDT134582
23/08/2001	**Encounter** [ETK0]: 3 tabs daily not holding him, discussed, going to RSAR next week, for 4tabs daily, rv 1/52	Administrator	PCSDT134582
29/08/2001	**Telephone encounter** [ETK2]: with M. Paterson RSAR- states that he is still using Heroin ce20-30/day, wants Methadone, won't be allocated for 7wk, ?can we start Methadone in the surgery	Administrator	9N31
30/08/2001	**Telephone encounter** [ETK2]: with Dr Haig- advised to give him 'a break' from treatment if DHC and diazepam has been unsucessful- will be assess at RSAR	Administrator	9N31
30/08/2001	**Encounter** [ETK0]: discussed with patient, sounds desparate and genuine, c/t detox, inc dose, rv 2wk, Med3 2wk N.D.	Administrator	PCSDT134582
13/09/2001	**Encounter** [ETK0]: doing well, last used 2wk ago, keep on same dose, rv 2w, dec dose then, ?urine DoA screen, Med3 4wk ND	Administrator	PCSDT134582
27/09/2001	**Encounter** [ETK0]: dec dose of DHC and diazepam to 4t daily	Administrator	PCSDT134582
11/10/2001	**Encounter** [ETK0]: keep on same dose for 1wk- due to be seen by RSAR tomorrow	Administrator	PCSDT134582
18/10/2001	**Encounter** [ETK0]: due ?methadone in Nov- keep on same dose	Administrator	PCSDT134582
26/10/2001	**Encounter** [ETK0]: 2wk script given, c/t same dose, rv 2wk, ?RSAR app w/ Dr haig soon- find out	Administrator	PCSDT134582
02/11/2001	**Telephone encounter** [ETK2]: chemist- ?can he get 5d of stuff bc he's going away- okay	Administrator	9N31
09/11/2001	**Encounter** [ETK0]: to cut down diazepam to 3x10mg daily, keep DHC same dose	Administrator	PCSDT134582
13/12/2001	**Encounter** [ETK0]:	Administrator	PCSDT134582
13/12/2001	**Data Entry** [ETK1]: dhc stopped. rsar prescribing methadone	Administrator	PCSDT134582279
07/02/2002	**Encounter** [ETK0]: Med3 26/52, ND, attending RSAR for methadone but still using heroin	Administrator	PCSDT134582
08/02/2002	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
23/09/2002	**Encounter** [ETK0]: back onto heroin, ce20/d, ?asthma attack with smoking, seem motivated, seen with partner, in work, rv 1wk	Administrator	PCSDT134582
01/10/2002	**Encounter** [ETK0]: doing well, clean for 10d, for last script- cut by half	Administrator	PCSDT134582
19/12/2002	**Encounter** [ETK0]: asking for detox, RDS on 17/1/03- not for DHC or diazepam- try meth 30ml daily	Administrator	PCSDT134582
17/01/2003	**Encounter** [ETK0]: on meth 30ml daily, NO DRS appoint yet, d/w RDS. given 210ml, rv 1wk	Administrator	PCSDT134582
24/01/2003	**Encounter** [ETK0]: apptm with charles mcmahon on 4/2/03- Meth 30 360ml, lower back pain	Administrator	PCSDT134582
21/02/2003	**Encounter** [ETK0]: ongoing back pain- XR, ?physio	Administrator	PCSDT134582
21/03/2003	**Encounter** [ETK0]: rash groins	Administrator	PCSDT134582
08/04/2003	**Encounter** [ETK0]:	Administrator	PCSDT134582
16/04/2003	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
20/06/2003	**Encounter** [ETK0]: epigastric pain related to alcohol and gum chewing. avice tender epig. for hpylori and routine bloods. asking for zantac which helps. review with results	Administrator	PCSDT134582
11/07/2003	**Encounter** [ETK0]: epigastric pain - no relief with zantacfor H pylori testadvice re cigs and alcohol	Administrator	PCSDT134582
15/07/2003	**Encounter** [ETK0]:	Administrator	PCSDT134582
15/07/2003	**Helicobacter blood test**	Administrator	4JN
15/07/2003	**Helicobacter serology positive**	Administrator	4JD6
22/07/2003	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
24/07/2003	**Data Entry** [ETK1]: h PYLORI POSITIVE	Administrator	PCSDT134582279
24/07/2003	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
24/07/2003	**Data Entry** [ETK1]: blood result given - collect script	Administrator	PCSDT134582279
19/08/2003	**Telephone encounter** [ETK2]: tried both phones numbers both unavailable:phoned with new no. having similar problems as before-acid reflux states ranitidine helps and would like some more. states helicbar did not help. spoke to DM advised prescription for ranitidine will be left and make routine appointment for retesting of helicobacter. patient informed wants dose of ranitidine to be greater than 75 mgs as this does not help	Administrator	9N31
22/08/2003	**Encounter** [ETK0]:	Administrator	PCSDT134582
28/08/2003	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
02/09/2003	**Telephone encounter** [ETK2]: very unco-operative, stated he wanted blood tests because he has cut lip from 4 days ago. very reluctant to answer any questions, did not want to attend A+E, unable to remember what happened,then stated his stomach is irritating him and ranitidine not helping, requesting more medication advised to make routine appointment to discuss same, he then hung up phone	Administrator	9N31
19/03/2004	**Telephone encounter** [ETK2]: Greenock Prison looking for methadone dosage and length of Rx	Administrator	9N31

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10/03/2006	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
27/12/2006	**Telephone encounter** [ETK2]: Says out of Kilmarnock Prison last week after 5 years and had been given gabapentin 300mg bd with DHC 60mgbd for chronic back pain, but given nothing away with him. Cannot give me a contact number for prison. Told not prepared to give DHC until assessed.For gabapentin and co-codamol 30/500. Make routine appt	Administrator	9N31
03/01/2007	**Encounter** [ETK0]: just out of prison, states needs help with detox, agrees to 2wk detox- nothing more from us agreed	Administrator	PCSDT134582
03/01/2007	**Health ed. - smoking**	Administrator	6791
03/01/2007	**Light smoker - 1-9 cigs/day** Smoker$$ Status.clm Light smoker - 1-9 cigs/day	Administrator	1373
09/01/2007	**Data Entry** [ETK1]: request	Administrator	PCSDT134582279
17/01/2007	**Encounter** [ETK0]: states is under Fiona at Cactus (rehab place) states due to be put onto methadone in 2-3wk and needs somethin gto hold him in the meantime, using 1 bag a day just now, up dose to 4tab daily	Administrator	PCSDT134582
06/02/2007	**Telephone encounter** [ETK2]: w Cactus project- on WL for methadone now	Administrator	9N31
07/02/2007	**Encounter** [ETK0]: rpt scrip given, discussed, on WL for RDC	Administrator	PCSDT134582
28/02/2007	**Encounter** [ETK0]: due appointment at RDC soon, keen to go onto just DHC- for MR 90mg bd	Administrator	PCSDT134582
21/03/2007	**Encounter** [ETK0]: got app for 5/4 for RDS, for 2wk + 1d scrip meantime	Administrator	PCSDT134582
19/04/2007	**Data Entry** [ETK1]:	Administrator	PCSDT134582279
19/04/2007	**Did not attend**	Administrator	9Ni
15/07/2008	**Medication requested**	Dr Ip	8B3H
01/09/2008	**Medication review done**	Dr Ip	8B3V
05/09/2008	**Lloyd George+problem summary**	Mrs Doherty	9311
05/09/2008	**Computer summary updated**	Mrs Doherty	9348
24/09/2008	**Removal of suture of skin** wounds appear dry & healed today.x2 ! chest.	Mrs Anderson	7G22-2
19/11/2008	**O/E - expiratory wheeze** mild, basal creps, good AE throughout	Dr Ip	2326
19/11/2008	**[X]Stabbing (REVIEW)**	Dr Ip	U3E-1
02/03/2009	**Moderate smoker - 10-19 cigs/d -**	Dr Punati	1374
09/06/2009	**Solicitors report requested** Robertson & Ross. Letter and notes - JI	Mrs Cooperwhite	9ER6
03/07/2009	**[X]Drug addiction NOS (REVIEW)**	Dr Ip	Eu192-1
03/07/2009	**[X]Stabbing (REVIEW)**	Dr Ip	U3E-1
22/07/2009	**Medication review done**	Dr Ip	8B3V
04/09/2009	**Administration** Letter from JI to MArlene Bingham asking patient be put off list for frequent DNA's; Letter from MB to patient informing him of same.	Mrs Ironside	9

Consultations

14/02/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]: drug addiction
-	---
07/05/1997	Dr Bloomer at King Street Surgery
History	Encounter [ETK0]:
-	---
11/06/1997	Sister Anderson at King Street Surgery
History	Encounter [ETK0]: Blood sample -> Haematol Lab Blood sample -> Microbiol Lab
-	---
03/07/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]:
-	---
29/07/1997	Inactive Dr Dunn at King Street Surgery
History	Encounter [ETK0]:
-	---
21/08/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]:
-	---
29/09/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]:
-	---
09/11/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]:
-	---
20/11/1997	Dr Wendy Kirkwood at King Street Surgery
History	Encounter [ETK0]:
-	---

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07/01/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
20/02/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
12/03/1998 History	Dr Bloomer at King Street Surgery Encounter [ETK0]:
23/03/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
21/04/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
05/05/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
13/05/1998 History	Mrs Eileen Adams at King Street Surgery Encounter [ETK0]: Wound dressing NOS
04/06/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
22/07/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
12/08/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
09/09/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]:
09/09/1998 History	Dr Wendy Kirkwood at King Street Surgery Encounter [ETK0]: Acute Consultation
23/11/1999 History	Administrator at King Street Surgery Data Entry [ETK1]: Migrated Data Patient MRE received from FPC Patient signed reg. form Pat. GP7B/GP8B card from HB
13/08/2001 History	Dr J Ip at King Street Surgery Encounter [ETK0]: heroin user, RSAR 29/8/01, recently out of prison, starting new job tomorrow, discussed options- seems keen and motivated- for detox, rv 1/52, reduce to 1 tab TDS
20/08/2001 History	Dr Watson at King Street Surgery Encounter [ETK0]:
23/08/2001 History	Dr J Ip at King Street Surgery Encounter [ETK0]: 3 tabs daily not holding him, discussed, going to RSAR next week, for 4tabs daily, rv 1/52
29/08/2001 History	Dr J Ip at King Street Surgery Telephone encounter [ETK2]: with M. Paterson RSAR- states that he is still using Heroin ce20-30/day, wants Methadone, won't be allocated for 7wk, ?can we start Methadone in the surgery

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30/08/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: discussed with patient, sounds desparate and genuine, c/t detox, inc dose, rv 2wk, Med3 2wk N.D.
30/08/2001	Dr J Ip at King Street Surgery
History	Telephone encounter [ETK2]: with Dr Haig- advised to give him 'a break' from treatment if DHC and diazepam has been unsucessful- will be assess at RSAR
13/09/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: doing well, last used 2wk ago, keep on same dose, rv 2w, dec dose then. ?urine DoA screen, Med3 4wk ND
27/09/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: dec dose of DHC and diazepam to 4t daily
11/10/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: keep on same dose for 1wk- due to be seen by RSAR tomorrow
18/10/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: due ?methadone in Nov- keep on same dose
26/10/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: 2wk script given, c/t same dose, rv 2wk, ?RSAR app w/ Dr haig soon- find out
02/11/2001	Dr J Ip at King Street Surgery
History	Telephone encounter [ETK2]: chemist- ?can he get 5d of stuff bc he's going away- okay
09/11/2001	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: to cut down diazepam to 3x10mg daily, keep DHC same dose
13/12/2001	Dr Wendy Kirkwood at King Street Surgery
History	Data Entry [ETK1]: dhc stopped. rsar prescribing methadone
13/12/2001	Dr Bloomer at King Street Surgery
History	Encounter [ETK0]:
07/02/2002	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: Med3 26/52, ND, attending RSAR for methadone but still using heroin
08/02/2002	Administrator at King Street Surgery
History	Data Entry [ETK1]:
Problem	**Lloyd George+problem summary**
Problem	**[D]Generalized enlarged lymph nodes** - reactive neck exploration
Problem	**Bilateral orchidopexy** - left
Problem	**[SO]Ulnar nerve - hand** - damge right ulnar digital nerve
Problem	**[SO]Hand NEC** - laceration of hand
Problem	**Anxiety states** - insomnia
Problem	**[X]Drug addiction NOS** - receiving treatment
Problem	**Drug addictn therap-methadone** - treatment continues
Problem	**[X]Heroin addiction** - relapse after losing job
23/09/2002	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: back onto heroin, oe20/d, ?asthma attack with smoking, seem motivated, seen with partner, in work, rv 1wk
01/10/2002	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: doing well, clean for 10d, for last script- cut by half

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19/12/2002	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: asking for detox, RDS on 17/1/03- not for DHC or diazepam- try meth 30ml daily
17/01/2003	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: on meth 30ml daily, NO DRS appoint yet, d/w RDS, given 210ml, rv 1wk
24/01/2003	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: apptm with charles mcmahon on 4/2/03- Meth 30 360ml, lower back pain
21/02/2003	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: ongoing back pain- XR, ?physio
21/03/2003	Dr J Ip at King Street Surgery
History	Encounter [ETK0]: rash groins
08/04/2003	Dr Watson at King Street Surgery
History	Encounter [ETK0]:
16/04/2003	Administrator at King Street Surgery
History	Data Entry [ETK1]:
20/06/2003	Dr Jocelyn Nelson at King Street Surgery
History	Encounter [ETK0]: epigastric pain related to alcohol and gum chewing. avice tender epig, for hpylori and routine Bloods. asking for zantac which helps. review with results
11/07/2003	Dr David McFadyen at King Street Surgery
History	Encounter [ETK0]: epigastric pain - no relief with zantaclor H pylori testadvice re cigs and alcohol
15/07/2003	Mrs Eileen Adams at King Street Surgery
History	Encounter [ETK0]: Helicobacter blood test
22/07/2003	Administrator at King Street Surgery
History	Data Entry [ETK1]: Helicobacter serology positive
24/07/2003	Administrator at King Street Surgery
History	Data Entry [ETK1]: blood result given - collect script
24/07/2003	Administrator at King Street Surgery
History	Data Entry [ETK1]:
24/07/2003	Dr Wj Weir at King Street Surgery
History	Data Entry [ETK1]: h PYLORI POSITIVE
19/08/2003	Mrjan Towle at King Street Surgery
History	Telephone encounter [ETK2]: tried both phones numbers both unavailable,phoned with new no. having similar problems as before-acid reflux states ranitidine helps and would like some more. states helicbear did not help. spoke to DM advised prescription for ranitidine will be left and-make routine appointment for retesting of helicobacter. patient informed wants dose of ranitidine to be greater than 75 mgs as this does not help
22/08/2003	Dr Watson at King Street Surgery
History	Encounter [ETK0]:

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28/08/2003 History	Administrator at King Street Surgery Data Entry [ETK1]:
02/09/2003 History	Mrs Triage Triage at King Street Surgery Telephone encounter [ETK2]: very unco-operative, stated he wanted blood tests because he has cut lip from 4 days ago. very reluctant to answer any questions, did not want to attend A+E, unable to remember what happened.then stated his stomach is irritating him and ranitidine not helping, requesting more medication advised to make routine appointment to discuss same, he then hung up phone
19/03/2004 History	Dr David McFadyen at King Street Surgery Telephone encounter [ETK2]: Greenock Prison looking for methadone dosage and length of Rx
10/03/2006 History	Dr Wendy Kirkwood at King Street Surgery Data Entry [ETK1]:
27/12/2006 History	Dr C Murray at King Street Surgery Telephone encounter [ETK2]: Says out of Kilmarnock Prison last week after 5 years and had been given gabapentin 300mg bd with DHC 60mgbd for chronic back pain. but given nothing away with him. Cannot give me a contact number for prison. Told not prepared to give DHC until assessed.For gabapentin and co-codamol 30/500. Make routine appt
03/01/2007 History	Dr J Ip at King Street Surgery Encounter [ETK0]: just out of prison, states needs help with detox, agrees to 2wk detox- nothing more from us agreed Health ed. - smoking Light smoker - 1-9 cigs/day Smoker$$ Status.clm Light smoker - 1-9 cigs/day (diary entry deleted) (Not Known)
09/01/2007 History	Dr J Ip at King Street Surgery Data Entry [ETK1]: request
17/01/2007 History	Dr J Ip at King Street Surgery Encounter [ETK0]: states is under Fiona at Cactus (rehab place) states due to be put onto methadone in 2-3wk and needs somethin gto hold him in the meantime. using 1 bag a day just now, up dose to 4tab daily
06/02/2007 History	Dr J Ip at King Street Surgery Telephone encounter [ETK2]: w Cactus project- on WL for methadone now
07/02/2007 History	Dr J Ip at King Street Surgery Encounter [ETK0]: rpt scrip given, discussed, on WL for RDC
28/02/2007 History	Dr J Ip at King Street Surgery Encounter [ETK0]: due appointment at RDC soon. keen to go onto just DHC- for MR 90mg bd
21/03/2007 History	Dr J Ip at King Street Surgery Encounter [ETK0]: got app for 5/4 for RDS, for 2wk + 1d scrip meantime
19/04/2007 History	Administrator at King Street Surgery Data Entry [ETK1]: Did not attend
06/05/2008 Additional	Mr Doc Man at Docman Letter encounter Administration Letter Administration discharge sheet from HMP Kilmarnock
14/05/2008 Problem	Dr Wendy Kirkwood at Data Entry Prison medication discharge slip

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Comment	ranitidine put on repeat but ? wean off zimovane
Medication	Amitriptyline Hydrochloride Tablets 50 mg 28 tablet TAKE ONE AT NIGHT Zopiclone Tablets 7.5 mg 28 tablet TAKE ONE AT NIGHT Ranitidine Tablets 150 mg 120 TABLET 1 BD
18/06/2008	Dr J Ip at King Street Surgery
History	needing more meds- on them from HMP Kilmarnock, discussed zopiclone use- to wean off, only licensed for 4wk use- advised
Medication	Zopiclone Tablets 3.75 mg 28 tablet 1 Tab At night prn Amitriptyline Hydrochloride Tablets 50 mg 56 tablet TAKE ONE AT NIGHT Ranitidine Tablets 150 mg 120 TABLET 1 BD
25/06/2008	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Drug Service
15/07/2008	Dr J Ip at Special Request
Problem	**Medication requested**
Comment	asking for more zopiclone- not given, given patient info re 4wk licensing
02/09/2008	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
08/09/2008	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Psychiatry Department
13/09/2008	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
17/09/2008	Mrs Eileen Adams at King Street Surgery
Comment	stabbed 5 days ago signed self out of hospital, self refered for dressing review. multiple stab wounds facial bruising ++ dressings replace. right elbow a bit sloughy though clean cleaned with saline mepore spare dressings to patient. says for suture removal monday no information re this in letter
24/09/2008	Mrs Joyce Anderson at King Street Surgery
Examination	Removal of suture of skin wounds appear dry & healed today.x2 l chest.
24/09/2008	Dr Louise Hyde at King Street Surgery
Comment	did not attend
23/10/2008	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Drug Service
13/11/2008	Mr Doc Man at Docman
Additional	Letter encounter Hospital Letter Renfrewshire Drug Service Drug Service
19/11/2008	Dr J Ip at King Street Surgery
Problem (FIRST)	**Chest infection NOS**
History	recent stabbing in chest and now c/o SoB, coug, green spit, signed himself out of hosp
Examination	O/E - temperature level 36.7 C
	O/E - expiratory wheeze mild, basal creps, good AE throughout
Comment	for a/bs
Medication	Amoxicillin Capsules 500 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY
Problem (REVIEW)	**[X]Stabbing**
History	asking for a line for his community service, states since stabbing been afraid to go out of house because of culprits are still at large, did not report stabbing assault to police, does not want to grass them up, advised that this is not a medical issue, he should seek police help or see a

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Comment	solicitor re his own safety or infrigement to his human rights
05/02/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Psychiatry Department
20/02/2009	Dr Ravi Punati at King Street Surgery
Problem (NEW)	**Chest infection NOS**
History	c/o cough, spit- green colour, smokes hash and drinks alochol and also had stab injury in the past left chest , had tube put in and taken out , walked out of hospital. now also getting pain at the same place and no other associted symptoms and not tried any thing to get better.
Examination	alert, talking in full sentences, Pr- 84/min, regular, chest: ae- equal and good , nvbs+, noted some localised wheese and crept at the stab area, no jvp/p.oedema, stongly smells of alcohol
Social	drinks whole day and smokes hash- cant quantify
Comment	explained about findings and plan: cxr, abx. course and paraceatmmol, adv. to cut down alochol and smoking drugs abd adv. AA/drug service, review with results and if any concerns to call us prn.
Medication	Amoxicillin Capsules 250 mg 21 CAPSULE(S) ONE TO BE TAKEN THREE TIMES A DAY
Test Request	CXR
24/02/2009	Mr Doc Man at Docman
Additional	Letter encounter Hospital Letter Royal Alexandra Hospital Accident & Emergency
02/03/2009	Dr Ravi Punati at King Street Surgery
Problem (NEW)	**Trying to give up smoking**
History	says that he has stopped taking cannabis and also stopping smoking and tried in the past and patches helped him and wants some patches now. says no other concerns and breathing is better.
Examination	alert, talking fine.
Social	Moderate smoker - 10-19 cigs/d - Rolls own cigarettes 16 oz/wk
Comment	explained about various options and smoking cessation counselling and would want patches- trial of smoking cessation with patches and review in 2 wks time.
Medication	Nicorette Transdermal patches 15 mg/16 hrs 28 patches apply 1 daily disp weekly
Problem	wants proof letter
History	wants letter to community service that he was seen at the hospital.
Comment	explained usually not needed for proof, but still needs it can call us /lets us know will write to them.
16/04/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
25/04/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
01/05/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Drug Service
04/05/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
05/05/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Orthopaedics
07/05/2009	Dr J Ip at King Street Surgery
History	has a small healing chip fracture R thumb- as per A&E SCI store report, old, healing as per report, wants a panel line for community service, not given, # is healing, advised not refrain from work

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11/05/2009	Dr J Ip at King Street Surgery
Problem (FIRST)	**Alcohol problem drinking**
History	drinking a lot of alcohol, on 18ml methadone daily, coming down by 2mg, finding it hard, for some librium and is due to be back at RDC soon
Medication	Chlordiazepoxide Hydrochloride Capsules 10 mg 42 capsule 1 TDS
Problem (FIRST)	**Mole of skin**
History	base of spione, been bleeding- for MSC EXC
25/05/2009	Mr Doc Man at Docman
Additional	Letter encounter Hospital Letter Royal Alexandra Hospital Accident & Emergency
09/06/2009	Dr Ravi Punati at King Street Surgery
Problem	alcohol problems
History	says not having sleep and drinking and wants to deal with it and no other issues, stopped methadone and wants some drugs to calm him down,has support worker and care worker.
Examination	smells of alcohol, bit aggressive and rude
Comment	explained about options of treatment and plan: short zopiclone and advised for apc referal
Medication	Zopiclone Tablets 3.75 mg 7 tablet TAKE ONE DAILY Ranitidine Tablets 150 mg 10 tablet 1 BD
10/06/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Accident & Emergency
29/06/2009	Mr Doc Man at Docman
Additional	Administration Administration Letter Letter from Doctor
30/06/2009	Mr Doc Man at Docman
Additional	Administration Administration Letter Medical Report
30/06/2009	Mr Doc Man at Docman
Additional	Administration Administration Letter Solicitor
03/07/2009	Dr J Ip at King Street Surgery
Problem (REVIEW)	**[X]Drug addiction NOS**
History	states at wits end, needing something to calm him down, is on 10ml methadone presentl, can give a beta blocker but needs to go through RDC for other scrips
Medication	Propranolol Hydrochloride Tablets 10 mg 84 TABLET(S) 1 tid
Problem (REVIEW)	**[X]Stabbing**
History	feels he needs counselling, discussed- for referral to CMHT
	asking for line for missed community service, for private line £13 charge
06/07/2009	Mr Doc Man at Docman
Additional	Administration Referral Letter Charleston Centre Mental Health
15/07/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Royal Alexandra Hospital Mental Health
22/07/2009	Dr J Ip at King Street Surgery
Problem (FIRST)	**Cannot sleep - insomnia**
History	wanting something for sleep, still v anxious, lonmg chat, advised to take beta blockers for anxiety, referral diverted to RAMH for counselling
Medication	Clobetasone Butyrate Cream 0.05 % 30 GRAM(S) APPLY BD
29/07/2009	Mr Doc Man at Docman

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Additional	Letter from consultant Hospital Letter Renfrewshire Drug Service Psychiatry Department
-	---
26/08/2009	Mr Doc Man at Docman
Additional	Letter from consultant Hospital Letter Renfrewshire Association for Mental Health Mental Health
-	---
06/09/2009	Mr Doc Man at Docman
Additional	Administration Administration Letter Jobcentre Plus
-	---
06/09/2009	Mr Doc Man at Docman
Additional	Letter from consultant Administration Letter Jobcentre Plus

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
16/08/2008	**Amitriptyline Hydrochloride Tablets 50 mg** TAKE ONE AT NIGHT 56 tablet	14/07/2008P	Dr Wendy Kirkwood	REPEAT
14/05/2008	**Ranitidine Tablets 150 mg** 1 BD 120 TABLET	13/08/2009P	Dr Wendy Kirkwood	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
22/07/2009	**Clobetasone Butyrate Cream 0.05 %** APPLY BD 30 GRAM(S)	22/07/2009P	Dr J Ip	ACUTE
03/07/2009	**Propranolol Hydrochloride Tablets 10 mg** 1 tid 84 TABLET(S)	03/07/2009P	Dr J Ip	ACUTE
09/06/2009	**Zopiclone Tablets 3.75 mg** TAKE ONE DAILY 7 tablet	09/06/2009P	Dr Ravi Punati	ACUTE
09/06/2009	**Ranitidine Tablets 150 mg** 1 BD 10 tablet	09/06/2009P	Dr Ravi Punati	ACUTE
11/05/2009	**Chlordiazepoxide Hydrochloride Capsules 10 mg** 1 TDS 42 capsule	11/05/2009P	Dr J Ip	ACUTE
02/03/2009	**Nicorette Transdermal patches 15 mg/16 hrs** apply 1 daily disp weekly 28 patches	02/03/2009P	Dr Ravi Punati	ACUTE
20/02/2009	**Amoxicillin Capsules 250 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE(S)	20/02/2009P	Dr Ravi Punati	ACUTE
19/11/2008	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 CAPSULE(S)	19/11/2008P	Dr J Ip	ACUTE
15/07/2008	**Zopiclone Tablets 3.75 mg** 1 TAB AT NIGHT 14 tablet	16/06/2008P	Dr J Ip	ACUTE
16/06/2008	**Zopiclone Tablets 3.75 mg** 1 Tab At night prn 28 tablet	16/06/2008P	Dr J Ip	ACUTE
14/05/2008	**Amitriptyline Hydrochloride Tablets 50 mg** TAKE ONE AT NIGHT 28 tablet	14/05/2008P	Dr Wendy Kirkwood	ACUTE
14/05/2008	**Zopiclone Tablets 7.5 mg** TAKE ONE AT NIGHT 28 tablet	14/05/2008P	Dr Wendy Kirkwood	ACUTE
21/03/2007	**DIAZEPAM TABLETS 5MG** 4 Tabs daily disp daily 56 tablets	Not Issued	Administrator	ACUTE
07/02/2007	**DIHYDROCODEINE TARTRATE TABLETS 30MG** 4 Tabs Daily disp daily 84 tablets	Not Issued	Administrator	ACUTE
07/02/2007	**DIAZEPAM TABLETS 5MG** 4 Tabs daily disp daily 84 tablets	Not Issued	Administrator	ACUTE
17/01/2007	**DIHYDROCODEINE TARTRATE TABLETS 30MG** 4 Tabs Daily disp daily 84 tablets	Not Issued	Administrator	ACUTE
17/01/2007	**DIAZEPAM TABLETS 5MG** 4 Tabs daily disp daily 84 tablets	Not Issued	Administrator	ACUTE
03/01/2007	**DIAZEPAM TABLETS 5MG** 3 Tabs daily disp daily 42 tablets	Not Issued	Administrator	ACUTE
03/01/2007	**DIAZEPAM TABLETS 10MG** 3 tabs Daily disp wkly 42 tablets	Not Issued	Administrator	ACUTE
03/01/2007	**DIHYDROCODEINE TARTRATE TABLETS 30MG** 3 Tabs Daily disp daily 42 tablets	Not Issued	Administrator	ACUTE
27/12/2006	**GABAPENTIN CAPSULES 300MG** 1 Cap Twice daily 60 capsules	Not Issued	Administrator	ACUTE
20/06/2003	**RANITIDINE TABLETS 150MG** 1 Tab Twice daily 60 tablets	Not Issued	Administrator	ACUTE
08/04/2003	**PERMETHRIN DERMAL CREAM 5%** Apply As directed 60 g	Not Issued	Administrator	ACUTE
21/03/2003	**TRIMOVATE CREAM** Apply morning and night 60 grams	Not Issued	Administrator	ACUTE
01/10/2002	**DIAZEPAM TABLETS 10MG** 1 Tab Daily 10 tablets	Not Issued	Administrator	ACUTE
01/10/2002	**DIHYDROCODEINE TARTRATE TABLETS 30MG** 3 Tabs Daily 30 tablets	Not Issued	Administrator	ACUTE

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Acute Services Division

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

0141 201 1100

ORTHOPAEDIC DEPARTMENT

Typed: 02/11/10
CHI: 0412703297

DR KENNETH K LOWE
THE SURGERY
PAISLEY
PA1 3QS

Dear Dr Lowe

ALEXANDER O'ROURKE DOB: 04/12/70 (SG03319767)
4 FOXBARR RD. , PAISLEY, PA2 0AY

Consultant: ROBERT LEWIS CARTER

Admitted: 20/07/10

Discharged: 21/07/10

Diagnosis: Abcess Left hand

Procedures: Incision & Drainage Abcess Left hand

Follow Up: None Arranged

Yours sincerely

Alistair Brydone
Specialist Registrar Orthopaedics

Run: 03/11/10-14:29 by KELLY,EAMONN

Page 1 of 1

Delivering better health

www.nhsggc.org.uk

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SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD, GOVAN
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456
Fax (0141) 201 2997

DR KENNETH K LOWE
THE SURGERY
PAISLEY
PA1 3QS
Tel : 0141 889 2604

Dear Dr KENNETH K LOWE

Your Patient — Name : **ALEXANDER O'ROURKE**
DOB : **04/12/70**
Address : **4 FOXBARR RD**
PAISLEY
PA2 0AY

Consultant : DR **CIERAN MCKIERNAN**

Account # : **AE0059956/10** Unit # : **SG03319767** CHI # : **0412703297**

Attended at : **1659 on 19/07/10**
Left A&E at : **1939 on 19/07/10**

Reason for Visit : **LEFT HAND/WRIST INJURY**

Diagnosis : **Laceration** : **LEFT** : **Hand**

Investigations : **Hand X-Ray**

Treatment :

Prescribed Drugs : DRUG DIRECTIONS

Tetanus Given: **N**

Additional Notes:
CAR ENGINE FELL ON LEFT HAND (LHD) YESTERDAY. TODAY WHOLE HAND SWOLLEN AND LACERATION TO DORSUM OF HAND INFECTED. IV ANTIBIOTICS GIVEN HAND ELEVATED. XRAY CLEAR ADMITTED TO ORTHOPAEDICS
Follow Up : **NONE**

Yours Sincerely,
CATHERINE MANGHAM
If you require any futher information please quote this attendance number: **AE0059956/10**

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11/08/10 KBT

NHS
Greater Glasgow and Clyde

10 St. James Street
PAISLEY PA3 2HT

Our ref: RS/EM/CHI 041703297
Date Dictated: 15th July 2010
Date: 26th July 2010

Renfrewshire Drug Service
Direct – 0141-889-1223
Fax: 0141-848-9776

PRIVATE & CONFIDENTIAL

Left Surgery 6/15

Dr Ip
The Surgery
15 King Street
PAISLEY
PA1 2PS

Dear Dr Ip

Alexander O'Rourke Date of birth 04 12 70
4 Foxbar Road PAISLEY

Psychiatric Diagnosis: ICD 10: F11.22 – Opiate dependence syndrome, F10 – alcohol dependence syndrome
Current Psychotropic Medication: Methadone increasing to 60 mgs by daily supervised dispensing, Zopiclone 15 mgs daily

I reviewed this patient with his key worker at RDS on the 15th July 2010. He was recently arrested and detained for seven days in custody. In Barlinnie he was prescribed Dihydrocodeine and Diazepam and eventually established on 30 mgs of Methadone. This of course was a reduced dosage and he has not coped well since his discharge, taking extra Heroin, about three bags daily by inhalation, and some alcohol. Clearly his drinking continues to be a worry but in the first instance we have tried to stabilise him by increasing his Methadone to 60 mgs daily. He has more charges pending and expects to receive a custodial sentence within the next couple of weeks. We will try to re-assess him as far as is possible.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist

Delivering better health
www.nhsggc.org.uk

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1/3 FINE

NEW PATIENT FORM

TO BE COMPLETED BY PATIENT

SURNAME O'ROURKE — **FORENAME** ALEXANDER

ADDRESS 4 FOXBAR RD, PAISLEY — **DATE OF BIRTH** 04/12/1970

POSTCODE PA2 0AY — **HOME TEL NO**

WORK TEL NO

MOBILE TEL NO 07748201554

CARER YES_____ NO ✓

NEXT OF KIN NAME, RELATIONSHIP & PHONE NO (MOTHER) 0141 889 5911

Health Problems

Asthma ☐ Diabetes ☐ Insulin ☐ Non-insulin ☐

Epilepsy ☐ Depression ☑ Thyroid problems ☐

Heart disease ☐ Others – please state DRUG ADDICT & MENTAL HEALTH PROBLEMS

Allergies 2004 PNEUMOTHORAX DUE TO STABBING- NO LINK TO SUPRIN

Family History

Asthma ☑ Diabetes ☑ (TYPE 1 MUM) Insulin ☐ Non-insulin ☐

Epilepsy ☐ Depression ☐ Thyroid problems ☐

Heart disease ☑ Others – please state

Medication

METHADON 60mls & ZIMMERVAN X 2 7.5mls

RANITADINE

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2/3

Please see overleaf

NAME ALEXANDER OROURKE ***DATE OF BIRTH*** 04/12/1970

This short questionnaire will give the practice some basic information about your communication support needs and ethnicity to support your health care.

Please complete one questionnaire for each family member.

Do you need an interpreter or sign language support? *Yes* ☐ *No* ☑

ETHNIC ORIGIN

What is your ethnic group? Choose ONE section from A to E, then tick one box which best describes your ethnic group or background

A White
- ☑ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, **please write in** _____

B Mixed
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish, or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, **please write in** _____

D African, Caribbean or Black
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ African, African Scottish or African British
- ☐ Black, Black Scottish or Black British
- ☐ Other, **please write in** _____

E Other ethnic group
- ☐ Arab
- ☐ Other, **please write in** _____

If you do not wish to give this information please tick here ☐

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3/3

A·O"R·
4/12/10

NEW PATIENT FORM

TO BE COMPLETED BY NURSE

Immunisation history _____

Allergies ~~NKA~~

Cervical smear Date _____ Result _____

Contraception _____

Lifestyle

Alcohol	10+	Tobacco	20
Exercise	WALKING/CYCLING	Drug abuse	
Height	5ft 10"	Weight	75.4
Urinalysis		PFR	
BP	124/86		

Signature Maria Anne Munn Date 21/4/10

Patient Registration Pack - *Practice leaflet*
- *Urine bottle for sample*
- *Forms*

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5th August 2010

Mr Alexander O'Rourke
4 Foxbar Road
Paisley
PA2 0AY

Dear Mr O'Rourke

Further to previous correspondence I note that you have once again made an appointment at the surgery which you have failed to keep (4th August 2010).

If you fail to contact the surgery the next time you are unable to keep an appointment you will be removed from the practice list.

Thank you for your cooperation.

Yours sincerely

Practice Manager
(on behalf of the doctors)

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15th July 2010

Mr Alexander O'Rourke
4 Foxbar Road
Paisley
PA2 0AY

Dear Mr O'Rourke

You have booked appointments to see a doctor/nurse on:-

Appointment 1 on	15th June 2010 at 3. pm (doctor)
Appointment 2 on	15th July 2010 at 9.50 am (nurse)
Appointment 3 on	15th July 2010 at 10.10 am (doctor)

On each occasion our records indicate that you did not keep the appointment nor did you contact the surgery in advance to cancel the appointment.

On average we lose 100 appointments each month because people do not turn up. Please remember that your actions have prevented other patients from seeing a doctor/nurse.

If you are unable to keep your appointment or no longer need it, PLEASE contact the surgery well in advance, thus enabling another patient to be seen.

Thank you for your cooperation.

Yours sincerely

Practice Manager
(on behalf of the doctors)

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Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr LOWE
The Surgery
3 Glasgow Road
Paisley

PA1 3QS

June 6, 2010

Dear Dr Lowe,
Re. ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY

Date of Birth 04.12.70 Hospital Number: 0412703297 CHI Number: 0412703297

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 6 JUN 2010 02:59.

The presenting complaint was:	**MULTIPLE INJURIES**
Triage Information:	**PAIN?**
The following investigations were carried out:	**CHEST X-RAY, ELBOW X-RAY - LEFT**
The A&E diagnosis was:	**CHEST TRAUMA - BLUNT CHEST INJURY - RIGHT**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	
Follow-up:	**Nil**
The patient's departure destination was:	**DISCHARGED**
Additional Information:	**Nil**

Yours sincerely,
GARY MANSON
EMERGENCY MEDICINE STAFF GRADE

Consultants:

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Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr LOWE
The Surgery
3 Glasgow Road
Paisley

PA1 3QS

May 19, 2010

Dear Dr Lowe,
Re. ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY

Date of Birth 04.12.70 Hospital Number: 0412703297 CHI Number: 0412703297

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 19 MAY 2010 19:19.

The presenting complaint was:	**BLOOD IN URINE**
Triage Information:	
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**INCOMPLETE - PATIENT LEFT BEFORE ASSESSMENT COMPLETED**
Follow-up:	**Nil**
The patient's departure destination was:	
Additional Information:	**Nil**

Yours sincerely,

Consultants:

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Your ref; SR/GE

Ms S L Ramage
Robertson & Ross
Solicitors and Notaries
7 Causeyside Street
Paisley
PA1 1UW

Dear Ms Ramage

Alexander O'Rourke (4.12.70)
4 Foxbar Road, Paisley, PA2 0AY

Thank you for your letter of 3rd August 2010 requesting a medical report on the above named patient.

I will be pleased to forward this to you on receipt of my fee of £60.00. Please make the cheque payable to the Mirin Medical Practice and on the reverse quote Reference No 082/10.

Yours sincerely

Dr Elaine Mundell

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Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr LOWE
The Surgery
3 Glasgow Road
Paisley

PA1 3QS

June 22, 2010

Dear Dr Lowe,
Re. ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY

Date of Birth 04.12.70 Hospital Number: 0412703297 CHI Number: 0412703297

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 22 JUN 2010 23:20.

The presenting complaint was:	**HEAD INJURY**
Triage Information:	
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**INCOMPLETE - PATIENT LEFT BEFORE ASSESSMENT COMPLETED**
Follow-up:	**Nil**
The patient's departure destination was:	
Additional Information:	**Nil**

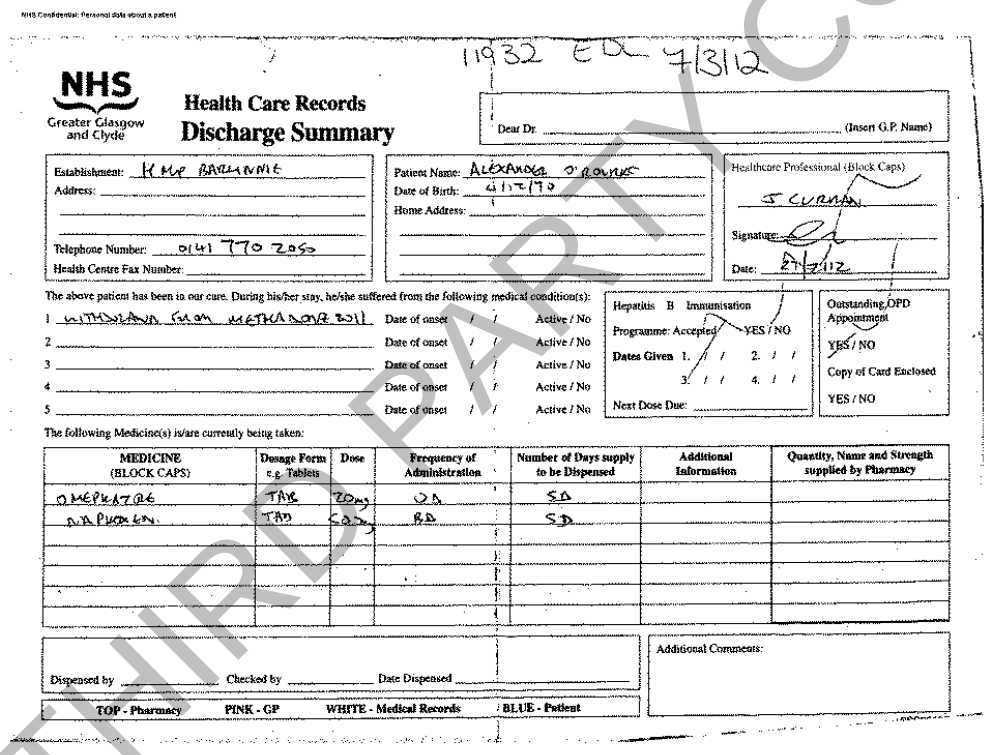
Yours sincerely,

Consultants:

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11932 EDC 7/3/12

NHS
Greater Glasgow and Clyde

Health Care Records
Discharge Summary

Dear Dr _____ (Insert G.P. Name)

Establishment: HMP BARLINNIE
Address: _____
Telephone Number: 0141 770 2055
Health Centre Fax Number: _____

Patient Name: ALEXANDRA O'ROURKE
Date of Birth: 4/11/70
Home Address: _____

Healthcare Professional (Block Caps): S CURRAN
Signature: _____
Date: 27/2/12

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

1 WITHDRAWAL FROM METHADONE 30ML — Date of onset / / — Active / No
2 _____ — Date of onset / / — Active / No
3 _____ — Date of onset / / — Active / No
4 _____ — Date of onset / / — Active / No
5 _____ — Date of onset / / — Active / No

Hepatitis B Immunisation Programme: Accepted YES / NO
Dates Given 1. / / 2. / / 3. / / 4. / /
Next Dose Due: _____

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

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

MEDICINE (BLOCK CAPS)	Dosage Form e.g. Tablets	Dose	Frequency of Administration	Number of Days supply to be Dispensed	Additional Information	Quantity, Name and Strength supplied by Pharmacy
OMEPRAZOLE	TAB	20mg	OD	5D		
DIAZEPAM	TAB	5mg	BD	5D		

Dispensed by _____ Checked by _____ Date Dispensed _____

Additional Comments:

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

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ARR

ROBERTSON & ROSS

Our Ref: SR/GE.
Your Ref:
If Calling Please Ask For MS RAMAGE.

Dr. Mundell,
Mirren Practice,
3 Glasgow Road,
PAISLEY. PA1 3QR.

Solicitors and Notaries
7 Causeyside Street
Paisley
PA1 1UW

DX PA.6
LEGAL POST 30
Telephone: 0141 887 7971
Fax: 0141 887 5561
Email: robertson_ross@btconnect.com

3rd August 2010

Dear Sir,

ALEXANDER O'ROURKE
D.O.B 04/12/1970

We act on behalf of the above named person.

We enclose the undernoted mandate and would be obliged if you would confirm Mr. O'Rourke's present medical treatment and also the likelihood that Mr. O'Rourke be fit to carry out any unpaid work in the community.

We would be obliged if you would confirm if he is in a position to undertake light duties. We look forward to hearing from you.

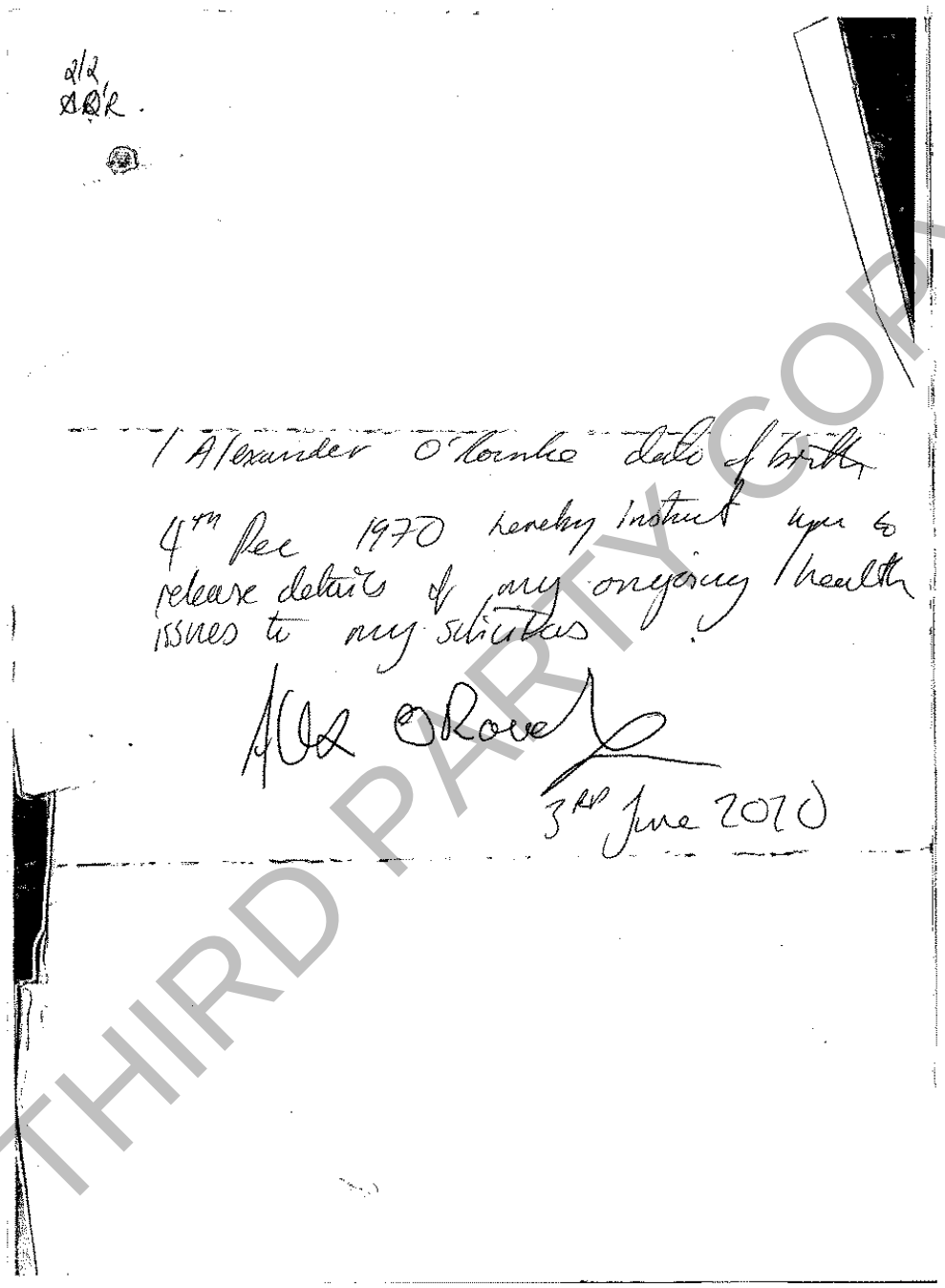
Yours faithfully,

UNDERNOTE:-

1. Mandate.

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a/a
AOR.

I Alexander O'Rourke date of birth 4th Dec 1970 hereby instruct you to release details of any ongoing health issues to my solicitors.

Alex O'Rourke

3rd June 2020

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Royal Alexandra Hospital, Corsebar Road,
A & E Department
Paisley PA2 9PN 0141 887 9111

Dr LOWE
The Surgery
3 Glasgow Road
Paisley

PA1 3QS

March 9, 2012

Dear Dr LOWE,

Re. ALEXANDER O'ROURKE, 64 DALSKEITH ROAD, PAISLEY, PA3 1AT

Date of Birth 04.12.70 Hospital Number: 0412703297 CHI Number: 0412703297

Your patient attended Royal Alexandra Hospital, Corsebar Road, on the 8 MAR 2012 22:37.

The presenting complaint was:	**STAB WOUND**
Triage Information:	
The following investigations were carried out:	**CHEST X-RAY** **ELBOW X-RAY - LEFT** **FULL BLOOD COUNT FBC** **COAG SCREEN** **U&E'S** **GLUCOSE** **LFT**
The A&E diagnosis was:	**CHEST TRAUMA - PENETRATING CHEST INJURY - RIGHT -** **CHEST TRAUMA - PENETRATING CHEST INJURY - LEFT** **ABDOMINAL TRAUMA - PENETRATING INJURY - FRONT**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**ADMITTED RAH**
Follow-up:	**RAH HIGH DEPENDANCY UNIT**
The patient's departure destination was:	**RAH HIGH DEPENDANCY UNIT**
Additional Information:	**Nil**

Yours sincerely,
NICOLA MACINNES
CONSULTANT IN EMERGENCY MEDICINE

Consultants:

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26th March 2012

Mr Alexander O'Rourke
4 Foxbar Road
Paisley
PA2 0AY

Dear Mr O'Rourke

I write to inform you that you have been removed from our practice list. This is because you have again failed to keep appointments at the surgery (on 22nd March 2012 and 23rd March 2012).

To register with a new practice you can either contact the practice of your choice directly or write to Patient Registration, Greater Glasgow & Clyde Health Board, Meridian Court, 5 Cadogan Street, Glasgow, G2 6QR (300 1333).

Yours sincerely

Frances Woods
Practice Manager

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26th March 2012

Patient Registration
Greater Glasgow & Clyde Health Board

Dear Sir/Madam

Alexander O'Rourke (0412703297)
4 Foxbar Road, Paisley, PA2 0AY

I would be grateful if the above named patient could be removed from our practice list. This is because he has repeatedly made appointments which he then fails to keep or cancel.

Yours faithfully

Dr Geraldine Houston

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(1/2) ~~ad~~ O/R

Acute Services Division

Part 2 Discharge Letter / Transfer Plan

NHS Greater Glasgow and Clyde

- ☐ Glasgow Royal Infirmary 0141 211 4000
- ☐ Stobhill Hospital 0141 201 3000
- ☐ Western Infirmary 0141 211 2000
- ☐ Southern General Hospital 0141 201 1100
- ☐ Victoria Infirmary 0141 201 6000
- ☐ Mansionhouse Unit 0141 201 6101
- ☐ Gartnavel General Hospital 0141 211 3000
- ☐ Blawarthill Hospital 0141 211 9000
- ☐ Drumchapel Hospital 0141 211 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Royal Alexandra Hospital 887 9111
- ☐ Inverclyde Royal Hospital 01475 633777
- ☐ Other:

Name: Alexander O'Rourke
Address: c/o Alexander St
Nowdoss Unit
Discharge Address:

CHI number: 0412703217
Unit number: HCS 288 D.O.B. 4/12/70
Telephone: NIL

Next of kin: Ann O'Rourke
Relationship: Mother
Address: 889 5511

Telephone:

Ward: 26
Telephone: 0141/ 314 / 7026
Admission date: 9/3/12

Final discharge/transfer date: 16/3/12

Named Nurse:

Consultant: Mr Renwick
G.P.: Dr Lowe
Address: Glasgow Road

Telephone:

Post Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Home Care)
State package requested and time of first visit.

Service: Practice Nurse	Service:
Contact number: 814 889 2604	Contact number:
Service details: Clip removal on Tuesday 20th.	Service details:

Additional/Transfer Information (including equipment/adaptions)

multiple slab wounds

FORM NUMBER 0481892 VI MEDICAL ILLUSTRATION • DISCHARGE • 4587/14.01.08

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(2/2) 20'R

Patient Assessment/Comments

Mobility: (1/2) 20'R Independent

Personal hygiene/Dressing: Independent

Continence: Catheter in situ: Yes ☐ No ☑ Continence details: —
Type: Size:
Date of change:

Dietary requirements: No special requirements

Communication / Swallowing: No issues

Mental state: Alert

Skin condition/Waterlow Score: Intact

Wound care/Stoma care: Exposed

Special Instructions for Patient (e.g. Exercise, Diet, Wounds, Others)

Others/Follow-up arrangements
No follow up

Progress discussed with patient: Yes ☐ No ☐
Progress discussed with relative/carer: Yes ☐ No ☐

This information has been fully discussed with Patient/Carer.
Date and signature of Nurse: [signature] 16/3/12
Date and signature of Patient/Carer: [signature]

Diagnosis:
Laparotomy, over sewing of justin vessell + peritoneal damage explanation washout others

P COPY TO - Patient; OTHER COPIES TO - G.P.; District Nurse; Case Notes.

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Registration Details - Patient No: 16519

Personal details...		Address details...	
Sex	M	Post Code	PA2 0AY
Surname	O'Rourke	House Name Flat No	
Previous Surname		No and Street	4 Foxbar Road
Forenames	Alexander	Village	
Calling Name	Alexander	Town	PAISLEY
Date of birth	04/12/1970	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		
NHS Number	S/573/70/2195		

HA/HB Details...		Contact details...	
Trading partner	Argyll & Clyde	Home Tel No	07748201554
Registered GP	Dr Kenneth Lowe	Work Tel No	
Usual GP	Dr Kenneth Lowe	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	
CHI Number	0412703297	Next of Kin Tel No	
Key Safe Details			

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	12/11/2009		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
21/04/2010	Current smoker Disease; SPICE Basic Health Values,	mmuir	137R
30/11/2009	Patient self discharge from A&E alleged stabbing refused treatment Start Date: 01/02/2008	mari	8I4
30/11/2009	Alcohol problem drinking Start Date: 11/05/2009	Mrs Van Hombergh	E23
30/11/2009	[X]Heroin addiction relapse after losing job Start Date: 01/02/1998	Mrs Van Hombergh	Eu112
30/11/2009	Drug addiction therapy methadone Start Date: 01/01/1998	Mrs Van Hombergh	9B23
30/11/2009	[X]Drug addiction NOS Start Date: 01/01/1997	Mrs Van Hombergh	Eu192

Past Problems		Authorised By	Code
30/11/2009	**Other thumb injuries, unspecified** X ray small fracture prox phalynx priority=1 Start Date: 04/05/2009	Mrs Van Hombergh	SK152

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30/11/2009	**Anxiety states** priority=1 Start Date: 01/01/1991	Mrs Van Hombergh	E200
30/11/2009	**[SO]Hand NEC** laceration of hand priority=1 Start Date: 01/01/1990	Mrs Van Hombergh	7NB03
30/11/2009	**[SO]Ulnar nerve - hand** damage right ulnar digital nerve priority=1	Mrs Van Hombergh	7N08L
30/11/2009	**Bilateral orchidopexy** priority=1 Start Date: 01/01/1983	Mrs Van Hombergh	7C05
30/11/2009	**[D]Lymph node enlargement** priority=1 Start Date: 01/01/1976	Mrs Van Hombergh	R056

Health Admin Problems		Authorised By	Code
21/04/2010	Alcohol intake above recommended sensible limits Disease: SPICE Basic Health Values.	mmuir	136K
30/11/2009	Notes summary on computer	Mrs Van Hombergh	8344

Values

Date	Last Entry	Normal Range Indicator	Normal Range
21/04/2010	**Body Mass Index 23.8**		20-25
21/04/2010	**Blood pressure reading 126/84 mm Hg**		
21/04/2010	**O/E - weight 75.4**		
21/04/2010	**O/E - height 178**		10-250
21/04/2010	**Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2**		

Attachments		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
21/04/2010	**FH: Diabetes mellitus in first degree relative** Disease: SPICE Basic Health Values, priority=2	mmuir	1253
21/04/2010	**[V]Family history of ischaemic heart disease** Disease: SPICE Basic Health Values, priority=2	mmuir	ZV173

Referrals		Authorised By	Code
	None		

Immunisations		Authorised By	Code
	None		

Health Status	
21/04/2010	**Height 178 cm**
21/04/2010	**Weight 75.4 Kg**
21/04/2010	**Body Mass Index 23.8 kg/m2**
21/04/2010	**Blood pressure reading 126/84 mm Hg**
21/04/2010	**Smoking Status Current smoker**
21/04/2010	**Exercise grading Enjoys moderate exercise**

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Other Observations		Authorised By	Code
23/02/2011	**Medication review**	UnknownUser	BB314
21/04/2010	**Enjoys moderate exercise** Disease: SPICE Basic Health Values, priority=2	mmuir	1384
21/04/2010	**Smoking cessation advice** Disease: SPICE Basic Health Values, Not ready to stop due to other addictions priority=2	mmuir	8CAL
12/11/2009	**Patient MRE received from HB** priority=2	mari	9125
12/11/2009	**White Scottish** priority=2	mari	9S13
12/11/2009	**Patient MRE received from HB** priority=2	mari	9125
03/11/2009	**Pat. GP7B/GP8B card from HB** priority=2	mari	9124
03/11/2009	**Patient reg. form sent to HB** priority=2	mari	9123
Not Known	**Marital Status: Marital state unknown**	UnknownUser	133F

Consultations	
26/03/2012	Mrs Janis Cowie at MIRIN MEDICAL PRACTICE
Comment	Request Health Board to remove from practice list due to repeated DNA's, Dr Houston/Janis
-	---
20/03/2012	Mrs Paula McKenna at MIRIN MEDICAL PRACTICE
History	Clips removed from sternal wound 2 small leaks haemoserous fluis Inadine and opsite applied as thinks is allergic to mepore x 2 running stitches removed from left elbow wounds Left dry and exposed Review on thurs/fri
-	---
19/03/2012	Dr G L Houston at MIRIN MEDICAL PRACTICE
History	OOH was stabbed 5 times and had a laparotomy. Has wound nearly from sternum to pelvis. staples to come out tomorrow. says was on tramadol. no letter.looking for night sedation. not prescribed. C4/52 stabbed/laparotomy
Medication	Tramadol Hydrochloride Capsules 50 mg *100 capsule ONE OR TWO TO BE TAKEN FOUR TIMES A DAY*
-	---
01/03/2012	Dr Kenneth Lowe at Data Entry
History	Just out of prison - on omeprazole 20 od and naproxen 500 bd
-	---
23/02/2011	Dr E B Mundell at MIRIN MEDICAL PRACTICE
History	Medication review
-	---
09/08/2010	Dr E B Mundell at MIRIN MEDICAL PRACTICE
History	c56 nd - says feeling paranoid, rds have prev prescribed quetiapne - adv speak to them at next appt, we will not prescribe for this when attending rds - see letter from lawyer, says not being doing community service 1 year due to the way he feels priority=2
-	---
27/07/2010	Dr Kenneth Lowe at MIRIN MEDICAL PRACTICE
History	Nasty infected wound at back of left hand sustained on Saturday. He has been told he is barred from A+E unless oKayed by GP first! Wound is open but unable to be stitched because of swelling and infection. Rx fluclox, mepore and fucidin cream. Review next week or sooner if deteriorates. priority=2
-	---
21/06/2010	Dr E B Mundell at MIRIN MEDICAL PRACTICE
History	c56 nd, alcohol and drug problems dated 16/6 - adv rds again re alcohol problem athlete's foot - rx - also has a corn - advice priority=2
-	---
03/06/2010	locum at MIRIN MEDICAL PRACTICE
History	1.Pt put L hand through glass window 2 nights ago - incised wound back of L thumb. Did not go to A&E. Says cleaned wound at time. Up to date with tetanus. O/e Full ROM L thumb. Sens norm. Wound appears superficial. Plan->Wound cleaned with saline & mepore dressing. Advised Xray to ensure no glass - refuses. 2.Ranitidine - added to rpts - dyspepsia 3.Stopped alcohol today - requesting librium - need to d/w Drug worker. Dr ED priority=2
-	---
21/04/2010	Dr E B Mundell at MIRIN MEDICAL PRACTICE
History	s/r - forgot to ask, discuss next time priority=2

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21/04/2010	Marie Anne Muir at MIRIN MEDICAL PRACTICE
History	NPHC carried out. PMH: Drug addict 0- on Methadone. Depression. 2008 Pneumothorax due to stabbing. F/H of Diabetes (mum). Patient stated he was told he had irregular pulse, pulse regular today. priority=2
	Body mass index 20-24 - normal Disease: SPICE Basic Health Values, priority=2
Problem	**Current smoker** Disease: SPICE Basic Health Values,
History	Smoking cessation advice Disease: SPICE Basic Health Values, Not ready to stop due to other addictions priority=2
	[V]Family history of ischaemic heart disease Disease: SPICE Basic Health Values, priority=2
	FH: Diabetes mellitus in first degree relative Disease: SPICE Basic Health Values, priority=2
Problem	**Alcohol intake above recommended sensible limits** Disease: SPICE Basic Health Values,
History	Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2
	Systolic blood pressure
	Diastolic blood pressure
	O/E - height
	O/E - weight
	O/E - height
	O/E - weight
	Systolic blood pressure
	Diastolic blood pressure

21/04/2010	Dr E B Mundell at MIRIN MEDICAL PRACTICE
History	allocated pt, reg here in nov 09, put off prev list for dna - on methadone, attends RDS, drinking 15 bottles of budweiser daily, always has a bottle with him - looking for help for this - needs to speak to connie shields his drugs worker at rds - sick line ran out in jan !! - given fit note from then for a further 8 weeks - nd, alcohol and drug problems - needs to be seen for NPM priority=2

30/11/2009	Mrs Margaret Van Hombergh at MIRIN MEDICAL PRACTICE
Problem	**[D]Lymph node enlargement** priority=1 Start Date: 01/01/1976
Problem	**Bilateral orchidopexy** priority=1 Start Date: 01/01/1983
Problem	**[SO]Ulnar nerve - hand** damage right ulnar digital nerve priority=1
Problem	**[SO]Hand NEC** laceration of hand priority=1 Start Date: 01/01/1990
Problem	**Anxiety states** priority=1 Start Date: 01/01/1991
Problem	**[X]Drug addiction NOS** Start Date: 01/01/1997
Problem	**Drug addiction therapy** methadone Start Date: 01/01/1998
Problem	**[X]Heroin addiction** relapse after losing job Start Date: 01/02/1998
Problem	**Other thumb injuries, unspecified** X ray small fracture prox phalynx priority=1 Start Date: 04/05/2009
Problem	**Alcohol problem drinking** Start Date: 11/05/2009
Problem	**Notes summary on computer**
Problem	**Patient self discharge** from A&E alleged stabbing refused treatment Start Date: 01/02/2008

12/11/2009	mari at MIRIN MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
	Patient MRE received from HB priority=2

12/11/2009	mari at MIRIN MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
	Patient MRE received from HB priority=2
	White Scottish priority=2

03/11/2009	mari at MIRIN MEDICAL PRACTICE
History	Automatically generated by transaction priority=2
	Pat. GP7B/GP8B card from HB priority=2

03/11/2009	mari at MIRIN MEDICAL PRACTICE

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History Automatically generated by transaction priority=2
Patient reg. form sent to HB priority=2

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
03/06/2010	**Ranitidine Tablets 150 mg** 1 Tab Twice daily 60 TABS	03/06/2010P	locum	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
19/03/2012	**Tramadol Hydrochloride Capsules 50 mg** ONE OR TWO TO BE TAKEN FOUR TIMES A DAY 100 capsule	19/03/2012P	Dr G L Houston	ACUTE
27/07/2010	**Flucloxacillin Capsules 500 mg** 1 Cap 4 times daily 28 CAPS	27/07/2010P	Dr Kenneth Lowe	ACUTE
27/07/2010	**Fusidic Acid Cream 2 %** Apply Daily 30 CREAM	27/07/2010P	Dr Kenneth Lowe	ACUTE
27/07/2010	**Mepore Dressing 7 cm x 8 cm** 10 INVAL	27/07/2010P	Dr Kenneth Lowe	ACUTE
21/06/2010	**Canesten Hc Cream** Apply sparingly Twice daily 30 CREAM	21/06/2010P	Dr E B Mundell	ACUTE
21/04/2010	**Ranitidine Tablets 150 mg** DELETED for reason of: Wrong patient -- 1 Tab Twice daily -1 INVALID	21/04/2010P	Mrs Ishbel Fraser	ACUTE

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DR A.C. McDADE C87577 (42)

NHS
Greater Glasgow and Clyde

10 St. James Street
PAISLEY PA3 2HT

Our ref: LR/KAC/CHI 041703297
Date Dictated: 30th April 2012
Date: 08th May 2012

Renfrewshire Drug Service
Direct – 0141-889-1223
Fax: 0141-848-9776

PRIVATE & CONFIDENTIAL

Dr Ip
The Surgery
15 King Street
PAISLEY
PA1 2PS

NOT KING ST

Dear Dr Ip

Alexander O'Rourke Date of birth 04 12 70 3297
4 Foxbar Road PAISLEY

Psychiatric Diagnosis: ICD 10: F11.22 – Opiate dependence syndrome, F10 – alcohol dependence syndrome
Current Psychotropic Medication: Methadone starting at 20 mls daily and gradually titrating with blood level review

I reviewed Mr O'Rourke briefly at Renfrewshire Drug Service with Kate Sommerville as his keyworker Angela Perry was away on another duty. As you might be aware Mr O'Rourke was not taking his Methadone for a period of time and was injecting heroin up to £20 - £30 almost on a regular basis. He was also smoking heroin in between. He stays on his own and re-engaged with RDS to restart his Methadone. He offered no other complaints or problems, appeared euthymic and reactive in his mood.

I have arranged to start him on Methadone 20 mls daily. Even though he had been on Methadone up to 60 mls daily, he was not using Methadone for a period of time. He will be reviewed regularly as we need to titrate his Methadone dose gradually. Another medical appointment will be arranged in due course, meanwhile Angela will be monitoring and supporting him in the community.

Yours sincerely

Dr. Lovely Rajan
ST5 in Addiction Psychiatry

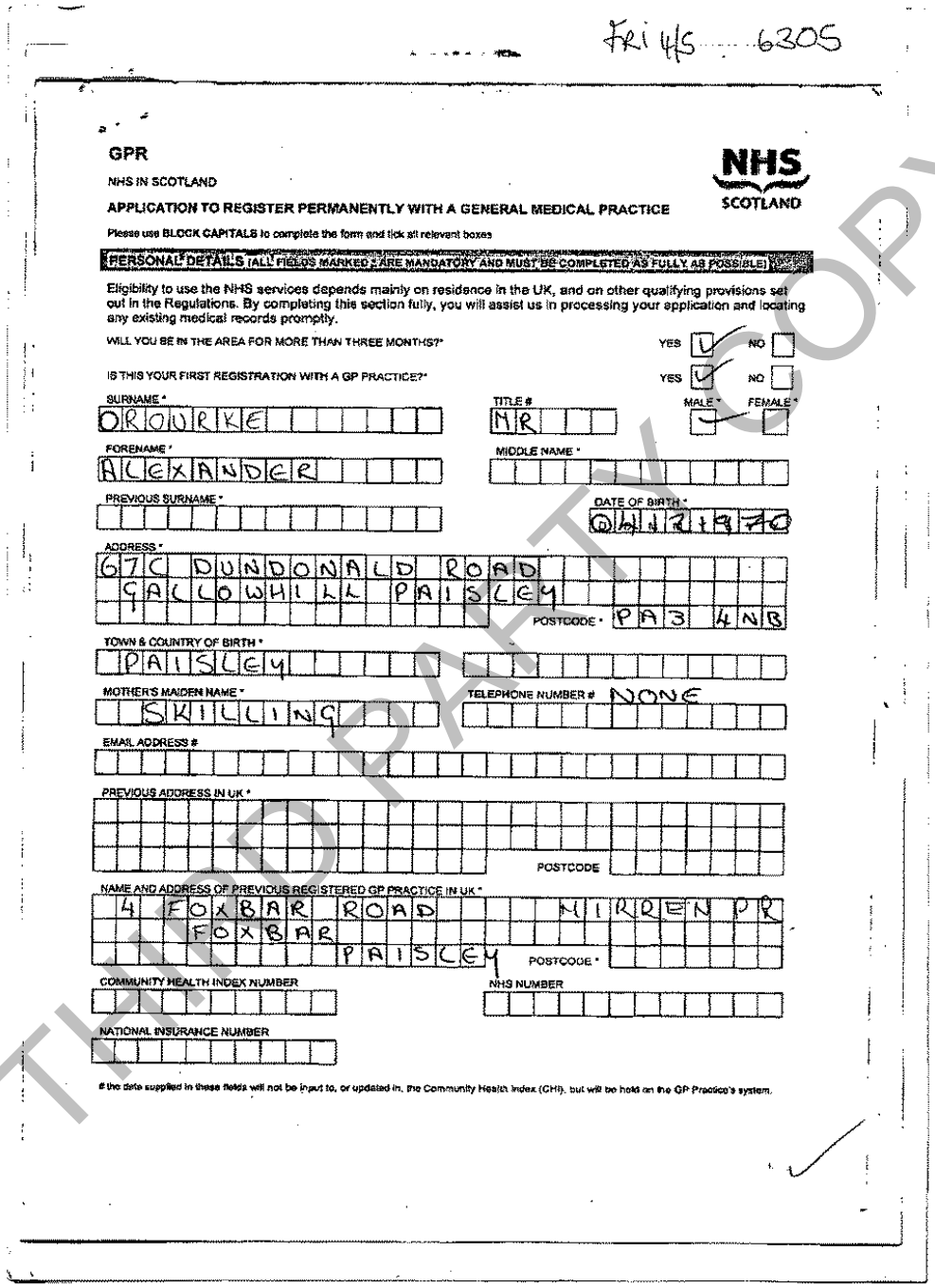
D. Charles McMahon
Consultant Psychiatrist

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FRI 45 6305

GPR

NHS IN SCOTLAND

NHS SCOTLAND

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

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

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

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

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?* YES [✓] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?* YES [✓] NO [ ]

SURNAME * ORONRKE

TITLE # MR

MALE * [✓] FEMALE * [ ]

FORENAME * ALEXANDER

MIDDLE NAME *

PREVIOUS SURNAME *

DATE OF BIRTH * 04/12/1940

ADDRESS * 67C DUNDONALD ROAD
GALLOWHILL PAISLEY

POSTCODE * PA3 4NB

TOWN & COUNTRY OF BIRTH * PAISLEY

MOTHER'S MAIDEN NAME * SKILLING

TELEPHONE NUMBER # NONE

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK *

POSTCODE

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK *

4 FOXBAR ROAD MIRDEN PR
FOXBAR
PAISLEY

POSTCODE *

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER

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

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? * YES ☐ NO ☐

DATE OF DEPARTURE FROM UK D D M M Y Y

DATE OF ENTRY/RETURN TO UK D D M M Y Y

IF RETURNING FROM H M FORCES DATE ENLISTED D D M M Y Y

SERVICE/PERSONNEL NO.

COUNTER FRAUD DECLARATION

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

PATIENT OR REPRESENTATIVE SIGNATURE [signature] DATE 01/05/2012

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE PATIENT

VOLUNTARY CONSENT TO ORGAN DONATION

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

A. any of my organs and tissue ☐ or my

B. kidneys ☑ heart ☑ liver ☑ small bowel ☑

eyes ☐ lungs ☑ pancreas ☑ tissue ☑

for transplantation after my death [signature] 01/05/2012

PATIENT SIGNATURE DATE D D M M Y Y

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only

PRACTICE CODE

GP NAME

GP REFERENCE NUMBER

IDENTIFICATION SEEN

MEDICAL CARD ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER - SPECIFY

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

GP SIGNATURE [signature] DATE D D M M Y Y

OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

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ST JAMES STREET PATIENT QUESTIONAIRE

SURNAME O'ROURKE FORENAME ALEXANDER

CONTACT TEL NO..... DATE OF BIRTH 04/12/1970

PLEASE ANSWER AS BEST YOU CAN THE FOLLOWING QUESTIONS

HEIGHT 5:10 WEIGHT ~~13 STONE~~ 82kg.

HAVE YOU SMOKED IN THE LAST YEAR (YES)/NO IF YES APPROX HOW MANY PER DAY 10/Day.

WHAT IS YOUR AVERAGE WEEKLY INTAKE OF ALCOHOL(A HALF PINT OF BEER/LAGER, MEASURE OF SPIRITS OR A SMALL GLASS OF WINE IS ONE UNIT ..... NONE

DO YOU HAVE ANY KNOWN ALLERGIES(please specify) NO

NKDA

PAST MEDICAL HISTORY PLEASE INCLUDE ILLNESSESS OR BROKEN BONES

Was stab - to op. - in hospital 8 days

DO ANY ILLNESSES RUN IN YOU FAMILY eg DIABETES HEART DISEASE STROKE ASTHMA (PLEASE SPECIFY)

YES

Mother

47 year old brother - heart attack - asthma

LAST SMEAR AND CURRENT CONTRACEPTION IF APPROPRIATE.

HAVE YOU TAKEN OR ARE TAKING ANY ILLEGAL DRUGS (eg Heroin/Cannabis) please specify approximate dates and amounts YES

NO.

CURRENT MEDICATION AT PRESENT

NONE

Methadone - RDS - 30mls

APPROXIMATE DATE AND REASON YOU LAST SEEN YOUR GP

LAST SAW A DOCTOR ON MARCH 2004/WAS RELEASED FROM

PLEASE BRING A URINE SAMPLE WHEN YOU SEE THE PRACTICE NURSE HOSPITAL After operation for stabbing.

TO BE COMPLETED BY NURSE

BLOOD PRESSURE URINALYSIS

Thank you for your help. All information given is in the strictest confidence. All questions must be answered honestly. Failure to do so may result in you being removed from the practice list.

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ANNEX D

XXXXXXXX Medical Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.
We should be grateful if you could complete one for each family member within/joining the practice.

Name ALEX ORDUNEZ DOB 04/12/1970

Do you need an interpreter or sign language support? ☐Yes ☑No

If you do need an interpreter what language do you speak?

Please state .....

What is your ethnic group?
Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White
- ☐ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in .....

B Mixed or multiple ethnic groups
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in .....

D African, Caribbean or Black
- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in .....

E Other ethnic group
- ☐ Arab
- ☐ Other, please write in .....

If you do not wish to give this information, please tick here ☐

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Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

NHS
Greater Glasgow and Clyde

8th August 2012

After leaving school he worked in a fair and then for the council for 3 years as a site attendant. He was married at the age of 26 and has one daughter, Shona, who is 12, with whom he has no contact.

Recently he has been living in Paisley.

Drug & Alcohol History
Mr O'Rourke began drinking in his teens. He told me that alcohol had been a problem previous, but that he had not been drinking heavily in recent months.

He began sniffing solvents as a 10 year old. From there he progressed to cannabis and LSD. He began using Temgesic and was abusing heroin by the age of 26. He has injected in the past. He has been on Methadone on and off for years and was using heroin as well as his Methadone prior to coming into custody.

Forensic History
Mr O'Rourke has a previous history of housebreaking and drug offences. His longest sentence was 4½ years

Mental State Examination
Mr O'Rourke presented as a thin man who looked older than his years. He was dressed in prison attire. He had rolled up toilet paper in his ears which he took in and out of his ears throughout the interview. He sat rocking, holding his head in his hands at times during the interview and appeared at times perplexed and confused. It was difficult to obtain a coherent history from him. He made only very intermittent eye contact and there was minimal spontaneous speech. At times during the interview he was distressed and fearful. He described his mood as "okay". There was no evidence of any formal thought disorder. He did appear distracted and appears to be describing auditory hallucinations or voices outside. He finds it difficult to describe his symptoms but describes jumbled thinking and persecutory beliefs. He is aware that he is unwell. He has no thoughts of harming himself in any way.

Impression
Mr O'Rourke presents as a 41 year old man who appears to have had recent onset of psychotic symptoms. I have agreed with him that we will check his routine bloods and commence Olanzapine 5mgs daily as he is neuroleptic naive and I will review him again in 2 weeks time.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alistair Kinnerburgh, Dykebar Hospital

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 8th August 2012
Your Ref
Our Ref LR/JL

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Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke who is currently in the Segregation Unit on the 3rd August. He is currently on remand having been charged with house-breaking.

Medication History
Methadone 90mls daily

Presenting Complaint
Mr O'Rourke is currently in the Segregation Unit having smashed his cell up. He was seen by a psychiatrist from Dykebar Hospital for a court report yesterday who expressed concerns. He told me that he currently feels "pure stupid". He told me that he has heard things, that he hears other people talking outside his cell. He told me that he is struggling to sleep. He told me he can get to sleep, but does not want to sleep. He has some anxiety symptoms. He describes extreme paranoia around the Hall. He feels his thoughts are jumbled and sees the police everywhere when he is out and about. He spends his time with toilet roll in his ears to block out the staff talking outside. He finds this extremely distressing but cannot really explain why. He told me that his bible talks to him and that he sees it. He stated "it all sounds crazy".

Past Medical History
Mr O'Rourke was stabbed in March 2012 and was admitted to the Royal Alexandra Hospital and underwent surgery. He has had previous minor head injuries and has never suffered from an epileptic seizure.

Past Psychiatric History
Mr O'Rourke was seen as a child due to behavioural problems. He has been seen by drug support workers in the past. He has never been admitted to a psychiatric hospital. He has previously harmed himself by cutting himself. He is clear that this has relieved tension and made him feel better in the past.

Family & Personal History
Mr O'Rourke's mother is 69, she previously worked as a cleaner in Dykebar. He has no current contact with her. He never had any contact with his natural father. He had a stepfather with whom he has had no recent contact. He has one sister, Katie, who is 46, with whom he has no contact and he had a brother who died from a myocardial infarction in 2011.

Mr O'Rourke was born and brought up in Paisley. He stated he was a healthy child and had a happy childhood and got on well with his stepfather. He attended local schools, coped well with primary. He began truanting at the start of secondary and was expelled after he hit a teacher with a chair. He then spent time in Quarriers and then Kibble.

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NHS Confidential: Personal data about a patient

Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 3rd September 2012
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke on the 31st August 2012. He remains on remand and is due back in court next week for sentencing.

He started by telling me he just wants to be sentenced, and currently he does not really feel he wants to be out of custody as he feels unable to cope. He has no side-effects from his medication, however, still complains of symptoms, he is still spending time reading the Bible, which continues to talk to him. Within the Bible he tells me he is preoccupied with issues of death, however, on direct questioning he is very clear that he does not wish to harm himself in any way.

He is clear that he is beginning to feel better, although is not back to normal by any means. He tells me he is finding it particularly difficult to concentrate and is unable to watch the television for any length of time as he cannot follow the programme. He still feels very paranoid around the Hall and has been a bit worried about the food in the last week. On discussion it is clear this is an over valued idea and he knows that it is unlikely that anyone would be tampering with the food.

On examination he is more settled and less distracted than previously, however, continues to complain of symptoms. I have agreed with him to day that we will **increase his Olanzapine to 15mgs daily**. He is keen to have contact with the mental health nurses, so he can have someone to talk to him and I have agreed that I will see him in one week's time.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

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Renfrewshire Council

NHS Greater Glasgow and Clyde

RENFREWSHIRE DRUG SERVICE
20 BACK SNEDDON STREET
PAISLEY
PA3 2DJ

0141 840 5723 Direct line
0141 889 1223 Switchboard

11/09//2012

Dr. McDaid
St. James Medical Centre
19 St. James Street
Paisley

Private and Confidential

Re. Alexander O'Rourke CHI 0412703297

Dear Dr. McDaid

The above patient has received a prison sentence and is not due for release until 2014. His current methadone prescription of 80mls has been picked up by the prison and due to the length of sentence his case at Renfrewshire Drug Service has been closed.

Yours truly,

Angela Perry
Community Addiction Nurse

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 7th September 2012
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke in the Health Centre this morning. I am pleased to say that he continues to improve. He, himself, feels significantly better although admits to still feeling paranoid at times within the Hall. He has vague concerns that people might be talking about him, this is not held to delusional level and is more an over valued idea.

The only difficulty since I last saw him is that he was involved in a fight with a Reliance officer. Mr O'Rourke reports that the officer assaulted him so he retaliated. He has some cuts on his face secondary to this. This does not appear to have been delusionally driven.

He is much more settled now that the Bible is no longer talking to him. He is able to concentrate to read, but still struggles to follow television programmes. He has no ideas of reference.

He has no side-effects from his medication and is due back in court in 2 weeks time.

I have made no change to his **Olanzapine which remains 15mgs daily**, and I will review him in one month's time.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

Delivering better health

www.nhsggc.org.uk

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS Greater Glasgow and Clyde

Date 29th October 2012
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

NHS Greater Glasgow and Clyde
02 NOV 2012
HMP Low Moss
Received

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPiN No. 11932

I reviewed Mr O'Rouke in Kelvin Hall on the 26th October. He is now convicted and has a 41 month sentence. However, he tells me he has at least 10 further charges of housebreaking pending which have not been dealt with as yet.

He is currently happy to be in prison. He is working in Kelvin Hall as a pass man and is beginning to feel significantly better. He still has occasional paranoia and copes with this by spending his time in the Hall and not leaving. He feels safe in here and is happy to be working as a pass man. He is still reading the Bible, but this is talking to him only very occasionally now. He is in a single cell and has no thoughts of harming himself. He has no side-effects from the medication, although has gained some weight.

On examination he looks physically much better. There is no evidence of any distraction. He is no longer perplexed or distressed. He is warm and engages well. He is very happy with the treatment and happy to continue with this.

I have made no change to his medication, which remains **Olanzapine 15mgs daily** and will review him in 2 months time or sooner if he has any further difficulties.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

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www.nhsggc.org.uk

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Dr IS Mason & Dr A.C. McDade
St James Medical Centre
19 St James Street
Paisley PA3 2HQ
Tel No. 0141 889 5505
Fax No. 0141 848 9190

19th September 2012.

Todd and Mitchell Solicitors
Terrace Building
The Cross
Paisley
PA1 2YA

Dear Sir or Madam

ALEXANDER O'ROURKE
DATE OF BIRTH 04.12.1970.

Please find enclosed copies of medical notes as requested on the above patient.

These notes are being provided under the term of the Data Protection Act of 1998.

Payment has been received with thanks.

Yours faithfully,

Ian Mason Anna McDade

Drs. Mason & McDade

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Partners
Robert Mitchell
Rhona M. Lynch
Paul T. Lynch
Mark A. Chambers

T&M
TOD & MITCHELL
CRIMINAL DEFENCE SOLICITORS

Terrace Buildings
The Cross
Paisley PA1 2YA
Office tel 0141 889 1444
fax 0141 889 1555
DX 35 · LP 35 Paisley-1

Our Ref: RL/PC
Your Ref:

St James Street Practice
19 St James Street,
Paisley PA3 2HQ

31 AUGUST 2012

Dear Sirs

OUR CLIENT: ALEXANDER O'ROURKE
DOB: 04.12.1970

We act on behalf of the above named and should be obliged if you would forward us a copy of our client's medical records to assist with a criminal case against him due to call on 6th September 2012. We enclose herewith medical mandate to that effect.

We confirm that we are happy to meet your reasonable fee in connection with the medical records and look forward to hearing from you with them as a matter of urgency given the close proximity of our client's deferred sentence.

Yours faithfully,

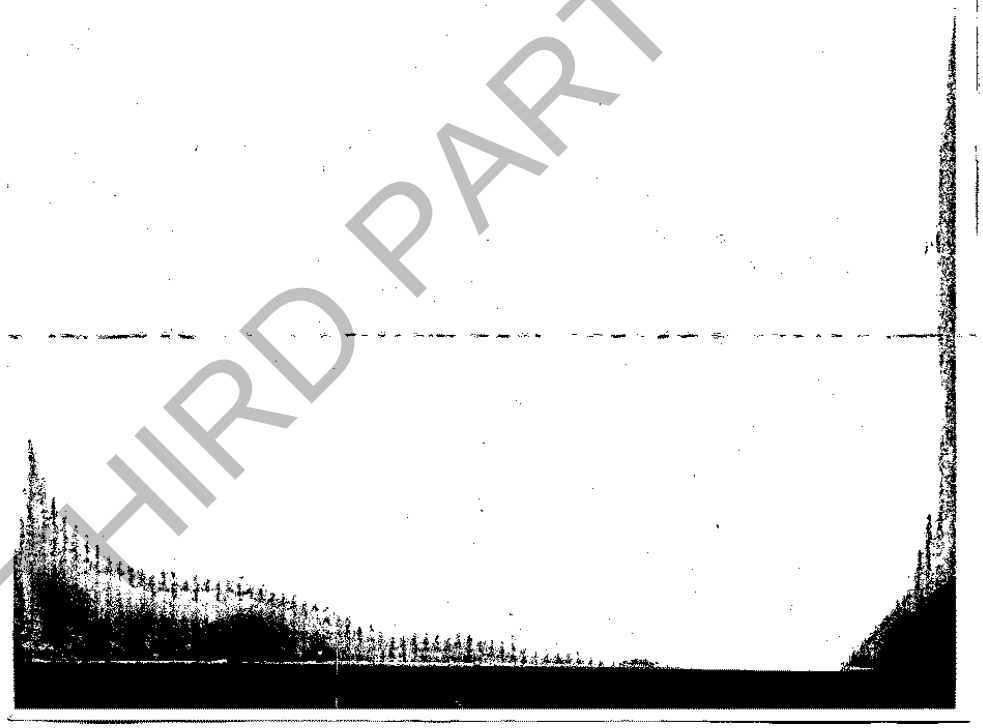
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Also at: Kingston House, 3 Jamaica Street, Greenock PA15 1XX
Tel: 01475 888121 Fax: 01475 888896 DX GR 25 LP 22 Greenock

NHS Confidential: Personal data about a patient

I, Alexander O'Rourke, authorise and instruct you to release details of my medical condition / history to my solicitors, Ted and Mitchell, Terrace Buildings, The Cross, Paisley

24/8/12



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COPYING OF NOTES

PATIENT DETAILS

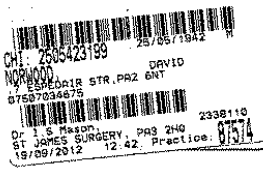
CHI: 0412703297 04/12/1978 M
O'ROURKE, Alexander
67C Dundonald , PA2 4NB
07769514483
Dr I S Mason
ST JAMES SURGERY, PA3 2HG 2338110
10/09/2012 16:37 Practice: 87574

PAPER NOTES	Copies.
DOCMAN IMAGES	Copied.
COMPUTER CLINICAL NOTES	Copied.
PATIENT SUMMARY SHEET.	Copied.
NOTES CHECKED BY GP *	AM. 11/9/12.
FEE NOTE SENT TO SOLICITOR	Faxed. 10/9/12.
FEE RECEIVED	
COPIES POSTED	

* where is consent form?
✓ seen.
AM.

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HADS

Date.....

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings she or he will be able to help you more.

NHS Greater Glasgow

This questionnaire is designed to help your clinician to know how you feel. Read each item and **underline** the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

I feel tense or 'wound up':
Most of the time
A lot of the time
From time to time, occasionally
Not at all ✓

I still enjoy the things I used to enjoy:
Definitely as much ✓
Not quite so much
Only a little
Hardly at all

I get a sort of frightened feeling as if something awful is about to happen:
Very definitely and quite badly
Yes, but not too badly
A little, but it doesn't worry me
Not at all ✓

I can laugh and see the funny side of things:
As much as I always could ✓
Not quite so much now
Definitely not so much now
Not at all

Worrying thoughts go through my mind:
A great deal of the time
A lot of the time
From time to time but not too often
Only occasionally ✓

I feel cheerful:
Not at all
Not often
Sometimes
Most of the time ✓

I can sit at ease and feel relaxed:
Definitely
Usually ✓
Not often
Not at all

I feel as if I am slowed down:
Nearly all the time ✓
Very often
Sometimes
Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach:
Not at all ✓
Occasionally
Quite often
Very often

I have lost interest in my appearance:
Definitely
I don't take as much care as I should
I may not take quite as much care
I take just as much care as ever ✓

I feel restless as if I have to be on the move:
Very much indeed
Quite a lot
Not very much
Not at all ✓

I look forward with enjoyment to things:
As much as ever I did
Rather less than I used to ✓
Definitely less than I used to
Hardly at all

I get sudden feelings of panic:
Very often indeed
Quite often
Not very often
Not at all ✓

I can enjoy a good book or radio or TV programme:
Often
Sometimes ✓
Not often
Very seldom

Now check that you have answered all the questions

A 1 D 2

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS Greater Glasgow and Clyde

Date 18th March 2013
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke in Kelvin Hall on the 15th March 2013. I am pleased to say he continues to cope very well and is now entirely symptom free. He has no side-effects from his medication, although does admit to some weight gain. He is sleeping well, he is eating well, he interacts well and he has no thoughts of harming himself in any way. He has done well on his Olanzapine 15mgs.

On discussion today, since he is not due for release until June 2014 we agreed that this would be the time to try and **reduce his Olanzapine slightly. I have reduced it to 12.5mgs today** and will review him again in 2 months.

I have discussed with him that should he have any problems or any symptom recurrence he should request an earlier appointment.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

NHS Greater Glasgow
22 MAR 2013
HMP

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Glasgow City
Community Health Partnership

HMP Low Moss
Health Centre
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Telephone: 0141 762 9689

NHS
Greater Glasgow and Clyde

General Surgical
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Date 25 January 2013
Your Ref
Our Ref JC/MD
Direct Line 0141 762 9689
Fax 0141 762 9748
Email

Dear Colleague

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297 SPIN: 11932

Please could you see this 42 year old man, he had a laparoscopy for trauma to the abdomen in April 2012 at the Royal Alexander Hospital.

He appears to have developed an incisional hernia in the lower part of the wound which is noticeable.

I would be grateful if he could be seen to see if it requires repair.

Thank you

Please send all details of the appointment directly to the Medical Officer at HMP Low Moss, Health Centre, Crosshill Road, Bishopbriggs, Glasgow G64 2QB.

Yours sincerely

M Marion Davidson

Dr James Curran
Medical Officer

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[redacted]

SURNAME O'ROURKE
FORENAME ALEXANDER
Hosp No ZC03237720
CHI No 0412703297
D.O.B 04.12.70 SEX Male
ADDRESS
CONSULTANT/GP DR SETH RAMAN
HOSP/PRACTICE LOW MOSS
WARD/TOWN HM PRISON

Collected	Received	Report Issued
11.02.13 @	12.02.13 @ 16:38	13.02.13 @ 08:20

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

138	Sodium	135–145	mmol/L
NA V	Potassium	3.5–5.0	mmol/L
106	Chloride	98–108	mmol/L
	Bicarbonate		mmol/L
6.2	Urea	2.5–7.5	mmol/L
77	Creatinine	40–130	§ µmol/L
>60	eGFR (estimated GFR)		mL/min
	Plasma Glucose		mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		§ mmol/L
	Troponin I		µg/L
	CK		U/L
	Bilirubin		µmol/L
	AST		U/L
	ALT		U/L
	Gamma-GT		§ U/L
	Alk.Phos.		§ U/L
	Protein		g/L
	Albumin		g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		§ mmol/L
	Magnesium		mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA		§ g/L
	IgG		§ g/L
	IgM		§ g/L

NB Unless otherwise stated analysis carried out on serum

Lab No N13.0[illegible] Req No. 724

NHS Greater Glasgow and Clyde

Very old specimen
Very old specimen

19 FEB 2013
HMP Low Moss
Received

§Significant sex/age differences

Authorised by
Elizabeth Haynes
Date Reported 13.02.13

CPA
Accredited Medical Laboratory
Reference No:2335

NOT PART OF THE RECORD

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NHS Confidential: Personal data about a patient

Acute Services Division

Clyde Acute Directorate

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

NHS
Greater Glasgow and Clyde

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

Date: 06 March 2013
Dictated 05 March 2013
Ref: AAR/RR/165288

Sec: Rosalind
Direct ☎: 0141 314 6025
Fax: 0141 314 6834

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

G31 3QG
Low Moss

Not Reg. St. James Surgery

Dear Dr Hamilton

ALEXANDER O'ROURKE – CHI 0412703297
64 DALSKEITH ROAD, PAISLEY

I reviewed Alexander at the clinic today. He is a 42 year old man who is presently an inmate at HMP Low Moss who has an incisional hernia from a laparotomy wound that was done for trauma in April 2012.

On examination there is a definite hernia in his upper abdominal wound, which is approximately 8 x 8cm. I think it would be appropriate for repair, however, he is on the hefty side at the moment having gained quite a significant amount of weight and have advised him to try and lose a stone and a half in weight, which will hopefully increase our chances of being able to do this by a keyhole method and also give him a higher chance of having a successful result. I shall review him again in six months time to assess how his weight loss is going.

Yours sincerely

Mr Andrew A Renwick
Consultant Colorectal Surgeon

Delivering better health

www.nhsggc.org.uk

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NHS Confidential: Personal data about a patient

[redacted]

SURNAME O'ROURKE
FORENAME ALEXANDER
Hosp No ZNC11444018
CHI No NK
D.O.B 04.12.70 SEX Male
ADDRESS 11932
CONSULTANT/GP RAMAN
HOSP/PRACTICE HMP Low Moss
WARD/TOWN PO Box 2893

Collected	Received	Report Issued
28.01.13 @ 16:00	28.01.13 @ 16:33	29.01.13 @ 11:56

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

	Sodium		mmol/L
	Potassium		mmol/L
	Chloride		mmol/L
	Bicarbonate		mmol/L
	Urea		mmol/L
	Creatinine		§ µmol/L
	eGFR (estimated GFR)		mL/min
5.4	Plasma Glucose	3.5–5.5	mmol/L
	CRP		mg/L
	Amylase		U/L
	Urate		§ mmol/L
	Troponin I		µg/L
	CK		U/L
	Bilirubin		µmol/L
	AST		U/L
	ALT		U/L
	Gamma-GT		§ U/L
	Alk.Phos.		§ U/L
	Protein		g/L
	Albumin		g/L
	Globulins		g/L
	Calcium		mmol/L
	Adjusted Calcium		mmol/L
	Phosphate		§ mmol/L
	Magnesium		mmol/L
* 5.60	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
* 2.65	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA		§ g/L
	IgG		§ g/L
	IgM		§ g/L

NB Unless otherwise stated analyses carried out on serum

Lab No [redacted] Run No. 024

NHS Greater Glasgow and Clyde

Fasting specimen

04 FEB 2013
HMP Low Moss
Received

§Significant sex/age differences

Authorised by
Auto Check
Date Reported 29.01.13

CPA
Accredited Medical Laboratory
Reference No.2335

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NHS Confidential: Personal data about a patient

Mental Health Services
Forensic Directorate

Leverndale Hospital
510 Crookston Road
Glasgow G53 7TU
Tel: 0141 211 6400

NHS
Greater Glasgow and Clyde

PRIVATE & CONFIDENTIAL
Mental Health Co-ordinator
Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow G64 2QB

Date Dictated: 21 December 2012
Date Typed: 24 December 2012
Our Ref: MB/KM/1390717
Your Ref:
Direct Line: 0141 211 6462
Fax: 0141 211 6636
Email: kay.mooney@ggc.scot.nhs.uk

Dear Colleagues

ALEXANDER O'ROURKE (DoB: 04.12.70) (CHI: 0412703297)
SPIN: 11932

Serving: 41 months
EDL: June 2014. He has further outstanding charges of theft by house-breaking with no court date as yet
Current Medication: Olanzapine 15mg nocte, Methadone 90mg/ml per day, Omeprazole 20mg mane

I write with regard to Mr O'Rourke who I reviewed on 21 December 2012. Mr O'Rourke presented as very well. He was warm and affable. He is very pleased with his current medication regime. He described his previous psychotic symptomatology as having gone completely. He is very aware that he is well. He informed me that he was now in an upstairs flat and out to work. He is very pleased with his current regime.

In terms of his mental state, he presented as well. He was warm and affable with no evidence of positive symptomatology. His mood was intact. There was no evidence of suicidal thought or intent. He had insight into his presentation and was quite content to remain on medication. In particular, he denied any side effect profile.

Impression
Mr O'Rourke presented as a 42 year old man with a treated psychotic illness. He is currently compliant with prescribed antipsychotic medication in the form of Olanzapine 15mg nocte.

Plan
1. I will not change his treatment
2. Given his significant dose of Olanzapine, I would be grateful if he could have U&E's, LFT's, full blood count and an ECG checked in the next month.
3. I would like to see him again in three months time given the significant dose of Olanzapine.

Yours sincerely

Kay Mooney

DR MELANIE BAKER
Consultant Forensic Psychiatrist

(Dictated by Dr Baker and signed in her absence)

NHS
Greater Glasgow and Clyde
31 DEC 2012
HMP Low Moss
Received

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www.nhsggc.org.uk

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NHS Confidential: Personal data about a patient

11932

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN

27/02/2013

Mr Alexander O'Rourke
Medical Officer, H.m.p. Low Moss, Health Centre
190 Crosshill Road
Glasgow
G64 2QB

Dear Mr Alexander O'Rourke

CHI Number: **0412703297**

An Outpatient appointment has been arranged for you as follows:

Consultant: **Mr Andrew Renwick**
Specialty: **General Surgery**
Hospital: **Royal Alexandra Hospital**
Date and time: **Tuesday 05/03/2013, at 14:20**
Location: **RAH Desk 1 Outpatients Dept**
Opening hours: **Monday - Thursday 9am - 5pm, Friday 9am - 4pm**

If this appointment is not suitable or if for any reason you no longer need or are unable to keep this appointment, please telephone **0141 314 6194** or email* **RAHAppointments@ggc.scot.nhs.uk** as soon as possible so that other arrangements can be made, and your appointment can be offered to another patient.

Please note if you arrange another appointment and then cancel it, we may place you back on the waiting list and contact you in due course.

*If you are contacting us by email you should include the following information:

Your name
Your CHI number
Consultant name
Date and time of your appointment
Reason: e.g. Unable to attend and require a further appointment.
For security purposes, please do not include any clinical information in your email.

Yours sincerely

Stella Williamson Health Records Manager

NHS Greater Glasgow and Clyde
01 MAR 2013
User ID Laura Wilson
HMP Low Moss
SCRO Appointment Letter V1

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03-July-2026 KAREN_13414
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[redacted]

REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
O'ROURKE	ALEXANDER		M 04.12.70
SOURCE: HMP LOW MOSS	CONSULTANT: C GIBSON	GP: CHI:0412703297	
SPECIMEN: DBS	LAB NO.: V,13.0000215.N	REPORT STATUS: Final	YOUR REF. NO.

HIV antibody screen :Negative

Hepatitis C antibody:Negative

NHS Greater Glasgow and Clyde
15 FEB 2013
HMP Low Moss
Received

Results are available via the NHS GG and C SCI store/portal.

Clinical details

VIROLOGY

DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY
05.02.13	11.02.13	13.02.13 12:27	Mr A Simpson

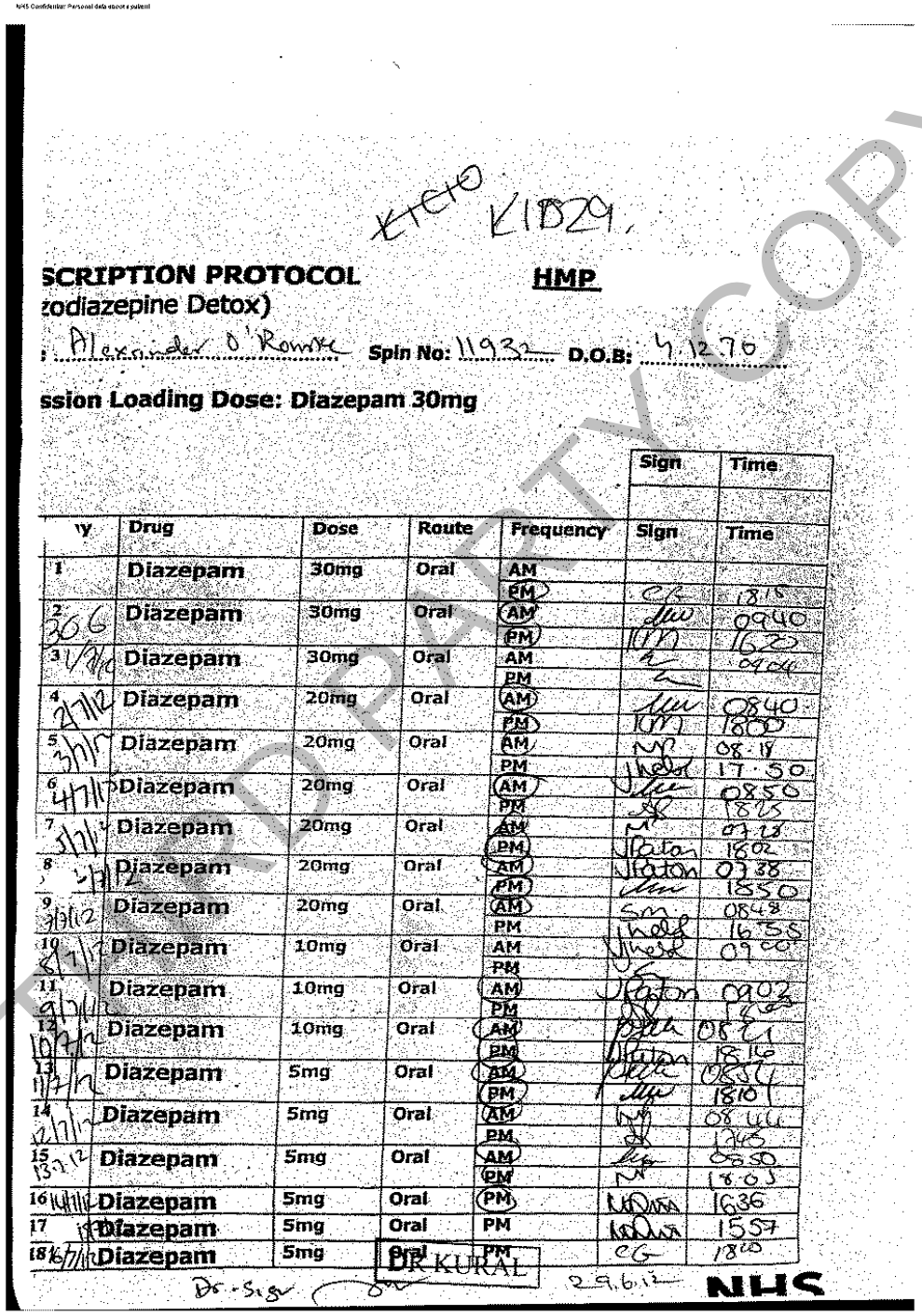
Report to: TCNET GP LINK Copy to: HMP LOW MOSS

[redacted]

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ECHO K1B29.

SCRIPTION PROTOCOL **HMP**
zodiazepine Detox)

: Alexander O'Rourke Spin No: 11932 D.O.B: 4.12.70

ssion Loading Dose: Diazepam 30mg

	Drug	Dose	Route	Frequency	Sign	Time
					Sign	Time
1	Diazepam	30mg	Oral	AM / PM	CG	1815
2 30/6	Diazepam	30mg	Oral	AM / PM	[illegible]	0940 / 1620
3 1/7/12	Diazepam	30mg	Oral	AM / PM	[illegible]	0904
4 2/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	0840 / 1800
5 3/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	08·18 / 17·50
6 4/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	0850 / 1815
7 5/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	0713 / 1802
8 6/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	0738 / 1850
9 7/7/12	Diazepam	20mg	Oral	AM / PM	[illegible]	0848 / 1655
10 8/7/12	Diazepam	10mg	Oral	AM / PM	[illegible]	0900
11 9/7/12	Diazepam	10mg	Oral	AM / PM	[illegible]	0902
12 10/7/12	Diazepam	10mg	Oral	AM / PM	[illegible]	0851 / 1816
13 11/7/12	Diazepam	5mg	Oral	AM / PM	[illegible]	0854 / 1810
14 12/7/12	Diazepam	5mg	Oral	AM / PM	[illegible]	0846 / 1405
15 13/7/12	Diazepam	5mg	Oral	AM / PM	[illegible]	0850 / 1803
16 14/7/12	Diazepam	5mg	Oral	PM	[illegible]	1636
17 15/7/12	Diazepam	5mg	Oral	PM	[illegible]	1557
18 16/7/12	Diazepam	5mg	Oral	PM	CG	1810

DR KURAL 29.6.12

Dr. Sign

NHS

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Mental Health Services
Forensic Directorate

Leverndale Hospital
510 Crookston Road
Glasgow G53 7TU
Tel: 0141 211 6400

NHS
Greater Glasgow and Clyde

PRIVATE & CONFIDENTIAL
Mental Health Co-ordinator
Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow G64 2QB

Date Dictated: 10 May 2013
Date Typed: 14 May 2013
Our Ref: MB/KM/1390717
Your Ref:
Direct Line: 0141 211 6462
Fax: 0141 211 6636
Email: kay.mooney@ggc.scot.nhs.uk

Dear Colleagues

ALEXANDER O'ROURKE (DoB: 04.12.70) (CHI: 0412703297)
SPIN: 11932

Serving: 41 months
EDL: June 2014. He has further outstanding charges of theft by house-breaking with no court date as yet

I write with regard to Mr O'Rourke who I attempted to assess in HMP Low Moss on 10 May 2013. Mr O'Rourke was physically unwell today and declined review.

I will see him next week.

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

NHS Greater Glasgow and Clyde
20 MAY 2013
HMP Low Moss
Received

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NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN

05/03/2013

Mr Alexander O'Rourke
Medical Officer, H.m.p. Low Moss, Health Centre
190 Crosshill Road
Glasgow
G64 2QB

Dear Mr Alexander O'Rourke

CHI Number: 0412703297

An Outpatient appointment has been arranged for you as follows:

Consultant: Mr Andrew Renwick
Specialty: General Surgery
Hospital: Royal Alexandra Hospital
Date and time: 05/09/2013, at 09:45
Location: RAH Desk 1 Outpatients Dept
Opening hours: Monday - Friday 9am - 5pm, Friday 9am - 4pm

If this appointment is not suitable or if for any reason you no longer need or are unable to keep this appointment, please telephone **0141 314 6194** or email* **RAHAppointments@ggc.scot.nhs.uk** as soon as possible so that other arrangements can be made, and your appointment can be offered to another patient.

*If you are contacting us by email you should include the following information:

Your name
Your CHI number
Consultant name
Date and time of your appointment
Reason: e.g. Unable to attend and require a further appointment.
For security purposes, please do not include any clinical information in your email.

Yours sincerely

Stella Williamson Health Records Manager

User ID Colette Houston
SCGC Ret Appt V1

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Filename: iGPRDA_454.pdf
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HIV-ve
HCV-ve } 1 WAON

BBV ASSESSMENT

NAME: Alexander O'Rourke **SPIN:** 11932

DOB: 4/12/70 **LOC:** K2C22 **EDL/CRT** 5/6/2014.

If HCV positive – when diagnosed? _____

Specialist/hospital attended &when: _____

_____

Vaccination status: Hep A: (1) 2 don't know. **Hep B:** (1) 2 (3) Booster don't know.

1. Have you received a blood transfusion before September 1991?
   YES **(NO)** **DON'T KNOW**
2. Have you ever shared needles or other equipment for injection/ snorting drugs, even if it was just once?
   (YES) **NO** **DON'T KNOW**
3. Have you ever had a tattoo or piercing using equipment that may not have been sterilised?
   YES **(NO)** **DON'T KNOW**
4. Have you ever had unprotected sex with someone who has or might have Hepatitis C/B or HIV
   (YES) **NO** **DON'T KNOW**
5. Have you ever had medical or dental treatment abroad in unsterile conditions?
   YES **(NO)** **DON'T KNOW**
6. Have you ever shared a razor or toothbrush with someone who has or might have hepatitis C/B or HIV
   YES **(NO)** **DON'T KNOW**

I consent for bloods to be taken for: **HIV** **HBV** **HCV** **Syphilis**

Prisoner's signature: _____

Nurse's signature: _____ **Date:** 5/2/13.

Any other comment: _____

_____

_____

_____

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 29th May 2013
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke in Kelvin Hall on the 24th May 2013. I am pleased to say that he remains very well on **Olanzapine 12.5mgs** and **Methadone 75mls daily**. He has been seen by Mr Renwick regarding his incisional hernia, who is keen for him to loss some weight before they repair it in September.

Mr O'Rourke is completely asymptomatic and has now been well for a significant period of time. We discussed a further reduction in his Olanzapine today, which will make it easier for him to lose weight prior to surgery. In view of his very stable mental state, he is happy to **reduce his Olanzapine to 10mgs**. In view of the reduction I plan to review him again in one month's time.

Yours sincerely

Ramsay

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

NHS
Greater Glasgow and Clyde
04 JUN 2013
HMP Low Moss
Received

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NHS Confidential: Personal data about a patient

Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 24th June 2013
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

NHS Greater Glasgow and Clyde
28 JUN 2013
HMP Low Moss
Received

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke in Kelvin Hall on the 21st June. Since I reduced his Olanzapine to 10mgs at the end of May he has noticed an increase in his self isolation. He is now spending more and more time in his cell, having previously integrated in the Hall regularly. He struggles to describe exactly what the difficulties are, but says he "just doesn't feel right". He appears almost to be describing delusional mood. He denies any specific paranoia. He is still eating regularly. His sleep is reasonable and he has had no recurrence of any psychotic symptomatology. He is understandably anxious about any recurrence in symptoms and is keen to increase his Olanzapine back to 12.5mgs.

On examination he still develops good rapport and eye contact. There is no evidence of any distraction. He is not perplexed or distressed. He has very good insight into his difficulties, and I have agreed that we will **increase his Olanzapine back to 12.5mgs**. His **Methadone has now reduced to 65mls per day** and I will review him again in one month's time.

Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

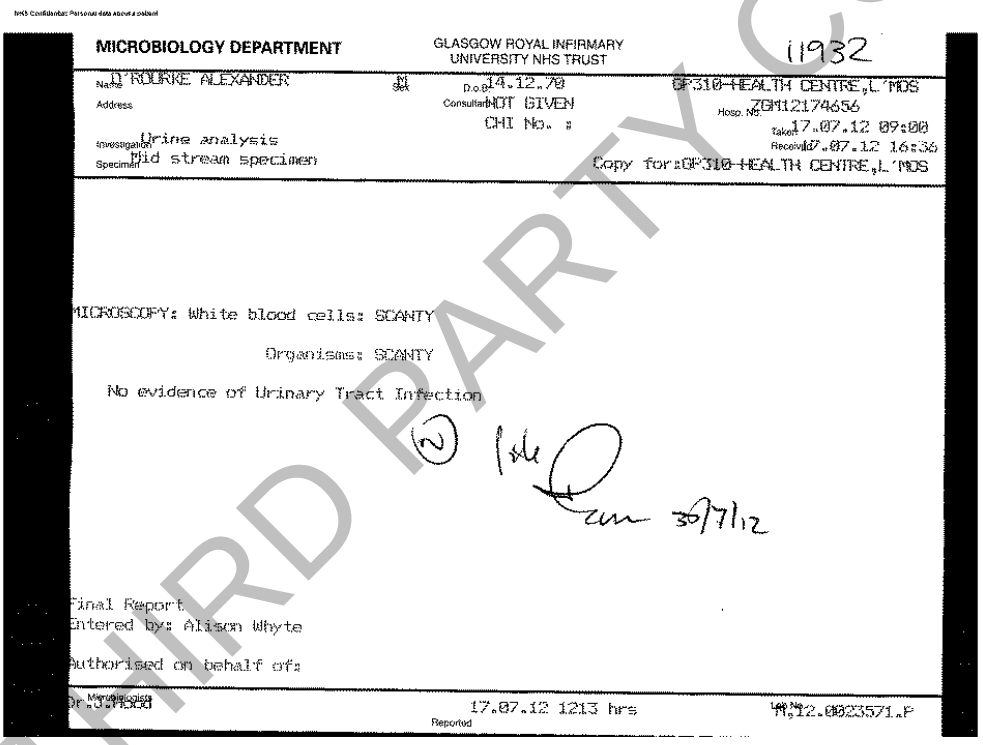
Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

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NHS Confidential: Personal data above & below

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

11932

Name O'ROURKE ALEXANDER (N) Sex
Address
D.o.B 14.12.70
Consultant NOT GIVEN
CHI No. :
GP310-HEALTH CENTRE,L'MOS
Hosp. No. ZGM12174656
Taken 17.07.12 09:00
Received 17.07.12 16:36

Investigation Urine analysis
Specimen Mid stream specimen
Copy for:GP310-HEALTH CENTRE,L'MOS

MICROSCOPY: White blood cells: SCANTY

Organisms: SCANTY

No evidence of Urinary Tract Infection

(2) 30/7/12

Final Report
Entered by: Alison Whyte

Authorised on behalf of:

Dr. Microbiologist

17.07.12 1213 hrs
Reported

Lab No. N,12.0023571.P

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[redacted]

Acute Services Division

Clyde Acute Directorate

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

NHS
Greater Glasgow and Clyde

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

Date: 05 September 2013
Dictated 05 September 2013
Ref: AAR/RR/165288

Sec: Rosalind
Direct ☎: 0141 314 6025
Fax: 0141 314 6834

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Dear Dr Hamilton

ALEXANDER O'ROURKE – CHI 0412703297
64 DALSKEITH ROAD, PAISLEY

I reviewed this gentleman today in the surgical clinic. As you will recall he has an incisional hernia in the superior aspect of a midline laparotomy wound, which was initially performed following an abdominal stabbing in April 2012. He was last seen in the clinic and laparoscopic repair was discussed with him, however, he was encouraged to lose weight before review at the clinic.

At this point his weight was 100kg with a BMI of 30. Unfortunately on review today his weight has increased to 108kg with a BMI of 33. On review he tells me that his incisional hernia is asymptomatic and he is only really bothered with the cosmetic appearance of this. I have reiterated how essential weight loss is prior to surgical intervention for his hernia and he is willing to give this another shot. We plan to review him again in six months time in the outpatient clinic and will let you know the outcome of this in due course.

Yours sincerely

Mr Raymond Oliphant
Surgical ST6

c.c. Dr James Curran, HMP Low Moss, Health Centre, Crosshill Road, BISHOPBRIGGS G64 2QB

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11932 (S)

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN

27/02/2013

Mr Alexander O'Rourke
Medical Officer, H.m.p. Low Moss, Health Centre
190 Crosshill Road
Glasgow
G64 2QB

Dear Mr Alexander O'Rourke

CHI Number: **0412703297**

An Outpatient appointment has been arranged for you as follows:

Consultant:	**Mr Andrew Renwick**
Specialty:	**General Surgery**
Hospital:	**Royal Alexandra Hospital**
Date and time:	**Tuesday 05/03/2013, at 14:20**
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Opening hours:	**Monday - Thursday 9am - 5pm, Friday 9am - 4pm**

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Your name
Your CHI number
Consultant name
Date and time of your appointment
Reason: e.g. Unable to attend and require a further appointment.
For security purposes, please do not include any clinical information in your email.

Yours sincerely

Stella Williamson Health Records Manager

NHS Greater Glasgow and Clyde
01 MAR 2013
User ID Laura Wilson
HMP Low Moss
SCRO Appointment Letter V1

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 24th June 2013
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

NHS
28 JUN 2013
HMP Low Moss
Received

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

I reviewed Mr O'Rourke in Kelvin Hall on the 21st June. Since I reduced his Olanzapine to 10mgs at the end of May he has noticed an increase in his self isolation. He is now spending more and more time in his cell, having previously integrated in the Hall regularly. He struggles to describe exactly what the difficulties are, but says he "just doesn't feel right". He appears almost to be describing delusional mood. He denies any specific paranoia. He is still eating regularly. His sleep is reasonable and he has had no recurrence of any psychotic symptomatology. He is understandably anxious about any recurrence in symptoms and is keen to increase his Olanzapine back to 12.5mgs.

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Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

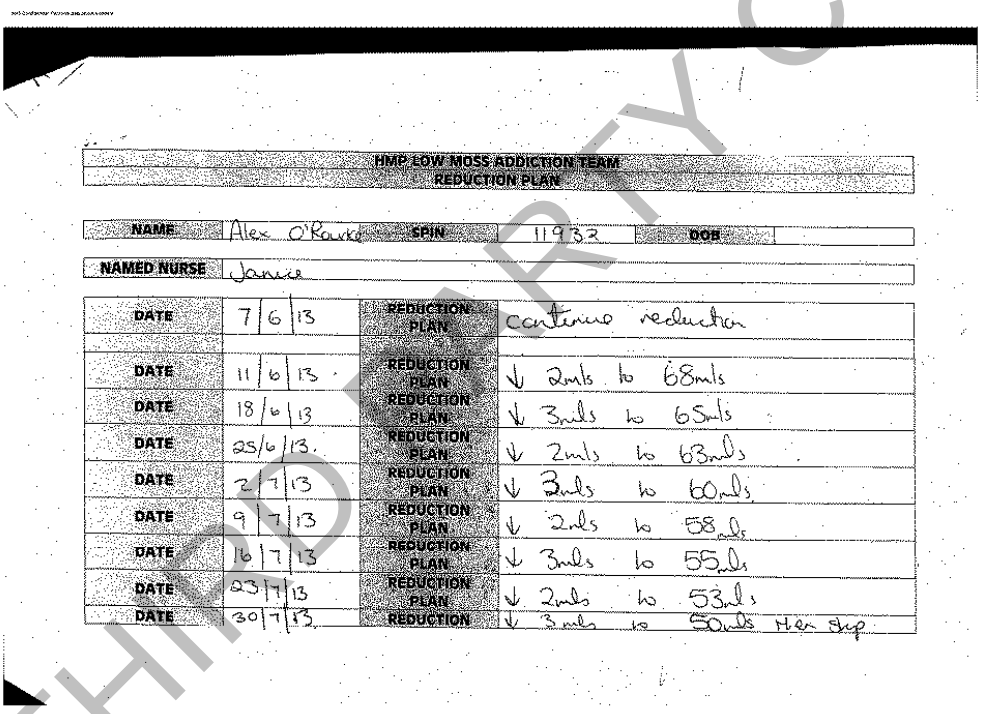
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HMP LOW MOSS ADDICTION TEAM
REDUCTION PLAN

NAME	Alex O'Rourke	SPIN	11933	DOB	
NAMED NURSE	Janice				

DATE	7/6/13	REDUCTION PLAN	Continue reduction
DATE	11/6/13	REDUCTION PLAN	↓ 2mls to 68mls
DATE	18/6/13	REDUCTION PLAN	↓ 3mls to 65mls
DATE	25/6/13	REDUCTION PLAN	↓ 2mls to 63mls
DATE	2/7/13	REDUCTION PLAN	↓ 3mls to 60mls
DATE	9/7/13	REDUCTION PLAN	↓ 2mls to 58mls
DATE	16/7/13	REDUCTION PLAN	↓ 3mls to 55mls
DATE	23/7/13	REDUCTION PLAN	↓ 2mls to 53mls
DATE	30/7/13	REDUCTION	↓ 3mls to 50mls Hex Sup

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Mental Health Services

The Douglas Inch Centre
2 Woodside Terrace
Glasgow
G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8019
Email

NHS
Greater Glasgow and Clyde

Date 29th May 2013
Your Ref
Our Ref LR/JL

STRICTLY CONFIDENTIAL

Health Centre
HMP Low Moss
Crosshill Road
Bishopbriggs
Glasgow
G64 2QB

Dear Colleague

Re: Alex O'Rourke, d.o.b. 04.12.1970 (CHI No. 041 270 3297)
SPIN No. 11932

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Yours sincerely

Dr Louise Ramsay
Consultant Forensic Psychiatrist

Cc: Dr Alisdair Kinniburgh, Dykebar Hospital

NHS
04 JUN 2013
HMP Low Moss
Received

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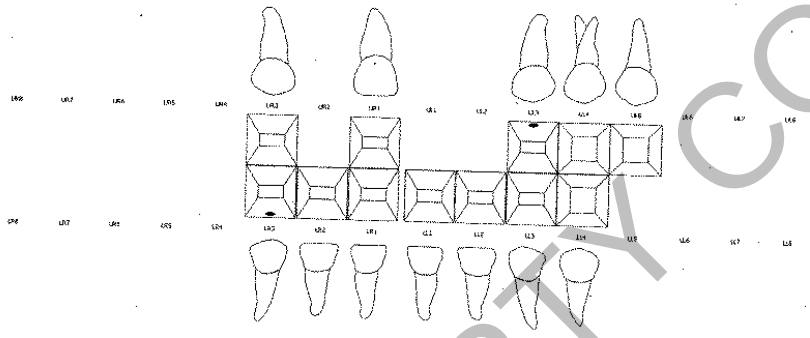
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HMP Low Moss
The Health Centre, PO Box 2893, GLASGOW, , G64 9BU
Tel: Fax:

Clinical Chart

Patient: **Mr Alex O'Rourke 11932** Code: **3000343**
Provider: **Ms Christine Cullen (Low Moss)**



Date	Completed	Tooth	Surface	Scheme	Code	Provider	Description	Cost (£)
19/09/2013 10:25	C			INS1	1001	CCLM (NB)	Scale and Polish	0.00
19/09/2013 10:19	C			INS1	2743	CCLM (NB)	Denture	0.00
	C	UR7					Partial Denture - Chrome Cobalt	
	C	UR6					Partial Denture - Chrome Cobalt	
	C	UR5					Partial Denture - Chrome Cobalt	
	C	UR4					Partial Denture - Chrome Cobalt	
	C	UR2					Partial Denture - Chrome Cobalt	
	C	UL1					Partial Denture - Chrome Cobalt	
	C	UL2					Partial Denture - Chrome Cobalt	
	C	UL6					Partial Denture - Chrome Cobalt	
	C	UL7					Partial Denture - Chrome Cobalt	

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HMP Low Moss
The Health Centre, PO Box 2893, GLASGOW, , G64 9BU
Tel: Fax:

06/06/2013 15:38	C						Denture - [Impressions]	
20/06/2013 10:15	C						Denture - [Bite registration]	
16/08/2013 15:54	C						Denture - [Try-In]	
19/09/2013 10:19	C						Denture - [Fit]	
19/09/2013 10:19	P	LR3	B			CCLM	Carious	
19/09/2013 10:19		UR3				CCLM (NB)	Carious	
19/09/2013 10:19	P	UL3	B			CCLM	Change: Reset Tooth	
18/04/2013 10:04	C			INS1	111	CCLM (NB)	Carious	
18/04/2013 10:02	P	UR3	B			CCLM	New Patient Exam	0.00
18/04/2013 10:01	P	UL8				CCLM	Carious	
18/04/2013 10:01	P	UL7				CCLM	Carious	
18/04/2013 10:01	P	UR8				CCLM	Missing Tooth	
18/04/2013 10:01	P	UR7				CCLM	Missing Tooth	
18/04/2013 10:01	P	UR6				CCLM	Missing Tooth	
18/04/2013 10:01	P	UR5				CCLM	Missing Tooth	
18/04/2013 10:01	P	LR8				CCLM	Missing Tooth	
18/04/2013 10:01	P	LR7				CCLM	Missing Tooth	
18/04/2013 10:01	P	LR6				CCLM	Missing Tooth	
18/04/2013 10:01	P	LR5				CCLM	Missing Tooth	
18/04/2013 10:00	P	LR4				CCLM	Missing Tooth	
18/04/2013 10:00	P	LL8				CCLM	Missing Tooth	
18/04/2013 10:00	P	LL7				CCLM	Missing Tooth	
18/04/2013 10:00	P	LL6				CCLM	Missing Tooth	
18/04/2013 10:00	P	LL5				CCLM	Missing Tooth	
18/04/2013 10:00	P	UL6				CCLM	Missing Tooth	
18/04/2013 10:00	P	UL1				CCLM	Missing Tooth	
18/04/2013 10:00	P	UL2				CCLM	Missing Tooth	
18/04/2013 10:00	P	UR4				CCLM	Missing Tooth	
18/04/2013 10:00	P	UR2				CCLM	Missing Tooth	

Patient Notes

19/09/2013 - [CCLM]
fit p/- chrome poig
pt happy with fit and appearance
scale and polish today
pt didn't want cons treatment-2 small buccal fillings required-pt too nervous and not keen for cons treatment
to contact us again if requires ease or decides wishes cons treatment
advised to register with a Gdp once released
C.M.Cullen
1011370,1012959,1011438

29/08/2013 - [CCLM]
Try in to fit
Pt happy with with appearance and wished finished

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HMP Low Moss
The Health Centre, PO Box 2893, GLASGOW, , G64 9BU
Tel: Fax:

Good fit
n/v fit,cons and scale
C.M.Cullen
1011113

16/08/2013 - [CCLM]
Shade should be 81 but is 66
Looks too light
Sent to Dentec now to have try changed to Shade 81
n/v try in
C.M.Cullen

31/07/2013 - [CCLM]
1011124
Try in of p/- chrome base
fitting well
pt happy with chrome base and clasps-shown clasps in mouth
bite
Shade 81
n/v try in
C.M.Cullen

04/07/2013 - [CCLM]
Try in
To change Shade to 81
Upper impression in special tray for cobalt chrome denture
n/v try in of cobalt chrome base
C.M.Cullen
1011109

20/06/2013 - [CCLM]
Upper imp in special tray
bite Shade 66
n/v Try in
C.M.Cullen

06/06/2013 - [CCLM]
Upper and lower imps for p/-
pt wishes cobalt chrome p/-
says all acrylic dentures have fractured
n/v bite and special tray
class 3 occlusion
C.M.Cullen

18/04/2013 - [CCLM]
c/o slight sensitivity upper right 1
pt keen to have new p/- denture
advised will put on routine list for this treatment

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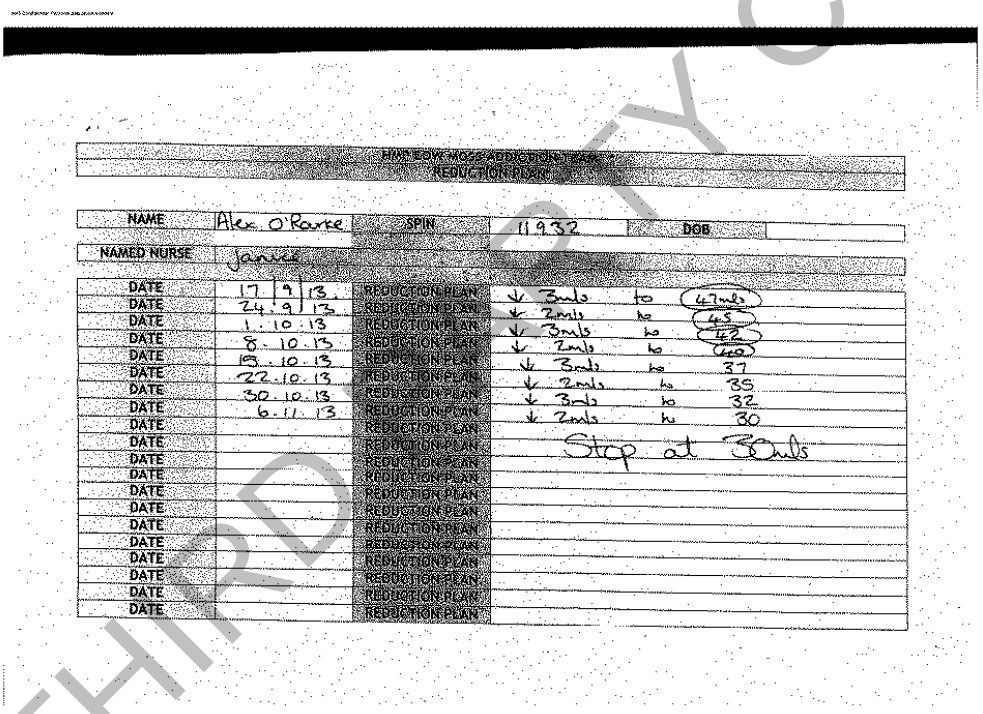
HMP Low Moss
The Health Centre, PO Box 2893, GLASGOW, , G64 9BU
Tel: Fax:

upper right 1 is slightly loose-grade 1
to kuo-advised may be sore occasionally when drinks coffee etc as gum recession and mobile
think worth keeping tooth
pt happy with this
to contact earlier if problems
C.M.Cullen

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HMP LOW NEWTON ADDICTION TEAM
REDUCTION PLAN

NAME	Alex O'Rourke	SPIN	11932	DOB	
NAMED NURSE	Janice				

DATE		REDUCTION PLAN			
DATE	17.9.13	REDUCTION PLAN	↓ 3mls	to	47mls
DATE	24.9.13	REDUCTION PLAN	↓ 2mls	to	45
DATE	1.10.13	REDUCTION PLAN	↓ 3mls	to	42
DATE	8.10.13	REDUCTION PLAN	↓ 2mls	to	40
DATE	15.10.13	REDUCTION PLAN	↓ 3mls	to	37
DATE	22.10.13	REDUCTION PLAN	↓ 2mls	to	35
DATE	30.10.13	REDUCTION PLAN	↓ 3mls	to	32
DATE	6.11.13	REDUCTION PLAN	↓ 2mls	to	30
DATE		REDUCTION PLAN	Stop at 30mls		
DATE		REDUCTION PLAN			
DATE		REDUCTION PLAN			
DATE		REDUCTION PLAN			
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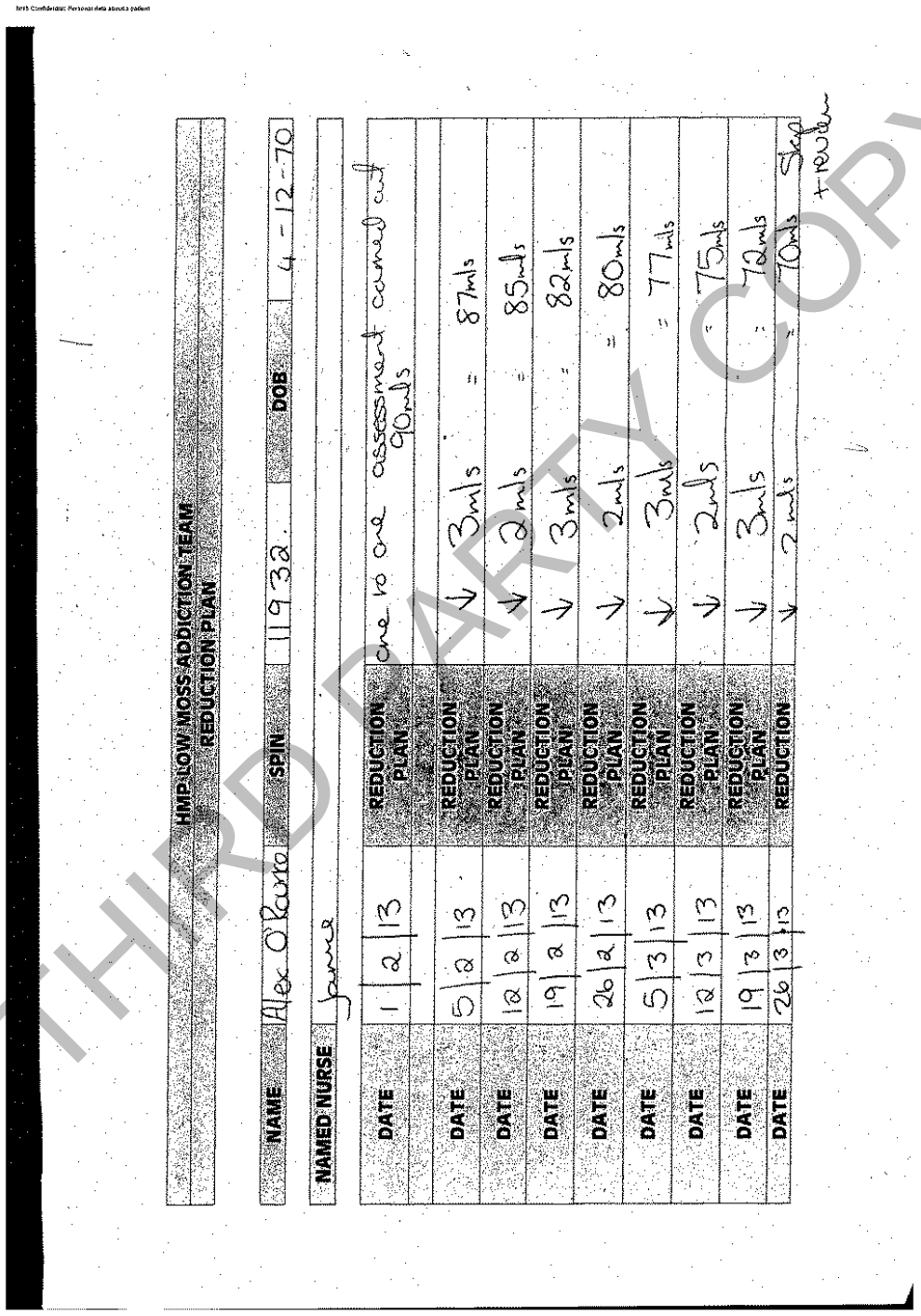
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HMP LOW MOSS ADDICTION TEAM
REDUCTION PLAN

NAME Alex O'Kane SPIN 119328. DOB 4-12-70

NAMED NURSE James

DATE	REDUCTION PLAN
1/2/13	one to one assessment carried out 90mls
5/2/13	↓ 3mls = 87mls
12/2/13	↓ 2mls = 85mls
19/2/13	↓ 3mls = 82mls
26/2/13	↓ 2mls = 80mls
5/3/13	↓ 3mls = 77mls
12/3/13	↓ 2mls = 75mls
19/3/13	↓ 3mls = 72mls
26/3/13	↓ 2mls = 70mls Stop + review

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P.O. Box 2893
G.P. I. McNeil

G 3189

Acute Services Division

Clyde Acute Directorate

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

NHS
Greater Glasgow and Clyde

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

Date: 05 September 2013
Dictated 05 September 2013
Ref: AAR/RR/165288

Sec: Rosalind
Direct ☎: 0141 314 6025
Fax: 0141 314 6834

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Not Reg St. James Surgery

Dear Dr Hamilton

ALEXANDER O'ROURKE – CHI 0412703297
64 DALSKEITH ROAD, PAISLEY

I reviewed this gentleman today in the surgical clinic. As you will recall he has an incisional hernia in the superior aspect of a midline laparotomy wound, which was initially performed following an abdominal stabbing in April 2012. He was last seen in the clinic and laparoscopic repair was discussed with him, however, he was encouraged to lose weight before review at the clinic.

At this point his weight was 100kg with a BMI of 30. Unfortunately on review today his weight has increased to 108kg with a BMI of 33. On review he tells me that his incisional hernia is asymptomatic and he is only really bothered with the cosmetic appearance of this. I have reiterated how essential weight loss is prior to surgical intervention for his hernia and he is willing to give this another shot. We plan to review him again in six months time in the outpatient clinic and will let you know the outcome of this in due course.

Yours sincerely,

Mr Raymond Oliphant
Surgical ST6

c.c. Dr James Curran, HMP Low Moss, Health Centre, Crosshill Road, BISHOPBRIGGS G64 2QB

Delivering better health
www.nhsggc.org.uk

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MAY-28-2014 13:38 From:01416187995 Page:1/1

From: To:901416185267 28/05/2014 10:27 #250 P.001/001

Phone 0141 618 2585
FAX 0141 618 5267

Dealt with pm.

Glasgow City
Greater Glasgow and Clyde

HMP Low Moss
Addictions Team
Health Centre
Crosshill Road
Bishopbriggs
G64 2QB

NHS Greater Glasgow and Clyde

Date
Phone 0141 762 9688
Fax 0141 762 9748

TO: RDS

RE: Throughcare dept

NAME: A O'Rourke

ADDRESS:

DATE OF BIRTH 4-12-1970

Please note that the above prisoner is due for release on 5TH June 2014

He is, at present prescribed -8- Eight mgs *(figures and words)*

Of SUBOXONE daily

It is out local policy to dispense SUBOXONE on the day of release, therefore I would be grateful if you could make available to the above named, an appointment for yourself on this date. Any prescription being given by your team should commence ON THE DAY FOLLOWING RELEASE.

Please confirm to willingness to comply with the above by returned this letter via fax with appointment details.

Yours sincerely

* starting on 31/5/14 4mg Four- titrating to 8mg on 3/6/14 -EIGHT-

A Jack
Addictions Nurse

APPOINTMENT DETAILS			
Location:-	RDS	for	ASSESSMENT
To be seen by:-	AGNES	BROWN	
Date:-	9/6/14	Time:-	10am

Attend 6th June duty to pick up 3 day script

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NHS Prison Healthcare

NHS Greater Glasgow and Clyde

Self Referral Form

Print Full Name:	Alex ORourke		
Prisoner No.	11932	Hall & Cell No:	Kelvin C2-22
Date of Request:	18/2/2014	EDL or Lib Date:	6/6/016
		Court Date:	

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A ~~NURSE~~: DOCTOR

WRITE YOUR REASON: I would like to see the Dr, to see if I can get to wear my tracksuit Bottons as its Sore wearing Denims Due to them pushing upwards on my Hernia.. Thank U

..URSE LED CLINICS (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		WellMan/ Woman	
Leg Ulcer & Wound Dressing Clinic		HIV & Hep C Treatment & Testing	

ADDICTION CLINICS

Appointment with Addiction Nurse		Smoking Cessation		

VACCINATIONS

Hep A		Hep B		Flu	

DENTIST Please Complete Dental Referral Form		
PODIATRIST Only available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

Feedback Form or Complaint Form Request (please tick box)	

IF YOU REQUIRE HELP COMPLETING THIS FORM
PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

MIS 263176

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NHS Prison Healthcare

info given ✓

NHS Greater Glasgow and Clyde

Self Referral Form

Print Full Name:	Alex ORourke		
Prisoner No.	11932	Hall & Cell No:	Kelvin C2.22
Date of Request:	21/4/2014	EDL or Lib Date:	6/6/2014
		Court Date:	

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:

WRITE YOUR REASON: I was wondering if you can give me a letter stating my weight when I come into prison in July 2012, as I was 10 stone or something now in 17½ stone, its for the Socail for my Community Care forms

NURSE LED CLINICS (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		WellMan/Woman	✓
Leg Ulcer & Wound Dressing Clinic		HIV & Hep C Treatment & Testing	

ADDICTION CLINICS

Appointment with Addiction Nurse	✓	Smoking Cessation		

VACCINATIONS

Hep A	Hep B		Flu

DENTIST Please Complete Dental Referral Form		
PODIATRIST Only available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

Feedback Form or Complaint Form Request (please tick box)

IF YOU REQUIRE HELP COMPLETING THIS FORM
PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

MIS 263176

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O'Rourke Alexander CHI: 0412703297

Clinical letter - GP:

NHS Greater Glasgow and Clyde

Dr. A McDade
Drs.mason And Mcdade
St James Medical Centre
19 St James Street
Paisley
PA3 2HQ

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111

Department: General Surgery
Tel: 0141 314 6025
Enquiries to: Rosalind Cockburn

Letter Date: 11/03/2014
Reference:
Dictated Date: 06/03/2014
Transcribed Date: 06/03/2014

Dear Dr McDade,

Name:	**O'Rourke Alexander**
CHI:	**0412703297**
DOB:	**04/12/1970**
Address:	**Medical Officer, H.m.p. Low Moss, Health Centre**
	190 Crosshill Road
	Glasgow
	G64 2QB

I reviewed this gentleman today at Mr Renwick's clinic. This gentleman is currently an inmate at her majesty's prison, Low Moss and has an incisional hernia from a previous laparotomy wound in 2012. The plan had been for this gentleman to loose some weight prior to us embarking on any attempt to repair his hernia, however, due to his incarceration he appears to have actually raised his weight from 107kg to 111kg since his last attendance here.

On examination today he does continue to have an incisional hernia, which is soft and reducible, although it is mildly tender on examination today. He does tell me he has occasional abdominal cramps related to this as well.

At present again I have reiterated the fact that he needs to try and loose some weight as this would make a repair both easier and also likely to be longer lasting. I understand he is due to be released from prison in three months and I have therefore arranged to see

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back in the clinic in four months to see how things are going. If he becomes increasingly symptomatic it may be that we need to proceed with the repair despite his elevated BMI, however, this would obviously not be an ideal situation but he does fully understand this. We will see him back in four months and make a plan.

Kind regards.

Yours sincerely

Mr Robert Drummond
Surgical ST5

Electronically Signed: Dr Robert Drummond, Surgeon

cc.

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NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley PA2 9PN
28/05/2014

Mr Alexander O'Rourke
Medical Officer, H.m.p. Low Moss, Health Centre
190 Crosshill Road
Glasgow
G64 2QB

Dear Mr Alexander O'Rourke

CHI Number: 0412703297

I am writing to tell you that unfortunately we need to cancel your appointment for the clinic :

Consultant: Mr Andrew Renwick
Date and time: Thursday 10th July 2014, at 10:00

Your new appointment is:

Consultant: Mr Andrew Renwick
Date and time: 04/09/2014, at 11:00
Location: RAH Desk 1 Outpatients Dept
Hospital: Royal Alexandra Hospital
Opening hours: Monday - Thursday 9am - 5pm, Friday 9am - 4pm

If for any reason you no longer need or are unable to keep this appointment, please telephone **0141 314 6194** or email* **RAHAppointments@ggc.scot.nhs.uk** as soon as possible so that other arrangements can be made, and your appointment can be offered to another patient.

Please note if you cancel your appointment we may place you back on the waiting list and contact you in due course.

NHS Greater Glasgow and Clyde
30 MAY 2014
HMP Low Moss Received

*If you are contacting us by email you should include the following information:
Your name
CHI number
Consultant name
Date and time of your appointment
Reason: e.g. Unable to attend and require a further appointment.
For security purposes, please do not include any clinical information in your email.

Yours sincerely

Gillian Robertson Referral Management Centre Clyde.

User ID Lyndsey Johnstone

SCGC Op Rebook after Cancellation V1

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NHS Prison Healthcare

MO ✓

Self Referral Form

NHS Greater Glasgow and Clyde

Print Full Name:	ALEXANDER O'ROURKE		
Prisoner No.	11932	Hall & Cell No:	Kelvin C2-22
Date of Request:	28/4/2014	EDL or Lib Date:	5/6/2014
		Court Date:	

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE: DOCTOR

WRITE YOUR REASON: I saw the Doctor last week and she put me on tablets to take away the spasams in having in my Hernia, but I have been taking them from Wednesday and their not working. Can you put me down to see the Doctor again. Thank U

NURSE LED CLINICS (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		WellMan/ ~~Woman~~	Can I attend the well clinic please as I have been trying for February
Leg Ulcer & Wound Dressing Clinic		HIV & Hep C Treatment & Testing	

ADDICTION CLINICS

Appointment with Addiction Nurse		Smoking Cessation		

VACCINATIONS

Hep A		Hep B		Flu	

DENTIST Please Complete Dental Referral Form		
PODIATRIST Only available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

Feedback Form or Complaint Form Request (please tick box)	

IF YOU REQUIRE HELP COMPLETING THIS FORM
PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

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NHS Prison Healthcare

GP appt 7/4/14

NHS Greater Glasgow and Clyde

Self Referral Form

Print Full Name:	Alex O'Rourke		
Prisoner No.	11932	Hall & Cell No:	Kelvin C2-22
Date of Request:	30/3/2014	EDL or Lib Date:	6/6/2014
		Court Date:	

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE: DOCTOR

WRITE YOUR REASON: I need to see the Doctor, as the medication he gave me for my gout isn't working and I have to see him for my Hernia as its still sore.

NURSE LED CLINICS (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		(WellMan) / Woman	✓
Leg Ulcer & Wound Dressing Clinic		HIV & Hep C Treatment & Testing	

ADDICTION CLINICS

Appointment with Addiction Nurse		Smoking Cessation		

VACCINATIONS

Hep A		Hep B		Flu	

DENTIST Please Complete Dental Referral Form		
PODIATRIST Only available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 6 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

Feedback Form or Complaint Form Request (please tick box)

IF YOU REQUIRE HELP COMPLETING THIS FORM
PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

MIS 263176

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SMR25a ASSESSMENT REPORT *Introduced April 2008*

ISD Ref A 114480 1/2

1) PERSONAL DETAILS

First Name [redacted] *First initial only* Surname [redacted] *First and fourth letter only*

City/Town Dumbarton

Date of Birth 04/12/1970 Gender Male ☒ Female ☐

Postal Sector G82 2 [redacted] *Please do not enter last two items of postcode*

Local Ref

ETHNIC GROUP

White
Scottish ☒ Other British ☐ Irish ☐ Other White ☐ *(specify)*

Asian, Asian Scottish or Asian British
Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian ☐ *(specify)*

Black, Black Scottish or Black British
African ☐ Caribbean ☐ Other Black ☐ *(specify)*

Mixed Background
Any *(specify)*

2) PRESENTING INFORMATION (OF THIS EPISODE)

MAIN SOURCE OF REFERRAL

Self ☐
Health
- GP ☒
- Primary Care ☐
- Mental Health ☐
- Other ☐

Social Work
- Criminal Justice ☐
- Child and Family ☐
- Other ☐

Criminal Justice
- DTTO ☐
- Arrest Referral ☐
- Drug Court ☐
- Prison ☐
- Other ☐

Voluntary service ☐
Education ☐
Housing ☐
Other *(specify)*

CO-OCCURING HEALTH ISSUES *Tick all that apply*

Drug related physical health ☐
Mental health ☐
Alcohol ☐
Other *(specify)*

3) CONTACT WITH THIS SERVICE / REFERRAL TO OTHER SERVICES

Your Institution Code

Contact name / worker name Dr Roughezi

Date contact first made (this episode only) - include letter/ phone referrals 26/06/14

Date first appointment offered 18/08/14

Date this assessment completed* (if assessment not completed, date last seen) 18/06/14

Has client been referred to another drug treatment or rehabilitation service? Yes ☐ No ☑

If yes, please provide date of referral

and name of service referred to

Is client being actively treated/cared for by this agency? Yes ☑ No ☐

If no, please provide reason (tick all that apply)

Received required support ☐
Unplanned discharge ☐
Disciplinary discharge ☐ *date of discharge*
In prison ☐
Deceased ☐
Currently on service waiting list ☐
Other *(specify)*

Has client been referred to a moving on/reintegration service Yes ☐ No ☑

If yes, please provide details (tick all that apply)

Employability of similar ☐
Education/training ☐
Housing ☐
Social Work ☐
Other *(specify)*

4) PREVIOUS CONTACT WITH SERVICES

Previous contact with any drug treatment services Yes ☑ No ☐

If yes, year of last contact 2011 Age when help first sought 26 years

5) AGE PROFILE

Age when first started using illicit drugs 15 years

Age at onset of problem illicit drug use 26 years

6) PRESCRIPTION DRUGS PROFILE (CURRENT)

Give details of current prescription related to treatment of addiction

None ☐ Not known ☐ Details verified? Yes ☑ No ☐

If none or not known, go to section 7

	Drug name	Daily dosage (mg)
Main drug	Suboxone	8 Mg
Drug 2		
Drug 3		
Drug 4		

7) ALCOHOL PROFILE (PAST MONTH)

Consumed alcohol? Yes ☑ No ☐

If Yes complete the details below. If NO, go to section 8

In a typical day how many units did the client usually have? 18 units

How often did client have an alcoholic drink?

Every day ☐
3 - 4 days per week ☐
2 - 3 days per month ☐
5 - 6 days per week ☐
1 - 2 days per week ☐
about one day a month ☑

Tear here

Please return top copy using envelope provided

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ICIT DRUGS PROFILE (PAST MONTH) Including solvents & OTC medicine taken inappropriately

n past month? Yes ☐ *show details* No ☑ *go to section 9*

	Drug name	Route(s) e.g. IV/ IM/ smoke/ swallow/ inhale/ snort How often i.e. daily/ most days/ weekends/ weekly/ fortnightly/ monthly				In a 'typical' drug using day	
		Main route	How often	Other route	How often	Quantity e.g. mg/ml/oz/binge	Spend £
Drug							
2							
3							
4							
5							

JECTING/ SHARING DETAILS

	Yes	No	IN THE PAST MONTH	Yes	No
id	☑	☐	Injected	☐	☑
o to section 10					
s used new ment first	☑	☐	Always used new equipment first	☐	☐
needle or e that someone s used	☐	☑	Used a needle or syringe that someone else has used	☐	☐
someone else dle or syringe client has used	☐	☑	Lent someone else a needle or syringe which client has used	☐	☐
the same spoon, r water as ne else	☐	☑	Used the same spoon, filter or water as someone else	☐	☐

st injected 41 years

10) BLOOD BORNE VIRUSES

Tested for:	Yes	No	Date of last test (m m y y y y)
Hepatitis B	☑	☐	01/12
Hepatitis C	☑	☐	01/12
HIV	☑	☐	01/12

Has client been at risk since last test? Yes ☐ No ☑

Has client completed a course of vaccination for Hep B? ☑

OCIAL PROFILE (CURRENT)

MMODATION

- d/ Rented
- ited accommodation (drug related)
- ntial rehabilitation
- on
- less - Temporary/ Unstable accommodation/ Hostel
- less - Roofless
- (specify)

C SITUATION *t that apply*

- pouse/ partner
- arents
- (specify)

LIVING WITH OTHER DRUG USERS

- Yes
- No ☑
- Did not wish to answer

OYMENT/ EDUCATION

- yed (paid or unpaid)
- rt into employment
- played
- employed
- erm sick/ disabled
- School
- Excluded from school
- Full time education/ training
- In Prison
- Other (specify)

LEGAL SITUATION *Tick all that apply*

- None ☑
- Case pending
- DTTO
- On probation/ subject to supervision order
- In Prison
- Other (specify)

HAS CLIENT BEEN IN PRISON IN PREVIOUS 12 MONTHS?

Yes ☑ No ☐ Did not wish to answer ☐

How long since release 2 weeks

Name of Prison of release Low Moss

DRUG USE FUNDED BY *Tick all that apply*

- Employment
- Crime
- Debt
- Other (specify)
- Benefits
- Sex work
- Did not wish to answer ☑

EPENDENT CHILDREN

	Yes	No
client have dependent children	☐	☑
rovide age of each child in table		
t or their partner pregnant?	☐	☑

	Child one	Child two	Child three	Child four	Child five	Child six
Living with own children						
Own children living elsewhere						
Living with partner's children						

OCAL USE **ISD Ref A** 114480

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10566

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth*	04 12 1920	Address*	100 WHITEFORD AVENUE BELLSMYRE
Title*	MR		
Surname*	O'ROURKE		
Forenames*	ALEXANDER	Postcode*	G 82 3SP
Previous Surname*		Telephone #	
email address #		Mobile #	07425411782

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

Community Health Index (CHI) Number*		NHS Number*	

The following information can be found on your birth certificate:

Town of Birth*	PAISLEY	Country of Birth*	SCOTLAND
Registered district of birth (Scotland only)		Mother's maiden name	SKILLING

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*	Name and address of previous GP Practice in UK*
St James st PAISLEY DUNDONALD RD GALLOWHILL PAISLEY	St James street Paisley
Postcode*	Postcode*

If you are from abroad:

Date you first came to live in the UK* .. .. If previously resident in the UK, date of leaving* .. ..

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* .. .. Service Number

Are you a Reservist?* ☐ Yes ☐ No If yes, please provide your address before enlisting*

Leaving date* .. ..

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date .. ..

GMSGPR001 v1 (05-2013)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date 05-06-2014

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number - GP name

Practice code - Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date 05-06-2014

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD-MM-YYYY

Practice Stamp

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Levenside Medical Practice **New Patient Medical**

Forename ALEXANDER	Surname O'ROURKE	DOB
Address 100 WHITEFORD AVE FLAT 4 BELLSHYRE	Tel	Mobile 07425411782
	Email	
	Allergies	Occupation ROAD SWEEPER
Post code G82 3SP	Number of Children	Marital Status DIVORCED

Next of Kin MOTHER	Forename ANNE	Surname O'ROURKE
Address 80 Fergusslie Park Ave Paisley	Tel 0141 8895911	Mobile —
	Postcode	Relationship to you MOTHER

HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THIS PRACTICE Y/N

History	Patient Yes	Patient No	Family Yes	Family No
Asthma		✓	✓	
Diabetes		✓	✓	
Epilepsy		✓		
Hypertension		✓		
MI		✓		
Angina		✓		
Stroke		✓		
Cancer		✓		
Hyperlipidaemia		✓		
Vasc Disease		✓		
Thyroid Disease		✓		
Other		✓		

Details

Medication

RANITIDINE 150mgs DAILY
OLANZIPINE 15mgs Daily
SPASMONAL 60mgs Daily
NEFOPAM 30 mgs Daily
SUVOXIN 8mgs Daily

Personal Medical History

Operations or disabilities

Smoking

Never smoked		Cigarette smoker	✓ Cigarettes per day 10
Ex cigarette smoker	Cigarettes per day	Pipe smoker	oz per week
Ex Pipe smoker	oz per week	Cigars	Cigars per day
Ex rolled tobacco	oz per week	Roll-ups	✓ oz per week 2
Ex cigar smoker	Cigars per day		

Date Stopped .....

Alcohol consumption

Units per week

Date Stopped .....

Exercise

Exercise Impossible	
None	✓
Light Exercise	
Heavy Exercise	
Other	

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Do you have any allergies to foods of medicines Yes/No if yes please give details
.....
..... NO .....

Have you ever had your BLOOD PRESSURE TESTED? Yes/No
If so when? ..... NO ..... Has it ever been high/low Yes/No

Measurements

Height ... 5'10 .....
Weight ... 116 Kilo .....
Waist Don't Know
BP .....
Tetanus date .....
Urinalysis .....

Carers

Are you a carer, do you need/have anyone who looks after your daily needs as a carer Yes/(No)
Do you care for anyone else?
If 'Yes' ask the receptionist for Carers support

FEMALE PATIENTS ONLY

Do you use the Pill/Sheath/Coil/Cap/Nothing? .....
If you take the contraceptive pill which one? .....
How long have you taken it for? .....
Are you fitted with the coil? Yes/No When was it fitted? .....
Have you ever had a cervical smear test? How many time? .....
Have you ever had a Miscarriage/Termination? Yes/No. How many .....
Have you ever had a hysterectomy? Yes/No When .....
Are you immune to Rubella (German Measles)? Yes/No .....

ETHNIC ORIGIN

White		**Asian, Asian Scottish or Asian British**	
Scottish	☑	Pakistani, Pakistani Scottish or Pakistani British	☐
English	☐	Indian, Indian Scottish or Indian British	☐
Welsh	☐	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	☐
Northern Irish	☐	Chinese, Chinese Scottish or Chinese British	☐
Irish	☐	Other	☐
Gypsy/Traveller	☐		
Polish	☐	**African, Caribbean or Black**	
		African, African Scottish or African British	☐
Other Ethnic Group		Caribbean, Caribean Scottish or Cribbean British	☐
Arab	☐	Black, Black Scottish or Black British	☐
Other	☐	Other	☐

Do you require the services of an interpreter Yes/No

Any other white group ..... Any mixed or ethnic group .....

Signed ..... **Date** 5/6/2014 ....

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Health Centre, HMP Greenock
85 Old Inverkip Road
Greenock PA16 9AJ
Tel: 01475 787801 Ext 253/260/285
Fax: 01475 883329

NHS
Greater Glasgow and Clyde

ACCESS TO EMERGENCY CARE SUMMARY (ECS)

Patient name:	ALEX O'ROURKE
Home address:	100D WHITEFORD AVENUE BELLSMYER DUMBARTON
Postcode:	G82 3JE
SPIN No:	11932
DOB:	04/12/1990
GP name & address:	DR BAGAZIE Solut Hospital

☑ I hereby give consent to NHS health care staff in HMP Greenock to access my emergency care summary which provides my name, address, date of birth, and recent prescribed medication held within the GP clinical system

☐ I consent to my GP knowing about this access

Patient signature ..... Date 4/8/2017

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O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Vale of Leven Hospital
Main St
Alexandria
Dunbartonshire
G83 0UA

Dept. Contact Details:
Tel: 01389 817240(MIU)817345(Reception)
Fax: 01389 817274
Email:

Date Completed: 26/04/2017

Consultant: Dr Gordon McNaughton

FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dumbarton
G82 1PW

Dear FR MacLean

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
100D WHITEFORD AVENUE
Dumbarton G82 3JE

Attended on: **26/04/2017 at 12:14 hrs.** Departed on: **26/04/2017 at 17:21 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
injury to left elbow

Nursing Assessment:

Investigations in ED:

1. XR Elbow Lt	**2. 12 Lead ECG**	**3. Event monitor**
4. CRP	**5. Urea and Electrolytes**	**6. ESR**
7. Full Blood Count	**8. Thyroid function tests**	

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11932.

Patient Registration

NHS SCOTLAND

While you are in prison your healthcare will be provided by the Health Board for the prison you are in.

Please use BLOCK CAPITALS to complete the form and tick all boxes that apply to you.

Please complete this form as best you can. It will help us to get your medical records quickly.

This form will not go into your community health record.

Is this the first time you have registered with a GP (doctor)? yes ☐ no ☐

1. What is your first name? ALEXANDER
middle name(s)

2. What is your surname? O'ROURKE
Title (Mr / Mrs / Miss / other)

3. Are you male [X] female ☐ (please tick)

4. What is your last or other surname?
What is your date of birth? 0 4 1 2 1 9 7 0

5. Address
THE HEALTH CENTRE, P.O. BOX 19605, GREENOCK
Postcode PA15 9ET

6. What is your town of birth, PAISLEY and country of birth? SCOTLAND

7. What is your mother's maiden name? SKYLLING

8. What was your last address in the United Kingdom?
67C DUNDONALD ROAD, PAISLEY, RENFREWSHIRE
Postcode PA3 4NB

9. If you have a doctor, what is their name and address?
BABADI
JOINT HOSP H.C. DUMBARTON
Postcode

10. Do you know your:
Community Health Index(CHI) number 0412703297
NHS number S/573/70/2195

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I understand that:

- my medical record may be transferred from my doctor (or community healthcare provider) to the prison health centre;
- my information may be shared as detailed in the box below.

Your Information
- We need this information to make sure we give you the best level of health care we can.
- We may need to share relevant information with other NHS staff involved in your care. This makes caring for you safer, easier and faster.
- We may need to share information about your health and medication with people outside the NHS, such as other prison staff, community healthcare providers or community health agencies. This will only be done when they need it to be able to give you care and treatment.

I confirm that, as far as I know, the information I have given on this form is correct.

Signed [signature] Date 04.8.17

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only

PRACTICE CODE 31391

GP NAME Dr F Maclean

GP REFERENCE NUMBER C3879

OFFICIAL USE ONLY		
Input By: SH	Date: 7/8/17	Checked By:

Patient set up on GP IT System as: (please tick one box only)

TR ☑ PR ☐

If status has changed from TR to PR please tick ☐

Please store this form in the prison "blue file" health record

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HMP Greenock Mental Health and Addictions Care plan

Client Name:	A.O'Rourke	Spin/Location:	11932 A 4/33	Lib	
Nurse/Worker:	K.Rodges	DOB: 4/12/70	CHI:	Date of care Plan:	15-8-17
General Aim of Care Plan:	reduce anxiety levels, sleep is returned to normal pattern, long term coping strategies				
Identified Need	Acton - What, When and by Whom?			Expected Outcome	Review
past history	psychology - referred on 15/8/17			coping strategies learned.	for review by psychology
drug abuse alcohol abuse	refer to addictions support			education on effects drugs and alcohol have on body, relapse prevention techniques are learned.	for review by addictions support
sleep and anxiety	mental health, 3 week support, sleep hygiene, anxiety management self-help-guided.			sleep is returned to a normal pattern and anxiety levels reduced.	5-9-17

Patient Signature
Nurse/Worker Signature K Rodges

A Copy must be given to the patient

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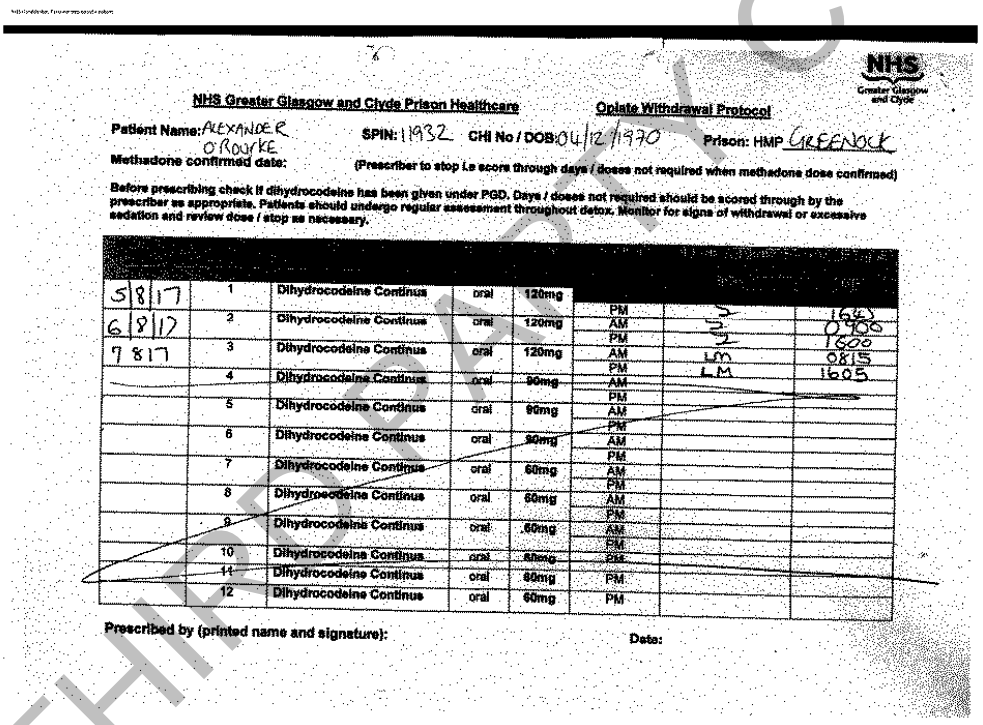
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NHS Greater Glasgow and Clyde Prison Healthcare

Opiate Withdrawal Protocol

Patient Name: ALEXANDER O'ROURKE SPIN: 11932 CHI No / DOB: 04/12/1970 Prison: HMP GREENOCK

Methadone confirmed date:

(Prescriber to stop i.e score through days / doses not required when methadone dose confirmed)

Before prescribing check if dihydrocodeine has been given under PGD. Days / doses not required should be scored through by the prescriber as appropriate. Patients should undergo regular assessment throughout detox. Monitor for signs of withdrawal or excessive sedation and review dose / stop as necessary.

5/8/17	1	Dihydrocodeine Continus	oral	120mg	PM	J	1645
6/8/17	2	Dihydrocodeine Continus	oral	120mg	AM	J	0900
7/8/17	3	Dihydrocodeine Continus	oral	120mg	PM	J	1600
	4	Dihydrocodeine Continus	oral	90mg	AM	LM	0815
	5	Dihydrocodeine Continus	oral	90mg	PM	LM	1605
	6	Dihydrocodeine Continus	oral	90mg	AM		
	7	Dihydrocodeine Continus	oral	60mg	PM		
	8	Dihydrocodeine Continus	oral	60mg	AM		
	9	Dihydrocodeine Continus	oral	60mg	PM		
	10	Dihydrocodeine Continus	oral	60mg	AM		
	11	Dihydrocodeine Continus	oral	60mg	PM		
	12	Dihydrocodeine Continus	oral	60mg	PM		

Prescribed by (printed name and signature):

Date:

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NHS Greater Glasgow and Clyde

	Date	Initial		Date	Initial
Admin	14/8	Stt	Allocated Kylie	15817	FR
Triage	14817	AM	MH Meeting		
	urgent				

MDMHT REFERRAL FORM

Name: Alex O'Rourke **Spin Number:** 11932

D.O.B. 04/12/1970 **Date of Admission.** 4/8/2017

Referral completed by. myself Alex O'Rourke

Date of referral. 11/8/2017

Please state the reasons why you are referring to the Mental Health Team in the box below

Ive been dealing with mental heath for 5 years now I feel Im getting worse, my lawyer is going to get a doctor to visit me A.S.A.P I would like to be dinned in my cell, I canny go large crowds its starting to do my head in, I keep hearing people outside my door talking I dont know if its just in my head by feeling the way I felt 5 years ago

Please complete the following,

Have you/the prisoner seen the Mental Health Team before? (Yes)/No
Are you/the prisoner on anti-psychotic medication (Yes)/No
Have you/the prisoner received support from a CPN? (Yes)/No
Is there a history of self harming behaviour (Yes)/No

Five years ago I dont feel myself I think I need my OLANZAPINE put back up to 15mls

FOR ADMINISTRATION PURPOSES ONLY

Date Received by Admin..... **Signature**.....

Date assessed by MHN 15.8.17... **Signature**.....

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Keith Redpath

West Dunbartonshire CMHT
Riverview Resource Centre
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA

Private & Confidential
Dr MacLean
Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Date Dictated: 19/05/2017
Date Typed: 23/05/2017
Direct Line: 01389 812 070
Reference: NP/TP
Chi: 0412703297

Dear Dr MacLean,

Re: Alexander O'Rourke Chi: 0412703297
Address: Flat 4, 100 Whiteford Avenue, Dumbarton, G82 3JE

Diagnosis: F10.2 Alcohol Dependent Syndrome
F19.5 Mental and Behavioural Disorders due to multiple drug use and use of other psychoactive substances

Medications: Methadone 60ml (daily dispensed)
Olanzapine 5mg nocte (reduced today from 15mg nocte)
Mirtazipine 15mg nocturnal
Omeprazole 20mg mane
Thiamine Hydrochloride 100mg tid
Salbutamol 100microgrammes inhaler 2 puffs prn
Beclomethasone & Fallmetrol 100 micrograms inhaler
1-2 puffs bd

Legal Status Informal

Follow up 16th September 2017 at 10.30am

I reviewed the above patient at the psychiatric outpatient clinic held at Riverview Resource Centre on 19th May 2017 where he presented punctually and was alone.

At the onset of the clinic Mr O'Rourke informed me that he was "not feeling good" and had "mad thoughts". He was unable to explain exactly what his "bad thoughts" were although he did say as a result he was feeling suicidal. In terms of his suicidal intent he spoke vaguely about hiding himself, taking an overdose, jumping into the river and cutting himself. Clinically I did not feel he had any suicidal intentions. He still continues to struggle with his polysubstance misuse where he attempted to reduce his Cannabis a week ago and was struggling with the withdrawal symptoms such that he reinstated on it. In addition he still continues to buy some street Diazepam and also spoke about smoking Heroin

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approximately 2 months ago when he was changed over from Suboxone over to Methadone. He is unclear as to why he was changed over as according to him he was doing really well on the Suboxone.

He reports all of his problems being related to him being stabbed approximately 5 years ago and relates this to an incident where he "lost 50kgs of base" from his home and he believes it was one of their gang members that stabbed him the following year. Naturally, he still feels quite paranoid when he goes out and feels he is going to be harmed again by these gang members.

He recalls a good spell in his life being when he was in prison for approximately 2 years as he was doing well with the structure, common medications and according to him was not using any illicit drugs. He has struggled since being liberated where a lot of the issues have been related to his social anxiety and his maladaptive coping strategies where he uses illicit drugs and drinks excess alcohol. In fact he states as recent as this Monday he had gone on a bit of a bender with the alcohol and drank up to 45 cans of beer and then smoked quite a bit of Cannabis. It's really not surprising that that he still feels quite "rubbish". He still spoke about carrying his knife to the local pharmacy when he picks up his Methadone. I have again deterred him from this and he is certainly aware about the risks of being picked up by the police, arrested where he would most likely face a substantial prison sentence.

Mental State Examination
Mr O'Rourke was casually dressed, cleanly shaven and overall appeared relatively well kempt. He had good eye contact and was able to develop a rapport. His speech was of normal tone, volume, rhythm and rate. His mood subjectively was "rubbish" and objectively he came across a bit anxious but otherwise euthymic and reactive. He reported fleeting thoughts of self harm but with no specific suicidal intention. There was no evidence of any formal thought disorder. In terms of his "mad thoughts" these were more related with his anxiety symptoms and his paranoia although I suspect the latter is related to his criminal activity. Objectively there was no evidence of him responding to any perceptual disturbances.

Plan
I had a fairly lengthy discussion with Mr O'Rourke about the limited benefits of psychotropic medications if he does not engage in any routine, structured activities. He informed me that he had not been taking his Olanzapine consistently and only uses this couple of times a week which results with him feeling extremely "groggy". On that basis I gave him a hand written note to continue his Olanzapine at 5mg nocturnal.

However the main way forward with this individual is for him to engage with the Levengrove Gardening Project to provide him with more structure. We also spoke about his physical health where he is reluctant to go to his local gym although did speak about potentially returning back to cycling. He clearly knows what to do although continues to make poorly informed decisions. In fact today he stated that he had not heard anything from the Levengrove Gardening Project although clearly on his electronic case record they had organised a follow up appointment for him on 24th April 2017 which he presumably did not attend. I have encouraged him to re-contact them to reschedule a further appointment in future.

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Keith Redpath

I have organised a further review appointment for Alexander on 15th September 2017 at 10.30am.

Yours sincerely

Dr Navesh Puri
Consultant Psychiatrist

Cc Nel King, Leven Addiction Services, Dumbarton Joint Hospital
Yvonne Milne (Levengrove project)

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NHS
Greater Glasgow and Clyde

HMP Greenock

MENTAL HEALTH ASSESSMENT AND PLAN

Name	Alex O'Rourke	Date of Birth	4/12/70
SPIN	11932	Location	A

Offence History (including current charges, previous charges, last time in custody, liberation/court date)
serious assault fully committed

Description of Presenting Complaint/Problem anxiety around family history of heart attacks. Can't deal with large crowds, since coming down from 15mg of Olanzapine to 5mg - struggling, panic attacks 2-3 daily visual hallucinations - silhouettes (feels like he is on acid). ~~Auditory hallucinations~~ noises in the hall becoming too much. -Tear a breakdown in law mass. Abused physically and mentally by mother aged around 10 - hit with poles. Went to live with sister. Stabbed in arm 5x then 10x in arm, severe pains (cramping) while being stabbed flashbacks to when he babbled the guy with a meat cleaver. family history of diabetes and worries about diabetes, writes down thoughts

Mental Health History/Treatment	Family History of Mental Illness
paranoia, anxiety olanzapine 5mg registered GP- Dr Fergus McLean. Dumbarton H/C	N/K

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Social History (including drug/alcohol abuse, relationship status, education, employment)
30 bottles of beer daily, got a girlfriend. cannibis daily, valium 30 at a time, liquid valium 300ml, unemployed. on PIP.

Current Medication
50mls Methadone detox diazepam. olanzapine 5mg mirtrazepine 30mg

Current Medical Conditions/Ongoing Investigations
possible heart problems, diabetes, cholestarol. - asthma

Mental Status Examination	
Appearance and Behaviour: well kempt, appropriate	Mood: lowered.
Thinking/Thought Pattern: thinking straight	Affect: lowered
Distress/Distraction: easily distracted	Sleep: broken sleep, few hours at a time.
Posture/Body language: good eye contact, open	Appetite: good appetite, dines in his cell.
Attention/Concentration: ok, writes stories a lot.	Motivation/Energy: lacking in motivation, paranoid to leave cell, cleaning all the time.
Memory: often forgets things and state if is the cannibis, improving since stopping cannibis.	Insight: good understanding
Orientation: fine	Speech: clear, appropriate

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Risk Assessment			
Suicidal Thoughts Previous History	previously self-harmed Dec 16 cut arms no current thoughts	Suicidal Intent	NO
Current plan	NO	Risk to Others	NO

Provisional Diagnosis/Current Problems			
Alcohol and Drug Disorder	Yes	Anxiety Disorder	yes
Mood Disorder	NO	Psychotic Disorder	[redacted] Yes
Sleep Problems	YES	Other/Unknown	

Support in community
psychiatrist in Low moss Renfrewshire substance abuse - originally prescribed olanzapine. for paranoia. - Dr Pourghazi. [redacted] (Dumbarton joint hospital). - riverview psychiatrist every 3-4 months - Dr purrie

Summary
Alex reports he is struggling to cope being in large crowds. since coming down on his olanzapine. Having 2-3 panic attacks daily. Reports having visual hallucinations of silhouettes "feels like he is on acid". Reports the noises in the hall is becoming too much for him. Reports having a breakdown in Lowmass. He was abused physically and mentally by mother when he was around 10, being hit by poles, he went to live with his sister. He was stabbed 10x in 2010 then 5x in 2012, and reports he has severe cramping where his wounds are. He reports having flashbacks from when he attacked a guy with a meat cleaver. Family history of heart attacks and diabetes and has anxieties around this. Reports writing down his thoughts to make him feel better. reports getting a few hours sleep per night, good appetite and eating in his cell. Appeared to converse well, good eye contact, open body language, well kempt. Reports drinking 30 bottles of beer daily, smoking cannabis daily and taking 30 valium daily when he could get it. 30mls liquid valium. previously self-harmed in December 16 (cut arms) but strongly denies any current thoughts of suicide or DSH. 3

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Outcome
list for GP, refer to psychology, refer to addictions support, m/H will ~~support~~ review in 3 weeks time.

Mental Health Care Plan

Problem	Interventions	Outcomes	Review Date
~~leaking fluid in elbow~~ Cramping pains where being stabbed wishes to go up on diazepine.	GP.	pain levels minimised, medication reviewed.	listed for 16.8.17
easily distracted, sleep and anxiety issues	m/H	anxiety levels reduced, sleep pattern is resumed to normal.	5.9.17
past history	psychology	Learn coping strategies	referred on 15.8.17
drug and alcohol misuse	addictions support.	educated on effects of substance abuse relapse prevention techniques learned.	review by addictions support.

Signature	K. Rodgers	Date	15.8.17

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HMP Greenock Mental Health and Addictions Care plan

Client Name: A O'Rourke	Spin/Location: 11932 A 4/33		
Nurse/Worker: K. Rodges	DOB: 4/12/70 CHI:	LIB	
General Aim of Care Plan: reduce anxiety levels, sleep is returned to normal pattern, past history learn coping strategies		Date of care Plan: 15 8 17	
Identified Need	Acton - What, When and by Whom?	Expected Outcome	Review
past history	psychology - referred on 15/8/17	coping strategies learned.	for review by psychology
drug abuse not drugs well only hash alcohol abuse! put my paranoia down to that...	refer to addictions support	education on effects drugs and alcohol have on body, relapse prevention techniques are learned.	for review by addictions support
sleep and anxiety	mental health, 3 week support, sleep hygiene, anxiety management self-help-guided.	sleep is returned to a normal pattern and anxiety levels reduced.	5917

Patient Signature
Nurse/Worker Signature K. Rodges

A Copy must be given to the patient

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O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 22/12/2016

Consultant: Dr Lucy Thomas

FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dumbarton
G82 1PW

Dear FR MacLean

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
100D WHITEFORD AVENUE
Dumbarton G82 3JE

Attended on: **19/12/2016 at 03:17 hrs.** Departed on: **19/12/2016 at 05:41 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
biba - self harm

Nursing Assessment:
DSH this evening with stanley knife. Admits to 10 x beers denies any drug use or suicidal ideation. phones samaritans helpline this evening

Investigations in ED: **None**

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O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Deliberate self harm by sharp object		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Deliberate self harm - several cuts to volar aspect of left forearm with stanley knife. Describing homicidal ideation - police arranged discussion with CPNs who spoke with Alexander by phone and were satisfied with current follow-up arrangements. Alexander refused local anaesthetic and refused suture of wounds to forearm - had capacity. Wounds closed with steri-strips - would be very grateful if you could arrange for this wound to be reviewed - I have advised Alexander that steri-strips will likely require to be changed prior to complete wound closure. Has psychiatry review on Tuesday and is keen to attend. Discharged with worsening advice.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jamie Hooker
Doctor

Copies to:
1. FR MacLean (GP)
School Address:

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NHS Greater Glasgow and Clyde Prison Healthcare

Benzodiazepine or Alcohol Withdrawal Protocol

Patient Name: ALEXANDER O'ROURKE SPIN: 11952 CHI No / DOB: 04/12/1970 Prison: HMP GREENOCK

Before prescribing check if diazepam (or Pabrinex) has been given under PGD. Days / doses not required should be scored through, as appropriate, by the prescriber. Patients should undergo regular assessment throughout detox. Monitor for signs of withdrawal or excessive sedation and review dose / stop as necessary. Assess need for Pabrinex / thiamine for alcohol withdrawal and prescribe on the kardex as necessary.

DATE	DAY	MEDICATION	ROUTE	DOSE	FREQUENCY (TWICE DAILY)	NURSE ADMINISTRATION DETAILS	
						SIGN	TIME
5/8/17	1	Diazepam	oral	20mg	PM	[illegible]	1644
6/8/17	2	Diazepam	oral	20mg	AM	[illegible]	0900
					PM	[illegible]	1600
7/8/17	3	Diazepam	oral	20mg	AM	LM	0825
					PM	LM	1605
8/8/17	4	Diazepam	oral	15mg	AM	TS	0820
					PM	TS	1620
9/8/17	5	Diazepam	oral	15mg	AM	[illegible]	0800
					PM	[illegible]	1600
10/8/17	6	Diazepam	oral	15mg	AM	LK	0810
					PM	LK	1610
11/8/17	7	Diazepam	oral	10mg	AM	LK	0805
					PM	LK	1615
12/8/17	8	Diazepam	oral	10mg	AM	LK	0910
					PM	LK	1630
13/8/17	9	Diazepam	oral	10mg	AM	LK	0903
					PM	LK	1605
14/8/17.	10	Diazepam	oral	5mg	AM	LM	0810
					PM	LM	1616.
15/8/17	11	Diazepam	oral	5mg	AM	LK	0810
					PM	LK	1610
16/8/17	12	Diazepam	oral	5mg	AM	LK	0815
					PM	LK	1600

Prescribed by (printed name and signature): [illegible] Date: 8/8/17.

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NHS Greater Glasgow and Clyde

CLINICAL PSYCHOLOGY & NHS PSYCHOLOGICAL THERAPIES

REFERRAL FORM

HMP Barlinnie, Low Moss & Greenock

Prisoner Details

NAME	Alexander O'Rourke		
SPIN	11932	EDL	Fully committed
HALL	Ailsa	CELL	4/33
DOB	04/12/1970 CHI 0412703297		
INDEX OFFENCE	Serious assault		

Reason for referral, please give a brief description of current difficulties, impact on current functioning etc.

Seen Alex today in the links centre following referral. He reports that he is struggling to cope with large crowds of people, experiencing 2-3 panic attacks on a daily basis and experiencing visual hallucinations of silhouettes appearing randomly in his cell and stated that "it is like being on acid".

Reports the noises within the hall are too much for him, advised Alex to obtain ear plugs.

Reports he was abused physically and mentally by his mother when he was 10 years old (hit repeatedly with poles). He then eventually went on to live with his sister.

Reports he was stabbed 10 times in 2010 and then 5 times in 2012.

Reports experiencing flashbacks from when he attacked a guy with a meat clever, seeing the attack over and over again.

Reports he currently keeps himself motivated by writing all the time and cleaning his cell. He currently getting his meals in cell as large crowds gives him anxiety.

Reports he can think straight but is easily distracted and finds himself staring into space at times.

Broken sleep pattern only getting a few hours at a time.

Reports he previously self-harmed by cutting his arms but strongly

V2 (last updated 23.03.17)

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	denies any current thoughts of suicide or self-harm at present.		
	[redacted]	[redacted]	[redacted]
Have they consented to the referral?		yes	
Has a MH assessment been completed?		yes	
Do they have ongoing contact with the MH Team?		yes	
Are they currently engaging in psychological interventions with anyone else? If so, who? (including programmes to address criminogenic needs)			no
Any current Risks e.g Talk 2 Me, ongoing substance misuse, violence?			no

Referrer Details

Name:	**Kylie Rodgers**
Designation:	**Mental health nurse**
Date:	**15/08/2017**

(For Completion by Clinical Psychology Team)

☐ Highly Specialist assessment & formulation

☐ Assessment of suitability for LI psychological intervention

☐ Case Consultation

☐ Neuropsychological Assessment

☐ Referral not appropriate

☐ Signposting to other services

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard:	01389 754 121
Department:	General Surgery
Contact Tel:	01389 817630
Enquiries to:	jennifer.hilditch@ggc.scot.nhs.uk
Letter Date:	31/05/2016
Reference:	AR/ib
Dictated Date:	31/05/2016
Transcribed Date:	31/05/2016

Dear Dr. FR MacLean,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE

Attendance: Specialty - General Surgery; Clinic - VLAARGS4-MR RENWICK COLORECTAL CLINIC
Date and Time of Appointment - 31/05/2016 14:40

Follow Up: rah waiting list

Clinical Comments:
I reviewed Alexander following his CT scan. This shows the defect goes from his xiphisternum down to his umbilicus.

On examination it does not appear to be too large and he is relatively slim. He is absolutely adamant he wishes to have this repaired. I have made him aware of the risks of bowel damage, the risk of recurrence and he is still adamant that he wishes to go ahead with this.

I have advised him to stop smoking and warned him that should he attend and still be smoking he will have his operation cancelled. He is aware of this and will do his best to do this and we will try and do this as soon as possible.

Yours sincerely
Mr Andrew Renwick
Consultant Colorectal Surgeon

Electronically Signed: Mr Andrew Renwick, Consultant

cc.

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

11932

RECEIVED
- 8 SEP 2017

Ms Kylie Rodgers
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

4th September 2017

Dear Ms Rodgers

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology & Psychological Interventions Service. I have reviewed the referral, and Mr O'Rourke has been placed on our waiting list. We are currently working towards a maximum of 18 weeks from referral to treatment (as per the HEAT access standard in the community) even though this does not apply formally to prisoners. With this in mind, we will aim to see Mr O'Rourke within 18 weeks of the date of your referral letter. We will write to you again with an update once our assessment is complete.

Yours sincerely,

Dr Claire Ogilvie; CPsychol
Consultant Clinical Psychologist; Forensic Psychologist

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22 SEP 2017

NHS
Greater Glasgow and Clyde

	Date	Initial		Date	Init
Admin			Allocated		
Triage	22/9	LF ROUTINE	MH Meeting		

MDMHT REFERRAL FORM

Name A. O'Rourke Spin Number 11932 4/23

D.O.B. 4/12/70 Date of Admission 4 Aug 2017

Referral completed by A. Linnegan

Date of referral 22/9/17

Please state the reasons why you are referring to the Mental Health Team in the box below

Wishes to join AT group.
Currently prescribed Olanzapine

Please complete the following,

Have you/the prisoner seen the Mental Health Team before? (Yes)/No
Are you/the prisoner on anti-psychotic medication (Yes)/No
Have you/the prisoner received support from a CPN? (Yes)/No
Is there a history of self harming behaviour Yes/No ?

FOR ADMINISTRATION PURPOSES ONLY

Date Received by Admin..... Signature.....

Date assessed by MHN 22/9/17 Signature. L Fitzgerald

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RECEIVED
22 SEP 2017

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

FULL NAME:	Alexander O'Rourke	**SPIN NUMBER:**	11932
Date of Birth:	04/12/1970	**Hall & Cell No:**	A1SA 11/33
Date of Request:	20/9/2017	**Lib Date:**	None

GENERAL REQUESTS FOR NURSE CLINIC (Including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

Can I be listed for the Doctor as Im getting pains in my stomach were I had Stomach reconstruction on November 4 last year I think its down to the weight Im putting on, but I could be wrong...

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED: 21/9/17	**REFERRED TO:**
DATE LISTED FOR NURSE: 22/9/17	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Mr Andrew McTaggart
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

4th September 2017

Dear Mr McTaggart

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

I am writing to provide you with an end of treatment letter for Mr O'Rourke. If you recall, Mr O' Rourke was referred to the Clinical Psychology Interventions Service in August 2018, having reported difficulties with anxiety and symptoms of PTSD. Following on from assessment, Mr O' Rourke was offered a low intensity psychological intervention, delivered on a 1:1 basis. I have provided a summary below of the work that was completed, along with recommendations.

Treatment Outcome Summary

Mr O'Rourke engaged in six low intensity cognitive behaviour therapy treatment sessions between March 2018 and May 2018. Initial sessions were focussed on safety and stabilisation treatment for trauma. Sessions provided Mr O'Rourke with psycho-education for trauma. This included information relating to the brain and memory processing, as well as emotional dysregulation and the window of tolerance. Strategies to combat emotional dysregulation were also discussed and a range of grounding techniques explored (mental grounding, physical grounding and soothing grounding).

Subsequent sessions were underpinned by a five areas approach which utilises a simplified CBT framework. Sessions focussed on providing psycho-education for anxiety. This included the exploration of the five areas model, which introduced Mr O' Rourke to the concept of automatic negative thoughts and unhelpful thinking styles. Strategies to combat negative thoughts included mindfulness exercises and self monitoring by means of thought diaries. The fight or flight response in relation to the physical symptoms was also discussed and a range of relaxation and distraction techniques explored (diaphragmatic breathing, progressive muscular relaxation). The final sessions explored CBT for Insomnia which provided Mr O'Rourke with techniques to help improve his sleep, as well as the impact of

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cannabis use on sleep patterns. A safety plan which encompassed strategies and support systems which Mr O'Rourke could utilise was developed. In between session tasks to facilitate learning were provided weekly, which Mr O'Rourke always completed.

Mr O'Rourke engaged well in the treatment sessions and reported them as being beneficial. Indeed, as sessions progressed, there was a marked reduction in his psychical symptoms of anxiety. This correlates with his CORE 34 scores which show a significant change from 81 (moderate to severe) pre treatment to 22 (low level) post treatment, placing him below the clinical threshold. It had been my intention to explore graded exposure and to set behavioural experiments. However as his anxiety reduced, Mr O'Rourke began, carrying out his own behavioural experiments by facing situations he used to avoid. For example, he is now employed in a work party and has on occasion attended exercise. By doing so, Mr O'Rourke was able to acknowledge that his prior beliefs regarding being around others had been holding him back and that he was able to manage these situations better than he had expected. Mr O'Rourke reported that whilst he worries about resorting to old coping mechanism whilst in the community, he is feeling more optimistic about the future and is hopeful that he can continue to utilise his new skills.

Recommendations

Whilst Mr O'Rourke appears to have benefitted from engaging in psychological therapy and is motivated to continue developing his psychological mindfulness, he has concerns regarding his ability to cope in the community. I have therefore liaised with Lorna Morrison, Addiction Caseworker, who agreed to continue supporting Mr O'Rourke utilising SPIRIT materials. In particular, it may be beneficial to continue supporting him to adhere to the agreed seep routine, as well as utilising his grounding techniques. We also agreed that it may be beneficial that prior to his liberation they explore behaviour activity scheduling for the community as well as possible support networks.

Mr O'Rourke will now be discharged from the Clinical Psychology Interventions Service. Should you wish to discuss anything further then please do not hesitate to get in touch.

Yours sincerely,

Karen Muir
Mental Health Therapist

Under the supervision of:

[redacted]

Dr Laura Williams
Principal Clinical Psychologist

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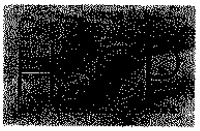


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Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Ms Kylie Rodgers
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

4th September 2017

Dear Ms Rodgers

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology & Psychological Interventions Service. I have reviewed the referral, and Mr O'Rourke has been placed on our waiting list. We are currently working towards a maximum of 18 weeks from referral to treatment (as per the HEAT access standard in the community) even though this does not apply formally to prisoners. With this in mind, we will aim to see Mr O'Rourke within 18 weeks of the date of your referral letter. We will write to you again with an update once our assessment is complete.

Yours sincerely,

Dr Claire Ogilvie; CPsychol
Consultant Clinical Psychologist; Forensic Psychologist

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O'Rourke Alexander CHI: 0412703297

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard:	01389 754 121
Department:	General Surgery
Contact Tel:	0141 314 6025
Enquiries to:	Rosalind Robinson
Letter Date:	20/11/2015
Reference:	AAR/NH/RC
Dictated Date:	19/11/2015
Transcribed Date:	19/11/2015

Dear Dr MacLean,

Alexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297
FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE

I saw this gentleman today with regards to his incisional hernia, which he has had for approximately three years following a laparotomy for a stabbing. He has lost a great deal of weight and now has a body mass index of around 28. He has got a very large incisional hernia, which distresses him considerably and obviously causes cosmetic problems for him.

Mr O'Rourke has some mental health issues as well as heroine dependence and seemed to lack an insight into exactly what would be required to do this operation. I very much doubt that he is going to be happy with the result as I have tried to tell him today that the likelihood of this recurring is fairly significant, which he was very unhappy about.

In spite of these foreseen future difficulties we obviously have to proceed with assessing him and I have therefore arranged or him to have a CT scan to characterise the size of the defect and to plan an abdominal wall reconstruction for him if this is indeed indicated.

Kind regards.

Yours sincerely

Miss Nikola Henderson
Surgical ST8

Electronically Signed: ,

cc.

Printed on 20/11/2015 12:29 by Rosalind Cockburn Page 1 of 1

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NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name [redacted] Spin Number 11937

D.O.B. 4.12.70 Date of Admission dont know

Referral completed by my head

Date of referral.....

Please state the reasons why you are referring to the Mental Health Team in the box below

what can I tell you youse dont know Im ready to losse it again I cant cleal with thes paranoier my medcation isnt working Im more wound up then like a cork screw I've been trying to get help for the last 3 year outside I even tryed to get my family to section me I need to be taken to the chaget again I need to be on my own always from every one but my ones listening to me I'm not

Please complete the following,

Have you/the prisoner seen the Mental Health Team before?	Yes/No
Are you/the prisoner on anti-psychotic medication	Yes/No
Have you/the prisoner received support from a CPN?	Yes/No
Is there a history of self harming behaviour	Yes/No

PTO

FOR ADMINISTRATION PURPOSES ONLY

Date Received by Admin..... Signature.....

Date assessed by MHN ..... Signature.....

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Ive camled down now! now every ones Dubbed (2) up I need to be put away like 24 hours aday clubbed up, I know thats not healthy but I cant cleal with all these mad thoughts Im having Im not sleeping I get about 3hours a day I dont feel tierd, I want to know why my Addiction doctor outside took me off my suBoxone and put me back on that Bloody Methadone it took me 2years in prison to get down from 90mls too 10 mls the week befor getting out, I know Im stronger to stay away from Smack, 5 years clean Im cleal proud of that my addiction doctor told me the methadone would help with my anxiety I didnt know how that drug would help with my head and all my paranoia, he told me I had to get out the house, I managed to go hillwalking some days with my freind across the Rd from my house, I would go with him and his wee brother and Dad, but then wen I went home I started thinking to much I tried just befor xmas to get my familey to section me, now Look what happend I attacted Some poor guy with a meat Cleaver Im not a vicant person as when I HVet I usually hurt myself Ive burned the bK of my hands with faggs about 30 times Ive been self harmming from ten yeers old. Why I'll tell you why my mother used to get the Baller stick out and nock fuck out of me I remember wen I was 11 getting expelled from high school then getting locked in my room for 3 weeks at a time when she died I didnt shed a tear I hate what Shes done to my head I need help who can I turn too For That Ive never Been helped with emything thats going on in my head I feel Like Im tripping on Acid AT times I Lock myself away it helps me I need help as I cany go on Like the way Im feeling Im not going to do

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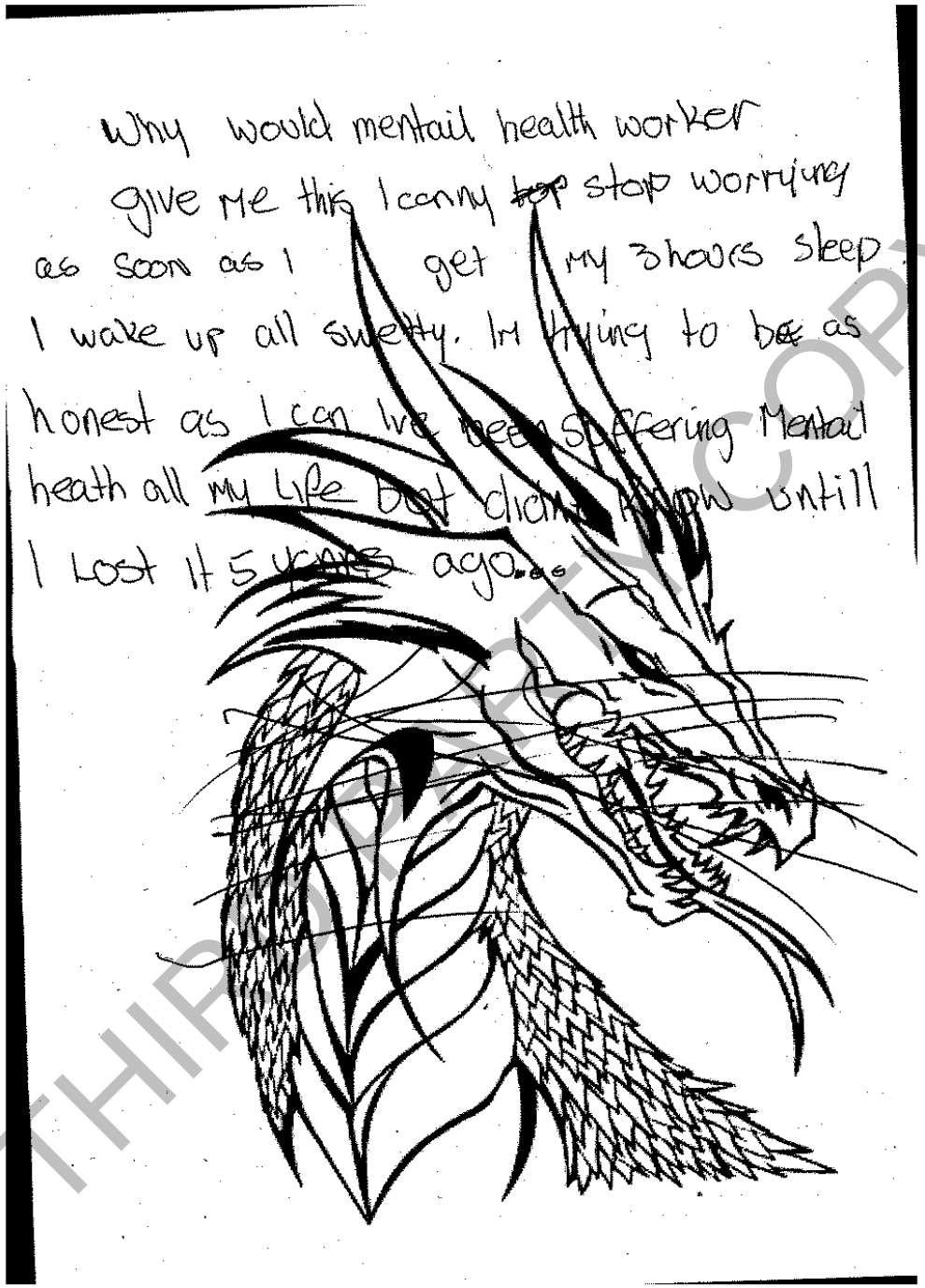
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enything silly to myself not in prison (3) enyway I was on the phone at Hom on the 19th December and SLASHed my arm with a stanley knife just once, and the people or organation I cannt spell their name but I can say it I know Im not well, but prison isnt the answer I dont think so as its never helped me bu, well thats not true because I become a christine when I was in Lowmoss as the Bible spoke to me it really did it changed me but I felt I was being judged when I attened church as I moved away from Paisley for a fresh stert, but because I was stabbed 10 times the first time, then got out of prison and the next day I was stabbed again five times I was in a bad place since then I moved to Dumbarton and no one new me and I was doing fine for a short time like 6 months then I Started getting all these mad thoughts I was with a Phycryitrist for 3 years I kept telling him about the voices in my head, so I started smoking hash and put my peranoia down to that, but Im off every thing now and Im Worse I dont know what to do Im a bag of nerves thats why I want dubbed up in the digger away from every one and gradually be put back in main streem it worked the last time I asked the sopervisor tonight if he could put me in the seg as I need to be on my own to deal with the way Im feeling Ive got everything going on in my head and NO-ones Listening or helping me! Why not? and this methadone

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Why would mentail health worker give me this I canny ~~top~~ stop worrying as soon as I get my 3hours sleep I wake up all sweaty. Im trying to ~~be~~ as honest as I can ive ~~been~~ suffering Mentail heath all my Life ~~but~~ didnt ~~know~~ know untill I Lost it 5 ~~years~~ ago...



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is frying my head its ④easier to write how Im feeling as I hate people lying to me I canny trust enyone (no one well Ive been really freindly with my freinds family, the family I never had they come visit me and help me, but I need proffesional help to deal with my head I told my doctor outside I stopped taking my olanzipine because I was binge drinking like for 5/6 days at a time as I didnt want to start taking street drugs to menny people I know have died, so I'll not be touching them My family whats left (my sister) well thay all died of heartattacks I found out I had a slow Heart beat too I shut myself as my Big Brother that took nothing died at 47 Im comming up for 47 this year my hearts not beating slow enymore it racess when I take panic attacks What can you do to help me Im due a big Sentance but cant go on like this I need Propper help I got it last time in prison I hope I get it again, I got up off my couch outside went to the poor guys house as he had my meat clever for cutting my hash and something in my head Snapped I Lost it Im Lucky I never Killed the guy thats why I signed the Section I

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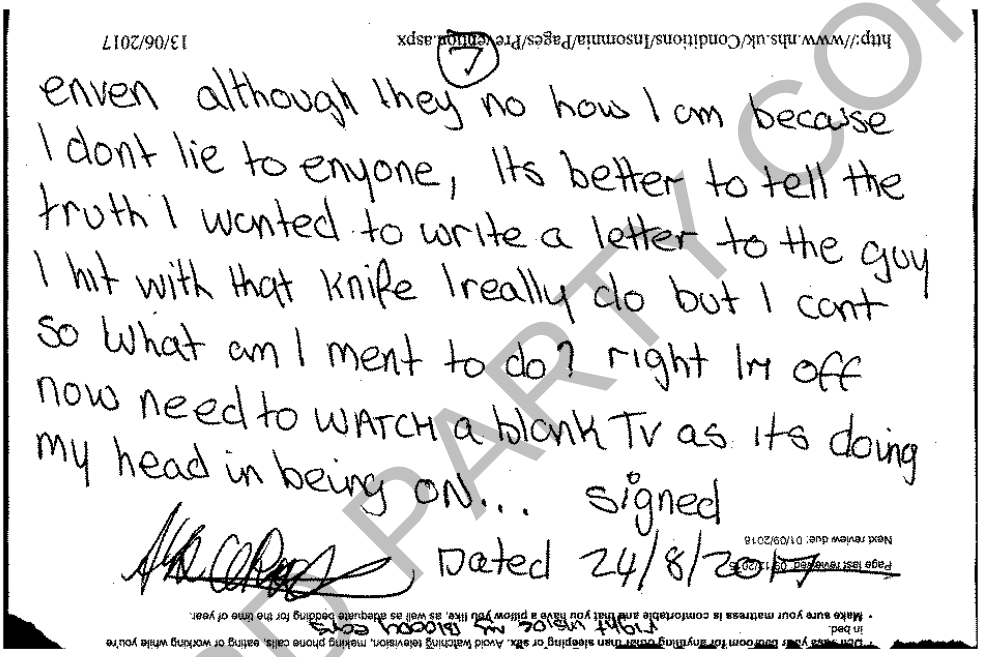
need help I dont know what to do I get
lost wee when I start writting and tell the
truth hand on my heart Im Lossing it
big style and dont know who to turn too
I canny wait till My Lawyer gets a doctor
to see me as youse are not helping
me, I saw a Mental health nurse 9 Days
ago and she gave me colouring in shite
how the fuck is that going to make
me better Im going on the phone soon
as my cash is on it and making a complaint
my doctors outside I couldnt trust them
I trust my lawyer I think as I wrote her
a letter too and told her not to Bloody
lie to me I like the truth, cant help it its
the way I feel now I hate liers, I was
Listed to see the doctor on tuesday but
never saw eny one Why? then I fall
down the stairs I was saw straight away
whats that all about? because I approuched the

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supervisour tonight and (6) a staff member now Im
down for the doctor (I know their other prisoners
I know Ive Been IN prison most of my life for
steeling but niver in my life for vilonce eanny
spell but I think you'll know, I need some-
thing or some one to help me, Ive no
paper left so I need stop writing now
sorry as I feel better when Ive wrote it
down for a Little while, eanny wait to
see what help I get if I get eny. Ive got
a visit the mora, I dont want them to see me
Like the way I am, just now

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even although they no how I am because I dont lie to enyone, Its better to tell the truth I wanted to write a letter to the guy I hit with that knife I really do but I cant so what am I ment to do? right Im off now need to WATCH a blank Tv as its doing my head in being ON... signed

Dated 24/8/2017

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard:	01389 754 121
Department:	GENERAL SURGERY
Contact Tel:	01389 817630/817426 Fax: 013
Enquiries to:	jennifer.hilditch@ggc.scot.nhs.uk
Letter Date:	07/07/2015
Reference:	JS/JH
Dictated Date:	07/07/2015
Transcribed Date:	08/07/2015

Dear Dr. FR MacLean,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE

Attendance: Specialty - General Surgery; Clinic - VLJSGSI-MS SAGHIR EXTRA VOL CLINIC
Date and Time of Appointment - 07/07/2015 15:00

Requested Out-patient Investigations:
UPPER GI ENDOSCOPY & COLONOSCOPY

Clinical Comments:
Thank you for referring this 44 year old gentleman who has been troubled with nausea, vomiting and diarrhoea over the past year since he started on Suboxone to treat a heroin addiction. Mr O'Rourke tells me that he has mental health issues before and he has been attending psychiatry. He smokes 10 cigarettes a day and sometime smokes cannabis. He does not drink at all and he has not been on any drugs over the past year. He previously had an emergency laparotomy following a stab wound to the abdomen complicated by a large incisional hernia. Mr O'Rourke himself believes that his symptoms are merely secondary to Suboxone. He has lost a stone over the past year. He denies any haematemesis or rectal bleeding.

On clinical assessment he was looking generally well, overweight with a height of 182 cm, weight of 102.5 kg and BMI of 31. Abdomen was soft and non tender with a large incisional hernia at least 8 cm transverse diameter of the defect. He was not particularly tender at all and there were no palpable masses.

I have noted that his recent blood test and stool microbiology were unremarkable apart from positive Helicobacter for which he is receiving eradication therapy now. Ultrasound scan showed no abnormality in the liver, both kidneys, spleen and gallbladder. To some extent I agree with Mr O'Rourke that his symptoms might be related to his current therapy, however, I have arranged for him to have an upper GI endoscopy, duodenal biopsies, colonoscopy and possibly random colonic biopsy if appropriate. Should this show no abnormality I would be discharging him back to your care.

Yours sincerely

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MS J SAGHIR

Associate Specialist in General Surgery

Electronically Signed: Ms Jazair Saghir, Consultant

cc.

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GP Links Microbiology Report	
Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	100a Whiteford Avenue Bellsmyre Dumbarton G82 3JE
Specimen Details	
Specimen Number	M.15.3416046.W
Specimen Type	Faeces
Date/Time Collected	10.06.15 /
Date/Time Received	19.06.15 / 14:08
Requested By	Dr Katie Mitchell
GP Practice	85066
Date/Time Reported	23.06.15 / 15:14

Results

Report Issued by Microbiology,Clyde Sector
FINAL REPORT

Faeces

Helicobacter faecal Antigen:-Positive

Antigen test should not be requested until at least
2 weeks after Proton Pump Inhibitor therapy and 4 weeks
post antibiotic therapy

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Summary

Name	Alexander O'Rourke	Chi number	0412703297
Summarised by	MMM	Date	14/4/15
Checked by	Dr Mather	Sign		Date 17.5.15
Ammendments required			
Summary completed	MMM	13/5/15	

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File

CONFIRMATION OF FAX

Levenside Medical Practice

Levenside Medical Practice
Dumbarton Health Centre
Station Road
Dumbarton G82 1PW
Tel: 01389 811844
www.levenside.co.uk

Our Ref : 10566 / SP / SM

17 07 2014

NHS Greater Glasgow and Clyde
22 JUL 2014
HMP Low Moss Received

Addiction Team
Health Centre
HM Low Moss Prison
190 Crosshill Road,
Glasgow,
Lanarkshire
G64 2QB

Dear Sir / Madam

Mr Alexander O'Rourke 04/12/1970
100 Whiteford Avenue, Dumbarton, Dunbartonshire, A, G82 3JE

I am the general practitioner for the above gentleman and I am currently prescribing him Suboxone. I wonder if I could ask you for some clinical information the update this man's records. Mr O'Rourke tells me that whilst in prison he received immunizations for Hepatitis B and was also tested for blood borne viruses. He is under the impression that the immunization was fully complete and that the test was negative, although he cannot be certain of this.

I would be most grateful if you could send me information as to the status of his Hep B and Hep A immunization if you are aware of it and also any information you may have regarding any Hep C or HIV testing that may have been carried out in prison.

I am most grateful for your help.

Yours faithfully

Dr S Pourghazi

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

Address
67c Dundonald Road Paisley Renfrewshire PA3 4NB — Address Type: Home address
The Health Centre P.O. Box 2893 Glasgow G64 9BU — Address Type: Main address

Communication numbers

Problems

Currently Relevant	Started: 25/04/2012	Ended:
TRANSFERRED TO GREENOCK	Started: 05/03/2012	Ended:
ACT History	Started: 05/03/2012	Ended:
Body mass index 30+ - obesity	Started: 28/11/2011	Ended:
Waist circumference	Started: 28/11/2011	Ended:
Misuse of drugs NOS	Started: 31/05/2007	Ended:

Medical History

04/06/2014 Ongoing review commenced suboxone on the 2/6/14. urine -ve of morphine Ms Janice Welsh
03/06/2014 Dental care FillingPlease see R4 notes Ms Christine Cullen
01/06/2014 Consultation Seen in health centre for urine screening over weekend as was due to commence suboxone on friday and this did not happen as urine was positive for methadone and opiates on friday. On 31.5.14, urine remains positive for methadone and opiates. On 1.6.14, urine negative for methadone and opiates. Clarification is needed from addictions team now urine clear when suboxone is to be commenced. Message left for addictions team to deal with this on 2.6.14. Ms Jennifer Paton
30/05/2014 Mental health assessment Reviewed by psychiatrist doing mentall well at present. Will send a letter to his GP. No need for further review Ms Nicola Pearman
30/05/2014 Administration Clinical Letter Royal Alexandra Hospital miscellaneous Mrs Jacqui Paton
30/05/2014 Ongoing review throughcare appointment arranged for 9/6/14 at 10am at RDS with Agnes Brown for assessmentAlex to attend RDS on 6/5/14 to collect a 3 day prescription. patient aware Ms Janice Welsh
27/05/2014 Consultation ENA- c/o that he saw a nurse last week in regards to having a rash to under arm area, and was advised that he would be prescibed cream, but states that he has not received anything. Pt advised that I would check his kardex and order cream if it had been prescribed. Ms Caroline Donald
27/05/2014 Consultation Currently on 13ml Methadone. Lib date 5th June. Still keen to start suboxone prior to release. Urine - pos meth only. Last dose of meth would be 28th, start suboxone on Friday 30th. Dr Grace Campbell
26/05/2014 Consultation Listed for addiction clinic for 27/5/14 to review options for liberation on 5/6/14. A jack Ms Allison Jack
23/05/2014 Mental health assessment Reviewed by psychiatrist, doing well at the moment. Will see again next week prior to liberation for letter for his GP. Ms Michelle Drein
20/05/2014 Consultation Addiction rv - on 13ml methadone. Lib date 6th June. Urine - meth only.Addiction to check with RDS re continuing suboxone. If ok, to start 30th May. Ms Cheryl Stevenson
20/05/2014 Consultation Patient attended ENA clinic with concerns over rash under right auxilla, claims old injury means he cannot lift arm aswell ?sweat rash. Cream to be prescribed. Also states discomfort to tooth caused by filling and therefore cannot use plate which was fitted by dentist previously. Will discuss with dentist later this week. Patient listed for GP today to discuss possibility of commencing Suboxone prior to liberation. Ms Cheryl Stevenson
09/05/2014 Consultation Says meds for stomach not helping. On them x3 per day. Kardex could not be found ? buscopan. Says numbness around stab wounds and stomach cramps. Try spasmonal Dr Grace Campbell
06/05/2014 Mental health assessment discussed at CMF on the 01/05/14 liberation soon doing well. Off case load Ms Nicola Pearman
29/04/2014 Consultation Addiction - on 13ml methadone. Being liberated June 5th. Wishes suboxone. Prescriber is RDS. Urine meth only.Options discussed. I have reservation re suboxone 1, because of guidelines and 2 because of pain relief required for hernia. RV nearer lib date. Dr Grace Campbell
28/04/2014 Consultation Self referral received requesting GP appointment to discuss recent medication change with regards to spasms in hernia. Listed routine. Ms Cheryl Stevenson
23/04/2014 Ongoing review reviewed patient to discuss self referral, at present he is on 13mls of methadone, it appears that his reduction plan had not continued , no reason documented. Alex wishes to attend the addiction clinic to discuss addiction options prior to liberation on 6/6/14. community prescriber is RDS Ms Janice Welsh
22/04/2014 Consultation Patient attended treatment room today for weight check - 111.6kg. Ms Cheryl Stevenson
22/04/2014 Consultation Letter from surgeons discussed. Needs to lose weight, but seems reluctant to accept this.Says has gained 7 1/2 stone since being in prison.Hernia soft & reducible. C/o cramps - try mebeverine. Ms Cheryl Stevenson
22/04/2014 Consultation Self referral received requesting a note of his current weight which has been given last dated 2013. Patient advised if looking for current weight to self refer for treatment room. Ms Cheryl Stevenson
17/04/2014 Patient reviewed feedback form received stating patient was in a lot of pain from hernia site. interview with patient states he seen a GP on the 7/4/14 and discussed his hernia without any outcome. Patient states he was seen at an outside clinic appointment and was advised by the consultant at that time to speak to in house GP about starting him on a medication to control the spasms/cramp in his stomach. listed for the GP on Tuesday to discuss this medication. Patient was also advised at the OPA to lose weight for a future operation they have planned to repair the hernia. patient stated to me he is out in 7 weeks and 'was there any point losing weight now' I advised in 7 weeks he could have a considerable amount off if he sticks to a well balanced diet. I have listed Mr O'Rourke for the treatment room on Tuesday also for a weight check and he is for the same every 2 weeks. also discussed patients fitness to work. he is currently on £4.50 (cell wage) and inquired as to whether he should be getting £& as he has been deemed unfit to work by the GP. Advised this was a discussion that should take place between SPS staff and i have spoken to Kelvin 2 officer regarding this. Also requesting a letter to contribute to his community grant referral. will discuss same with HC manager. weight checked on admission and was 71.2kg patiebnt states he now weighs about 17stone and he is concened his clothes wont fit him.MEDICATION:ranitidine 150mg BDibuprofen 400mg TDSnefopam 30mg TDSpeppermint oil 2caps TDSolanzapine 15mg nocte.patient is happy to resolve this feedback/complaint form once he has seen the GP and px medication for his cramps/spasms. Ms Amanda Peden
07/04/2014 Consultation c/o pain on walking for some time , unable to weare shoes , o/e deformity of toes but no acute inflamations seen , says he has gout but on lab...result to back it , had a large INCISIONAL mid line hernia as well , broad base plan to go off sick for 2/12 .... Dr Raheel Ahmed

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

02/04/2014 Consultation seen in ena - attended clinic for same reason as per notes below, advised he has a gp appt on monday. Ms Diane O'Hara
31/03/2014 Consultation Seen in ENA, states was seen at clinic at hosp on 06/03/14 Letter in Clinical portal indicates patient to be seen as outpatient upon release planned to be seen in 4 months time from March 14. Mr O'Rourke has continued to gain weight despite being strongly advised to lose weight to improve outcomme of surgery. States cannot wear boots due to Gout see entry by Dr Shah on 14/03/14. Relisted for review as per Gp advise from 14/03. Cell down until appt takes place Mrs Alison Mcintyre
26/03/2014 Consultation Medication brought to health centre by operational staff belonging to Mr O'Rourke medication returned 50 Ranitidine Tablets, 7 x 400mg brufen, 225 peppermint oil capsules, 39 colpermin tablets and 2x 500 mg naproxen tabs. Mrs Alison Mcintyre
20/03/2014 Consultation ENA- c/o stomach cramps and nausea, requesting time off work until appointment with consultant. Given x2 days cell down. Ms Caroline Donald
18/03/2014 Consultation Seen in ENA clinic. c/o discomfort around hernia area. Awaiting letter from consultant ? medication for this. Not appropriate for ENA clinic. Ms Jennifer Paton
14/03/2014 Consultation Fitness for work claims that he has difficulty at work as need 'proper boots for gout' . says that he suffers from gout and feels gout related pain at the foot and difficulty to function, has been unfit for work for 17/12 . also has paraumbilical hernia , has been seen by surgeon a weeks ago regarding this ,waiting for feed back letter .o/e: walking with out any limp , comfortable FROM at ankles and small joint of the feet , no redness Pl: advised that no boots for gouts, will start him on stronger pain killer to make comfortable at work . r/v in 2/52 for fitness. letter from hospital awaited . Dr Zahid Shah
10/03/2014 Consultation Seen by psychiatrist on 7th March 2014. Olanzapine increased to 15mgs. For review in 2weeks. Ms Ali Anderson
10/03/2014 Consultation Ms Caroline Donald
02/03/2014 Consultation Medication check carried out today. Alex should have had Olanzapine 10mg x 4 tablets and Olanzapine 2.5mg x 4 tablets left however had no medication left at all. Alex advised that he has been struggling recently and has been taking 15mg instead of the 12.5mg prescribed. Alex did look very agitated during check however did not elaborate stating only that he was "struggling." Advised Alex that I will ask psychiatrist to review his medication and will ask for it to be prescribed supervised as he has failed this medication check. Ms Michelle Drein
27/02/2014 Consultation ENA re discomfort to abdo re hernia. Patiet has external appt in place for Hosp clinic rev. Has GP appt 03/03 for clarification on footwear, whether to wear prison jeans or looser trousers and clarification on whether patient to be unfit for work until hernia repaired. Appt made with patient for 06/03 cancelled as already has appt on 03/03 Mrs Alison Mcintyre
26/02/2014 Self-referral would like to reduce his methadone, and his feet are swollen, and would like to be seen by gp. forwarded referal to addictions team and already listed for gp on 03/03/14 Mr Michel Boss
25/02/2014 Consultation ENA- Requesting to see GP for medical marker to state that Alec is unfit to go to work, as he is unable to work due to hernia and gout to feet and is unable to wear work boots. Pt advised to self refer to GP for an appointment, also advised again that this issues are inappropriate reason to attend ENA Clinic. Ms Caroline Donald
18/02/2014 Consultation Seen in ENA clinic today. Requesting to see the doctor regarding being alloowed to wear tracksuit bottoms outwith hall area. Mr O'Rourke was advised to put his request on a nurse referral form and he was further advised that this was not an appropriate reason to attend the emergency nurse assessment clinic. Ms Jennifer Paton
13/02/2014 Consultation See last urine pos for meth & cocaine, no opiates though prescribed cocodamol 30/500.Last had cocodamol on 11th. Urine - pos meth only, despite being prescribed 6 cocodamol 30/500. It would be expected that regularly prescribed opiates would stay in system for 72 hours. Test strongly negative. Given nefopam 30mg tds. Dr Grace Campbell
05/02/2014 Self-referral request to see gp meds not working, listed for the gp Mr Michel Boss
31/01/2014 Patient reviewed Mr O'Rourke self referred to addiction services and requested that his methadone be increased by 10mg as he feels unstable on his reduced dose of 18mg. Urine screen carried out was positive for methadone and cocaine, prisoner denied any illicit drug use. He is also prescribed co-codamol 30/500 x 6 per day/ no opiates showit in urine screen. Mrs Catherine Lillis
25/01/2014 Consultation WRITTEN IN RETROSPECT. Asked to see patient this morning as he states he informed night staff he had chest pain. On describing this Mr O'Rourke described this as a sharp pain almost like an electric shock below L Breast area. BP 149/94 P74 sat 96% on air , current smoker. Advised that no immediate concern and will ask if GP will assess this afternoon. see previous entry. Mrs Alison Mcintyre
25/01/2014 Consultation walked into room c/o lump in his tummy , tender at touch at times , awating surgical r/v soon o/e mid line scar with visible bulge , on palpations broad based incisional heria which is reducible at this pint in time , explained to him abpit it in detial r/v if any chnage .... Dr Raheel Ahmed
22/01/2014 Consultation Seen at medication this morning, Alex still c/o trapped wind, D/W GP and peppermint oil capsules prescibed and ordered. Ms Caroline Donald
21/01/2014 Consultation ENA- c/o abdo pain, pt states that it feels like trapped wind, pt advised, pt advised to take Gaviscon from hall staff, and put in a NRF if symptoms persist. Ms Caroline Donald
20/01/2014 Administration NOS received an appointment for 21/01/14. Urlogy. Phoned hospital advised this was not enough time for us to arrange and appointment. Secretary advised someone was covering for her and did not send the appointments with enough notice, she will arrange for another appointment to be sent. Mrs Jacqui Paton
16/01/2014 Consultation Right shoulder pain. Can raise to 100 degress. Likely painful arc syndrome. Wishes to reduce by 10ml meth. On cocodamol 30/500 and ibuprofen. Dr Grace Campbell
13/01/2014 Consultation Patient complaining to hall staff about ongoing pain. On examination patient states he will go sick again tomorrow despite being listed for GP today. Patient states he seen GP and was advised he would be increased co codamol to 30/500. Advised patient I could only speak to GP about this however may need to await appointment on the 16/1. Patient happy with this and will not go sick tomorrow morning. Miss Danielle Ward
13/01/2014 Patient reviewed ENA complaining of ongoing shoulder is already listed for this week. patient happy with this Ms Amanda Peden
08/01/2014 Consultation requesting gp for shoulder pain, listed. Ms Diane O'Hara
06/01/2014 Consultation ENA - abcess noted in mouth. had anti-biotics and will speak with dentist on Thursday to ascertain if she will see him as an emergency. also complaining of right arm pain. MO appointment made for 10/01/14. Cell down x1 given Ms Fiona Gilmour
04/01/2014 Consultation Advised by Nurse C Stevenson patient has swelling to face -? dental abcess. Discussed with GP Dr Qureshi Gp issued x9 Amoxicillin 500mg caps to manage symptoms over weekend. Mrs Alison Mcintyre

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

30/12/2013 Self-referral claims that his painkillers are not working. listed for GP to discuss his meds. Michel Bos
23/12/2013 Consultation c/o on going pain in paraumbilical hernia pain . no new symptoms . claims that he due to get a repair in march . on co-codamol 8/500mg 2 tab tds .o/e; non obstarcted para umbilical hernia noticed , Pl: script issued for increased co-codamol to 8/500mg qds, r/v if needed. Dr Zahid Shah
18/12/2013 Patient reviewed Addictions: Mr O'Rourke attended addictions services today and requested that he be detoxed from his current dose of methadone, 30mg to 20mg at a rate of 3mg one week and 2mg the following until 20mg reached. Mrs Catherine Lillis
18/12/2013 Self-referral listed for GP for review of hernia Ms Amanda Peden
18/12/2013 Patient reviewed Addictions: Self referral received 17/12//13. An appointment will be offered today 18/12/13. Mrs Catherine Lillis
17/12/2013 Self-referral Listed for dentist Ms Shabina Yousaf
10/12/2013 Consultation Self referral received requesting appointment with the doctor however vision suggests that patient refused to attend for previous appointment dated 29.11.2013 and was asked to confirm by another member of nursing staff that he would attend if to be relisted. No confirmation obtained to confirm therefore patient responded to via internal mail asking to confirm that he will attend prior to another doctors slot being occupied. Await response. Ms Cheryl Stevenson
02/12/2013 Self-referral asking to see GP. Noted he refused to attend on the 29th November. Patient asked to confirm if he will attend a further appointment - not booked until he confirms Mrs Eileen Stewart
02/12/2013 Self-referral listed for dentist Ms Shabina Yousaf
29/11/2013 Consultation I have been informed that the client has refused to attend MO clinic , please relist if he wishes Dr Iain Mcneil
18/11/2013 Consultation Pt has large incisional hernia. Requires to drastically reduce weight prior to operative repair.Advised low fat diet.Co-codamol 8/500 2 tds Dr Rashmitkant Vyass
16/11/2013 Self-referral recieved from patient reporting severe pains in hernia, which he reports to have previously attended hospital for. Listed for GP review. Mr Stuart Kirkwood
07/11/2013 Did not attend - no reason Dr N Jeyasingh
16/10/2013 Self-referral to ENA clinic. Patient complaining of thoracic pain. I have advised him that this was most likely muscular pain. Patient claims to already be recieving ibuprofen. Patient advised me that he was expecting a Dr's appointment to discuss a fat free diet. I have advised him that there is a health option on each menu card, and perhaps that is a way to start with weight reduction. Mr Stuart Kirkwood
09/10/2013 Consultation fresh blood pr. just suddendly felt "wet". Painful. Denies constipation. o/e Haem. stable. Small swollen area around anus with blood oozing from ? tear ? burst abcess. Give 7 day antibiotic cover. Dr Grace Campbell
27/09/2013 Self-referral self referral for dentist received Mrs Alison Mcintyre
09/09/2013 Self-referral requesting GP appointment - already listed Mrs Eileen Stewart
28/08/2013 Consultation awaiting hernia repair states was advised to lose weight. Weight checked 108.6kg (states 6 months ago weight was 102kg)Wishing to see MO about fat burners advice given on exercise and healthy eating but states still wishes to See MO listed. Miss Danielle Ward
05/08/2013 Consultation Pt has bilateral Gouty arthritis in both 1st MP Joints. Probably hads trophi formation.Pt unfit to work in the meantime as he cannot weight bear. Dr Rashmitkant Vyass
29/07/2013 Consultation ena - c/o ongoing feet problems. listed for first available gp appointment edx5 Ms Diane O'Hara
24/06/2013 Letter from consultant Administration Letter Mental Health Ms Claire Walsh
21/06/2013 Mental health assessment Seen by psychiatrist today for review. Alex states that he "just doesnt feel right" cannot pin point what but just knows he is not himself. Discussed this could be the reduction in his Olanzapine from last consultation. Alex agreed with this and has agreed to an increase to 12.5mg. Dr Ramsay has said she will review him in either 3 or 6 weeks dependant on when she is on holiday. Ms Michelle Drein
07/06/2013 Ongoing review reviewed prisoner reduction plan to continue (methadone) 2mls then 3mls in sequence Ms Janice Welsh
24/05/2013 Mental health assessment Seen by psychiatrist today. Alex informed them that he is due an operation on his hernia in August this year however consultants at GRI have informed him he will need to lose weight prior ot this. Due to mental state being good at the moment Dr Ramsay has agreed to reduce his Olanzapine to 10mg which may also help with his weight loss. For review again in 4 weeks. Ms Michelle Drein
10/05/2013 Mental health assessment Psychiatrist attempted to review Alex today however he was too physically unwell to be seen. Will re-list Ms Michelle Drein
11/04/2013 Consultation ADVISED PROPER FOOT WEAR. ALSO HAS GASTRITIS SYMPTOMS. NO RED FLAGS. FOR H.PYLORI STOOL TEST PLEASE. R/V IF ANY CONCERNS. Dr Prabhu Chellamuthu
08/04/2013 Self-referral referral for no regarding pain in feet. Listed for MO Ms Nicola Pearman
25/03/2013 Consultation on nrt still smoing a bit - dose reduced to 14mg general advice als orash on chest OE few small s/cut blood vessels no PH liver diseases adv OK Dr James Curran
18/03/2013 Self-referral Slef ref received wishing to see a Doctor regarding joint pain app made Ms Kelly Ann Mcdermid
15/03/2013 Mental health assessment Alex was reviewed by psychiatrist, at present he is doing mentally well. Some concerns over weight. Olanzapine has been reduced to 12.5mg. Alex had some concerns over this but doctor has convinved best trying as the medication can put weight on him. He was accepting of this. He will be review in two months. Ms Nicola Pearman
14/03/2013 Patient reviewed In ENA clinic, rash noted on right side of chest, and upper back. Red and blotchy in appearrance, not causing patient any itching or distress, no other symptoms reported. I have advised patient that it appears like a localised skin reaction, however if rash does not improve then to seek further advise from health centre staff. BP 120/85, pulse 62bpm, temp 36.4, RR 16, SpO2 97%. Mr Stuart Kirkwood
13/02/2013 Patient reviewed Attended ena clinic today c/o of sore feet secondary to gout. I have informed Alex that he has a pair of trainers ordered for comfortable however this is not a health centre issue and cannot sign him off his work. Patient was not happy with this outcome and says he will not be going to work and his boots hurt him. Ms Kelly Ann Mcdermid
11/02/2013 Patient reviewed in treatmenmt room today, blood samples obtained for U&E. Mr Stuart Kirkwood
08/02/2013 Consultation phone call to hall alex reporting sick due to sore feet again. spoke to route managers and advised i will not be seeing alex in the health centre with flip flops on, this is a health and safety issue. alex confirmed on route he was sick due to feet, went to work. Ms Diane O'Hara
07/02/2013 Self-referral to ENA clinic, requesting medical marker. I have advised patient that I would need to discuss this matter further with clinical manager. Mr Stuart Kirkwood

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

06/02/2013 Patient reviewed Reporting sick. Requesting medical marker to wear flip flops on the route. This has been discussed with clinical manager who states that this is a health and safety issue and that a medical marker is not required. To discuss with hall staff. Mr Colin Gibson
05/02/2013 Consultation Seen in ENA clinic regarding ongoing issue with footwear due to pain in both great toes. Advised to attend work party and informed that the matter would be discussed with the health centre manager. Ms Jennifer Paton
05/02/2013 Patient reviewed Seen in BBV nurse clinic. DBS obtained for HIV and HCV test. Mr Colin Gibson
01/02/2013 Ongoing review one to one assessment carried out. At present prisoner is on 90mls of methadone. He wishes to reduce in sequence 5mls one week then 2mls the following week until 70mls is reached then stop and review Ms Janice Welsh
01/02/2013 Patient reviewed Attended ena clinic today c/o severe pain from feet Dr curran thinks ? gout. Alex tells me that he is unable to wear shoes as his feet are painfull. I have discussed with Alex that this situation is not ideal and he has informed me that he is unable to buy shoes at a bigger size for comfort and as the health and safety policy states shoes should cover his toes and flip flops is not allowed he is unsure what else to do. I will speak with clinical manager regarding what to do about this situation. Ms Kelly Ann Mcdermid
31/01/2013 Consultation ENA c/o issues in regards to ? gout ? pain in bilateral great toes (see entry 25/1), was attending work party (Timber Machinery) for the last two days wearing his flip flops as he is unable to wear work boots or trainers, staff at work party and on the route are ? the health and safety aspect of Alex wearing his flip flops at work, Given 1 day cell down and hopefully Alex will receive alternative footwear over the weekend. Ms Caroline Donald
30/01/2013 Consultation Already seen by Dr Curran and referred. Dr Jai Kural
30/01/2013 Self-referral Self ref recieved listed for dentist Dr Iain Mcneil
28/01/2013 Consultation Patient attended treatment room, fasting bloods obtained for glucose and lipids Mr Stuart Kirkwood
25/01/2013 Consultation Seen in ENA clinic. c/o being unfot for work due to pain in bilateral great toes. Seen MO 1 day ago, please see vision. Awaiting analgesia and bigger foot wear. 1 day cell down issued for today. Bigger foot wear being handed in over the weekend and analgesia to commence. Ms Jennifer Paton
24/01/2013 Consultation pain right big toe jt OE sl tender MTP jt but not red so probably arthritis rather than gout Rx ibuprofen also has incisional hernia abdo wound painful at times -refer sopd Dr James Curran
23/01/2013 Unemployed Working in joiners. Ms Michelle Williamson
23/01/2013 Current non drinker Usually drinks very little. Ms Michelle Williamson
23/01/2013 Body Mass Index 30.8 Ms Michelle Williamson
23/01/2013 Primary prevention of cardiovascular disease Ms Michelle Williamson
23/01/2013 Psych treatment started Prescribed Olanzepine, mental health good at the moment. Ms Michelle Williamson
23/01/2013 Chest pain not present Ms Michelle Williamson
23/01/2013 MRC Breathlessness Scale: grade 2 Breathless when walking up stairs. Previous lung injury. Ms Michelle Williamson
23/01/2013 White Scottish Ms Michelle Williamson
23/01/2013 Primary prevention of ischaemic heart disease Ms Michelle Williamson
18/01/2013 Consultation ena - refusal Ms Diane O'Hara
16/01/2013 Consultation c/o pain over old stab wound, listed for doctor for review. Ms Diane O'Hara
10/01/2013 Self-referral to ENA clinic complaining of loose stools. Patient reports nausea and committing now resolved. Stool sample obtained for patient, and will be sent for culture. Patient reports to be feeling well otherwise. I have advised him to aviod tea, coffee and carbonated drinks. Further 2 day bed down issued Mr Stuart Kirkwood
09/01/2013 Consultation refusal to attend HC for bloods Ms Diane O'Hara
09/01/2013 Consultation ENA - c/o diarrhoea and vomiting. BDX1 give, sample bottle provided. Ms Kelly Ann Mcdermid
04/01/2013 Consultation 'reflux' worsening again. was previously on ranitidine and feels worked better than ranitidine. no red flags. also caught ankle in pallet yesterday at work. o/e: weight-bearing. left ankle - mild swelling medial malleolus. no bony tenderness. imp: STI, signed off sick for today but ok for next week Dr Johnny Forrester
31/12/2012 Patient reviewed Seen in treatment room with superficial cut to finger nail. Cleansed with saline, inadine and mepore applied. Extra dressings supplied. To contact health centre should any difficulties arise. Mr Colin Gibson
24/12/2012 Self-referral Self ref received wishing to see a Doctor regarding acid reflux, app made for Doctor Ms Kelly Ann Mcdermid
21/12/2012 Mental health assessment reviewed by psychiatrist doing well mentally request for bloods and ecg. review 3 months Ms Nicola Pearman
14/12/2012 Consultation ENA- C/O sore back, pulled muscle from lifting a pallet at work party. Given x1 day cell down. Ms Caroline Donald
29/11/2012 Self-referral requesting to be seen at BBV clinic. Already listed. Mr Colin Gibson
01/11/2012 Patient reviewed Refused to attend treatment room. listed for BBV clinic. Mr Colin Gibson
26/10/2012 Mental health assessment reviewed by psychiatrist, mental health improved, still expressing some references from the bible. If possible would like to keep him in kelvin 1. 2 months review Ms Nicola Pearman
18/10/2012 Ongoing review Prisoner self referred to addiction team for assessment with the possibity of reducing on methadone. Addiction nurse attended the hall to carry out an addiction assessment however the prisoner refused. Prisoner adviced to re refer in the future if needed. Ms Janice Welsh
12/10/2012 Self-referral Self referral received requesting to see the addictions team regarding reducing on methadone. Listed for addictions Ms Jennifer Paton
04/09/2012 Patient reviewed reviewed by psychiatrist, olanzapine increased to 15mg. review on the7/09/12 Ms Nicola Pearman
24/08/2012 Consultation Decreased hearing in both ears R>L. Has been trying to clean it with toilet roll. O/E wax ++. adv- NaHCO3 ear drops Dr Jai Kural
20/08/2012 Consultation Seen in treatment room to assess current ear complaint. On examination ears appear clear. No redness or wax present. Reports that has had medication and drops in the past but they have been ineffective in treating the discomfort and noises he is experiencing in both ears. Refer to MO. Ms Jennifer Paton
15/08/2012 Self-referral Self referral received regarding ear syringing, an app has been made for nurse. Ms Kelly Ann Mcdermid
03/08/2012 Consultation Seen by Psychiatrist today, commenced on Olanzapine 5mg. Remains on caseload. For regualr MHT Input Ms Michelle Drein
30/07/2012 Urine sample sent to Lab MSSU negative Dr James Curran
29/07/2012 Patient reviewed Written in retrospect. Patient reviews in Lomond hall on 28.07.12 at 1600. Observations BP 140/81, Pulse 62, Resps 18. Temp 36.8. Continues to be agitated. Continues to deny any thoughts of self harm or suicide. Ms Jennifer Paton

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

28/07/2012 Consultation Seen in the SegtWas agitated earlier Much calmer now Says he suffers from PTSD and was on Medication when he was in Barlinie 2 years ago . Did not take anything outside because he was on DrugsOn Methadone 90 mg nowPoor eye contact -No Hallucianation -Poor sleep and concentration- Denies any thoughts of Self HarmMHT to assess him. Old notes will be usefulDr Raman Dr Sethu Raman

27/07/2012 Mental health assessment Asked to see Mr O'Rourke following concerns about his mental health leading to him "smashing" up his cell. States that he feels he has issues with his mental state and has had for approximately four years. Mood appears low and appears to have some issues regarding being previously attacked which I believe he needs to address in order to improve his mental state. Did however state that he "smashed his cell up" so that he could be moved to segregation and be seen by the mental health team stating he has been trying to see MHT for 3 years however feels he has been ignored, advised that we are happy to work with him however his behaviour is not an appropriate way to be seen quicker. MHT will review and encourage Alex to discuss his issues with a possiblity of referral to relaxation. Denies any thoughts of self harm or suicide. Ms Michelle Drein

27/07/2012 Consultation Seen following removal from Kelvin Hall to Lomond.No injuries or complaints offered on examination. Ms Shona Mccarthy

24/07/2012 Consultation feels ears blocked. voice echoing. no wax. try 7 days pseudoephedrine Dr Grace Campbell

23/07/2012 Consultation Ongoing issues with feeling of fluid within ears. Listed for GP review. Also requesting MHT review for anxiety and PTSD. Ms Shona Mccarthy

19/07/2012 Patient reviewed seen in treatment room for ear syringe. Health Centre manager Shona Malone reviewed patients ear states that both ears are clear to be listed for MO next week for further review. Ms Amanda Peden

17/07/2012 Consultation Urine sample obtained. Urinalysis negative on testing. Patient informed. Ms Jennifer Paton

13/07/2012 Patient reviewed reviewed patient in hall complaining of chest pains BP 108/60 P 59 RR16 T 35.9 SPO2 96%. O/E chest sounds clear when asking patient where pain was it appears more like kidney pain given sample bottles and asked to provide urine samples. Ms Amanda Peden

13/07/2012 Patient reviewed Attended treatment room for ear pain on exam visable was will re app for ear syringe R=L Ms Kelly Ann Mcdermid

09/07/2012 Consultation Seen in treatment room c/o ear pain. o/e thick wax evident in (R) Ear canal, will ask Doctor to advise otex drops. (R) hand wound re-dressed with inadine and mepore. Ms Michelle Williamson

02/07/2012 Patient reviewed seen in treatment room for review of wound. wound dressed as previous. listed for treatment room on thursday. Ms Amanda Peden

29/06/2012 Consultation Seen on treatment room. Had a wound on right hand. Laceration across index and middle finger knuckles. Approc 6 cm in length. 7 days old, open and slightly sloughy. Cleansed using sterile water and prontosan gel, small release and bandage to cover. Listed for treatment room monday for wound review. Ms Jennifer Paton

28/06/2012 [V]Other specified administrative encounter Ms Shona Mccarthy

28/06/2012 Admission profile form completed Ms Shona Mccarthy

28/06/2012 No apparent risk of suicide Ms Shona Mccarthy

28/06/2012 No thoughts of deliberate self harm Ms Shona Mccarthy

28/06/2012 Misuses drugs Uses Valium , Cannabis and Heroin Ms Shona Mccarthy

05/03/2012 TRANSFERRED TO GREENOCK Ms Michelle Brown

05/03/2012 Notes summary on computer Ms Michelle Brown

05/03/2012 ACT History Ms Michelle Brown

21/12/2011 Patient encounter data NOS Attended Keep Well on the 28.11.11. States will commence exercise programme in January, currently reducing methadone and on smoking cessation. No follow up required. Mrs Lucy Chapman

28/11/2011 Unemployed Mrs Lucy Chapman

28/11/2011 Letter sent to patient Mrs Lucy Chapman

28/11/2011 Keep well programme CONSENT OBTAINED Mrs Lucy Chapman

28/11/2011 White Scottish Mrs Lucy Chapman

28/11/2011 Interpreter not needed Mrs Lucy Chapman

28/11/2011 Body mass index 30+ - obesity 31.60 Mrs Lucy Chapman

24/01/2011 Referral to mental health team Dr A Hamill (Ad)

25/10/2010 Mental health review Ms A Queen

08/09/2010 Mental health review Ms A Queen

24/06/2010 Drug addiction therapy seen in addiction assesment clinic dipped positve for methadone cannabish and benzos awaiting confirmation from community prescriber. Ms Stacey Kavanagh

23/06/2010 Body mass index 20-24 - normal Ms Janet Cosgrove

23/06/2010 Drug add maint ther methadone Ms Janet Cosgrove

31/05/2007 Notes summary on computer Dr J Gisbey Left (Pn)

31/05/2007 Misuse of drugs NOS On methadone programme Dr J Gisbey Left (Pn)

Repeat Masters

Acute and Repeat Issue Therapy

Recall

Consultation

04/06/2014	Triage	Ms Janice Welsh
03/06/2014	Surgery consultation	Ms Christine Cullen
01/06/2014	Triage	Ms Jennifer Paton
30/05/2014	Triage	Ms Nicola Pearman
30/05/2014	Third Party Consultation	Mrs Jacqui Paton
30/05/2014	Triage	Ms Janice Welsh
27/05/2014	Triage	Ms Caroline Donald
27/05/2014	Surgery consultation	Dr Grace Campbell
26/05/2014	Administration	Ms Allison Jack
23/05/2014	Triage	Ms Michelle Drein
20/05/2014	Triage	Ms Cheryl Stevenson
15/05/2014	Triage	Ms Nicola Pearman

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Alexander O'Rourke **04/12/1970** **Male** **0412703297**

09/05/2014	Surgery consultation	Dr Grace Campbell
06/05/2014	Triage	Ms Nicola Pearman
29/04/2014	Surgery consultation	Dr Grace Campbell
28/04/2014	Triage	Ms Cheryl Stevenson
23/04/2014	Triage	Ms Janice Welsh
22/04/2014	Triage	Ms Cheryl Stevenson
22/04/2014	Triage	Ms Cheryl Stevenson
22/04/2014	Triage	Ms Cheryl Stevenson
17/04/2014	Triage	Ms Amanda Peden
15/04/2014	Triage	Ms Amanda Peden
07/04/2014	Triage	Dr Raheel Ahmed
02/04/2014	Triage	Ms Diane O'Hara
31/03/2014	Triage	Mrs Alison Mcintyre
26/03/2014	Administration	Mrs Alison Mcintyre
20/03/2014	Triage	Ms Caroline Donald
18/03/2014	Triage	Ms Jennifer Paton
14/03/2014	Clinic	Dr Zahid Shah
10/03/2014	Triage	Ms Ali Anderson
10/03/2014	Triage	Ms Caroline Donald
02/03/2014	Triage	Ms Michelle Drein
27/02/2014	Triage	Mrs Alison Mcintyre
26/02/2014	Clinic	Mr Michel Boss
25/02/2014	Triage	Ms Caroline Donald
24/02/2014	Triage	Mrs Alison Mcintyre
18/02/2014	Triage	Ms Jennifer Paton
13/02/2014	Surgery consultation	Dr Grace Campbell
05/02/2014	Clinic	Mr Michel Boss
31/01/2014	Triage	Mrs Catherine Lillis
25/01/2014	Triage	Mrs Alison Mcintyre
25/01/2014	Triage	Dr Raheel Ahmed
22/01/2014	Triage	Ms Caroline Donald
21/01/2014	Triage	Ms Caroline Donald
20/01/2014	Triage	Mrs Jacqui Paton
16/01/2014	Surgery consultation	Dr Grace Campbell
13/01/2014	Triage	Miss Danielle Ward
13/01/2014	Triage	Ms Amanda Peden
08/01/2014	Triage	Ms Diane O'Hara
06/01/2014	Triage	Ms Fiona Gilmour
04/01/2014	Triage	Mrs Alison Mcintyre
30/12/2013	Clinic	Mr Michel Boss
24/12/2013	Triage	Ms Amanda Peden
23/12/2013	Clinic	Dr Zahid Shah
18/12/2013	Triage	Ms Amanda Peden
18/12/2013	Triage	Mrs Catherine Lillis
17/12/2013	Triage	Ms Shabina Yousaf
10/12/2013	Triage	Ms Cheryl Stevenson
02/12/2013	Other	Mrs Eileen Stewart
02/12/2013	Triage	Ms Shabina Yousaf
30/11/2013	Triage	Ms Linda Mulgrew
30/11/2013	Triage	Ms Linda Mulgrew
29/11/2013	Clinic	Mr Michel Boss
25/11/2013	Clinic	Mr Michel Boss
18/11/2013	Administration	Dr Rashmikant Vyas
16/11/2013	Triage	Mr Stuart Kirkwood
07/11/2013	Surgery consultation	Dr N Jeyasingh
01/11/2013	Clinic	Mr Michel Boss
16/10/2013	Triage	Mr Stuart Kirkwood
09/10/2013	Surgery consultation	Dr Grace Campbell
27/09/2013	Triage	Mrs Alison Mcintyre
09/09/2013	Other	Mrs Eileen Stewart
28/08/2013	Triage	Miss Danielle Ward
05/08/2013	Administration	Dr Rashmikant Vyas
29/07/2013	Triage	Ms Diane O'Hara
25/07/2013	Triage	Ms Linda Mulgrew
24/06/2013	Third Party Consultation	Ms Claire Walsh
21/06/2013	Triage	Ms Michelle Drein
07/06/2013	Triage	Ms Janice Welsh
24/05/2013	Triage	Ms Michelle Drein
10/05/2013	Triage	Ms Michelle Drein
11/04/2013	Surgery consultation	Dr Prabhu Chellamuthu
08/04/2013	Triage	Ms Nicola Pearman
25/03/2013	Triage	Ms Linda Mulgrew
25/03/2013	Triage	Ms Linda Mulgrew
25/03/2013	Surgery consultation	Dr James Curran
22/03/2013	Clinic	Mr Michel Boss
18/03/2013	Triage	Ms Kelly Ann Mcdermid

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

15/03/2013	Triage	Ms Nicola Pearman
14/03/2013	Triage	Mr Stuart Kirkwood
28/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
25/02/2013	Administration	Ms Angela Baird
13/02/2013	Triage	Ms Kelly Ann Mcdermid
11/02/2013	Triage	Mr Stuart Kirkwood
08/02/2013	Triage	Ms Diane O'Hara
07/02/2013	Triage	Mr Stuart Kirkwood
06/02/2013	Triage	Mr Colin Gibson
05/02/2013	Triage	Ms Jennifer Paton
05/02/2013	Triage	Mr Colin Gibson
01/02/2013	Triage	Ms Janice Welsh
01/02/2013	Triage	Ms Kelly Ann Mcdermid
31/01/2013	Triage	Ms Caroline Donald
30/01/2013	Triage	Dr Jai Kurad
30/01/2013	Administration	Ms Allison Jack
28/01/2013	Triage	Mr Stuart Kirkwood
25/01/2013	Administration	Ms Marion Davidson
25/01/2013	Administration	Ms Marion Davidson
25/01/2013	Triage	Ms Jennifer Paton
24/01/2013	Surgery consultation	Dr James Curran
23/01/2013	Clinic	Ms Michelle Williamson
23/01/2013	Clinic	Ms Michelle Williamson
23/01/2013	Triage	Ms Caroline Donald
21/01/2013	Triage	Ms Linda Mulgrew
18/01/2013	Triage	Ms Diane O'Hara
16/01/2013	Triage	Ms Diane O'Hara
10/01/2013	Triage	Mr Stuart Kirkwood
09/01/2013	Triage	Ms Kelly Ann Mcdermid
09/01/2013	Triage	Ms Kelly Ann Mcdermid
04/01/2013	Surgery consultation	Dr Johnny Forrester
31/12/2012	Triage	Mr Colin Gibson
24/12/2012	Triage	Ms Kelly Ann Mcdermid
21/12/2012	Triage	Ms Nicola Pearman
14/12/2012	Triage	Ms Caroline Donald
29/11/2012	Triage	Mr Colin Gibson
28/11/2012	Triage	Ms Michelle Drein
23/11/2012	Triage	Ms Nicola Pearman
01/11/2012	Triage	Mr Colin Gibson
26/10/2012	Triage	Ms Nicola Pearman
26/10/2012	Triage	Ms Linda Mulgrew
18/10/2012	Triage	Ms Janice Welsh
12/10/2012	Triage	Ms Jennifer Paton
04/09/2012	Triage	Ms Nicola Pearman
24/08/2012	Triage	Dr Jai Kurad
20/08/2012	Triage	Ms Jennifer Paton
15/08/2012	Triage	Ms Kelly Ann Mcdermid
03/08/2012	Triage	Ms Michelle Drein
30/07/2012	Administration	Dr James Curran
29/07/2012	Triage	Ms Jennifer Paton
28/07/2012	Triage	Dr Sethu Raman
27/07/2012	Triage	Ms Michelle Drein
27/07/2012	Triage	Ms Shona Mccarthy
24/07/2012	Surgery consultation	Dr Grace Campbell
23/07/2012	Other	Ms Shona Mccarthy
19/07/2012	Triage	Ms Amanda Peden
17/07/2012	Triage	Ms Jennifer Paton
13/07/2012	Triage	Ms Amanda Peden
13/07/2012	Triage	Ms Kelly Ann Mcdermid
09/07/2012	Triage	Ms Michelle Williamson
02/07/2012	Follow-up/routine visit	Ms Amanda Peden
29/06/2012	Triage	Ms Jennifer Paton
28/06/2012	Triage	Ms Shona Mccarthy
05/03/2012	Other	Ms Michelle Brown
21/12/2011	Other	Mrs Lucy Chapman
28/11/2011	Other	Mrs Lucy Chapman
17/07/2011	Other	Ms S Agboneirlee
16/04/2011	Other	Ms M Quarshie
24/01/2011	Other	Dr A Hamill (Ad)
15/01/2011	Other	Ms R Mevake
25/10/2010	Other	Ms A Queen
08/09/2010	Other	Ms A Queen
30/08/2010	Other	Ms Margaret Millar

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

24/06/2010 Other Ms Stacey Kavanagh
23/06/2010 Other Ms Janet Cosgrove
31/05/2007 Other Dr J Gisbey Left (Pn)

Blood pressure

23/01/2013 14:00.00 BP 108/82 taken Sitting from Right Cuff: Standard recall due: O/E - blood pressure reading
28/06/2012 20:33.00 BP 116/73 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading
28/11/2011 BP 134/92 recall due: O/E - blood pressure reading
28/11/2011 BP 145/92 recall due: O/E - blood pressure reading
30/08/2010 BP 143/76 recall due: O/E - blood pressure reading
23/06/2010 BP 132/90 recall due: O/E - blood pressure reading

Referrals

25/01/2013 Refer for Referral to general surgery special interest GP at Royal Alexandra Hospital department of with by: Dr James Curran

Smoking

23/01/2013 Smoker cigarettes per day Thinking about stopping smoking Ms Michelle Williamson
23/01/2013 Smoker 11 cigarettes per day Tobacco consumption Ms Michelle Williamson
23/01/2013 Smoker cigarettes per day Rolls own cigarettes Ms Michelle Williamson
23/01/2013 Smoker cigarettes per day Current smoker Ms Michelle Williamson
28/11/2011 Ex-smoker 0 cigarettes per day Ex smoker 15: per day Mrs Lucy Chapman

Alcohol

28/11/2011 Current drinker 0 units per week Very heavy drinker - >9u/day Mrs Lucy Chapman

Weight

23/01/2013 Weight: 101 kgs BMI: 30.8 O/E - weight
28/06/2012 Weight: 71.2 kgs BMI: 22.7 O/E - weight
05/03/2012 Weight: 99 kgs BMI: 31.6 O/E - weight
28/11/2011 Weight: 99 kgs BMI: 31.6 O/E - weight
30/08/2010 Weight: 75 kgs BMI: 23.9 O/E - weight
23/06/2010 Weight: 70 kgs BMI: 22.3 O/E - weight

Height

23/01/2013 Height: 1.81 metres O/E - height Ms Michelle Williamson
28/11/2011 Height: 1.77 metres O/E - height Mrs Lucy Chapman
23/06/2010 Height: 1.77 metres O/E - height Ms Janet Cosgrove

Immunisations

17/07/2011 HEPATITIS_A Stage: 2 Given Due END_DATE=17/07/2011 Ms S Agbomeirlee
15/01/2011 HEPAMONO Stage: 1 Given Due DATE_RECORDED=17/01/2011 : END_DATE=15/01/2011 Ms R Mevake

Serum cholesterol

23/01/2013 Total cholesterol measurement = 7.24 mmol/L capillary. Listed for fasting bloods.
28/11/2011 Total cholesterol measurement = 4.14

High Density Lipoprotein

28/11/2011 Serum HDL cholesterol level = 0.83

Blood glucose

23/01/2013 Plasma random glucose level = 7.7 mmol/L
28/11/2011 Serum random glucose level = 6.5

Advice Given

25/11/2013 Advice to patient - subject Advice SR received, wouldd like to see gp to discuss meds. Michel Bos
01/11/2013 Advice to patient - subject Advice SR received, listed for the MO, Pain in hernia. Michel Bos
22/03/2013 Advice to patient - subject Advice Pt refused to be seen by Medical Officer.

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

23/01/2013 Smoking cessation advice Advice If he can get patches he would stop again. Advised that this would be discussed with the doctor with the view of getting NRT prescribed.
26/10/2012 Advice to patient - subject Advice SELF REFERRAL RECEIVED, STATES HE WAS SLEEPING WITH A PROSTITUTE IN THE COMMUNITY, CLAIMS SHE HAD HEP C, WULD LIKE A BLOOD TEST, LISTED FOR TR THURSDAY, LM
28/11/2011 Health ed. - exercise Exercise
28/11/2011 Health ed. - diet Diet
28/11/2011 Patient advised re diet
28/11/2011 Pt advised re wt reducing diet

Diet
28/11/2011 Diet poor Eating habits: Type of diet:
Mrs Lucy Chapman
28/11/2011 Intake fruit veg <5 prtn daily Eating habits: Type of diet: 0-1 per day
Mrs Lucy Chapman

Exercise
28/11/2011 FITT activity level 1 walking Mrs Lucy Chapman

Immunisation consent
16/04/2011 Hep B Refused END_DATE=16/04/2011 Ms M Quarshie

Family History
23/01/2013 No FH: Stroke/TIA of Cerebrovascular disease
Ms Michelle Williamson
23/01/2013 FH: Ischaemic heart dis. <60 of Ischaemic heart disease
Ms Michelle Williamson
23/01/2013 FH: Myocardial infarction of Acute myocardial infarction
Ms Michelle Williamson
28/11/2011 FH: Cardiovascular disease of Brother
Mrs Lucy Chapman
28/11/2011 FH: Ischaemic heart dis. <60 of Mother
Mrs Lucy Chapman
28/11/2011 FH: DM in 1st degree relative of Mother
Mrs Lucy Chapman

Pulse (CVS/BP)
23/01/2013 O/E - pulse rhythm regular beats/min Ms Michelle Williamson
23/01/2013 O/E - pulse rate NOS 76 beats/min Ms Michelle Williamson
28/11/2011 O/E - pulse rate 56 beats/min Mrs Lucy Chapman
28/11/2011 O/E - pulse rate 63 beats/min Mrs Lucy Chapman

Cardiovascular Disease Risk
23/01/2013 JBS cardiovascular disease risk 10-20% over next 10 years Status: General Advice Only Score: 15 %

Urine Biochemistry
28/06/2012 Urine opiates screen = +ve
28/06/2012 Urine methadone = +ve
28/06/2012 Urine benzodiazepine = + ve

Scoring Test Result
23/01/2013 Score: 10 Method: % for: Ms Michelle Williamson
23/01/2013 Score: 2 Method: for: Not active due to pain in feet just now. Would like to increase physical activity, interested in physical activity group. Ms Michelle Williamson
23/01/2013 Score: 0 Method: for: Nil. Ms Michelle Williamson
23/01/2013 Score: 1 Method: for: Not ready to change dietry habit yet. Ms Michelle Williamson
23/01/2013 Score: 1 Method: for: Eating some veg but no fruit. Eats a lot of sugary food, chocolate, puddings and 3 sugars in coffee. Ms Michelle Williamson
23/01/2013 Score: 1 Method: for: Not ready to think about losing weight yet, would like to get hernia fixed first. Ms Michelle Williamson
28/11/2011 Score: 9 Method: for: Mrs Lucy Chapman

Repeat Medication Review
23/01/2013 Medication review done Methadone 90 mg, Ranitidine, Olanzepine Due: 23/01/2014 Complete: 23/01/2013 by: Ms Michelle Williamson
Next review: 23/01/2014 Ms Michelle Williamson

Waist Circumference
23/01/2013 116 cms Waist circumference
28/11/2011 109 cms Waist circumference

Language Spoken
23/01/2013 Language Spoken: English Preferred: No Ms Michelle Williamson
28/11/2011 Language Spoken: English Preferred: No Mrs Lucy Chapman

Total patients for report 1

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Greater Glasgow and Clyde

Health Care Records
Discharge Summary

Dear Dr. _____ (Insert G.P. Name)

Establishment: [illegible]
Address: [illegible]

Telephone Number: [illegible]
Health Centre Fax Number: [illegible]

Patient Name: [illegible]
Date of Birth: 4-12-1970
Home Address: _____

Healthcare Professional (Block Caps)
[illegible]
Signature: _____
Date: 27-5-16

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

1 _____ Date of onset / / Active / No
2 _____ Date of onset / / Active / No
3 _____ Date of onset / / Active / No
4 _____ Date of onset / / Active / No
5 _____ Date of onset / / Active / No

Hepatitis B Immunisation Programme: Accepted YES / NO
Dates Given 1. / / 2. / / 3. / / 4. / /
Next Dose Due: _____

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

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

MEDICINE (BLOCK CAPS)	Dosage Form e.g. Tablets	Dose	Frequency of Administration	Number of Days supply to be Dispensed	Additional Information	Quantity, Name and Strength supplied by Pharmacy
NEFOPAM		30	TDS	7		
CARBAMAZEPINE		400	BD	7		
OLANZAPINE		15	OD	7		

Dispensed by _____ Checked by _____ Date Dispensed _____

Additional Comments.

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

SS800128

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1/2

West Dunbartonshire
Community Health & Care Partnership
Director: Keith Redpath

Community Mental Health Team
Riverview Resource Centre
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA

Tel No: 01389 812 070

Confidential
Dr MacLean
Health Centre
Station Road
Dumbarton
G82 1PW

CHI No: 0412703297
PIMS No: 1390717
Date: 3 September 2014
Ref:

Dear Dr MacLean

Alexander O'Rourke
100a Whiteford Avenue Dumbarton G82 3JF

Diagnosis: F19.5 Mental & Behavioural Disorder due to multiple drug use and use of other psycho-active substances, psychotic disorder

Medications: Suboxone 8mg daily (daily supervised)
Olanzapine 15mg nocte
Lanzoprazole 15mg daily

Follow up: 26 November 2014 at 4pm

Status: Informal

I reviewed the above gentleman at the Psychiatric Out Patient Clinic held at Riverview Resource Centre on the 1st of September 2014 where he was in attendance with his Cornerstone worker.

I had last reviewed Mr O'Rourke on the 22nd of July 2014 where he had been recently liberated from HMP Lowmoss on the 5th of June 2014 and whilst in prison he had been treated for a psychotic illness and been commenced on Olanzapine to which he had responded. At the initial assessment Mr O'Rourke described a history of Anti-social Personality, polysubstance misuse, self harming behaviour with some post traumatic stress symptoms. At that stage I did not make any changes to his current anti-psychotic medication but had referred him to the Addiction Services for more support with his alcohol and had also referred him to my OT colleague for some further structure and involvement in socially inclusive activities.

Today Mr O'Rourke informs me that he is feeling "much better" and in fact informed me that before when he was unwell he would hear voices at least 60-70% of the day but this had now reduced significantly where he was only hearing them for a few minutes up to 4 times a day and they were causing him less distress. However on further questioning he reports that for the last 5 weeks he has been smoking significantly more cannabis in fact up to £60 worth in a week and feels that this is helping to alleviate his voices and in addition reports drinking a couple of cans of beer in a week.

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West Dunbartonshire Council
NHS Greater Glasgow and Clyde

West Dunbartonshire
Community Health & Care Partnership
Director: Keith Redpath

Typically Mr O'Rourke spends considerable amounts of time at home, watching TV, preparing meals by using the microwave and only leaves the house once a fortnight supported by his nephew for shopping. He continues to receive weekly support from Cornerstone and they assist in taking him to his appointments, help manage his benefits and at times support him at home.

Mental State Examination

Mr O'Rourke was casually dressed with no evidence of self neglect. He had good eye contact and developed a good rapport with me throughout the consultation. His mood was subjectively low and objectively anxious and reactive. He denied having any thoughts of self harm. There was no evidence of any formal thought disorder. He did subjectively report having some breakthrough psychotic symptoms although there was no objective evidence to support this. As you know he typically copes with the voices by smoking extra cannabis although reassured me that he did not have any cannabis or alcohol prior to seeing me.

Plan

At this stage I have not made any changes to his Olanzapine and I would be grateful if you would continue this at his current dose of 15mg nocte.

However I am concerned by Mr O'Rourke's increase in cannabis misuse and also occasionally drinking alcohol and will ask his new support worker, Pauline Millar to provide some further support in the community to look at how best to facilitate abstinence. Mr O'Rourke does report having more cravings for both alcohol and opiates at times. Once abstinence has been achieved he would merit random urine drug screens.

Currently Mr O'Rourke awaits an OT assessment to establish whether he could benefit from the service. On the positive side Mr O'Rourke did bring a firm for him to complete for a potential bus pass which I have completed and will ask my secretary to forward this to him.

I have organised a further review for him on the 26th of November 2014 at 4pm.

Yours sincerely

pp

Dr Navesh Puri
Consultant Psychiatrist

c.c. Susan Provan, OT
Pauline Millar, CAT Team
Mai Ferguson, CAT Team

Alexander O'Rourke CHI No: 0412703297

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dob 4/12/70

Glasgow City HSCP

Psychiatrist Clinic

Review appointment Date 05/02/2018

Name	SPIN
Alex O'Rourke	11932
Allocated Nurse	**Location**
Laura Fitzgerald	A/Ward - 4/10

Diagnosis Alcohol hallucinations, anxiety

Current medication – kardex attached yes/no

Psychiatrist Dr A MacDonald

Last input from psychiatrist 11/12/18

Nursing review

CPN on 10/01/18 - presented brighter, compliant prescribed medication - agreeing to transfer to Avon House

Feedback following review

Medication prescribed weekly - review in 8/52 - 02/04/18

Clinic Nurse Laura Fitzgerald

Medication changes	Yes
Prescription kardex completed	Yes
Review appointment required	Yes
Follow up appointment in diary	✓
Follow up appointment in Vision	✓

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NHS
Greater Glasgow and Clyde

NHSGGC

Well man Clinic

Date - 6/12/17

Name - ALEX O'ROURKE

SPIN - 11932

Location - AILSA 4/33

D.O.B - 4/12/70

Medical history - PARANOIA, SELF HARM.

Medication - OLANZIPINE, MIRTAZIPINE, THIAMINE OMEPRAZOLE AND NEFOPAM

Methadone - 70 mgs

Height - 1.79 Weight - 96.5 BMI -

Smoker - YES 10 PER DAY

Diet and exercise - GYM 1 WEEKLY

BP - 131/84 Pulse - 65 SpO2 - 97% Temperature - 35.8

Perf - 535

IPSS - (questionnaire attached) SCORE 16

Bowel screen - Y (N)

Cholesterol - 6.72

BM - 4.7

Urinalysis - ALL NORMAL

GP referral - Y (N)

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Greater Glasgow and Clyde

About the I-PSS

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms and one question concerning quality of life. Each question concerning urinary symptoms allows the patient to choose one out of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

The questions refer to the following urinary symptoms:

Questions	Symptom
1	Incomplete emptying
2	Frequency
3	Intermittency
4	Urgency
5	Weak Stream
6	Straining
7	Nocturia

Question eight refers to the patient's perceived quality of life.

The first seven questions of the I-PSS are identical to the questions appearing on the American Urological Association (AUA) Symptom Index which currently categorizes symptoms as follows:

Mild (symptom score less than of equal to 7)
Moderate (symptom score range 8-19)
Severe (symptom score range 20-35)

The International Scientific Committee (SCI), under the patronage of the World Health Organization (WHO) and the International Union Against Cancer (UICC), recommends the use of only a single question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of benign prostatic hyperplasia (BPH) Symptoms or quality of life, it may serve as a valuable starting point for a doctor-patient conversation.

The SCI has agreed to use the symptom index for BPH, which has been developed by the AUA Measurement Committee, as the official worldwide symptoms assessment tool for patients suffering from prostatism.

The SCI recommends that physicians consider the following components for a basic diagnostic workup: history; physical exam; appropriate labs, such as U/A, creatine, etc.; and DRE or other evaluation to rule out prostate cancer.

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International Prostate Symptom Score (I-PSS)

Patient Name: ALEX O'BOURKE **Date of birth:** _____ **Date completed** _____

1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	(0)	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	(5)	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	(1)	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	(0)	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	(5)	
6. Straining How often have you had to strain to start urination?	(0)	1	2	3	4	5	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	(5)	

Score: 1-7: *Mild* 8-19: *Moderate* 20-35: *Severe*

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	(2)	3	4	5	6

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Greater Glasgow and Clyde

I Alex O'Rourke **Date of Birth:** 4/12/70
have received 1 pair of prescription spectacles on 17/11/17

I agree to reporting any defects to these spectacles on receipt.

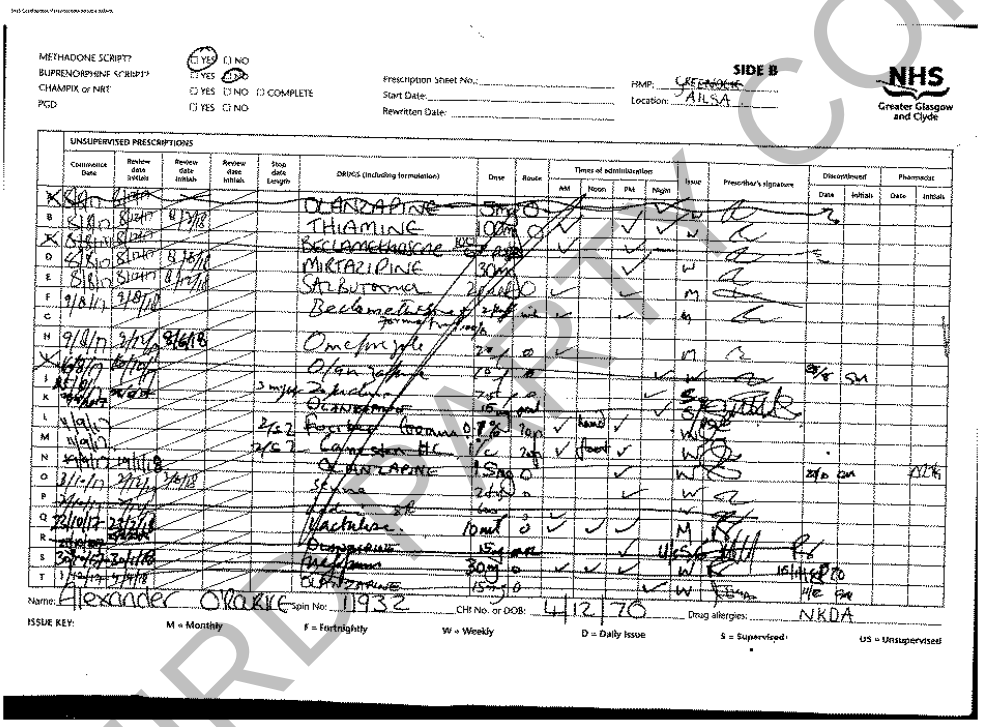
Signature:

Date: 17/11/2017

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METHADONE SCRIPT? (YES) NO
BUPRENORPHINE SCRIPT? YES
CHAMPIX or NRT YES NO COMPLETE
PGD YES NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

SIDE B

FMP: GREENOCK
Location: AILSA

NHS Greater Glasgow and Clyde

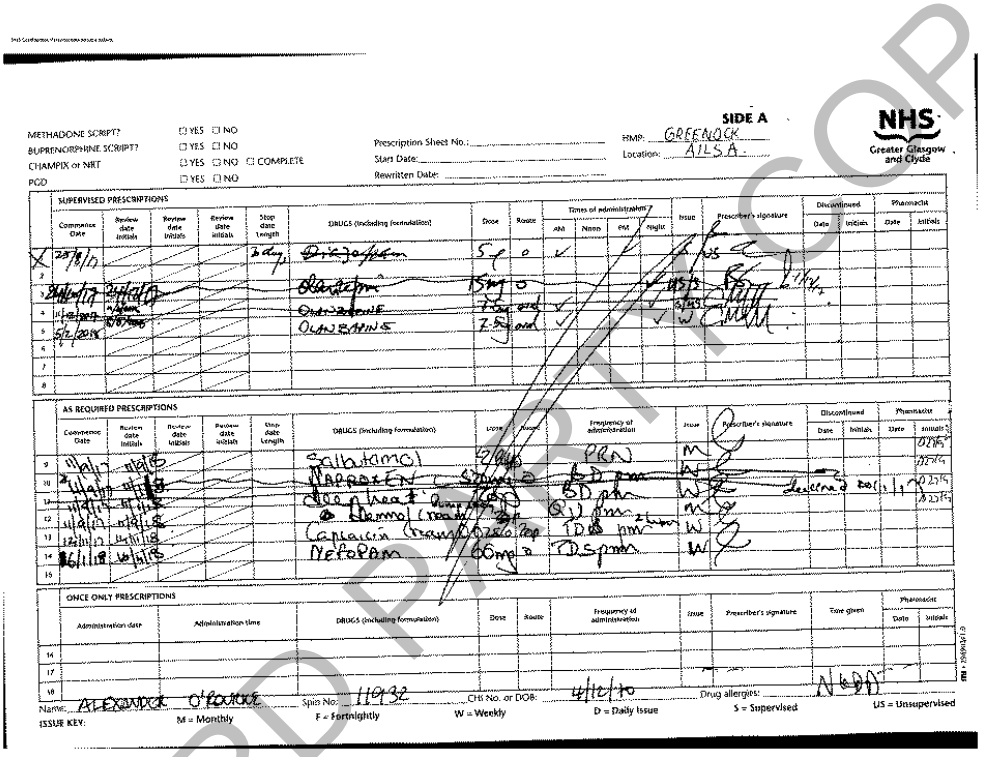
UNSUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued Date	Discontinued Initials	Pharmacist Date	Pharmacist Initials
K						OLANZAPINE	5mg	O			✓	✓	W					
B						THIAMINE	100mg	O	✓		✓	✓	W					
K						BECLAMETHASONE	100		✓		✓		W					
D						MIRTAZIPINE	30mg				✓		W					
E						SALBUTAMOL												
F						Beclamethasone							M					
C																		
H						Omeprazole							M					
K						Olanzapine							W					
J													W					
K						OLANZAPINE												
L																		
M																		
N						Carbocisteine							W					
O						OLANZAPINE							W					
P						Senna							W					
Q																		
R						Paracetamol	10ml	O	✓	✓	✓		M					
S																		
T							30mg	O	✓	✓	✓		W					

Name: Alexander CLARKE Spin No: 1932 CHI No. or DOB: 4/2/76 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

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SIDE A

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

RMP: GREENOCK
Location: AILSA

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
X	23/8/17				3 day	Diazepam	5	o	✓									
2																		
3						Clonazepam	1.5mg	o				✓						
4						~~Oxazepam~~	~~30mg~~	~~qid~~	✓										
5	5/12/2018					OLANZAPINE	7.5	oral	✓									
6																		
7																		
8																		

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
9						salbutamol	2puffs		PRN	M					02/19
10						NAPROXEN	500mg	o	BD pm	W	Jennifer Mc				02/19
11						Aloe Vera gel				M					
12						Gaviscon (Peppermint)	10ml	o	QID pm	M					
13						Gaviscon (Peppermint)	10ml	o	TDS pm	W					
14	16/11/18					Nefopam	60mg	o	TDS pm	W					
15															

ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Pharmacist: Initials
16											
17											
18											

Name: ALEXANDER O'HANLON Spis No: 11932 CHI No. or DOB: 4/12/70 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

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Glasgow City HSCP

Glasgow City HSCP
Health & Social Care Partnership

NHS Prison Healthcare Self Referral Form

Print Full Name:	ALEXANDER OROURKE		
Prisoner No.	19372	DATE OF BIRTH:	4/12/1970
Date of Request:	10/1/2018	EDL or Lib Date:	4/12/2018
		Hall Location:	Arran 4/33

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:	
WRITE YOUR REASON: Can you please put me down for the doctor as Im still having pains in my stomach	

Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		WellMan/ Woman	
Leg Ulcer & Wound Dressing Clinic		BBV (Hepatitis B, Hepatitis C, HIV)	

ADDICTION Clinics

Appointment with Addiction Nurse	Complete Separate Form	Smoking Cessation		Appointment with Alcohol Nurse	

Vaccinations

Hep A		Hep B		Flu (seasonal)	

	REASON FOR TREATMENT
DENTIST	
PODIATRIST Only available to prisoners serving 3 months or have medical conditions i.e. Diabetic	
OPTICIAN Only available to prisoners serving 3 months or have medical conditions i.e. Diabetic	
DISCHARGE MEDICATION Please order 7 days before liberation date.	
MENTAL HEALTH SERVICES	Please complete separate form

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

11/1/18
GP 16/1/18

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DOB - 04/12/70
11932

HMP Greenock Mental Health and Addictions Care plan

Client Name:	Alex O'Rouke	Spin/Location:	11932 - A/Hall	LIB	03/12/2018
Nurse/Worker:	Laura Fitzgerald	DOB - 04/12/1970	CHI - 0412700329	Date of care Plan:	12/12/2017

General Aim of Care Plan:				
Identified Need	Acton - What, When and by Whom?	Expected Outcome	Review	
Increase in anxiety levels.	Alex will be compliant with prescribed medication and will be reviewed by psychiatrist as planned - 05/02/2018	Anxiety levels to be stable	Psychiatrist - 05/02/18 Nurse - 08/01/2018	
Increase in paranoia.	Alex will try and keep self motivated so that he has structure to his day, he will continue to be compliant with prescribed medication.	Feelings of paranoia to be minimal.	08/01/2018	

Patient Signature

Nurse Signature

A Copy must be given to the patient

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9/12/2017
Recd 9/12/17.
Seen 11/12/17-HF

NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name. Alex ORourke Spin Number. 11932

D.O.B. 04/12/1970 Date of Admission... August 4th

Referral completed by. myself

Date of referral. 9/12/2017

Please state the reasons why you are referring to the Mental Health Team in the box below

I want to know why I've got to keep putting these forms out to get to see someone I've got all this madness going on in my head, do you know what its like not to sleep and every time my doors closed my head goes into overdrive, I feel Im loosing the plot, I've got no one I can talk to I dont trust people, the staff too as I know things I never wanted to know, why is it taking so bloody long to see some one I need to get all this shite out my head, I bloody hate thinking all the time Im fed up being out and about with grasses and all the bullshiters Im going to end up doing something I dont want to do, I feel my backs in a corner, youse know Im suffering so why cant I being seen ??? every thing happens for a reason and Im getting fed up being Drugged up I got put on methadone for Anxiety. whats that all about, Im being told I suffer from things but no one cares to explain them to me, whats the Big secreat ???

Please complete the following,

Have you/the prisoner seen the Mental Health Team before?	Yes/No
Are you/the prisoner on anti-psychotic medication	Yes/No
Have you/the prisoner received support from a CPN?	Yes/No
Is there a history of self harming behaviour	Yes/No

FOR ADMINISTRATION PURPOSES ONLY

Date Received by Admin..... **Signature**.....

Date assessed by MHN 11/12/17 **Signature**... P Fitzgerald

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Seasonal Flu Vaccination

For medical reasons you are being offered the flu vaccine.

Please indicate on the tear-off slip below if you wish to attend and return it to the health centre

---

I do/do not (delete) want the flu vaccine

Name Alexander OKourke **Loc** [illegible] **Number** 11932

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NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

FULL NAME:	Alex OClarke	SPIN NUMBER:	11932
Date of Birth:	4/12/1970	Hall & Cell No:	A/5A 4/33
Date of Request:	9/11/2017	Lib Date:	4/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

Can you please list me for the doctor as the tablets hes put me on for my stomach arnt working Im still getting pains, Ive been going to the gym to do C.V's and I cant even run on the running machine its too sore, Ive told the doctor I think its down to the weight Ive put on, but Im not sure Thank Q

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

Referral also copied and [illegible] (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED:	RECEIVED 10 NOV 2017	REFERRED TO:	
DATE LISTED FOR NURSE:		DATE SEEN:	
DATE LISTED FOR DOCTOR:	14/11/17	DATE SEEN:	

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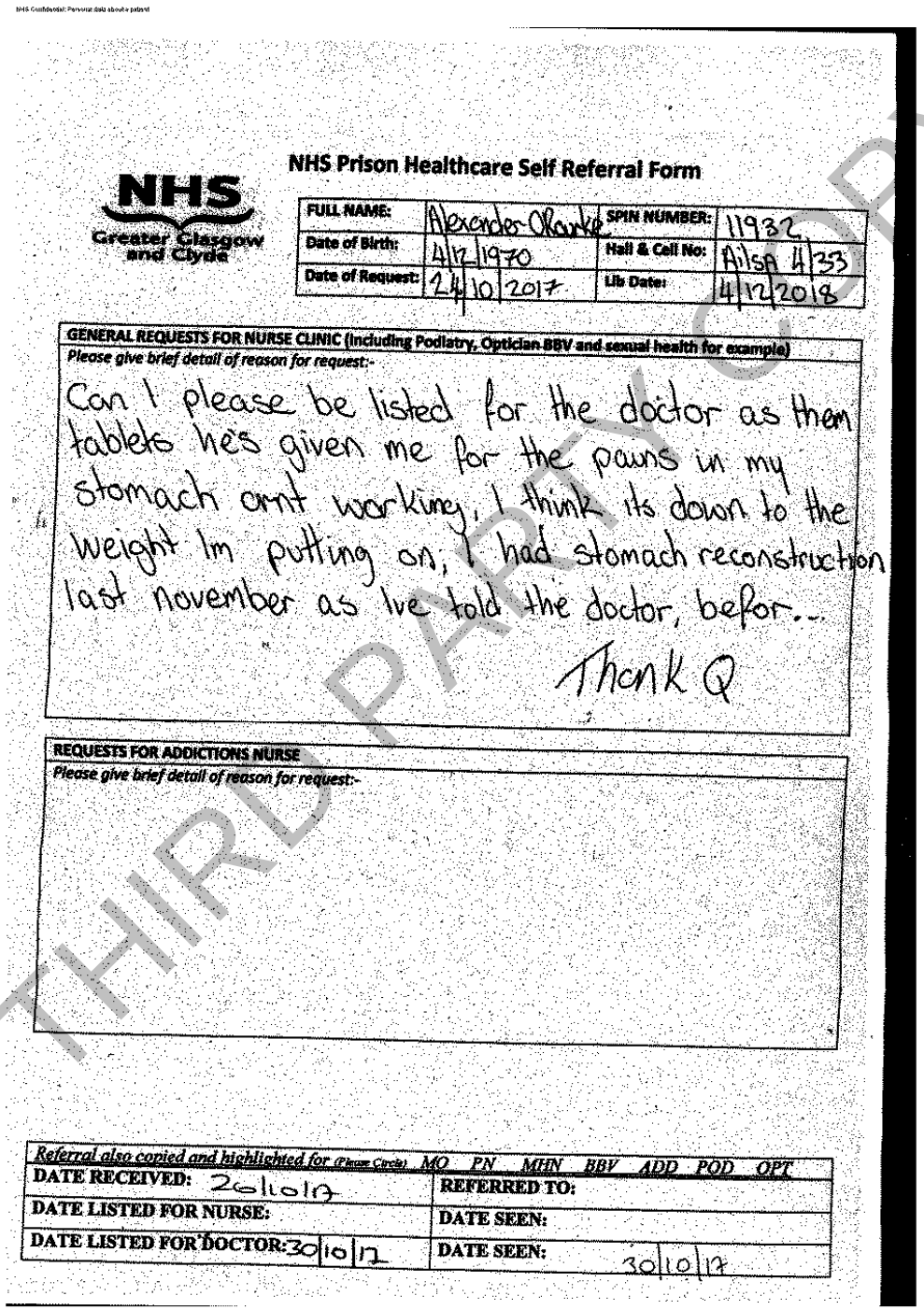
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NHS Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

FULL NAME:	Alexander Okarke	SPIN NUMBER:	11932
Date of Birth:	4/12/1970	Hall & Cell No:	Ailsa 4/33
Date of Request:	24/10/2017	Lib Date:	4/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (Including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

Can I please be listed for the doctor as them tablets he's given me for the pawns in my stomach arnt working, I think its down to the weight Im putting on, I had stomach reconstruction last november as Ive told the doctor, befor...

Thank Q

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED: 26/10/17	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR: 30/10/17	DATE SEEN: 30/10/17

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NHS
Greater Glasgow and Clyde

PROTOCOL FOR SEASONAL FLU VACCINATIONS

Please give completed form to Clinical Manager

CRITERIA

The prisoners eligible for the vaccination are those with diabetes, cardiac or respiratory problems or other chronic illnesses and the elderly over 65 years.

Prisoner's Name: (Print) ALEXANDER O'ROURKE

Prisoner's Signature

Prisoner's Number 1932

Date form signed by prisoner 06-10-17

Date of Birth 04/12/70 Liberation / Court Date 4.12.18 Location A 04133

Please answer the following questions:

1. Have you had the flu vaccination before? YES / N
   If yes please give date
2. Have you had an allergic reaction to any previous vaccinations? YES / N
   If yes which vaccinations
3. Any general allergies? YES / N
4. Are you allergic to eggs / egg products / chicken feathers? YES / N
5. Do you have:
   i. Heart Disease YES / N
   ii. Diabetes YES / N
   iii. Respiratory Problems YES / N
   iv. Other Chronic illness YES / N
   v. Asthma YES / N
   vi. Hay Fever YES / N
6. Are you on prescribed medication? YES / N
   If yes which ones SEE KARDEX
7. Do you have flu / cold symptoms at present? YES / N
8. Have you been treated with radiotherapy / chemotherapy / Anti-retroviral medications in the last year? YES / N

27274

Doctor's Signature Date 2/10/17

Clinical Manager's Signature Date 6-10-17

Nurse Responsible for administering vaccination (Signature) J Moyse

Date Vaccination given 06-10-17 Batch / Sticker No. 358849411A

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RECEIVED
10 OCT 2017

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

FULL NAME:	Alexander O'Rourke	SPIN NUMBER:	11932
Date of Birth:	4.12.1970	Hall & Cell No:	Ailsa
Date of Request:	10.10.17	Lib Date:	3.12.2018

GENERAL REQUESTS FOR NURSE CLINIC (Including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:- Seen by PBSW today for Initial Assessment, reports current Methadone prescription but wishes to reduce this. Also seems to have a significant history of alcohol related offending. History of trauma/mental health/ self harm. Currently seeing addictions nurse for methadone but feel would benefit from addition support from Case Workers. Gail Hughes, Social Work

added to addictions SS 11/10/17

FAO: Addiction Support.

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED:	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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Registration Details - Patient No: 10566

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	G82 3JE
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	100d Whiteford Avenue
Previous Surname		Village	Bellsmyre
Forenames	Alexander	Town	Dumbarton
Calling Name	Alexander	County	Dunbartonshire
Title	Mr		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) Scottish		

Next of Kin		Contact details...	
Name	Anne O'Rourke	Home Tel No	07774071012
Contact address	80 Fergusiie Park Ave, Paisley	Work Tel No	
Home Telephone	0141 889 5911	Mobile Tel No	07774071012
Mobile		E Mail Address	no email
Relationship to patient	Mother		

HA/HB Details...		Practice Information...	
Trading partner	Greater Glasgow HB and Clyde	Dispensing	N
Registered GP	Dr Fergus MacLean	Hospital Number	
Usual GP	Dr Fergus MacLean	Records At	
CHI Number	0412703297		
NHS Number			
National Insurance Number			
Residential Inst			
Branch Surgery			

ECS (GP Summary) Consent		Upload Consent	
Patient Consent	Implied Consent (default)	SCI-DC Consent	Implied Consent (default)

Medical Record

Problems

Active Problems		Authorised By	Code
22/05/2017	Anxiety states	Dr Ibrahim	E200
26/04/2017	Olecranon bursitis (Left)	Mrs Curley	N2133
04/11/2015	Polypharmacy medication review	Mrs Gray	8B31B
18/06/2015	Asthma	Mrs Low	H33
18/06/2014	Drug addiction therapy bellsmyre pharmacy Dumbarton Suboxone 768818	Dr Pourghazi	8B23
18/11/2013	Incisional hernia NOS	Miss McElroy	J33z1
11/05/2009	Alcohol problem drinking	Miss McElroy	E23-2
01/01/1998	Drug addictn therap-methadone	Miss McElroy	8B23-1
03/04/1997	[X]Drug addiction NOS receiving treatment	Miss McElroy	Eu192-1

Past Problems		Authorised By	Code
22/05/2017	**Cannot sleep - insomnia**	Dr Ibrahim	1B1B
01/03/2017	**Athlete's foot**	Dr Pourghazi	AB04-1
05/10/2016	**Cramp**	Dr Gregor	N2472
10/06/2016	**[V]Family history of myocardial infarction**	Dr Ogunsanya	ZV173-2
10/06/2016	**Cellulitis and abscess NOS**	Dr Ogunsanya	M03z

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22/04/2016	**DNA hospital appointment**	Dr Pourghazi	9N4H
17/03/2016	**Infection toe** sore	Mrs Bonar	M07y2-1
11/12/2015	**FH: Ischaemic heart dis. <60 (Brother)**	Dr MacLean	12C2
04/11/2015	**Polypharmacy medication review** Polypharmacy LES	Miss Nurse	8B31B
04/11/2015	**C/O - insomnia**	Dr Pourghazi	1B1B-1
07/10/2015	**Toothache**	Dr Pourghazi	1912
06/10/2015	**DNA hospital appointment**	Dr Pourghazi	9N4H
09/09/2015	**Acid reflux**	Dr Pourghazi	J10y4-3
24/06/2015	**Stool helicobacter antigen test**	Dr Mitchell	EMISNQST7
10/06/2015	**Wheezing**	Dr Mitchell	1737
10/06/2015	**Diarrhoea & vomiting, symptom**	Dr Mitchell	19FZ-1
01/05/2015	**Wheezing**	Dr Mitchell	1737
01/05/2015	**Diarrhoea & vomiting, symptom**	Dr Mitchell	19FZ-1
22/12/2014	**Shortness of breath**	Dr MacLean	1739
22/12/2014	**[D]Abdominal cramps**	Dr MacLean	R0904
12/12/2014	**Diarrhoea & vomiting, symptom**	Dr Pourghazi	19FZ-1
09/12/2014	**Shortness of breath symptom**	Dr Hodgins	173-3
31/10/2014	**Shortness of breath**	Dr Hodgins	1739
16/06/2014	**Acid reflux**	Dr Pourghazi	J10y4-3
05/06/2014	**On severe mental illness register**	Dr MacLean	9H8
05/06/2014	**Attended new patient screen**	Dr MacLean	9OW1
03/06/2014	**Dental care** filling - HMP Low Moss	Miss McElroy	8Cj
08/03/2012	**Exploratory laparotomy** with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration	Miss McElroy	7H220
04/05/2009	**Other thumb injuries, unspecified** unspecified x ray small fracture prox phalanx	Miss McElroy	SK152
20/02/2009	**Chest infection NOS**	Miss McElroy	H06z0
19/11/2008	**Chest infection NOS**	Miss McElroy	H06z0
01/09/2008	**[X]Stabbing** alleged stab wound - left A & E incomplete consultation pat refused treatment	Miss McElroy	U3E-1
01/02/1998	**[X]Heroin addiction** relapse after losing job	Miss McElroy	Eu112-2
11/03/1991	**Anxiety states** insomnia	Miss McElroy	E200
16/08/1990	**[SO]Hand NEC** laceration of hand	Miss McElroy	7NB03
01/01/1984	**[SO]Ulnar nerve - hand (Right)** damage right ulnar digital nerve	Miss McElroy	7N08L
29/09/1983	**Bilateral orchidopexy**	Miss McElroy	7C05
05/01/1978	**[D]Generalized enlarged lymph nodes** reactive neck exploration	Miss McElroy	R0563

Health Admin Problems	Authorised By	Code

Investigations	Authorised By	Code
27/07/2017	**Urine amphetamine screening test** (Source: LAB) .	44qF.
27/07/2017	**Urine benzodiazepine** (Source: LAB) .	46Q8.
27/07/2017	**Urine cannabinoids screening test** (Source: LAB) .	44q5.
27/07/2017	**Urine cocaine metabolite screen** (Source: LAB) .	46QH.
27/07/2017	**Urine creatinine** (Source: LAB) . Please note change to Abbott Enzymatic Creat method from 24/04/17]	46M7.
27/07/2017	**Urine methadone** (Source: LAB) positive for meth, banzo and cannaboids (SP).	46QB.
27/07/2017	**Urine opiates screen** (Source: LAB) .	46QF.
26/06/2017	**Blood glucose result** (Source: LAB) Requires fasting blood sample - for further repeat FASTING glucose test, if this test is also 7 or above, will confirm diagnosis of diabetes. (PD). Fasting sample]	44U..
26/06/2017	**Haemoglobin A1c level - IFCC standardised** (Source: LAB) normal- no action required (PD).	42W5.
21/06/2017	**Full blood count - FBC** (Source: LAB) Acceptable for patient (SP).	424..
21/06/2017	**Urea and electrolytes** (Source: LAB) normal- no action required (SP). Please note change to Abbott Enzymatic Creat method from 24/04/17]	44JB.
21/06/2017	**Gamma - G.T. level** (Source: LAB) normal- no action required (SP).	44G4.
21/06/2017	**Liver function test** (Source: LAB) Acceptable for patient (SP).	44D6.
21/06/2017	**Total cholesterol:HDL ratio** (Source: LAB) mildly raised cholesterol, for more info see practice nurse please (SP). Fasting sample[	44PF.
21/06/2017	**Blood glucose result** (Source: LAB) Repeat test (JL). Fasting sample]	44U..
01/03/2017	**Urine amphetamine screening test** (Source: LAB) .	44qF.
01/03/2017	**Urine benzodiazepine** (Source: LAB) positive for benzo only, buprenorphine not tested (SP).	46Q8.
01/03/2017	**Urine cocaine metabolite screen** (Source: LAB) .	46QH.
01/03/2017	**Urine creatinine** (Source: LAB) .	46M7.
01/03/2017	**Urine methadone** (Source: LAB) .	46QB.
01/03/2017	**Urine opiates screen** (Source: LAB) .	46QF.
23/11/2016	**Urine amphetamine screening test** (Source: LAB) .	44qF.
23/11/2016	**Urine benzodiazepine** (Source: LAB) positive for benzo only (SP).	46Q8.
23/11/2016	**Urine cocaine metabolite screen** (Source: LAB) .	46QH.
23/11/2016	**Urine creatinine** (Source: LAB) .	46M7.

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23/11/2016	**Urine methadone** (Source: LAB) .	46QB.
23/11/2016	**Urine opiates screen** (Source: LAB) .	46QF.
05/10/2016	**Bone profile** (Source: LAB) normal- no action required (FG). Alkaline Phosphatase results IFCC aligned from 03/08/15.|	44Z2.
05/10/2016	**Urea and electrolytes** (Source: LAB) normal- no action required (FG).	44JB.
05/10/2016	**Liver function test** (Source: LAB) normal- no action required (FG). Alkaline Phosphatase results IFCC aligned from 03/08/15.|	44D6.
05/10/2016	**Full blood count - FBC** (Source: LAB) normal- no action required (FG).	424..
03/08/2016	**Urine amphetamine screening test** (Source: LAB) normal- no action required (LO).	44qF.
03/08/2016	**Urine benzodiazepine** (Source: LAB) normal- no action required (LO).	46Q8.
03/08/2016	**Urine cocaine metabolite screen** (Source: LAB) normal- no action required (LO).	46QH.
03/08/2016	**Urine creatinine** (Source: LAB) Action taken (LO).	46M7.
03/08/2016	**Urine methadone** (Source: LAB) normal- no action required (LO).	46QB.
03/08/2016	**Urine opiates screen** (Source: LAB) normal- no action required (LO).	46QF.
13/04/2016	**Urine amphetamine screening test** (Source: LAB) .	44qF.
13/04/2016	**Urine benzodiazepine** (Source: LAB) .	46Q8.
13/04/2016	**Urine cocaine metabolite screen** (Source: LAB) .	46QH.
13/04/2016	**Urine creatinine** (Source: LAB) .	46M7.
13/04/2016	**Urine methadone** (Source: LAB) .	46QB.
13/04/2016	**Urine opiates screen** (Source: LAB) opiate , benzo and meth negative (SP).	46QF.
15/03/2016	**Full blood count - FBC** (Source: LAB) Result satisfactory (CT).	424..
15/03/2016	**Blood glucose result** (Source: LAB) normal- no action required (GB). Non-fasting sample|	44U..
15/03/2016	**Urea and electrolytes** (Source: LAB) normal- no action required (GB). (NA) Specimen haemolysed, result invalid.|	44JB.
15/03/2016	**Liver function test** (Source: LAB) normal- no action required (GB). (NA) Specimen haemolysed, result invalid.|Alkaline Phosphatase results IFCC aligned from 03/08/15.|	44D6.
15/03/2016	**Total cholesterol:HDL ratio** (Source: LAB) normal- no action required (GB).	44PF.
15/03/2016	**Thyroid function tests** (Source: LAB) normal- no action required (GB).	442..
09/03/2016	**Urine amphetamine screening test** (Source: LAB) .	44qF.
09/03/2016	**Urine benzodiazepine** (Source: LAB) positive benzo, negative methadone, negative opiates (SP).	46Q8.
09/03/2016	**Urine cocaine metabolite screen** (Source: LAB) .	46QH.
09/03/2016	**Urine creatinine** (Source: LAB) .	46M7.
09/03/2016	**Urine methadone** (Source: LAB) .	46QB.
09/03/2016	**Urine opiates screen** (Source: LAB) .	46QF.
02/07/2015	**Serum amylase level** (Source: LAB) normal- no action required (KJM).	44CN.
02/07/2015	**[V]Investigation for coeliac disease** (Source: LAB) normal- no action required (KJM). TTG Ab = Tissue Transglutaminase Ab|Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.|	ZV7y7
22/05/2015	**Full blood count - FBC** (Source: LAB) normal- no action required (KJM).	424..
22/05/2015	**Erythrocyte sedimentation rate** (Source: LAB) normal- no action required (KJM).	42B6.
22/05/2015	**Plasma C reactive protein** (Source: LAB) result satisfactory (KJM).	44CC.
22/05/2015	**Urea and electrolytes** (Source: LAB) normal- no action required (KJM).	44JB.
22/05/2015	**Liver function test** (Source: LAB) normal- no action required (KJM).	44D6.
22/05/2015	**Thyroid function tests** (Source: LAB) normal- no action required (KJM).	442..
22/05/2015	**Blood glucose result** (Source: LAB) normal- no action required (KJM). Non-fasting sample|	44U..
18/06/2014	**Urine amphetamine screening test** (Source: LAB) neg (SP).	44qF.
18/06/2014	**Urine benzodiazepine** (Source: LAB) neg (SP).	46Q8.
18/06/2014	**Urine cocaine metabolite screen** (Source: LAB) neg (SP).	46QH.
18/06/2014	**Urine creatinine** (Source: LAB) .	46M7.
18/06/2014	**Urine methadone** (Source: LAB) neg (SP).	46QB.
18/06/2014	**Urine opiates screen** (Source: LAB) neg (SP).	46QF.

Values

Date	Last Entry	Normal Range Indicator	Normal Range
27/07/2017	**Urine amphetamine screening test Negative**		
27/07/2017	**Urine benzodiazepine Positive**		
27/07/2017	**Urine cannabinoids screening test Positive**		
27/07/2017	**Urine cocaine Negative**		
27/07/2017	**Urine creatinine 10.6 mmol/L**		
27/07/2017	**Urine methadone Positive**		
27/07/2017	**Urine opiates screening test Negative**		
26/06/2017	**Plasma glucose level 7 mmol/L**	..... |	3.5-6
26/06/2017	**Haemoglobin A1c level - IFCC standardised 39 mmol/mol**	.....|.	20-42
21/06/2017	**Total white cell count 6.4 x10^9/l**	...|.....	4-11
21/06/2017	**Red blood cell (RBC) count 4.17 x10^12/l**	|	4.5-6.5
21/06/2017	**Haemoglobin estimation 137 g/l**	.|.....	130-180
21/06/2017	**Haematocrit 0.407 l/l**	|.....	0.4-0.54

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21/06/2017	Mean corpuscular volume (MCV) 97.6 fl	.....|	80-100
21/06/2017	Mean corpusc. haemoglobin(MCH) 32.9 pg	..... |	27-32
21/06/2017	Platelet count 249 x10^9/l	...|.....	150-400
21/06/2017	Neutrophil count 4.5 x10^9/l	....|.....	2-7.5
21/06/2017	Lymphocyte count 1.3 x10^9/l	|.....	1.5-4
21/06/2017	Monocyte count 0.5 x10^9/l	....|.....	0.2-0.8
21/06/2017	Eosinophil count 0.14 x10^9/l	....|.....	0-0.4
21/06/2017	Basophil count 0 x10^9/l	|.....	0-0.1
21/06/2017	Nucleated red blood cell count 0 x10^9/l		
21/06/2017	Serum sodium 141 mmol/L	.....|....	133-146
21/06/2017	Serum potassium 4.9 mmol/L	.....|..	3.5-5.3
21/06/2017	Serum chloride 108 mmol/L	.....|	95-108
21/06/2017	Serum urea level 7.9 mmol/L	.....|	2.5-7.8
21/06/2017	Serum creatinine 89 umol/L	....|....	40-130
21/06/2017	GFR calculated abbreviated MDRD > 60		
21/06/2017	Serum gamma-glutamyl transferase level 22 U/L		
21/06/2017	Serum total bilirubin level 7 umol/L		
21/06/2017	ALT/SGPT serum level 25 U/L	.....|....	5-40
21/06/2017	AST serum level 22 U/L		
21/06/2017	Serum alkaline phosphatase 92 U/L	.....|....	30-130
21/06/2017	Serum albumin 34 g/L	|.....	35-50
21/06/2017	Serum cholesterol 5.4 mmol/L	.....|....	3.5-6.5
21/06/2017	Serum triglycerides 1.3 mmol/L	.....|....	0.2-2.3
21/06/2017	Serum HDL cholesterol level 1 mmol/L		
21/06/2017	Calculated LDL cholesterol level 3.8 mmol/L		
21/06/2017	0.6 mmol/L		
21/06/2017	Serum cholesterol/HDL ratio 5.4		
02/06/2017	Blood pressure reading 142/79 mm Hg		
02/06/2017	O/E - BP reading		
05/10/2016	Serum calcium 2.4 mmol/L	.....|....	2.2-2.6
05/10/2016	Corrected serum calcium level 2.37 mmol/L	.....|....	2.2-2.6
05/10/2016	Serum inorganic phosphate 1.14 mmol/L	.....|....	0.8-1.5
15/03/2016	Serum TSH level 0.62 mU/L	.|.....	0.35-5
15/03/2016	Serum free T4 level 11.4 pmol/L	..|.....	9-21
15/03/2016	Serum total T3 level		
25/02/2016	Asthma accident and emergency attendance since last visit		
25/02/2016	Rolls own cigarettes 2 oz/wk		
25/02/2016	Peak flow rate before bronchodilation 380 litres/min		
09/09/2015	Body Mass Index 29.68	..... |	20-25
09/09/2015	O/E - weight 93 Kg		
09/09/2015	O/E - height 177 cm	.....|...	10-250
03/07/2015	Stool helicobacter antigen test		
02/07/2015	Serum amylase level 52 U/L		
02/07/2015	Tissue transglutaminase IgA level 1.7 U/mL	..|.....	0-7
18/06/2015	Alcohol consumption 0 units/week		
18/06/2015	Ideal weight 72.71 Kg		
22/05/2015	Erythrocyte sedimentation rate 5 mm/hr	....|.....	1-10
22/05/2015	Serum C reactive protein level 13 mg/L	..... |	0-10
22/08/2014	O/E - pulse rate 77 beats/minute .		
15/07/2003	Helicobacter serology positive		

Attachments			Authorised By	Code
22/08/2017	Asthma monitor 2nd letter 2ND ASTHMA RECALL	2ND ASTHMA RECALL.doc	Mrs McGourlay	9OJ5
09/08/2017	Attachment April - June 2017	Shared Care Scheme Discharge.doc	Mrs Johnston	EMISATTACHMENT
09/08/2017	Attachment April- June 2017	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
06/04/2017	Attachment Jan - Mar 1017	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
06/01/2017	Attachment Oct - Dec 2016	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
07/11/2016	Attachment TR Card	TR Card.doc	Mrs Wilson	EMISATTACHMENT
05/10/2016	Attachment July - Sept 2016	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
05/07/2016	Attachment contact practice	contact practice.doc	Mrs Wilson	EMISATTACHMENT
01/07/2016	Attachment April - June 2016	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
10/03/2016	Attachment Jan-Mar 2016	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
11/02/2016	Attachment July- Sept 2015	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
10/02/2016	Attachment request to register	request to register.doc	Mrs Johnston	EMISATTACHMENT
28/01/2016	Attachment Oct - Dec 2015	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
01/10/2015	Letter encounter Clinical Letter Vale of Leven Hospital Gastroscopy	D7_00399424.TIF.XX2	Mr Man	EMISATTACHMENT
10/06/2015	Attachment AUSS.doc AUSS	AUSS.doc	Dr Mitchell	EMISATTACHMENT
10/06/2015	Attachment AUSS	AUSS.doc	Dr Mitchell	EMISATTACHMENT
01/05/2015	Attachment CXR.doc CXR	CXR.doc	Dr Mitchell	EMISATTACHMENT
01/05/2015	Attachment CXR	CXR.doc	Dr Mitchell	EMISATTACHMENT

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23/02/2015	**DNA surgery appointment - 1st letter** 1st dna ltr	1st dna ltr.doc	Mrs McGourlay	EMISNQDN7
05/11/2014	**Attachment** Discharge form	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
05/11/2014	**Attachment** July-Sept 2014	Shared Care Scheme .doc	Mrs Johnston	EMISATTACHMENT
31/10/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Drug addiction therapy; Duration: 31/10/2014 - 30/11/2014)	FitNote_bd39f01a-2530-41f5-9e27-bd1ca331cc0b.pdf	Dr Hodgins	9D15
02/10/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Alcohol and mental health issues; Duration: 01/10/2014 - 01/11/2014)	FitNote_ea6f10fc-55d4-47f1-93c7-9076c973b6fc.pdf	Dr Locum2	9D15
01/09/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Alcohol and mental health issues; Duration: 01/09/2014 - 01/10/2014)	FitNote_60b2a7a1-8f94-44fa-812a-ce5e48d1612f.pdf	Dr Hodgins	9D15
26/08/2014	**Attachment** letter to patient	letter to patient.doc	Mrs McGourlay	EMISATTACHMENT
22/08/2014	**Attachment** Spirometry.doc Spirometry	Spirometry.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	**Attachment** Spirometry	Spirometry.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	**Attachment** oxr card.doc oxr card	oxr card.doc	Dr Locum1	EMISATTACHMENT
22/08/2014	**Attachment** oxr card	oxr card.doc	Dr Locum1	EMISATTACHMENT
04/08/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Mental health issues and previous drug dependence; Duration: 04/08/2014 - 01/09/2014)	FitNote_c745626a-bd0a-40f1-97e7-82ccfd83a5c8.pdf	Dr Somerville	9D15
17/07/2014	**Attachment** Letter to Low Moss Prison	Letter to Low Moss Prison.doc	Mrs McGourlay	EMISATTACHMENT
04/07/2014	**eMED3 (2010) new statement issued, not fit for work** FitNote.pdf. (Diagnosis: Drug addiction therapy; Duration: 04/07/2014 - 04/08/2014)	FitNote_d401ad0b-92ae-4693-91e5-c093ba61eec0.pdf	Dr Pourghazi	9D15
23/06/2014	**Attachment** April-June 2014	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
23/06/2014	**Attachment** Request to register	Shared Care Scheme.doc	Mrs Johnston	EMISATTACHMENT
05/06/2014	**eMED3 (2010) new statement issued, not fit for work** (Diagnosis: Major Mental Health Issues; Duration: 05/06/2014 - 07/07/2014)	FitNote_4a61fb70-72c3-498c-ba29-5b8784021df6.pdf	Dr MacLean	9D15
05/06/2014	**eMED3 (2010) duplicate issued, not fit for work** FitNote.pdf. (Diagnosis: Major Mental Health Issues; Duration: 05/06/2014 - 07/07/2014)	FitNote_4a61fb70-72c3-498c-ba29-5b8784021df6.pdf	Dr MacLean	9D17

Due Diary Entries		Authorised By	Code
21/12/2017	**Medication review**	Dr Pourghazi	8B314
11/11/2017	**Key information summary, special note expiry date**	Dr Pourghazi	EMISNQKE5
09/11/2017	**Key information summary review date**	Dr Pourghazi	EMISNQKE7
28/09/2017	**Influenza vaccination**		65E..

Overdue Diary Entries		Authorised By	Code
25/02/2017	**Asthma annual review OVERDUE**	Mrs Low	66YJ.

Alerts		Authorised By	Code
22/08/2017	**Alert** MJOG RECALL FAILED, UPDATE CONTACT INFO & REMOVE ALERT WHEN DONE PLEASE 22/8/17	Mrs McGourlay	EMISALERT
22/08/2017	**Alert** ASTHMA REVIEW OVERDUE	Mrs McGourlay	EMISALERT

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History		Authorised By	Code
10/06/2016	**[V]Family history of myocardial infarction**	Dr Ogunsanya	ZV173-2
11/12/2015	**[V]Family history of ischaemic heart disease (IHD) (Mother)** - and brother	Dr MacLean	ZV173-1
11/12/2015	**FH: Ischaemic heart dis. <60 (Brother)**	Dr MacLean	12C2

Referrals		Authorised By	Code
02/03/2017	**8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)**	Dr Pourghazi	8HHe
10/09/2015	**8H51.: General surgical referral (SCI Gateway Referral)**	Dr Pourghazi	8H51

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11/06/2015	**8H...: Referral for further care (SCI Gateway Referral)**	Dr Mitchell	8H
18/08/2014	**8HHe.: Referral to community drug and alcohol team (SCI Gateway Referral)**	Dr Pourghazi	8HHe
09/06/2014	**8H...: Referral for further care (SCI Gateway Referral)**	Dr MacLean	8H

Immunisations		Authorised By	Code
28/09/2016	**Seasonal influenza vaccination (Left arm)** Nasal Flu given Nasal HF2254 exp 14/12/16 **(GMS)**	Miss Nurse	65ED
04/11/2015	**Seasonal influenza vaccination (Right arm)** Sanofi pasteur -BN M8157-1 exp 04/16 **(GMS)**	Dr Pourghazi	65ED
04/11/2015	**Influenza vaccination**	Dr Pourghazi	65E
18/06/2014	**Booster combined hep A&B vaccn**	Mrs Kier	65MG
17/07/2011	**1st hepatitis A vaccination (GMS)**	Miss McElroy	65FA
23/11/1984	**Booster tetanus vaccination**	Miss McElroy	6564

Health Status		
09/09/2015	**Height 177 cm**	
09/09/2015	**Weight 93 Kg**	
09/09/2015	**Body Mass Index 29.68 kg/m2**	
02/06/2017	**Blood pressure reading O/E - BP reading**	
02/06/2017	**Blood pressure reading 142/79 mm Hg**	
25/02/2016	**Smoking Status Rolls own cigarettes, 2 oz/wk**	
18/06/2015	**Exercise grading Takes inadequate exercise**	
11/12/2015	**FH: Ischaemic heart dis. <60**	

Other Observations		Authorised By	Code
07/08/2017	**Fail encntr-SMS delivry failur** MJOG failed for Asthma reminder		9Nj8
02/06/2017	**Anxiety states (REVIEW)**	Dr Pourghazi	E200
18/05/2017	**Rep.presc. monitoring NOS** MM LES	Mrs Gray	66RZ
01/03/2017	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
01/03/2017	**Drug user**	Dr Pourghazi	13c
01/03/2017	**Drug user**	Dr Pourghazi	13c
01/03/2017	**Shared care prescribing**	Dr Pourghazi	8BM5
21/02/2017	**Asthma monitor 1st letter** MJOG 1st Asthma Recall		9OJ4
09/02/2017	**Alcohol problem drinking (REVIEW)**	Dr Pourghazi	E23-2
01/02/2017	**Seen by social worker**	Miss Nurse	9N26
24/01/2017	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: cancel.		9N3H
21/12/2016	**Medication review done**	Dr Pourghazi	8B3V
23/11/2016	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
23/11/2016	**Seen by general practitioner**	Dr Pourghazi	9N21
23/11/2016	**Drug add maint ther buprenorph**	Dr Pourghazi	8B2Q
23/11/2016	**Abs drug mis on mainten replac**	Dr Pourghazi	13r3
23/11/2016	**Drug user**	Dr Pourghazi	13c
23/11/2016	**Shared care prescribing**	Dr Pourghazi	8BM5
21/11/2016	**Medication review done**	Dr MacLean	8B3V
08/11/2016	**Key information summary, special note added** Patient on Suboxone, in GP shared care addiction clinic. Has not used heroin for a long time but has ongoing problem with intermitent alcohol and sometimes street Valium.This intermittent drug use has often been seen as a source of deterioration in mental health , Well controlled asthma, has an abdominal incisional hernia and awaiting to see the surgeons for review of this. Hoping to have operative intervention once has loses some weight.	Dr Pourghazi	EMISNQKE4
28/09/2016	**Seen by social worker**	Miss Nurse	9N26
28/09/2016	**Seen by general practitioner**	Miss Nurse	9N21
31/08/2016	**Seen by social worker**	Miss Nurse	9N26
31/08/2016	**Seen by general practitioner**	Miss Nurse	9N21
06/07/2016	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
06/07/2016	**Seen by general practitioner**	Dr Pourghazi	9N21
06/07/2016	**Shared care prescribing**	Dr Pourghazi	8BM5

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06/07/2016	**Drug user**	Dr Pourghazi	13c
06/06/2016	**Seen by social worker**	Dr Pourghazi	9N26
11/05/2016	**Seen by social worker**	Miss Nurse	9N26
13/04/2016	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
09/03/2016	**Seen by social worker**	Miss Nurse	9N26
09/03/2016	**Seen by general practitioner**	Miss Nurse	9N21
09/03/2016	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
25/02/2016	**Asthma limiting activities**	Mrs McGourlay	663P
25/02/2016	**Asthma causes daytime symptoms most days**	Mrs McGourlay	663v
25/02/2016	**Asthma disturbing sleep**	Mrs McGourlay	663N
25/02/2016	**Asthma annual review**	Mrs Low	66YJ
25/02/2016	**Asthma medication review**	Mrs Low	8B3j
25/02/2016	**Asthma management plan given**	Mrs Low	663U
25/02/2016	**Smoking cessation advice**	Mrs Low	8CAL
25/02/2016	**Asthma monitoring check done** , using mums inhalers of late, did not collect inhalers, chest quite wheezy today, declined oral pred. psych appt tomorrow, self harming, hearing voices,jl	Mrs Low	9OJA
25/02/2016	**Asthma (REVIEW)**	Mrs Low	H33
22/02/2016	**Rep.presc. monitoring NOS** MM LES	Mrs Wilson	66RZ
13/01/2016	**Seen by social worker**	Miss Nurse	9N26
11/12/2015	**Smoking cessation advice**	Dr MacLean	8CAL
02/12/2015	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancle.		9N3H
02/12/2015	**Seen by social worker**	Miss Nurse	9N26
25/11/2015	**SMS text sent to patient** MJog sent to contact practice		9N3G
20/11/2015	**Asthma monitor 2nd letter** 2nd Asthma recall MJOG		9OJ5
04/11/2015	**Medication review done**	Dr Pourghazi	8B3V
04/11/2015	**Has anticipatory care plan**	Miss Nurse	8CMM
04/11/2015	**Consent for key information summary upload**	Miss Nurse	9Ndr
04/11/2015	**Send key information summary (KIS) upload**	Miss Nurse	EMISNQSE71
04/11/2015	**Key information summary, special note added** Patient on Suboxone, in shared care and stable, well controlled asthma, has an abdominal incisional hernia and awaiting to see the surgeons for review of this. Currently trying to lose weight to improve operative risk	Miss Nurse	EMISNQKE4
04/11/2015	**Seen by social worker**	Miss Nurse	9N26
04/11/2015	**Seen by general practitioner**	Miss Nurse	9N21
07/10/2015	**Asthma monitor 1st letter** 1st Asthma Recall MJOG		9OJ4
07/10/2015	**Seen by social worker**	Mrs Kier	9N26
16/09/2015	**Asthma (REVIEW)**	Mrs Bonar	H33
09/09/2015	**Heavy smoker - 20-39 cigs/day** he asked for a cough bottle, feels wheezy and also chest is wheezy throughout, advsied agasint cough bottle, advice on cannabis and smoking given, using he steroid inhalor up to 8 puffs daily just now, to see practice nurse for reivew of inhalors please	Dr Pourghazi	1375
09/09/2015	**Asthma (REVIEW)**	Dr Pourghazi	H33
09/09/2015	**Seen by social worker**	Dr Locum1	9N26
09/09/2015	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
30/07/2015	**Asthma (REVIEW)**	Mrs Bonar	H33
02/07/2015	**Asthma monitoring check done** , well today, still using lots of B2 , trial of ICS for 1/12 then rv ,jl	Mrs Low	9OJA
02/07/2015	**Asthma (REVIEW)**	Mrs Low	H33
18/06/2015	**Advice given about bowel cancer screening programme**	Mrs McGourlay	8CAy
18/06/2015	**Positive reversibility test to salbutamol**	Mrs Low	33H1
18/06/2015	**Asthma annual review**	Mrs Low	66YJ
18/06/2015	**Asthma medication review**	Mrs Low	8B3j
18/06/2015	**Asthma management plan given**	Mrs Low	663U
18/06/2015	**Smoking cessation advice**	Mrs Low	8CAL
18/06/2015	**Bronchodilators used more than once daily**	Mrs Low	663L
18/06/2015	**Asthma causes daytime symptoms most days**	Mrs Low	663v
18/06/2015	**Asthma limiting activities**	Mrs Low	663P
18/06/2015	**Asthma disturbing sleep**	Mrs Low	663N
18/06/2015	**Inhaler technique - poor**	Mrs Low	663l
18/06/2015	**Not using inhaled steroids**	Mrs Low	663g0
18/06/2015	**Health ed. - exercise**	Mrs Low	6798
18/06/2015	**Health ed. - diet**	Mrs Low	6799
18/06/2015	**Health ed. - alcohol**	Mrs Low	6792
18/06/2015	**Asthma monitoring check done** , reversibility of 23% efv1 (ASTHMA) has b2 but technique poor, discussed today, rv again in 2/52, ??? add in ICS, unable to get bloods today,jl	Mrs Low	9OJA
18/06/2015	**Takes inadequate exercise**	Mrs Low	138O
03/06/2015	**Medication review done**	Dr Mitchell	8B3V
14/05/2015	**SMS text received from patient** Type: Appointment Reminder Status: Reply Received Message: Cancle.		9N3H
14/04/2015	**Notes summary on computer**	Miss McElroy	9344
02/02/2015	**Rep.presc. monitoring NOS** MM LES	Mrs Gray	66RZ
22/12/2014	**Smoking cessation advice**	Dr MacLean	8CAL

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31/10/2014	**Drug addiction therapy (REVIEW)**	Dr Hodgins	8B23
02/10/2014	**Drug addiction therapy (REVIEW)**	Dr Locum2	8B23
01/09/2014	**Drug addiction therapy (REVIEW)**	Dr Hodgins	8B23
22/08/2014	**O/E - pulse rhythm regular**	Dr Locum1	2431
22/08/2014	**Light smoker - 1-9 cigs/day** rollups, off alcohol now.	Dr Locum1	137J
13/08/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
04/08/2014	**Drug addiction therapy (REVIEW)**	Dr Somerville	8B23
16/07/2014	**Seen by nurse practitioner**	Dr Pourghazi	9N2i
16/07/2014	**Seen by general practitioner**	Dr Pourghazi	9N21
16/07/2014	**Shared care prescribing**	Dr Pourghazi	8BM5
16/07/2014	**Drug add maint ther buprenorph**	Dr Pourghazi	8B2Q
16/07/2014	**Abs drug mis on mainten replac**	Dr Pourghazi	13r3
16/07/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
04/07/2014	**Drug addiction therapy (REVIEW)**	Dr Pourghazi	8B23
18/06/2014	**Drug addiction therapy (REVIEW)**	Mrs Kier	8B23
18/06/2014	**Hepatitis C screen not offered**	Mrs Kier	682A
18/06/2014	**Unemployed**	Mrs Kier	13J7
18/06/2014	**Child lives with parent**	Mrs Kier	13IX
18/06/2014	**Lost custody of children**	Mrs Kier	13HM7
18/06/2014	**Lost custody of children**	Mrs Kier	13HM7
18/06/2014	**House rented from council**	Mrs Kier	13K6
18/06/2014	**Seen by nurse practitioner**	Mrs Kier	9N2i
18/06/2014	**Seen by general practitioner**	Mrs Kier	9N21
18/06/2014	**Shared care prescribing**	Mrs Kier	8BM5
18/06/2014	**Initial substance misuse asses**	Mrs Kier	9HC0
18/06/2014	**Drug add maint ther buprenorph**	Mrs Kier	8B2Q
18/06/2014	**Abs drug mis on mainten replac**	Mrs Kier	13r3
17/06/2014	**Computer record of patient** received	Miss McElroy	934
13/06/2014	**White Scottish**	Miss McElroy	9S13
05/06/2014	**Scottish - ethnic category 2001 census**	Mrs Gray	9i21
22/07/2009	**Cannot sleep - insomnia**	Miss McElroy	1B1B
11/05/2009	**Mole of skin**	Miss McElroy	B76-4

Consultations

27/07/2017	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen Urine methadone positive for meth, banzo and cannaboids (SP) Urine creatinine Urine cocaine metabolite screen Urine cannabinoids screening test Urine benzodiazepine Urine amphetamine screening test
-	---
28/06/2017	Dr Parvinder Dhillon at message
History	Fasting glucose=7.0. Requires further fasting blood sample - for further repeat FASTING glucose test, if this test is also 7 or above, will confirm diagnosis of diabetes.
-	---
27/06/2017	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Examination	Pt has large infected lesion left elbow which is weeping - advised to see GP.
Comment	bloods as below left hand butterfly.
-	---
26/06/2017	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Test Request	HbA1c - *Completed*, Glucose - *Completed*
-	---
21/06/2017	Mrs Jackie Low at General Practice Surgery
Result	Blood glucose result Repeat test (JL)
-	---
21/06/2017	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Comment	right hand butterfly
Test Request	Glucose - *Completed*, Urea and Electrolytes - *Completed*, Gamma GT - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Full Blood Count - *Completed*
-	---
02/06/2017	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Anxiety states** known to me, attends the joint hospital on methadone 60 and mirtazepine, not coping at all just now. long supportive talk, many of the probmes kown to me, in

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History	fact seems better since we put him on methadone though he feels negatively about it, I will discus his case with Dr Puri who is also seeing him, may need a stronger anxiolytic to cope with things, due to see us at the joint next week
Examination	O/E - BP reading
	Blood pressure reading 142/79 mm Hg
Medication	Thiamine Hydrochloride Tablets 100 mg *84 tablet ONE TABLET TDS WEEKLY DISPENSE*
	Promethazine Hydrochloride Tablets 25 mg *7 tablet ONE TABLET AT NIGHT TIME*
Test Request	Glucose - *Requested*, Urea and Electrolytes - *Requested*, Gamma GT - *Requested*, Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*, Full Blood Count - *Requested*

22/05/2017 Dr Enile Ibrahim at Levenside Medical Practice,Dumbarton Health Centre

Problem (FIRST)	**Cannot sleep - insomnia**
Medication	Zopiclone Tablets 7.5 mg *7 tablet ONE TO BE TAKEN AT NIGHT*
History	says he is suicidal / may kill someone as so tired and desperate for a good sleep. stopped getting valium off the street and is keen to have zopiclone - has seen psychiatry team a few weeks ago and increased his mirtaz - will see him again next month -
Comment	agreed to issue only 1 week worth of zopiclone and follow up in 1 week

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Problem (NEW)	**Anxiety states**
History	seen by psychiatry team - passed a letter asking us to reduce olanzapine to 5mg from 15mg - changed on his repeats

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02/05/2017 Dr Parvinder Dhillon at Levenside Medical Practice,Dumbarton Health Centre

History	Attended AE last week re sore/swollen left sided elbow (had fall onto same some 3/12 earlier). They had done xray and bloods (docman stays nbi for xray), and advised rv with them at fracture clinic today. Attended today as requested by them, bandage applied and advised to attend GP to get a/b owing to ongoing brown/clear coloured discharge from elbow.
Examination	Temp 36.4, sats 95%, p55 (looks like hospital are arranging 24 hour ECG, see docman). Left sided elbow bandaged up++ just now.
Comment	Given above, a/b issued.
Medication	Flucloxacillin Capsules 250 mg *28 capsule ONE TO BE TAKEN FOUR TIMES A DAY*

History	On olanzapine 15mg and methadone. Denies any alcohol intake/illicit drugs in recent weeks, but despite same, states ongoing low mood, thoughts re dsh/suicide. No obvious recent triggers for feeling this way. States his neighbour above him can be noisey at times. Attends joint addiction services and is due back there in around 2-3 weeks. States he feels worse since switch from suboxone to methadone earlier in the year. A lot of antidepressants potential interact with methadone. Known to Dr SP (as GP and at joint addiction clinic).
Comment	Advised him I will liase with Dr SP re any possible medication changes and recontact him later today. (Discussed with Dr SP, could start a/d, d/w patient, start mirtazapine 15mg).

22/03/2017 12:11 Dr Fergus MacLean at Telephone Consultation

History	left elbow- banged elbow some 2 weeks ago. pad on elbow swollen. Leaking fluid that is no pus like. No symptoms of it being septic- he can move the elbow. Has been this way for some days. I suspect this is a bursitis- and that better to see at practice but this could be done at routine appt tomorrow and suggested he attend the pratice first thing to obtain appt- he said will do

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01/03/2017 Dr Saied Pourghazi at General Practice Surgery

Result	Urine opiates screen
	Urine methadone
	Urine creatinine
	Urine cocaine metabolite screen
	Urine benzodiazepine positive for benzo only, buprenorphine not tested (SP)
	Urine amphetamine screening test

01/03/2017 Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre

Problem (REVIEW)	**Drug addiction therapy**
History	not doing well, describes episodes of self harm, valium use getting heavier, takes between 50 and 100 valiums weekly, getting arrested by police, also binge drinking, despite our efforts, we agreed best course of action may be to refer back to the joint hospital,
	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500

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Medication	micrograms *56 TABLET 2 TABS DAILY TOTAL DOSE OF 12MG SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT*
	Olanzapine Tablets 15 mg *28 TABLET 1 TAB AT NIGHT WEEKLY DISPENSE*
	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 TABLET ONE TABLET DAILY 12MG DAILY DOSE SUPERVISED ON THE DAYS SUPPLIED SUPPLY ONE TAB MON TO FRI 2 TABS ON SAT*
	Thiamine Hydrochloride Tablets 100 mg *84 tablet ONE TABLET TDS WEEKLY DISPENSE*
Test Request	Urine Drugs of abuse screen routine - *Completed*
-	---
Problem (FIRST)	**Athlete's foot**
Medication	Clotrimazole Cream 1 % *20 gram APPLY TWO TO THREE TIMES DAILY*
-	---
01/03/2017	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Social	Drug user
-	---
01/03/2017	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
History	Shared care prescribing
Social	Drug user
-	---
09/02/2017	Dr Saied Pourghazi at prescription request
Problem (REVIEW)	**Alcohol problem drinking**
Medication	Thiamine Hydrochloride Tablets 100 mg *84 tablet ONE TABLET TDS WEEKLY DISPENSE*
-	---
01/02/2017	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
-	---
01/02/2017	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended today. Admitted to using 5 x 5mg street valium today. Says he bought 100 yesterday but only plans to use 5 at a time per day. Complaining that psychiatry are not helping him and just go on about him stopping his cannabis use. Encouraged him to reduce his intake as it willhave an impact on his mental health. With regard to heroin no use. With regard toalcohol, says drinking about 8 cans every two weeks on his pay day. To return in four weeks time. ASR
-	---
21/12/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander to clinic as arranged, alert and unintoxicated. Reports that following being under the influence of alcohol on Sunday he self harmed. He phoned samaratins who contacted the police and he was taken to hospital. They dressed his wound and he was able to go home. He is due to see Dr Pun on 30 December 2016, encouraged him to attend this appt. ASR
-	---
23/11/2016	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen
	Urine methadone
	Urine creatinine
	Urine cocaine metabolite screen
	Urine benzodiazepine positive for benzo only (SP)
	Urine amphetamine screening test
-	---
23/11/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	denies alcohol use but ongoing use of cannabis and street valium declared, reports good compliance with olanzepine, keen for sleeping tabs, agreed on trial of Trazadone, due to see psych in a month time, urine sent for testing
Medication	Trazodone Hydrochloride Capsules 50 mg *28 capsule ONE CAPSULE AT NIGHT TIME WEEKLY DISPENSE*
Test Request	Urine Drugs of abuse screen routine - *Completed*
-	---
23/11/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
History	Shared care prescribing
Social	Drug user
	Abs drug mis on mainten replac
History	Drug add maint ther buprenorph
Social	Seen by general practitioner

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28/10/2016	Dr Saied Pourghazi at prescription request
History	Alex is going into hospital for his hernia operation next Friday 4.11.16. He is requesting Sat and Sun take away on the Friday. He will be in overnight and is not sure if he will get out in time to go to chemist on the Saturday.
Comment	see above message from addiction worker who saw alex earlier this week, phoned chemist and will issue a reprint of same script with added info to allow take away as above
29/10/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander seen as arranged, alert and unintoxciated. Reports no alcohol or drug use since last seen. Also has a date to go into the hospital for hernia operation on 4.11.16 so will require some take away of his medication - sat and sun away on Friday. He is hoping to be out of hospital on Sturday, but unsure of time and if he will make to chemist. Will speak to Dr Pourghazi for him. To return in four weeks time. ASR
05/10/2016	Dr Fiona Gregor at General Practice Surgery
Result	Liver function test normal- no action required (FG) Urea and electrolytes normal- no action required (FG) Bone profile normal- no action required (FG)
05/10/2016 10:55	Dr Fiona Gregor at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Cramp**
History	Getting cramps in his hands, feet and abdo. Happening for the last couple of years but worse recently. Almost called an ambulance last night. Not associated with anything. Says diet is poor. On suboxone and started when changed to this from methadone. Smokes cannabis but denies any other drugs currently, says not using street diazepam.
Examination	Abdo: large incisional hernia, SNT, no masses, BS active
Comment	Check bloods. Review with results.
Test Request	Bone Profile - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Full Blood Count - *Completed*
28/09/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by general practitioner Seen by social worker
28/09/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander seen as arranged, reports to have been using a lot of street diazepam over the last couple of weeks - around 180 over 3 - 4 days. Reports last used yesteray and looked like he was still slightly under the influence. Discussion with myself and Dr Pourghazi re reducing his buprenorphine. Feels that he really wants to reduce a little. Discussed how things not bene great with regard to him using drugs, although not heroin, his mental health still not great and inlight of this perhaps not the right time to start reducing his buprenorphine. Alexander accepts this and said he would think about it over the next four weeks. Flu jag also given. To return in four weeks time. ASR
Additional	Seasonal influenza vaccination (Left arm) Nasal Flu given Nasal HF2254 exp 14/12/16 **(GMS)**
31/08/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by general practitioner Seen by social worker
31/08/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended as arranged. Has a date for admission to hospital for hernia operation next Friday. Dr Pourghazi okayed take away of his buprenorphine on Thursday for Fri Sat & Sun. Alexander requesting his dose is cut to 8 mg at next appt. Dr Pourghazi spoke to hi about this, and that he has not been 100 stable, used some valium in last few weeks and also bingeing on alcohol. However, Alexander was adamant that he was stable enough, to return in four weeks time. ASR
03/08/2016	Dr Laniyi Ogunsanya at General Practice Surgery
Result	Urine opiates screen normal- no action required (LO) Urine methadone normal- no action required (LO) Urine creatinine Action taken (LO) Urine cocaine metabolite screen normal- no action required (LO) Urine benzodiazepine normal- no action required (LO)

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	Urine amphetamine screening test normal- no action required (LO)
-	---
03/08/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander seen as arranged, alert & unintoxciated. Reports no drug use since last seen and once incidenc of drinking at the weekend, where he drunk to excess on Saturday - around 15 pints and then 3 cans on Sunday. Said no plans to drink again, but does like occasional drink. Would like to reduce buprehnorphine at next appt. Advises that on a Sunday whne he has his take away he only uses 8 mg and gives the other 4 mg back to the chemist. Feels 8 mg is enough to hold him. Will discuss with Dr Pourghazi. To return in four weeks time. ASR
-	---
06/07/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	has stopped alcohol, still taking valium and smoking cannabis, tried to obtain urine and alex was happy with another patient using toilet so postponed to next week, speech a little slurred today but otherwise appearing well, given letter from docman and advised him to update his mobile phone number with reception
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms *56 TABLET 2 TABS DAILY TOTAL DOSE OF 12MG SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT* Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 TABLET ONE TABLET DAILY 12MG DAILY DOSE SUPERVISED ON THE DAYS SUPPLIED SUPPLY ONE TAB MON TO FRI 2 TABS ON SAT* Olanzapine Tablets 15 mg *28 TABLET 1 TAB AT NIGHT WEEKLY DISPENSE*
-	---
06/07/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Social History	Drug user Shared care prescribing
Social	Seen by general practitioner
-	---
10/06/2016	Dr Laniyi Ogunsanya at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Cellulitis and abscess NOS**
History	Fell down stairs by grazing his left leg on the steps. Pain and swelling in the left thigh. Mobilising well. No bony tenderness.
Examination	Erythematous swelling in the left thight on the lateral aspect. Slight excoriation of the skin.
Comment	Trteat as below. Safety net advice. RINS
Medication	Fluclоxacillin Capsules 500 mg *28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY*
-	
Problem (FIRST)	**[V]Family history of myocardial infarction**
History	Mum at 71 , brother at 47 had MI. Hasa had blood tests fo rthis all normal. No chest pain. Been drinking heavily up to 12cabs of Larger/day, now down to 6. Made an appointment at the DJH an dkeen on stopping.
Comment	Encouraged on stopping alcohol as this increases his ris kof CVS Disease. Safety net advice. Review after DJH .
-	---
06/06/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
-	---
08/06/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended today. Looked much better. Reports that he has self referred to Leven Addiction Service for alcohol detox, howevr, he stated today that he ight not need this as he has begun to detox himself. Reports that he has reduced to 4 cans Carling Lager 4%. He advised that he has done this slowly and has not really experienced any withdrawal symptoms. He reports to be using some cannabis to help him sleep. to return in four weeks time. ASR
-	---
11/05/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
-	---
11/05/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended today, smelt of alcohol. Reports no drug use, but is drinking most days, he states around 6 cans of Carling Lager , and depending on finances he may also drink Aftershock. Advised he does not want to stop drinking and is not currently relief drinking. To return in four weeks time. ASR

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22/04/2016	Dr Saied Pourghazi at Dosman
Problem (NEW)	**DNA hospital appointment**
History	see letter from general surgical clinic
13/04/2016	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen opiate , benzo and meth negative (SP) Urine methadone Urine creatinine Urine cocaine metabolite screen Urine benzodiazepine Urine amphetamine screening test
13/04/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	drinking around 100 to 140 units of alcohol each week. offered to refer to the alcohol clinci but declined the offer, claims no other drugs including cannabis and street diazepam, urine sample sent today. for reivew in 4 weeks time
Medication	Olanzapine Tablets 15 mg *28 TABLET 1 TAB AT NIGHT WEEKLY DISPENSE* Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 TABLET ONE TABLET DAILY 12MG DAILY DOSE SUPERVISED ON THE DAYS SUPPLIED SUPPLY ONE TAB MON TO FRI 2 TABS ON SAT* Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms *56 TABLET 2 TABS DAILY TOTAL DOSE OF 12MG SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT*
Test Request	Urine Drugs of abuse screen routine - *Completed*
07/04/2016	Dr Saied Pourghazi at message
History	see letter from Dr Puri, reported to be using Valium and also drinking alcohol possibly, will discuss with him at the next appointment
17/03/2016	Mrs Gillian Bonar at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Infection toe** sore
Comment	small toe rt foot. He thinks he had a blister there from hillwalking- toe looks red inside looks infected. treat and advised re cleaning.
Medication	Flucloxacillin Capsules 500 mg *28 capsule ONE TO BE TAKEN FOUR TIMES A DAY*
15/03/2016	Mrs Jackie Low at Levenside Medical Practice,Dumbarton Health Centre
Comment	seen today for bloods for heart rv, th CHD, unable to take bloods last time, looked under the influence of something, denied drug use, did not smell of alcohol, has been decorating at home, hands /arms covered in paint jl
Test Request	Glucose - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Thyroid function tests - *Completed*, Full Blood Count - *Completed*
09/03/2016	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen Urine methadone Urine creatinine Urine cocaine metabolite screen Urine benzodiazepine positive benzo, negative methadone, negative opiates (SP) Urine amphetamine screening test
09/03/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by general practitioner Seen by social worker
09/03/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander seen today with Dr Pourghazi. He denied any drug use today, but appeared under the influence of something. Advised that he has been using street valium. Was asking for zopiclone today, Dr Pourghazi refused this. Alexander saying that he is seeing psychiatrist and is being allocated a CPN. He advised that he has stopped using alcohol and cannabis. Spoke to him about his valium use and he recognised that when using these, his behaviour changes and his sleep pattern will be disturbed. Agreed to an increase in his suboxone to 12 mg to see if that would stabilise his. To return in 5 weeks time.

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09/03/2016	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	has been drinking and also taken street valium. recently relationship with partner broke and that seems to have affected him. asking for zopiclone which I declined to issue given that speech slurred and clearly affected today and also openly declares using street valium, after some persuasion agrees to increase the dose of his Suboxone. for review in a month time
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *35 tablet ONE TABLET DAILY 12MG DAILY DOSE SUPERVISED ON THE DAYS SUPPLIED SUPPLY ONE TAB MON TO FRI 2 TABS ON SAT*
	Suboxone Sublingual tablets 2 mg/500 micrograms *70 tablet 2 TABS DAILY TOTAL DOSE OF 14MG DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT*
	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms *70 tablet 2 TABS DAILY TOTAL DOSE OF 12MG SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT*
-	---
25/02/2016	Mrs Jackie Low at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Asthma**
Examination	Peak flow rate before bronchodilation, 380 litres/min
Social	Rolls own cigarettes, 2 oz/wk
Comment	Asthma monitoring check done , using mums inhalers of late, did not collect inhalers, chest quite wheezy today, declined oral pred, psych appt tomorrow, self harming, hearing voices.jl
Medication	Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose 2 *INHALER ONE OR TWO DOSES TO BE INHALED TWICE DAILY*
	Salbutamol Cfc-free inhaler 100 micrograms/puff 2 *INHALER 2 PUFFS TAKE AS REQUIRED*
Follow up	(diary entry deleted) (Not Known)
	Asthma annual review (25/02/2017)
Additional	Smoking cessation advice
	Asthma management plan given
	Asthma medication review
	Asthma annual review
	Asthma accident and emergency attendance since last visit, 0
-	---
11/02/2016	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
History	see below- mood low . He initially said he had an appt with psyche for tomorrow having missed the one on 5.2.17- said he didn't have transport for it. I said to keep that appt and let them direct how to manage things. Pt agreed and left. Then he came back and said that it wasn't tomorrow- he is going to to get in touch with psyche dept and see when next appt is and if not happening I said to let us know and we can see what we could do to help (like re-refer?). Agreed
-	---
10/02/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	alexander seen as arranged. Reported cut his cannabis use down dramaticlaly, smoking one joint per day. Says problems sleeping, wanting sleeping tablets, spoke about this and how not always the answer. He will monitor situation. Also spoke about self harming, undertook to send out some info to him. Has missed appt with Dr Pun Cons Psychiatrist, will arrange another appt. To return in four weeks time. ASR
-	---
13/01/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
-	---
13/01/2016	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander seen as arranged. Looked alert and unintoxciated. Reports no heroin use, but did use 40 blue street valium over Christmas, all at once. Advised did not like the feeling these gave him and did not intend doing again. Also reports once cannabis debt is paid on Friday he is not going to buy any more as fed up having no money. Would like to reduce his Buprenorphine at next appt. Also would like to ask about getting take away. Advised we wouldneed clean urines before this could be discussed or considered fully. To return in four weeks time. ASRE
-	---
15/12/2015	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Comment	unable to bleed
Test Request	Liver Function Tests - *Completed.* Lipid profile (inc. HDL) - *Completed*
-	---

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11/12/2015	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**FH: Ischaemic heart dis. <60 (Brother)**
History	mother had IHD, brother MI died, sister has 'heart problems'. He was concerned about his heart. Smokes and I was clear this was the single thing that he should address. I likened it to worrying about smouldering embers in the corner of a bedroom but at the same time pouring petrol on it- he got the point.
Examination	O/E - blood pressure reading Blood pressure reading 126/76 mm Hg
Family History	[V]Family history of ischaemic heart disease (IHD) (Mother) - and brother
Social	Rolls own cigarettes, 50 oz/wk
Comment	Suggest bloods for TC- as below and review with nurse for ASSIGN score and assessment
Test Request	Liver Function Tests - *Requested*, Lipid profile (inc. HDL) - *Requested*
Additional	Smoking cessation advice
History	knows to come for asthma review
02/12/2015	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
02/12/2015	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended clinic as arranged. Looked well, appeared alert and unintoxicated. Advised that the zopiclone tablets helped, however, he has started using cannabis again at the same level as he was previously. This is costing him about £50 per week and recognises that he needs to try and address this. To return in 6 weeks. ASR
04/11/2015	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by general practitioner Seen by social worker
04/11/2015	Miss Addictions Nurse at Levenside Medical Practice,Dumbarton Health Centre
Comment	Alexander attended today, appeared alert and unintoxicated. Hepatitis questionnaire completed. Asking to reduce his suboxone but following discussion decided to leave at current level and review in 6 months. Flu jag given today. Alexander also asking for sleeping tablet zopiclone as he is having problems sleeping following stopping cannabis use, Dr Pourghazi agreed to short term prescription. To return in four weeks. Audrey Scott-Roberts
Problem (FIRST)	**Polypharmacy medication review** Polypharmacy LES
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
KIS	Key information summary, special note added Patient on Suboxone, in shared care and stable, well controlled asthma, has an abdominal incisional hernia and awaiting to see the surgeons for review of this. Currently trying to lose weight to improve operative risk
Additional	Send key information summary (KIS) upload Consent for key information summary upload Has anticipatory care plan
04/11/2015	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**C/O - insomnia**
History	Influenza vaccination
Comment	seen along with addiction worker in the clinic, has stopped cananbist and struggling with sleep and agitation, asking for zopiclone which I agreed to issue, appears well, flu vaccine given
Additional	Seasonal influenza vaccination (Right arm) Sanofi pasteur -BN M81S7-1 exp 04/16 **(GMS)**
07/10/2015	Dr Saied Pourghazi at prescription request
Problem (FIRST)	**Toothache**
History	requensting analgesia for post extraction pain
Medication	Ibuprofen Tablets 400 mg *42 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD*
07/10/2015	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
07/10/2015	Dr A Locum1 at Levenside Medical Practice,Dumbarton Health Centre
	Audrey Scott-Roberts. Alexander attended clinic today. Looked alert and

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Comment	unintoxicated, reports no drug use except cannabis, which he states he has reduced from £120 per fortnight to £50 per fortnight. Aims to reduce further. Advised had 5 teeth extracted and is in pain. Wondering if Dr Pourghazi could prescribe and/or suggest something he could take to help. is considering a reduction in his Buprenorphine, but will think about this over the next four weeks. To return again in four weeks time.
-	---
06/10/2015	Dr Saied Pourghazi at message
Problem (FIRST)	**DNA hospital appointment**
History	endoscopy appointment
-	"""
01/10/2015	Mr Doc Man at Docman
Additional	Letter encounter Clinical Letter Vale of Leven Hospital Gastroscopy
-	"""
16/09/2015	Mrs Gillian Bonar at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Asthma**
Examination	Peak flow rate before bronchodilation, 350 litres/min
Comment	Says using clenil 2 puffs qid and b2 up to 11 times a day. no obvious breathlessness /wheeze today. pefr 350l/min. still smoking 15 roll ups and cut cannabis from 150 to 50 /week he says. Going to try stopping this. Partner in being detoxed at present. try change to fostair and review 3-4 weeks. explained again re stopping smoking.
Medication	Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose *1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY* Salbutamol Cfc-free inhaler 100 micrograms/puff *2 inhaler 2 PUFFS TAKE AS REQUIRED*
Follow up	(diary entry deleted) (Not Known)
-	"""
09/09/2015	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (NEW)	**Acid reflux**
History	seen in the addiction clinic, number of physical issues discussed, asking for Ranitidine, expolained being withdrawn and advised to take PPI. has long term dyspepsia and acid reflux and needs this on a daily basis just now.
Examination	O/E - height, 177 cm O/E - weight, 93 Kg Body Mass Index, 29.68
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule ONE TO BE TAKEN EACH DAY*
-	
Problem (REVIEW)	**Asthma**
History	Heavy smoker - 20-39 cigs/day he asked for a cough bottle, feels wheezy and also chest is wheezy throughout, advsied agasint cough bottle, advice on cannabis and smoking given, using he steroid inhaler up to 6 puffs daily just now, to see practice nurse for review of inhalors please
Comment	also asked for me to write to Mr Renwick letting him know that he has lost weight and keen to have repair of his incisinal hernia
-	---
09/09/2015	Dr A Locum1 at Levenside Medical Practice,Dumbarton Health Centre
Social	Seen by social worker
-	---
09/09/2015	Dr A Locum1 at Levenside Medical Practice,Dumbarton Health Centre
Comment	Audrey Scott-Roberts, Alexander attended clinic. Looked well and reported no recent drug use. Reports Buprenorphine dose is fine. Also saw Dr Pourghazi - to make appt for asthma review and Dr Pourghazi undertook to contact Dr Renwick for follow up re hernia. To return in four weeks.
-	"""
09/09/2015	Dr Saied Pourghazi at message
Problem (REVIEW)	**Drug addiction therapy**
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms *84 tablet 3 TABS DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 3 TABS MON TO FRI 6 TABS ON SATURDAYS*
-	---
07/09/2015	Dr Katie Mitchell at prescription request
History	SR for ranitidine. Not issued, as had HP erradication. needs apt to discuss
-	---
30/07/2015	Mrs Gillian Bonar at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Asthma**
Examination	Peak flow rate before bronchodilation, 540 litres/min

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Comment	using clenil 2 puffs bd and b2 up to 11 times a day. says he uses this to stop him getting breathless though sounds as though he does not get very breathless. Does not take b2 out with him. Increase clenil and advised to cut se of b2. review 2 months.
Medication	Clenil Modulite Cfc-free inhaler 200 micrograms/actuation *2 inhaler 2 PUFFS TWICE DAILY*
Follow up	(diary entry deleted) (Not Known)

03/07/2015	Dr Katie Mitchell at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Stool helicobacter antigen test**
History	Was at hospital yesterday for USS, awaiting result. Came today to discuss HP result. States feeliung better already on PPI. Agree to Rx as below. Then can stop PPI. Is symptoms not completely resolved within 4 weeks, then needs review. Patoent happy with plan
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *14 capsule 1 CAP TWICE DAILY*
	Amoxicillin Capsules 500 mg *21 capsule ONE TO BE TAKEN THREE TIMES A DAY*
	Metronidazole Tablets 400 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY*

02/07/2015	Mrs Jackie Low at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Asthma**
Comment	Asthma monitoring check done , well today, still using lots of B2 , trial of ICS for 1/12 then rv .jl
Medication	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation *1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY*
	Salbutamol Cfc-free inhaler 100 micrograms/puff *2 inhaler 2 PUFFS TAKE AS REQUIRED*

02/07/2015	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Comment	blood from l arm.jl
Test Request	Amylase - *Completed*, TTG (IgA) / Coeliac screen - *Completed*

24/06/2015	Dr Katie Mitchell at Docman
Problem (FIRST)	**Stool helicobacter antigen test**
History	Positive. Needs telephone apt to discuss please. then Rx

22/06/2015	Mrs Gillian Bonar at Levenside Medical Practice,Dumbarton Health Centre
Medication	Salbutamol Cfc-free inhaler 100 micrograms/puff *2 inhaler 2 PUFFS TAKE AS REQUIRED*

19/06/2015	Mrs Jackie Low at Levenside Medical Practice,Dumbarton Health Centre
Comment	UNable to get bloods.jl

18/06/2015	Mrs Jackie Low at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Asthma**
Examination	Blood pressure reading 120/70 mm Hg
	Ideal Weight, 72.71 Kg
	O/E - height, 177.8 cm
	O/E - weight, 104.75 Kg
	Body Mass Index, 33.14
	Peak flow rate before bronchodilation, 530 litres/min
Social	Alcohol consumption, 0 units/week
	Rolls own cigarettes, 50 g/week
	Takes inadequate exercise
Comment	Asthma monitoring check done , reversibility of 23% efv1 (ASTHMA) has b2 but technique poor, discussed today, rv again in 2/52, ??? add in ICS, unable to get bloods today.jl
Follow up	(diary entry deleted) (Not Known)
	(diary entry deleted) (Not Known)
Test Request	Amylase - *Completed*, TTG (IgA) / Coeliac screen - *Completed*
Additional	Health ed. - alcohol
	Health ed. - diet
	Health ed. - exercise
	Not using inhaled steroids
	Inhaler technique - poor
	Asthma disturbing sleep
	Asthma limiting activities
	Asthma causes daytime symptoms most days

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	Bronchodilators used more than once daily
	Smoking cessation advice
	Asthma management plan given
	Asthma medication review
	Asthma annual review
	Asthma accident and emergency attendance since last visit, 0
	Positive reversibility test to salbutamol
-	---
10/06/2015	Dr Katie Mitchell at Levenside Medical Practice,Dumbarton Health Centre
Problem (NEW)	**Diarrhoea & vomiting, symptom**
History	No better. Still vomiting every day with diarrhoea and urgency linked to bowel motion. Weight stable. Wonders if suboxone or incisional hernia causing this. Ranitidine ahs not helped
Examination	O/E - weight 105 Kg
Comment	See bloods and stool for MC&S normal. For HP stool and AUSS. Referred general surgeons for opinion re hernia. ?contributing to symptoms
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *28 capsule ONE TO BE TAKEN EACH DAY*
Comment	EMIS attachment reference code AUSS.doc AUSS
Test Request	Helicobacter Faecal Antigen (Clyde) - *Completed*
-	
Problem (NEW)	**Wheezing**
History	CXR normal. States had spirometry last year. See *FVC/FEV1* 72% and FEV 59% with significant reviersibility. Is this a diagnosis of both COPD and asthma. Discussed with Gillian. For repeat spirometry and reversibility. Please also do blood for TTG and amylase at this apt
Test Request	Amylase - *Requested*, TTG (IgA) / Coeliac screen - *Requested*
-	---
03/06/2015	Dr Katie Mitchell at message
Additional	Medication review done
-	---
22/05/2015	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Comment	Bloods as req left arm.
-	---
01/05/2015	Dr Katie Mitchell at Levenside Medical Practice,Dumbarton Health Centre
Problem (NEW)	**Diarrhoea & vomiting, symptom**
History	11 months of 1 vomit in the morning, and diarrhoea at 8AM every morning. Thinks it started when he started suboxone. Some weight loss, unintentional. No dysphagia. No blood in stool. No fevers, no foreign travel. Admits to binge drinking once per week. no illicit drug use in 2 years or so
Examination	O/E - weight 105 Kg Temp 36.1, HR 88. Abdo soft, soft incisional herni present. Tender RUQ.
Comment	?Linked to suboxone. But sore over liver edge. For below bloods. Stool for HP and infection. AUSS and review with results
Test Request	Helicobacter Faecal Antigen (Clyde) - *Completed*, Faeces (C&S) - *Completed*, Glucose - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Liver Function Tests - *Requested*, Thyroid function tests - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*
-	
Problem (FIRST)	**Wheezing**
History	3 years of chest tighhtness and wheeze, worse on exersion. Smoker. No haemoptyisis.
Examination	Chest clear today. Sats 97%, HR 88 bpm. Plan - ?COPD. Spirometry and CXR. Review with results
Comment	EMIS attachment reference code CXR.doc CXR
-	---
29/01/2015	Dr Peter Hodgins at prescription request
History	Req for ranitidine.
Medication	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
-	---
22/12/2014	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Additional	Smoking cessation advice
-	---
22/12/2014	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**[D]Abdominal cramps**
History	gets these coming onto him - has an abdominal surgical hernia and thinks this is part of the problem - can get cramps when pushing in the toilet but at other times too.
Examination	surgical scar seen and hernia apparent- abdo soft and non tender

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Comment	try the below and review if not helping
Medication	Hyoscine Butylbromide Tablets 10 mg *56 tablet 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY*
Problem (NEW)	**Shortness of breath**
History	More of the same-- says inhalers helped but not enough. Issued more and add clenil to see if this helps from here
Examination	comfortable at rest and no wheeze heard
Medication	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation *1 inhaler TWO PUFFS TO BE INHALED TWICE A DAY* Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
12/12/2014	Dr Saied Pourghazi at Telephone Consultation
Problem (FIRST)	**Diarrhoea & vomiting, symptom**
History	in appointment pool, Alex says his neighour was the one who phoned and he does not wish to see a doctor today, had diarrhoea earlier in the week, no longer has diarrhoea, vomiting started about the same time and not better, not able to keep solids down, also could and dyspnoea on effort, high temp also noted, offered an emergency appointment but he feels does not need to see a doctor and this is going to get better, advised to phone back and request an emergency appointment should he change his mind, otherwise worsening advice also given, he seemed happy with the advice offered
09/12/2014	Dr Peter Hodgins at prescription request
Problem (FIRST)	**Shortness of breath symptom**
History	Req for salbutmol inhaler.
Medication	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
31/10/2014	Dr Peter Hodgins at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 31/10/2014 - 30/11/2014)
History	Still managing to abstain from alcohol. Feeling better. Requesting new fit note.
Medication	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY* Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Problem (FIRST)	**Shortness of breath**
History	see results of spirometry on docman. Discharge of clinic notes awaited. Symptoms resolved at present. Inhaler given but to return for review in 2/52 to check progress.
02/10/2014	Dr B Locum2 at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	stopped drinking, f/u in Nov, already feeling better, needs Med3 AND MEDS
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol and mental health issues; Duration: 01/10/2014 - 01/11/2014)
01/09/2014	Dr Peter Hodgins at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	Looking for sick line. Due to see psychiatrist this afternoon. Otherwise well. States has not drank alcohol in over a wek. Prefering living in Dumbarton to Paisley.
Comment	Sick line issued. Required repeats of regular medications..
Medication	Olanzapine Tablets 15 mg *28 tablet 1 TAB AT NIGHT WEEKLY DISPENSE* Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Alcohol and mental health issues; Duration: 01/09/2014 - 01/10/2014)
22/08/2014	Dr A Locum1 at Levenside Medical Practice,Dumbarton Health Centre
History	c/o SOB, says out of prison, has done little physical work there, feels health downhill, soboe- walking uphill, Lt side tightening, not sure if chest pain on exertion as such, few times a week, no cough, no phlegm, wheezy when lying down,
Examination	O/E - BP reading , HS pure, no ankle swelling, overweight, , Blood pressure reading 131/92 mm Hg O/E - pulse rate 77 beats/minute , O/E - pulse rhythm regular

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Family History	brother MI in his 40s
Social	Light smoker - 1-9 cigs/day rollups, off alcohol now,
Comment	EMIS attachment reference code cxr card.doc cxr card
	EMIS attachment reference code Spirometry.doc Spirometry
Result	CXR, chest pain clinic, spirometry, bloods (to book w nurse -chol, Glu, FBC, UEs, LFTS, TFTs) // imp: likley obesity+ smoking, but has FH , hence referral, worsening statement given
Additional	EMIS attachment reference code letter to patient
-	---
13/08/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	doing ok, continues to binge drink when he is paid, thi sis about once a fortnight and says drnks "until he gets drunk", feels isolated etc, given the drinking issue agreed to refer back to the joint hospital to see if with more support some stability can be achieved
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
-	---
08/08/2014	Dr Saied Pourghazi at message
History	see psych report, reportedly continues to drinkalc and mentally not stable, hey have suggested referral to the alcohol team, will discuss with him at the next visit , certaily the last urine test was clear from benzo and other illicit drugs
-	---
04/08/2014	Dr Lesley Ann Somerville at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	Here for line. Wondering why initial line was for mental health issues and subsequent line was for drug issues. Advised both correct so wrote both diagnosis on this line.
Comment	Prev on ranitidine and finds more effective than PPI
Medication	Ranitidine Tablets 150 mg *60 tablet ONE TO BE TAKEN TWICE A DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Mental health issues and previous drug dependence; Duration: 04/08/2014 - 01/09/2014)
-	---
22/07/2014	Dr Fergus MacLean at prescription request
History	sec care psyche seek zopiclone 7.5mg for 2 weeks only
Medication	Zopiclone Tablets 7.5 mg *14 tablet ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS ONLY*
-	---
16/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Social	Abs drug mis on mainten replac
History	Drug add maint ther buprenorph
	Shared care prescribing
Social	Seen by general practitioner
	Seen by nurse practitioner
-	---
16/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
History	all appearsa well, no drug use declared, feels bored and wishes to get involved more in church etc, we talked about the conersation cafe taking place in dumbarton just now, encouraged to contact them. for review in a month time, also I will write to low moss prison with info on his hep c testing
Additional	EMIS attachment reference code Letter to Low Moss Prison
-	---
04/07/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	here for sickline and script for olanzapine, appears well and confident in himself today, says having problem with paranoia still, normal speech and well kempt though casually dressed, good eye contact and normal mood today,
Medication	Olanzapine Tablets 15 mg *28 tablet 1 TAB AT NIGHT WEEKLY DISPENSE*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Drug addiction therapy; Duration: 04/07/2014 - 04/08/2014)
-	---
18/06/2014	Dr Saied Pourghazi at General Practice Surgery
Result	Urine opiates screen neg (SP)

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	Urine methadone neg (SP)
	Urine creatinine
	Urine cocaine metabolite screen neg (SP)
	Urine benzodiazepine neg (SP)
	Urine amphetamine screening test neg (SP)
-	---
18/06/2014	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Problem (REVIEW)	**Drug addiction therapy**
History	reports being liberated from low moss prison after spending 2 years for house breaking 2 weeks ago, supported by prison throughcare, now settled in bellsmyre from renfrew (RDS) urinalysis obtained Alex reports being illicit drug free. SMr completed see back in 4 weeks. Mal Ferguson and Dr Pourghazi.
-	---
18/06/2014	Mrs Karen Kier at Levenside Medical Practice,Dumbarton Health Centre
Social	Abs drug mis on mainten replac
History	Drug add maint ther buprenorph
Social	Initial substance misuse asses
History	Shared care prescribing
Social	Seen by general practitioner
	Seen by nurse practitioner
	House rented from council
	Lost custody of children
	Lost custody of children
	Child lives with parent
	Unemployed
History	Booster combined hep A&B vacc n
	Hepatitis C screen not offered
-	---
18/06/2014	Dr Saied Pourghazi at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Drug addiction therapy** bellsmyre pharmacy Dumbarton Suboxone 788818
Medication	Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg *28 tablet 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT*
-	---
Problem (FIRST)	**Acid reflux**
History	on long term acid suppression treatment, asking for script for this
Medication	Lansoprazole Capsules (Gastro-Resistant) 15 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*
-	---
06/06/2014	Dr Fergus MacLean at message
History	nefopam is non formulary and an unusual medicine to use- will need review from here.
-	---
05/06/2014	Dr Fergus MacLean at Levenside Medical Practice,Dumbarton Health Centre
Problem (FIRST)	**Attended new patient screen**
History	Just released from Prison. See letter from liason forensic psyche. Helpful in giving some back ground. Kempt and lucid etc.
Examination	Blood pressure reading 130/92 mm Hg
	O/E - height, 182 cm
	O/E - weight, 115 Kg
	Body Mass Index, 34.72
	Ideal Weight, 76.19 Kg
Social	Alcohol consumption, 0 units/week
	Rolls own cigarettes, 36.6 g/week
Comment	Needs fit note he said. Meds added as they are. Is on suboxone- seeing service for this tomorrow he said. Not on prison discharge letter. I said to have the paisley service let us know if changes needed and he is seeking to have his care transferred to the DJH etc.
-	---
Problem (FIRST)	**On severe mental illness register**
History	See psyche letter. Psychotic episode. Thus on olanzapine. Will need CMHT follow up from here. First fit note issue failed - hence duplicate issued as below
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: Major Mental Health Issues; Duration: 05/06/2014 - 07/07/2014)

Medication

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Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/06/2014	**Nefopam Hydrochloride Tablets 30 mg** ONE TABLET 3 TIMES DAILY WEEKLY DISPENSE 90 tablet	Not Issued	Dr Fergus MacLean	ACUTE
05/06/2014	**Alverine Citrate Capsules 60 mg** 1 Cap 3 times daily 84 capsule	Not Issued	Dr Fergus MacLean	ACUTE
22/05/2017	**Olanzapine Tablets 5 mg** 1 TAB AT NIGHT WEEKLY DISPENSE 28 tablet	27/07/2017P	Dr Fiona Maxwell	REPEAT
21/04/2017	**Methadone 1 Mg/Ml Oral solution** 40ML DAILY PRESCRIBED BY DJH THIS IS FOR INFO ONLY DO NOT DISPENSE 1 ml	Not Issued	Dr Saied Pourghazi	REPEAT
09/02/2017	**Thiamine Hydrochloride Tablets 100 mg** ONE TABLET TDS WEEKLY DISPENSE 84 tablet	02/06/2017P	Dr Saied Pourghazi	REPEAT
25/02/2016	**Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose** ONE OR TWO DOSES TO BE INHALED TWICE DAILY 2 INHALER	03/04/2017P	Dr Fergus MacLean	REPEAT
09/09/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	28/11/2016P	Dr Fergus MacLean	REPEAT
22/06/2015	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 PUFFS TAKE AS REQUIRED 2 INHALER	21/04/2017P	Dr Saied Pourghazi	REPEAT

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
02/06/2017	**Promethazine Hydrochloride Tablets 25 mg** ONE TABLET AT NIGHT TIME 7 tablet	02/06/2017P	Dr Saied Pourghazi	ACUTE
22/05/2017	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 7 tablet	22/05/2017P	Dr Fergus MacLean	ACUTE
02/05/2017	**Flucloxacillin Capsules 250 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 capsule	02/05/2017P	Dr Parvinder Dhillon	ACUTE
02/05/2017	**Mirtazapine Tablets 15 mg** 1 TAB AT NIGHT (ISSUE DAILY) 28 tablet	02/05/2017P	Dr Parvinder Dhillon	ACUTE
01/03/2017	**Clotrimazole Cream 1 %** APPLY TWO TO THREE TIMES DAILY 20 gram	01/03/2017P	Dr Saied Pourghazi	ACUTE
23/11/2016	**Trazodone Hydrochloride Capsules 50 mg** ONE CAPSULE AT NIGHT TIME WEEKLY DISPENSE 28 capsule	23/11/2016P	Dr Saied Pourghazi	ACUTE
10/06/2016	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	10/06/2016P	Dr Fergus MacLean	ACUTE
17/03/2016	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 capsule	17/03/2016P	Mrs Gillian Bonar	ACUTE
04/11/2015	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT WEEKLY DISPENSE 14 tablet	04/11/2015P	Dr Saied Pourghazi	ACUTE
07/10/2015	**Ibuprofen Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD 42 TABLET	07/10/2015P	Dr Saied Pourghazi	ACUTE
16/09/2015	**Beclometasone And Formoterol Cfc-free inhaler 100 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	16/09/2015P	Mrs Gillian Bonar	ACUTE
07/09/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	18/05/2015P	Dr Katie Mitchell	ACUTE
30/07/2015	**Clenil Modulite Cfc-free inhaler 200 micrograms/actuation** 2 PUFFS TWICE DAILY 2 inhaler	30/07/2015P	Mrs Gillian Bonar	ACUTE
03/07/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 CAP TWICE DAILY 14 capsule	03/07/2015P	Dr Katie Mitchell	ACUTE
03/07/2015	**Amoxicillin Capsules 500 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 capsule	03/07/2015P	Dr Katie Mitchell	ACUTE
03/07/2015	**Metronidazole Tablets 400 mg** ONE TO BE TAKEN THREE TIMES A DAY 21 TABLET	03/07/2015P	Dr Katie Mitchell	ACUTE
02/07/2015	**Clenil Modulite Cfc-free inhaler 100 micrograms/actuation** TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	02/07/2015P	Dr Fergus MacLean	ACUTE
10/06/2015	**Omeprazole Capsules (Gastro-Resistant) 20 mg** ONE TO BE TAKEN EACH DAY 28 capsule	10/06/2015P	Dr Katie Mitchell	ACUTE
18/05/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	18/05/2015P	Dr Fergus MacLean	ACUTE
01/05/2015	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	01/05/2015P	Dr Katie Mitchell	ACUTE
26/03/2015	**Hyoscine Butylbromide Tablets 10 mg** 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY 56 tablet	26/03/2015P	Dr Fergus MacLean	ACUTE
26/03/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	26/03/2015P	Dr Fergus MacLean	ACUTE
29/01/2015	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	29/01/2015P	Dr Fergus MacLean	ACUTE
22/12/2014	**Clenil Modulite Cfc-free inhaler 100 micrograms/actuation** TWO PUFFS TO BE INHALED TWICE A DAY 1 inhaler	05/01/2015P	Dr Fergus MacLean	ACUTE

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22/12/2014	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	05/01/2015P	Dr Fergus MacLean	ACUTE
22/12/2014	**Hyoscine Butylbromide Tablets 10 mg** 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY 56 tablet	19/01/2015P	Dr Fergus MacLean	ACUTE
24/11/2014	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	29/12/2014P	Dr Fergus MacLean	ACUTE
31/10/2014	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	09/12/2014P	Dr Fergus MacLean	ACUTE
02/10/2014	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	31/10/2014P	Dr Fergus MacLean	ACUTE
04/08/2014	**Ranitidine Tablets 150 mg** ONE TO BE TAKEN TWICE A DAY 60 tablet	01/09/2014P	Dr Saied Pourghazi	ACUTE
22/07/2014	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT FOR 2 WEEKS ONLY 14 tablet	22/07/2014P	Dr Fergus MacLean	ACUTE
18/06/2014	**Lansoprazole Capsules (Gastro-Resistant) 15 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	18/06/2014P	Dr Saied Pourghazi	ACUTE
09/03/2016	**Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg** ONE TABLET DAILY 12MG DAILY DOSE SUPERVISED ON THE DAYS SUPPLIED SUPPLY ONE TAB MON TO FRI 2 TABS ON SAT 28 TABLET	01/03/2017P	Dr Saied Pourghazi	REPEAT
09/03/2016	**Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms** 2 TABS DAILY TOTAL DOSE OF 12MG SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 2 TABS MON TO FRI 4 TABS ON SAT 56 TABLET	01/03/2017P	Dr Saied Pourghazi	REPEAT
09/09/2015	**Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms** 3 TABS DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 3 TABS MON TO FRI 6 TABS ON SATURDAYS 105 TABLET	10/02/2016P	Dr Saied Pourghazi	REPEAT
18/06/2014	**Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg** 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT 1 TABLET	09/09/2014P	Dr Saied Pourghazi	REPEAT
05/08/2014	**Olanzapine Tablets 15 mg** 1 TAB AT NIGHT WEEKLY DISPENSE 28 TABLET	21/04/2017P	Dr Saied Pourghazi	REPEAT

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Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_337.pdf
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Pages:

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Receipted ✓

RECEIVED
10 OCT 2017

NHS Prison Healthcare Self Referral Form

NHS Greater Glasgow and Clyde

FULL NAME:	Alexander ORourke	**SPIN NUMBER:**	11932
Date of Birth:	4/12/1970	**Hall & Cell No:**	Aisla 4/33
Date of Request:	9/10/2017	**Lib Date:**	4/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (Including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

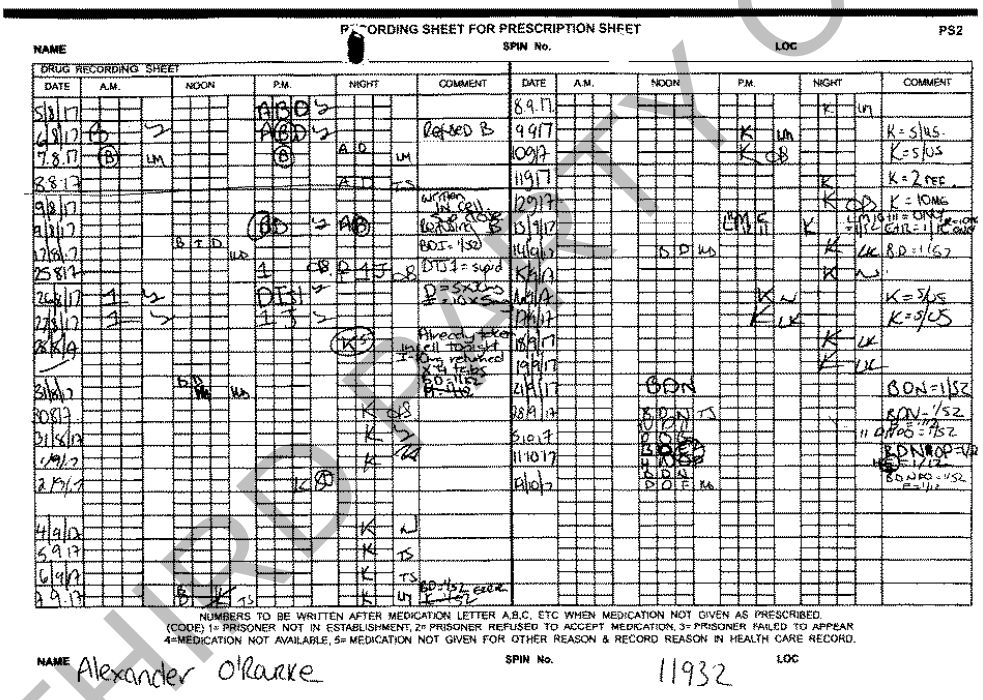
Can you list me for the NOT smoking group, as I want to chuck it as Im getting right out of breath going up the stairs, Ive cut myself down too 10 rollups a day from 20 odds. Thank Q

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT	
DATE RECEIVED: 10-10-17	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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03-July-2026 KAREN_13414
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Filename: iGPRDA_335.pdf
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PRESCRIBING AND RECORDING SHEET FOR PRESCRIPTION SHEET PS2

NAME [redacted] SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5/8/17			A B C		
6/8/17	B		A C D	A D	Refused B
7.8.17	B		B	A D	written in cell
8.8.17				A D	Written in cell
9/8/17			B	A D	Written in cell
9/8/17		B T D			BDI = 1/52
17/8/17			1	D	DTD1 = super
25/8/17			DTD1		D = 5x10mg
26/8/17	1		1		2 = 10x5mg
27/8/17	1		1		
28/8/17				K	Already taken all Today 1 10mg refused X4 Times BD alles B-Nil
30/8/17		B		K	
31/8/17				K	
1/9/17				K	
2/9/17				K	
4/9/17				K	
5/9/17				K	
6/9/17				K	
7/9/17		B		K	BD=1/52 Extra K=1/52

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8.9.17				K	
9/9/17			K	K	K = 5/105
10/9/17			K	K	K = 5/105
11/9/17				K	K = 2 FEE
12/9/17				K	K = 10MG
13/9/17			CMG	K	CMG = 1/52
14/9/17				K	
15/9/17				K	
16/9/17				K	
17/9/17				K	
18/9/17				K	
19/9/17				K	
20/9/17		BDN			BDN = 1/52
21/9/17		BDN			BDN = 1/52
22/9/17					
23/9/17					
24/9/17					
25/9/17					
26/9/17					
27/9/17					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME Alexander O'Rourke SPIN No. 11932 LOC

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Filename: iGPRDA_341.pdf
Extension:.tif
Pages:

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NHS Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

FULL NAME:	ALEX CROWDY	SPIN NUMBER:	11932
Date of Birth:	4/12/1970	Hall & Cell No:	A/LSA 4/33
Date of Request:	26/9/2017	Lib Date:	4/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (Including Podiatry, Optician BBV and sexual health for example)

Please give brief detail of reason for request:-

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

I want to start coming Down off my methadone

seen 3/10/17.

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT	
DATE RECEIVED: 29/9/17	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR:	DATE SEEN:

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Pages:



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Filename: iGPRDA_316.pdf
Extension:.tif
Pages:

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RECEIVED
12 MAR 2018
Ack ✓

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP
Health and Social Care Partnership

FULL NAME:	Alex O'Rourke	SPWS No:	11932
Date of Birth:	04/12/1970	Hall & Cell No:	HMSA 4-05
Date of Request:	9-3-2018	Lib Date:	4/4/2018

GENERAL REQUESTS FOR NURSE CLINIC (including Asthma, Diabetes)

Please give brief detail of reason for request:-

	DENTIST *Please complete a Dental Referral form*			**DISCHARGE MEDICATION** Please order 7 days before liberation date.	√ (Please Tick)
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick) ✓		**MENTAL HEALTH SERVICES** Please complete a Mental Health Referral Form	
				SMOKING CESSATION Can you please [illegible] made this group again Thank U	√ (Please Tick) ✓
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**WOUND DRESSINGS**	√ (Please Tick)

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

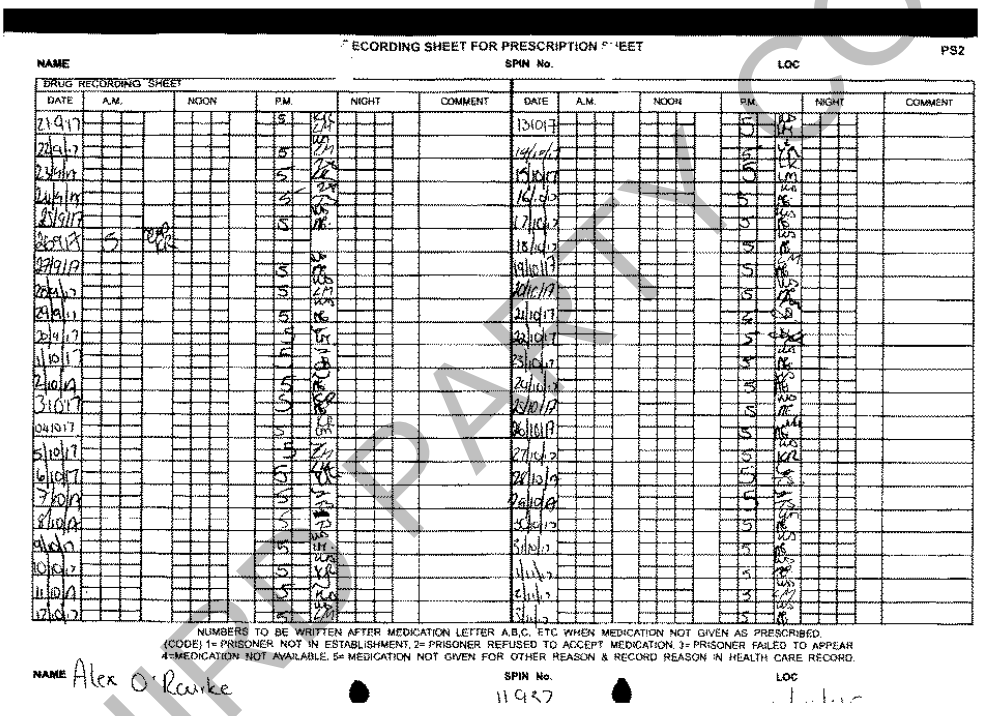
Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED: 10/3/18	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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[redacted]

RECORDING SHEET FOR PRESCRIPTION SHEET PS2

NAME SPIN No. LOC

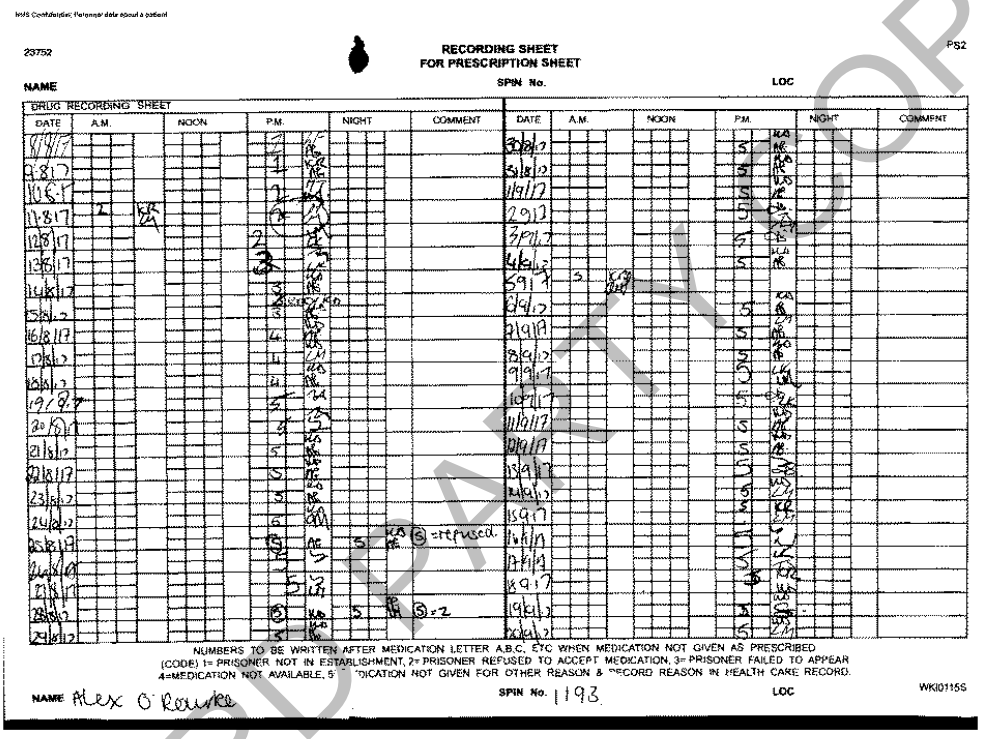
DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME Alex O'Rourke SPIN No. 11987 LOC

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23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/8/17					
2/8/17					
3/8/17					
4/8/17	2 KR				
5/8/17					
6/8/17					
7/8/17					
8/8/17					
9/8/17					
10/8/17					
11/8/17					
12/8/17					
13/8/17					
14/8/17					
15/8/17					
16/8/17					
17/8/17					
18/8/17					
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22/8/17					
23/8/17					
24/8/17					
25/8/17					
26/8/17					
27/8/17					
28/8/17					
29/8/17					
30/8/17					
31/8/17					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/9/17					
2/9/17					
3/9/17					
4/9/17					
5/9/17	5 KR				
6/9/17					
7/9/17					
8/9/17					
9/9/17					
10/9/17					
11/9/17					
12/9/17					
13/9/17					
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24/9/17					
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26/9/17					
27/9/17					
28/9/17					
29/9/17					
30/9/17					

5 KR ⑤=refused.

5 KR ⑤=2

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A.B.C. ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
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NAME Alex O'Rourke

SPIN No. 1193

LOC

WKI01155

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[redacted]

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME SPIN No. LOC

DRUG RECORDING SHEET

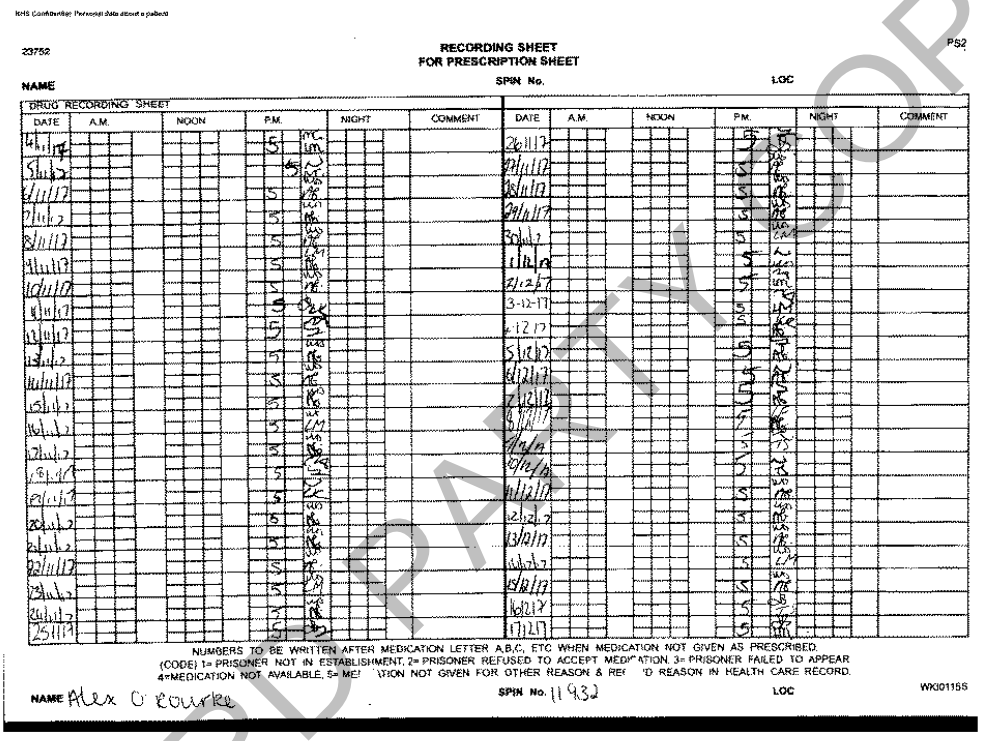
DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
18/12/17			6		
19/12/17			6		
20/12/17			6		
21/12/17			6		
22/12/17			6		
23/12/17			6		
24/12/17			22		
25/12/17			7		
26/12/17			7		
27/12/17			1		
28/12/17			7		
29/12/17			7		
30/12/17			7		
31/12/17			7		
1/1/18			8		
2/1/18			8		
3/1/18			8		
4/1/18			8		
5/1/18			7		
6/1/18			7		
7/1/18			7		
8/1/18			7		

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9/1/18			2		
10/1/18			2		
11/1/18			2		
12/1/18			1		
13/1/18			2		
14/1/18			3		
15/1/18			3		
16/1/18			3		
17/1/18			3		
18/1/18			3		
19/1/18			3		
20.1.18			3		
21.1.18			3		
22/1/18			4		
23/1/18			4		
24/1/18			4		
25/1/18			4		
26/1/18			4		
27/1/18			4		
28/1/18			4		
29/1/18			5		
30/1/18			5		

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A.B.C. ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME ALEX O'ROURKE SPIN No. [redacted] 11932 LOC A. 4/35

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23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME **SPIN No.** **LOC**

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDI"ATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= ME\TION NOT GIVEN FOR OTHER REASON & REI 'D REASON IN HEALTH CARE RECORD.

NAME Alex O'Rourke **SPIN No.** 11932 **LOC**

WKI01155

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Glasgow City HSCP

Glasgow City HSCP
Health & Social Care Partnership

NHS Prison Healthcare Self Referral Form

Print Full Name:	Alex ORourke		
Prisoner No.	11937	DATE OF BIRTH:	04/12/70
Date of Request:	12/4/2018	EDL or Lib Date:	04/12/2018
		Hall Location:	A1SA4/28

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:	
WRITE YOUR REASON:	RECEIVED

Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health		WellMan/ Woman	
Leg Ulcer & Wound Dressing Clinic		BBV (Hepatitis B, Hepatitis C, HIV)	

ADDICTION Clinics

Appointment with Addiction Nurse	Complete Separate Form	Smoking Cessation		Appointment with Alcohol Nurse	

Vaccinations

Hep A		Hep B		Flu (seasonal)	

	REASON FOR TREATMENT
DENTIST	to see about getting my plate to fit properly...
PODIATRIST Only available to prisoners serving 3 months or have medical conditions i.e. Diabetic	
OPTICIAN Only available to prisoners serving 3 months or have medical conditions i.e. Diabetic	
DISCHARGE MEDICATION Please order 7 days before liberation date.	
MENTAL HEALTH SERVICES	Please complete separate form

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

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NHS Greater Glasgow and Clyde

RENFREWSHIRE HSCP

DEPARTMENT OF PODIATRY

Only complete this form if you have a specific foot problem.
The Department of Podiatry does not provide a routine nail cutting service.

PLEASE COMPLETE THIS FORM FULLY

Surname	Alex Okourke
Forename(s)	
Unit	Do Not Require help
Date of Birth	

'1' FOR LITTLE OR NO PAIN, '10' FOR SEVERE PAIN

1 [redacted] 10

If you answered 'NO' to Q2, give your reason for completing this form.

.....

.....

Please tick the appropriate boxes below.
Do you suffer from:-

	✓	Name of Medication Prescribed
Poor Circulation		
Heart Complaint		
Breathing Difficulty		
Diabetes		
Impaired Vision		
Impaired Mobility		
Other (Please Specify Including medical history) e.g. Hepatitis, HIV		
No Medication		

Please return this form once completed to the Prison Health Centre

ABOUT YOUR FOOT PROBLEM Thank U

Q1. What is your foot problem? Please give full details.

.....

.....

.....

Q2. Is your foot problem causing you pain?

Please circle: YES NO

If you answered 'YES' to Q2, please mark a vertical line on the triangle across the page to indicate your level of pain, eg. [redacted]

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Substance Misuse Assessment Tool

EAT Target MR25A (1)	**Surname:** O'ROURKE		**Establishment:** HMP GREENOCK
	Forename: ALEXANDER		**Prison Number:** 11932
	Date of Birth: 04/12/70		**CHI Number:**
	Ethnic Group: WHITE SCOTTISH	**Gender:** M	**Additional Learning Support Needs:** NO
	Admission Date: 04/08/17	**Tag breach: Yes/No**	**Untried /Convicted: Details:**
	Tribunal/ Parole Qualifying Date:		**Have you been in prison in previous 12 months?**
	Earliest Date of Liberation: 04/12/18		Yes ☐ No ☑
	Home Detention Curfew Qualification Date:		**How long since release:** ……months / **Name of Prison of Release:**
	Date of last Assessment:		

SMR25A (11)

MR25A (11)	**Address:** NFA (DUMBARTON) **Postcode:** **Accommodation Type:**	**Telephone No.**
	Date Referral Received: **Date Assessment Offered:** **Date Seen:**	**Reason for referral:**
	Client Type : **Drug Misuse** ☐ **Smoking** ☑	**Alcohol Misuse** ☑ **Other** ☐

Information Sharing and Consent :

I ALEXANDER accept support for my substance misuse and understand that the information I provide is necessary for service providers to ensure continuity of care and I agree to information sharing under the UK Data Protection Act (1998), as defined internally within the NHS and between the NHS and other relevant agencies including ISD and SPS. This information may be used for research and evaluation purposes. Confidentiality will be maintained at all times unless I disclose self-harm or harm to others, cause concerns over vulnerable adults or children who may be under my care under the Children (Scotland) Act 1995, this may open a new referral, or I compromise security.

Client signature: [signature] Date: 4/4/2018

Disclaimer :

I …… do not accept support for my substance misuse and I do not wish to take up the offer of an assessment of my needs at this time. The support services have been fully explained to me. I take full responsibility for my own health and fully understand the potential consequences of substance use. I understand that I can access the service at a later date.

Client signature: …… Date: ……

FOR ADMIN USE:

SMR25a complete? Yes / No / Not Required/Annon	**HEAT TARGET complete?** Yes / No / Not Required/Annon

CLOSING HEAT TARGET RECORD AND SMR25B MUST BE COMPLETED UPON LIBERATION OR TRANSFER

Prison Health Care Substance Misuse Services Version 1.1

Admin Signature: ……**Date:** ……

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THIRD PARTY COPY

4. Recovery Care Plan

What does the client consider to be their assets (Section 1)? .....

What Recovery Tools are being considered for future use? .....

Were any Recovery Workbooks given to client? .....

Care plan will be devised after assessment and will include all referrals suggested throughout along with any other plans for example frequency of contact -

Date	Recovery Area (Staying clean, social relationships)	How To Improve (family contact, participation in support)	Referral To	Referral Date	Concerns	Outcome or Goal
04/04/18	STAYING CLEAN	1-1 MOTIVATIONAL SUPPORT	EDUCATION SUPPORT TEAM	ONGOING		
04/04/18	MENTAL HEALTH	LINK BACK IN WITH MENTAL HEALTH NURSE FOR SUPPORT WITH ANXIETY AND PAST TRAUMA - LOOK AT EMPLOYMENT OPTIONS WITHIN H&C	MENTAL HEALTH NURSE	05/04/18 - RAISE AT EDUCATION MEETING		

Signature Key Worker ..... Date 04/04/18

Signature of Client ..... Date 04/04/18

Date copy sent to client .....

Date scanned to Docman .....

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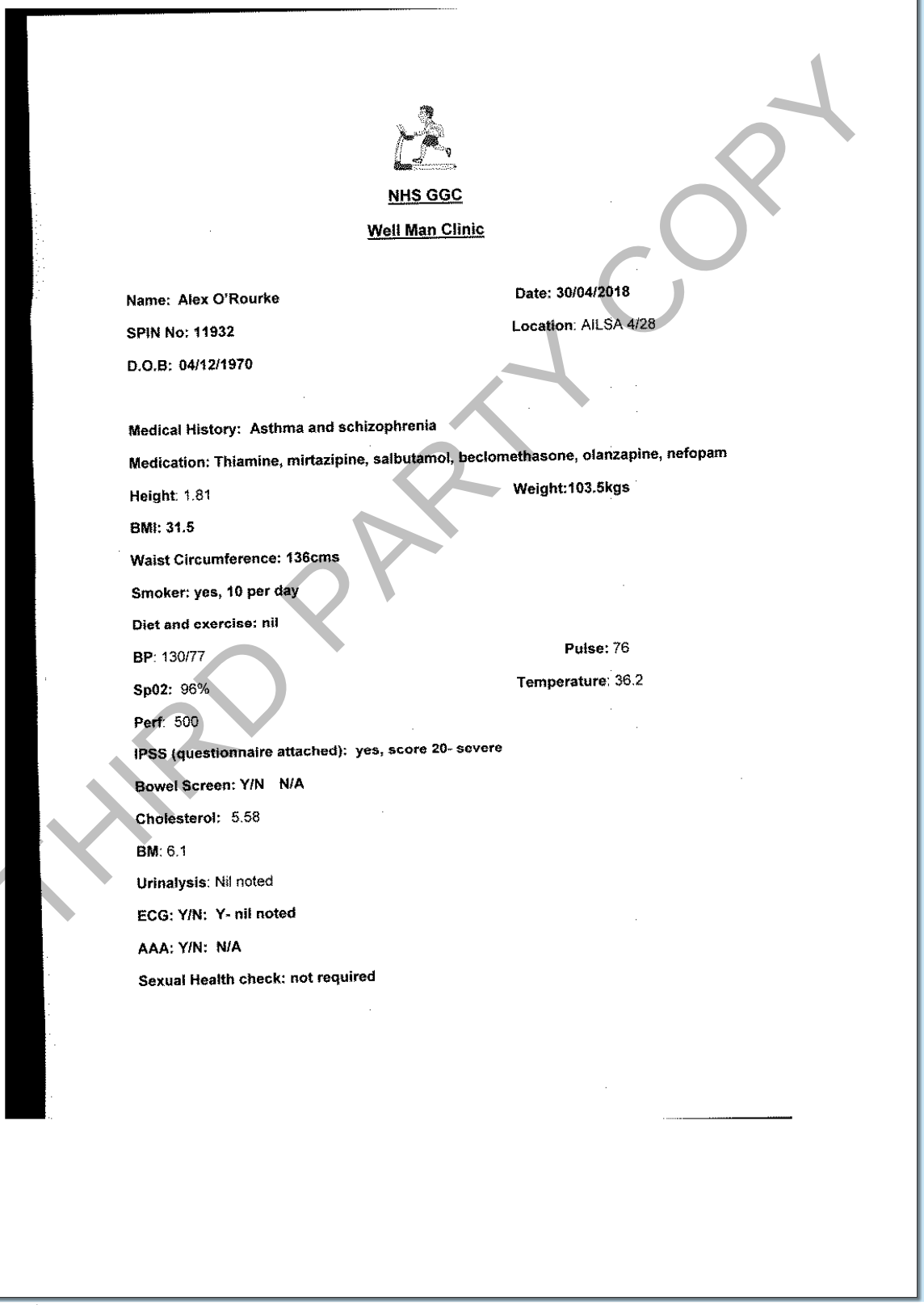
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NHS GGC

Well Man Clinic

Name: Alex O'Rourke

SPIN No: 11932

D.O.B: 04/12/1970

Date: 30/04/2018

Location: AILSA 4/28

Medical History: Asthma and schizophrenia

Medication: Thiamine, mirtazipine, salbutamol, beclomethasone, olanzapine, nefopam

Height: 1.81

Weight:103.5kgs

BMI: 31.5

Waist Circumference: 136cms

Smoker: yes, 10 per day

Diet and exercise: nil

BP: 130/77

Pulse: 76

Sp02: 96%

Temperature: 36.2

Perf: 500

IPSS (questionnaire attached): yes, score 20- severe

Bowel Screen: Y/N N/A

Cholesterol: 5.58

BM: 6.1

Urinalysis: Nil noted

ECG: Y/N: Y- nil noted

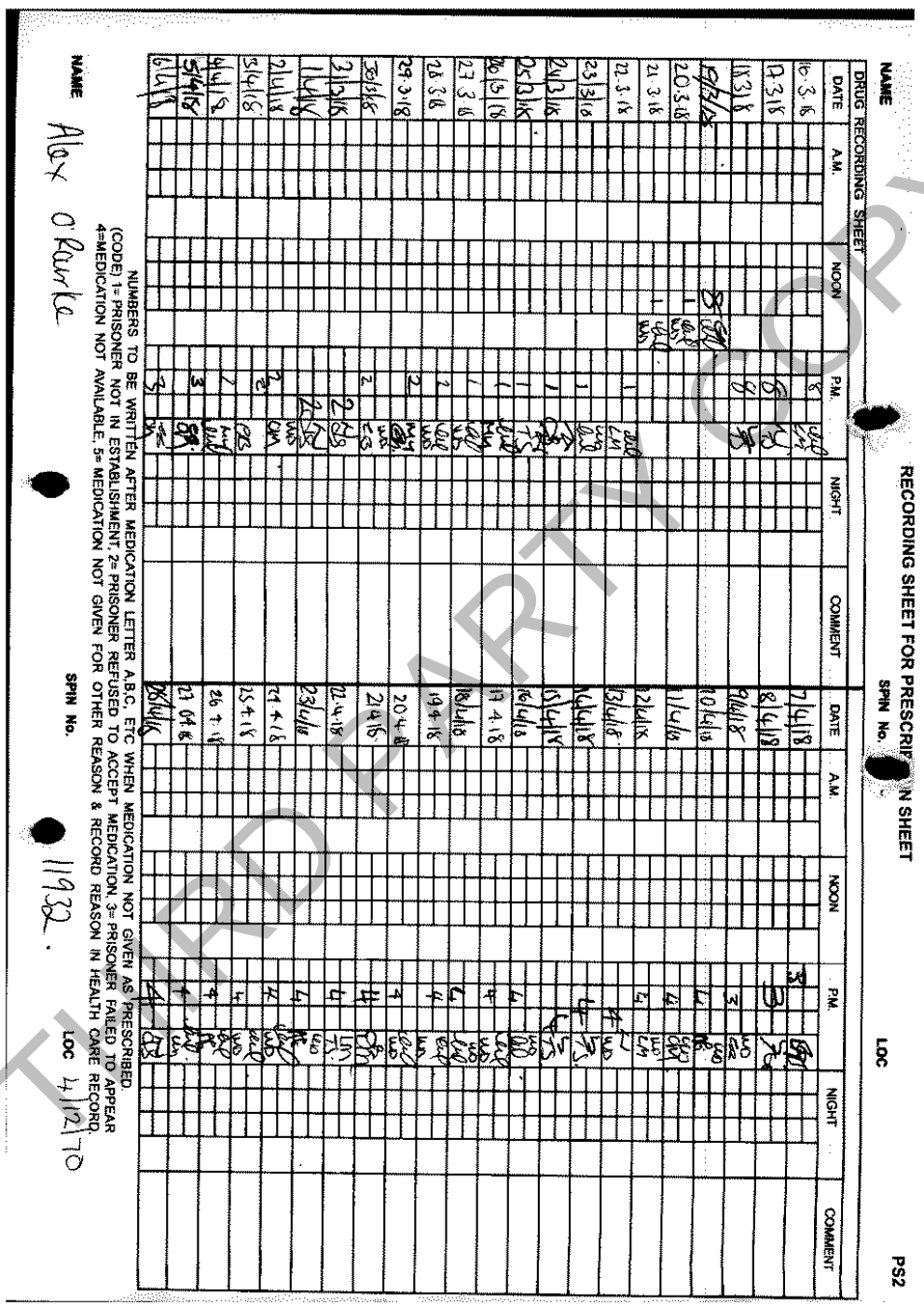
AAA: Y/N: N/A

Sexual Health check: not required

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NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

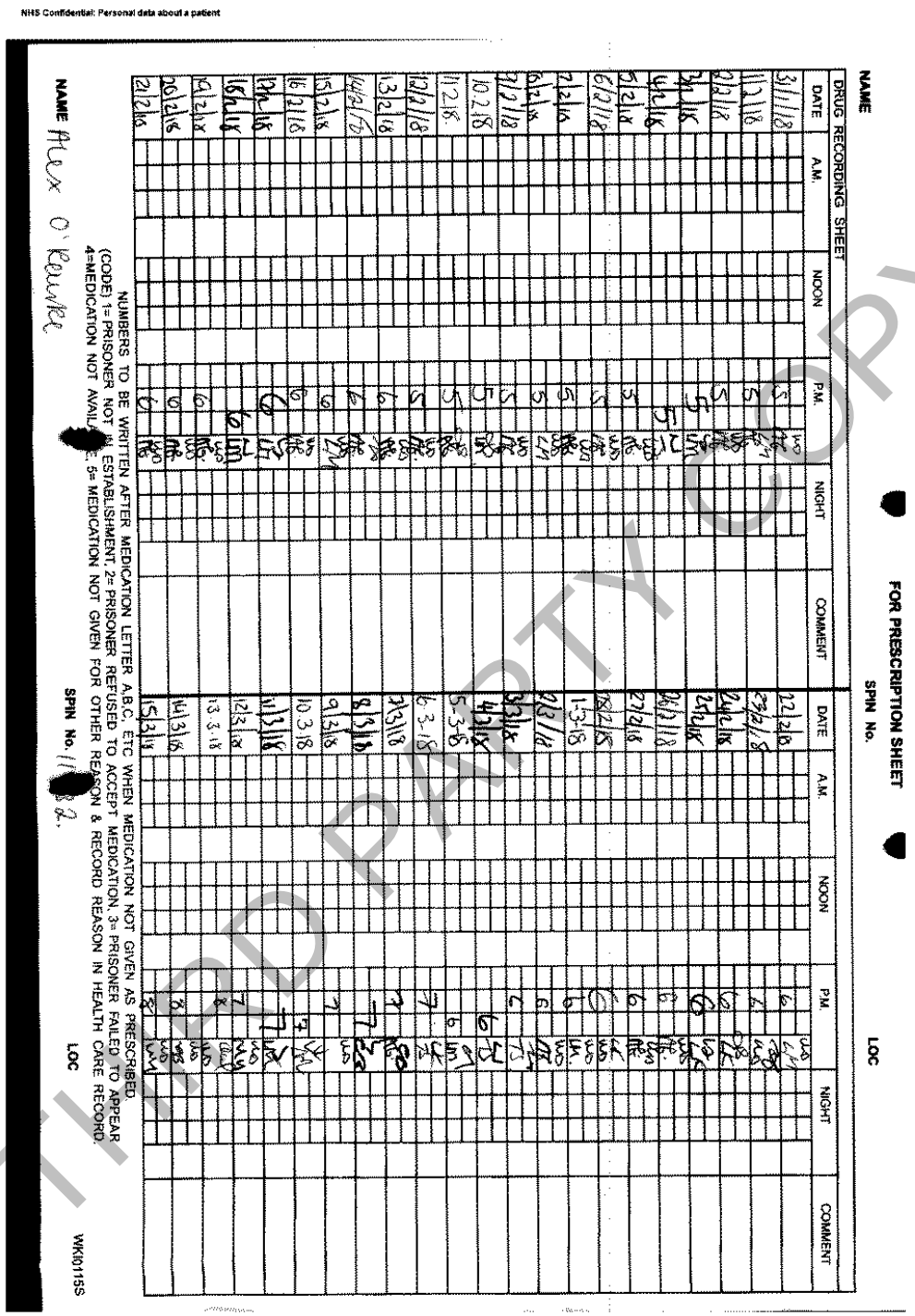
DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10.3.16					
9.3.18					
11.3.18					
19.3.18					
20.3.18					
21.3.18					
22.3.18					
23.3.18					
24.3.18					
25.3.18					
26.3.18					
27.3.18					
28.3.18					
29.3.18					
30.3.18					
31.3.18					
1.4.18					
2.4.18					
3.4.18					
4.4.18					
5.4.18					
6.4.18					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7.4.18					
8.4.18					
9.4.18					
10.4.18					
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12.4.18					
13.4.18					
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21.4.18					
22.4.18					
23.4.18					
24.4.18					
25.4.18					
26.4.18					
27.4.18					
28.4.18					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
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NAME Alex O'Rourke SPIN No. 111932. LOC 4.1.21.10

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NAME

FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/1/18					
1/2/18					
2/2/18					
3/2/18					
4/2/18					
5/2/18					
6/2/18					
7/2/18					
8/2/18					
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16/2/18					
17/2/18					
18/2/18					
19/2/18					
20/2/18					
21/2/18					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
22/2/18					
23/2/18					
24/2/18					
25/2/18					
26/2/18					
27/2/18					
28/2/18					
1-3-18					
2/3/18					
3/3/18					
4/3/18					
5-3-18					
6 3-18					
7/3/18					
8/3/18					
9/3/18					
10 3 18					
11/3/18					
12/3/18					
13.3.18					
14/3/18					
15/3/18					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A.B.C. ETC WHEN MEDICATION NOT GIVEN, AS PRESCRIBED.
(CODE) 1= PRISONER NOT ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
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NAME Alex O'Rourke

SPIN No. [redacted]

LOC

WK60115S

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Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Addiction Team
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

30th April 2018

Dear Ms Rodgers

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology Interventions Service. I have now met with Mr O'Rourke for an initial assessment over 2 sessions on 9th March 2018 and 16th March 2018. I am writing to provide you with a brief update on my assessment. As you are aware, Mr O'Rourke is currently serving a sentence for Assault to Severe Injury and Permanent disfigurement and is due for liberation on 3rd December 2018.

Mr O'Rourke engaged well in the assessment process and appeared to provide an open and honest account of his current difficulties. Mr O'Rourke was extremely anxious throughout the assessment session and physical symptoms of anxiety were evident. Eye contact was minimal and he appeared low in mood. At one point Mr O'Rourke requested a break, however was able to continue with the assessment process on his return. There was no evidence of problems with self care and he did not appear to be under the influence of substances. Whilst Mr O'Rourke did state that he has thoughts of self harm, he has no intention of acting upon them. Throughout both assessment sessions, Mr O'Rourke did express thoughts of violence towards others and reported that he has acted upon these in the past. Concerns regarding Mr O'Rourke's potential harm to others were discussed with both NHS and SPS staff and security protocols were followed.

Presenting Problems & Identified Targets for Intervention

Mr O'Rourke reported that he currently struggles with thoughts of a paranoid nature. This relates to incidents where he has been the victim of unprovoked stabbings on two occasions. He reported that he thinks about the incidents and struggles to understand why they happened. He denied experiencing flashbacks or intrusive images. He stated that he is now wary of others, believing that they are planning to harm him or are spreading rumours about

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him. He reported feeling panicky, describing increased heart rate and sweating, muscle tension and rapid breathing. Mr O'Rourke described safety behaviours such as acting out aggressively, self isolating and carrying/making weapons. He described always being on edge and that the only time he can relax is when he is locked behind his door.

Mr O'Rourke reported that he has no structure and constantly lies in bed. He reported that due to the amount of people he does not attend a work party or participate in exercise. He is not interested in any daily activities and feels negative about taking visits. Understandably this is having a negative impact on his mood.

Mr O'Rourke reported that he used to suffer from religious based delusions, believing that the bible was speaking to him. He also described auditory hallucinations, however reported that these no longer occur. He did report, however, that at night he will see colours and shapes and is unsure if these are hallucinations. Mr O'Rourke was advised by the psychiatrist that these symptoms could be a result of Vitamin A deficiency and he is now looking to improve his diet.

Recommendations/Plan for Intervention

It is recommended that Mr O'Rourke receive a low intensity psychological intervention on an individual basis where he will in engage in safety and stabilisation. This will allow Mr O'Rourke to manage negative emotions related to trauma. Work will also be in relation to the current difficulties he is experiencing with anxiety and associated behaviours.

This intervention will take place under the supervision of a clinical psychologist. Typically, low intensity interventions last for 6-8 sessions, although this will be reviewed upon completion of the intervention outline above. A member of the psychology team will be in touch again with an update once the intervention is complete. I hope that this information is useful. If you have any further questions then please do not hesitate to get in touch.

Yours sincerely,

Karen Muir
Mental Health Therapist

Under the supervision of:

[redacted]

Dr Laura Williams
Principal Clinical Psychologist

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22 MAY 2018

HMP GREENOCK – DENTAL TREATMENT REQUEST FORM

Name Alex O'Rourke Prisoner No. 11932

Date of Birth 04/12/1970 Location A1SA 4/28 Liberation Date 04/12/2018

1. Pain *Please tick one that applies most* – * Remand patients will be offered emergency dental care only.	
a) With cold or sweet	
b) With hot	
c) Kept awake	
d) Severe with swelling	

2. Routine examination and any treatment required Must be convicted 6 months +	

3. Denture – Must be convicted 6 months +	Im having trouble eating due to my dentures Im having to put Grapeny on them to keep them from falling out and cant eat with them in...
4. Crown, Bridge or Veneer – Must be convicted 6 months +	
5. Appearance – Must be convicted 6 months +	

****Inappropriate use of this referral will result in your request being placed at the bottom of the waiting list*

Other comments

Signature [signature] Date 18/5/2018

Nurse Assessment:

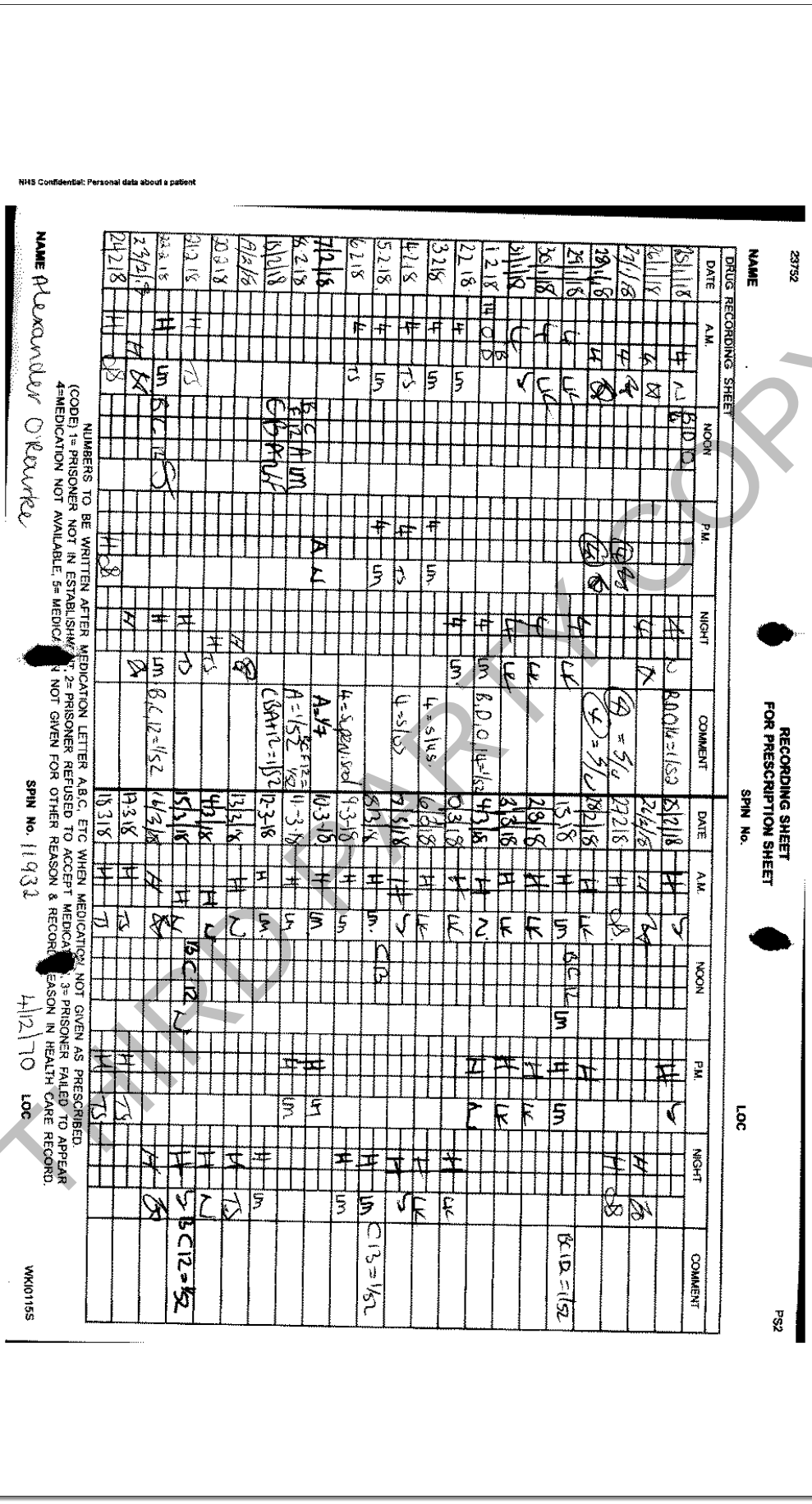
Date:

Vsim ✓
Waiting list - 2nd Referral - bt 13/4/18 ✓
Ack + leaflet ✓

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23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/1/18	H	BID D	H	H	R.O.W = 1152
26/1/18	H	H	H	H	
27/1/18	H	H	H	H	
28/1/18	H	H	H	H	
29/1/18	H	H	H	H	
30/1/18	H	H	H	H	
31/1/18	H	H	H	H	
1.2.18	H	H	H	H	
2.2.18	H	H	H	H	
3.2.18	H	H	H	H	
4.2.18	H	H	H	H	
5.2.18	H	H	H	H	
6.2.18	H	H	H	H	
7.2.18	H	H	H	H	
8.2.18	H	H	H	H	
9.2.18	H	H	H	H	
10.2.18	H	H	H	H	
11.2.18	H	H	H	H	
12.2.18	H	H	H	H	
13.2.18	H	H	H	H	
14.2.18	H	H	H	H	
15.2.18	H	H	H	H	
16.2.18	H	H	H	H	
17.2.18	H	H	H	H	
18.2.18	H	H	H	H	
19.2.18	H	H	H	H	
20.2.18	H	H	H	H	
21.2.18	H	H	H	H	
22.2.18	H	H	H	H	
23.2.18	H	H	H	H	
24.2.18	H	H	H	H	

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT; 2= PRISONER REFUSED TO ACCEPT MEDICATION; 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE; 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORDED IN HEALTH CARE RECORD.

NAME Alexander O'Rourke

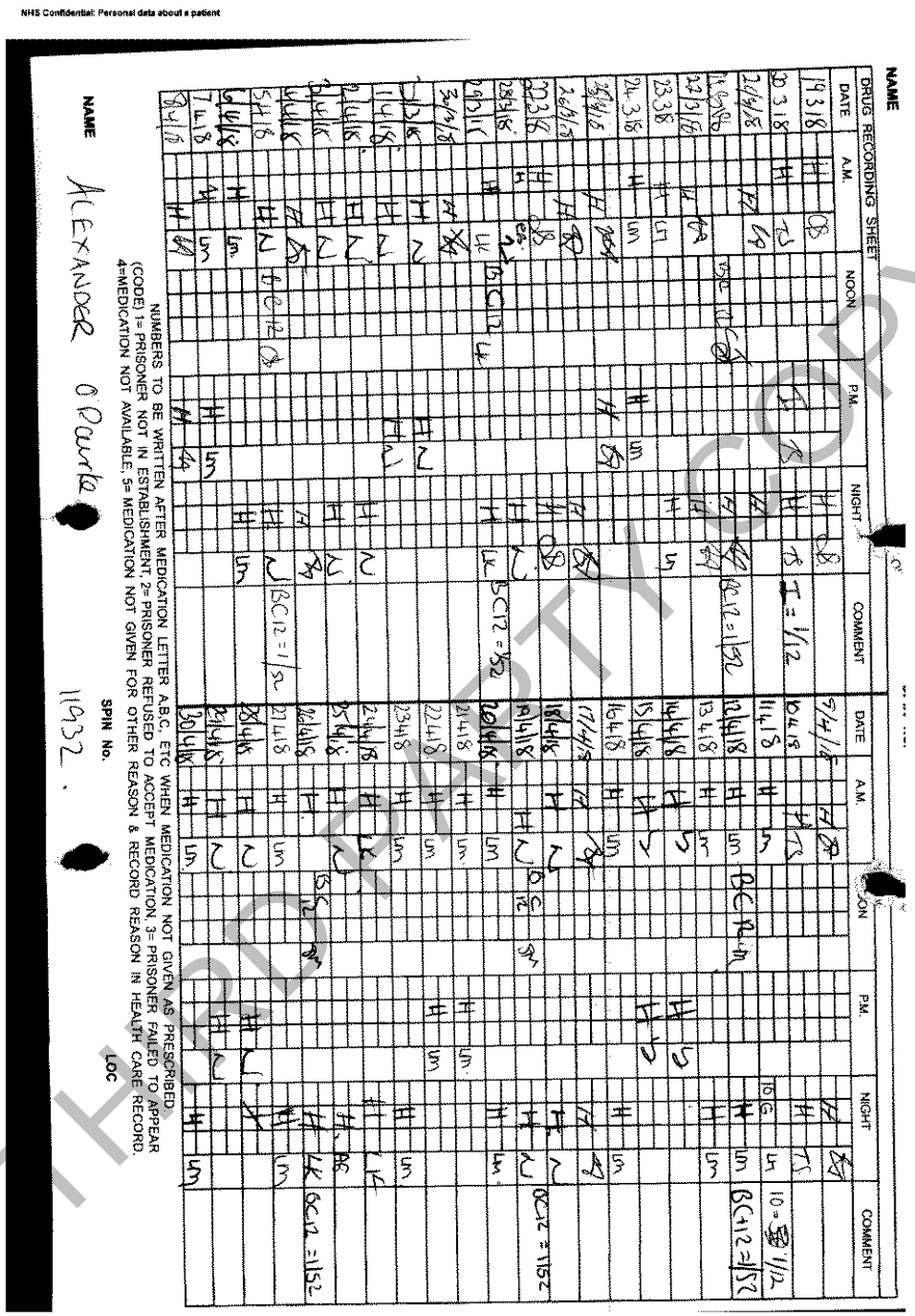
SPIN No. 11932

4/12/70

LOC

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NAME

DRUGS RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19.3.18	H			H	
20.3.18	H			H	
21/3/18	H			H	
22/3/18	H			H	
23.3.18	H			H	
24.3.18	H			H	
25/3/18	H			H	
26/3/18	H			H	
27.3.18	H			H	
28/3/18	H			H	
29/3/18	H			H	
30/3/18	H			H	
31/3/18	H			H	
1/4/18	H			H	
2/4/18	H			H	
3/4/18	H			H	
4/4/18	H			H	
5/4/18	H			H	
6/4/18	H			H	
7/4/18	H			H	
8/4/18	H			H	
9/4/18	H			H	
10/4/18	H			H	
11/4/18	H			H	
12/4/18	H			H	
13/4/18	H			H	
14/4/18	H			H	
15/4/18	H			H	
16/4/18	H			H	
17/4/18	H			H	
18/4/18	H			H	
19/4/18	H			H	
20/4/18	H			H	
21/4/18	H			H	
22/4/18	H			H	
23/4/18	H			H	
24/4/18	H			H	
25/4/18	H			H	
26/4/18	H			H	
27/4/18	H			H	
28/4/18	H			H	
29/4/18	H			H	
30/4/18	H			H	

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME ALEXANDER O'Rourke

SPIN No. 11932

LOC

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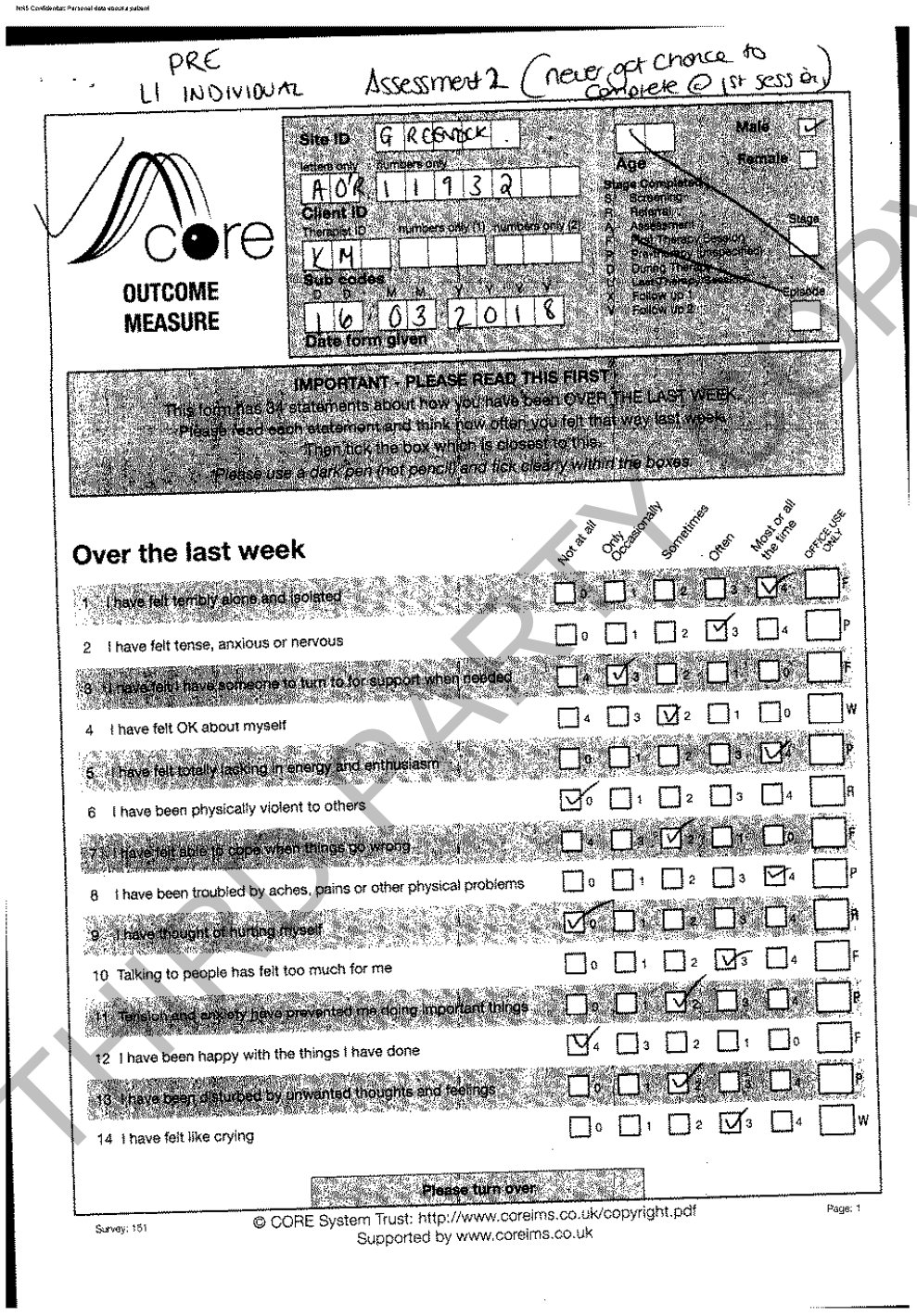
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PRE
LI INDIVIDUAL Assessment 2 (never got chance to complete @ 1st session)

core
OUTCOME MEASURE

Site ID: G REGNICK
letters only: A O'R
Numbers only: 1 1 9 3 2
Client ID
Therapist ID: K M
numbers only (1) numbers only (2)
Sub codes
Date form given: D D 1 6 M M 0 3 Y Y Y Y 2 0 1 8

Male ☑ Female ☐
Age
Stage Completed
S Screening
R Referral
A Assessment
P Pre-Therapy (Session)
P Pre-Therapy (Prescription)
D During Therapy
D Last Therapy Session
F Follow Up 1
V Follow Up 2
Stage
Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 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 the time	OFFICE USE ONLY	
1 I have felt terribly alone and isolated	0	1	2	3	☑ 4		F
2 I have felt tense, anxious or nervous	0	1	2	☑ 3	4		P
3 I have felt I have someone to turn to for support when needed	☑ 4	3	2	1	0		F
4 I have felt OK about myself	4	3	☑ 2	1	0		W
5 I have felt totally lacking in energy and enthusiasm	0	1	2	3	☑ 4		P
6 I have been physically violent to others	☑ 0	1	2	3	4		R
7 I have felt able to cope when things go wrong	4	3	☑ 2	1	0		F
8 I have been troubled by aches, pains or other physical problems	0	1	2	3	☑ 4		P
9 I have thought of hurting myself	☑ 0	1	2	3	4		R
10 Talking to people has felt too much for me	0	1	2	☑ 3	4		F
11 Tension and anxiety have prevented me doing important things	0	1	☑ 2	3	4		P
12 I have been happy with the things I have done	☑ 4	3	2	1	0		F
13 I have been disturbed by unwanted thoughts and feelings	0	1	☑ 2	3	4		P
14 I have felt like crying	0	1	2	☑ 3	4		W

Please turn over

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Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY	
15 I have felt panic or terror	0	1	☑ 2	3	4		P
16 I made plans to end my life	☑ 0	1	2	3	4		R
17 I have felt overwhelmed by my problems	0	1	☑ 2	3	4		W
18 I have had difficulty getting to sleep or staying asleep	0	1	☑ 2	3	4		P
19 I have felt warmth or affection for someone	☑ 4	3	2	1	0		F
20 My problems have been impossible to put to one side	0	1	☑ 2	3	4		P
21 I have been able to do most things I needed to	☑ 4	3	2	1	0		F
22 I have threatened or intimidated another person	☑ 0	1	2	3	4		R
23 I have felt despairing or hopeless	0	1	2	☑ 3	4		P
24 I have thought it would be better if I were dead	0	1	2	☑ 3	4		R
25 I have felt criticised by other people	0	1	2	☑ 3	4		F
26 I have thought I have no friends	0	1	2	☑ 3	4		F
27 I have felt unhappy	0	1	2	☑ 3	4		P
28 Unwanted images or memories have been distressing me	0	1	2	☑ 3	4		P
29 I have been irritable when with other people	0	1	☑ 2	3	4		F
30 I have thought I am to blame for my problems and difficulties	0	1	☑ 2	3	4		P
31 I have felt optimistic about my future	4	3	☑ 2	1	0		W
32 I have achieved the things I wanted to	☑ 4	3	2	1	0		F
33 I have felt humiliated or shamed by other people	0	☑ 1	2	3	4		F
34 I have hurt myself physically or taken dangerous risks with my health	☑ 0	1	2	3	4		R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

	(W)	(P)	(F)	(R)	All items	All minus R
Total Scores	9	32	38	3	81·00	
Mean Scores (Total score for each dimension divided by number of items completed in that dimension)	2·25	2·67	3·08	0·50	2·38	2·79

CLIN SCORE 28·82
TOTAL SCORE - 81·00

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Appointment Refusal Form

I confirm that on 8/8/18 I refused an appointment in relation to:-

Smoking Cessation

I note that I need to take responsibility for my actions in failing to accept the treatment and that my refusal may limit the extent to which health centre staff is able to meet my healthcare needs.

Patient Details Name (Block) Alex O'Rourke

SPIN NO. 11932 D.O.B. 4/12/70

Signature [signature]

Date & Time 08/8/18

Witness Name (Block) Lorna Morrison

Signature [signature] Designation MHS Addiction Support Team

Date & Time 08/08/18

Note: If the patient refuses to sign the above this should be witnessed by another member of staff who observed the refusal who should sign below.

Witness 2 Names (Block).....

Signature..... Designation.....

Date & Time.....

Please tick as appropriate what has been refused

Outpatient ☐ GP ☐ Dentist ☐ Podiatrist ☐ Psychiatrist ☐

Other service please specify

Nurse - Primary care ☐

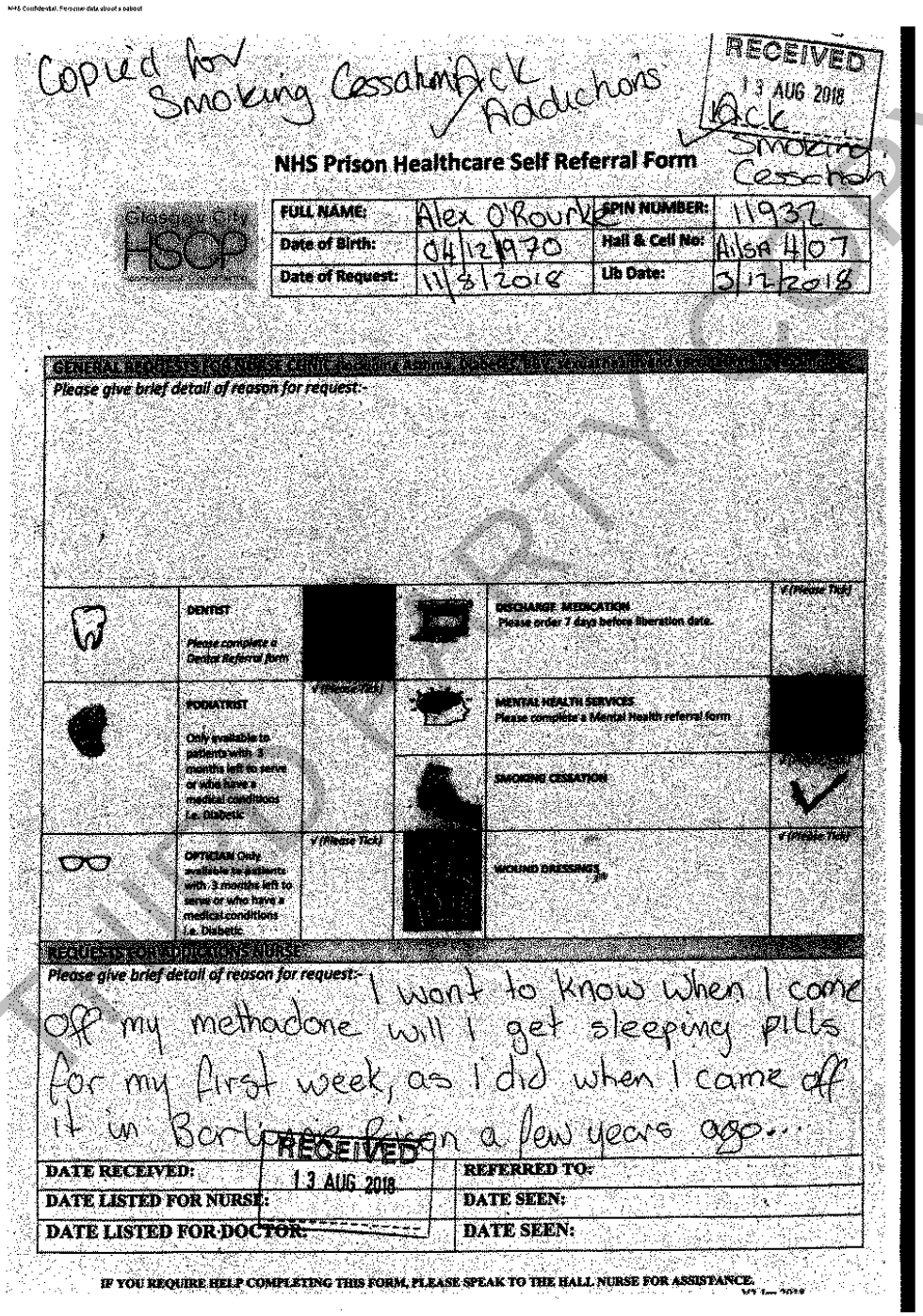
Addictions ☐

Mental Health ☐

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Copied for Smoking Cessation Pack Addictions

RECEIVED 13 AUG 2018 Pack Smoking Cessation

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Alex O'Rourke	SPIN NUMBER:	11932
Date of Birth:	04/12/70	Hall & Cell No:	Alsa 4/07
Date of Request:	11/8/2018	Lib Date:	3/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (Asthma, Referred by Consultant/GP, Smoking Cessation)

Please give brief detail of reason for request:-

	DENTIST *Please complete a Dental Referral form*	[redacted]		DISCHARGE MEDICATION *Please order 7 days before liberation date.*	√ (Please Tick)
	PODIATRIST *Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic*	√ (Please Tick)		MENTAL HEALTH SERVICES *Please complete a Mental Health referral form*	[redacted]
				SMOKING CESSATION	√
	OPTICIAN *Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic*	√ (Please Tick)		WOUND DRESSINGS	√ (Please Tick)

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:- I want to know when I come off my methadone will I get sleeping pills for my first week, as I did when I came off it in Barlinnie Prison a few years ago...

RECEIVED 13 AUG 2018

DATE RECEIVED:	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR:	DATE SEEN:

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

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NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Alex ORourke	SPIN NUMBER:	11932
Date of Birth:	4/7/1970	Hall & Cell No:	A1SA4/07
Date of Request:	15/11/2016	Lib Date:	3/12/2018

GENERAL REQUEST FOR NURSE CLINIC Including Asthma, Diabetes, BBV, Smoking, Health MOT and Podiatry referrals for Diabetics

Please give brief detail of reason for request:- I put one of these out on the 9th of November to see the doctor, Ive still not saw him. Can you find out if Im listed please...

	DENTIST *Please complete a Dental Referral form*	[redacted]		DISCHARGE MEDICATION *Please order 7 days before liberation date.*	√ (Please Tick)
	PODIATRIST *Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic*	√ (Please Tick)		MENTAL HEALTH SERVICES *Please complete a Mental Health referral form*	[redacted]
				SMOKING CESSATION	√ (Please Tick)
	OPTICIAN *Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic*	√ (Please Tick)		WOUND DRESSINGS	√ (Please Tick)

GENERAL REQUEST FOR NURSE CLINIC

Please give brief detail of reason for request:-

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

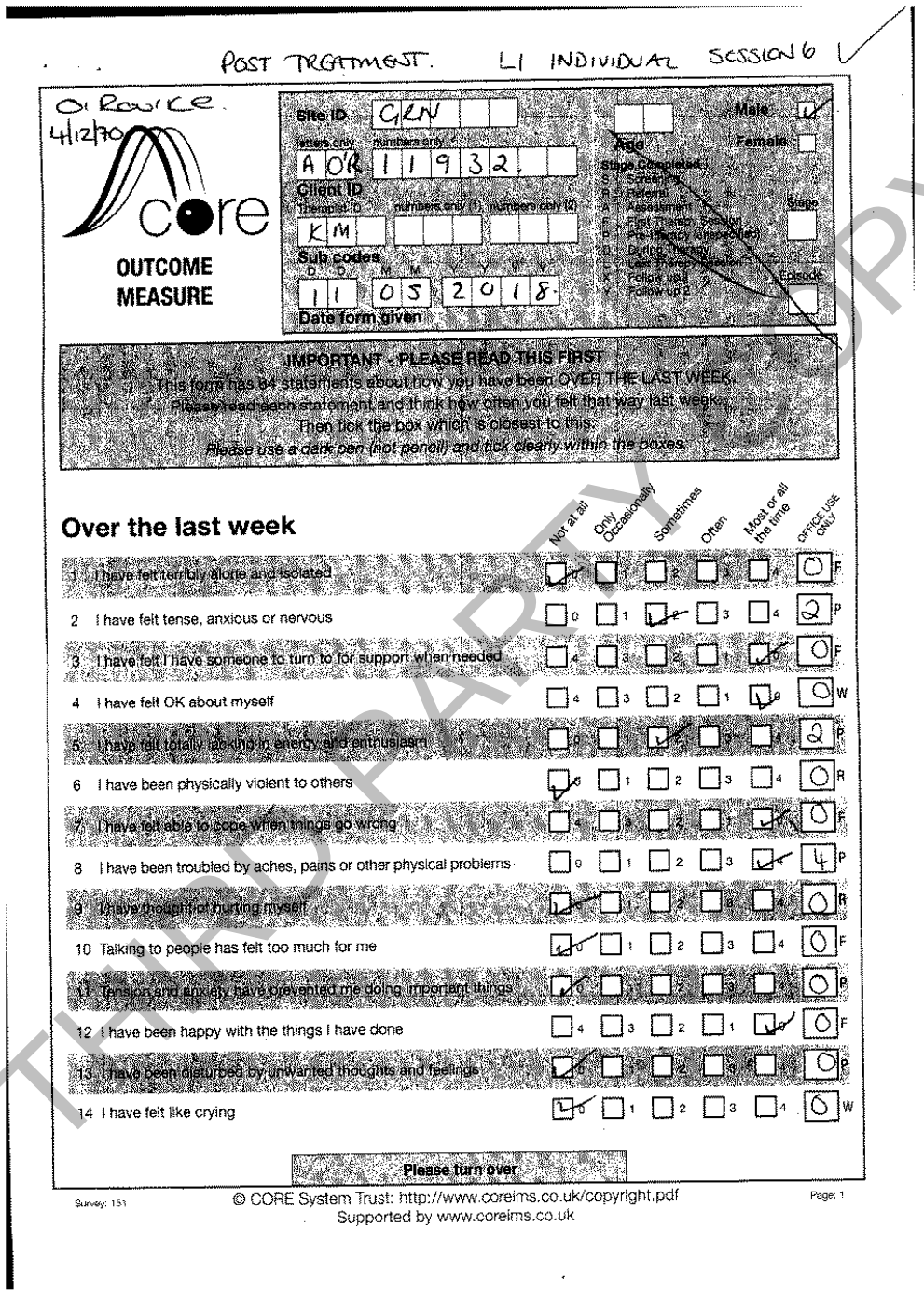
Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED: 16.11.16	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR: 17.11.16	DATE SEEN:

PRISON REPORT ONLY

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POST TREATMENT. L1 INDIVIDUAL SESSION 6

O'Rourke. 4/12/70

core

OUTCOME MEASURE

Site ID: GLN

Client ID: A O'R 1 1 9 3 2

Therapist ID: K M

Sub codes

Date form given: 1 1 / 0 5 / 2 0 1 8

Male ☑ Female ☐

Age

Stage Completed:

Stage

Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 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 the time	OFFICE USE ONLY
1	I have felt terribly alone and isolated	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 F
2	I have felt tense, anxious or nervous	☐ 0	☐ 1	☑ 2	☐ 3	☐ 4	2 P
3	I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☐ 2	☐ 1	☑ 0	0 F
4	I have felt OK about myself	☐ 4	☐ 3	☐ 2	☐ 1	☑ 0	0 W
5	I have felt totally lacking in energy and enthusiasm	☐ 0	☐ 1	☑ 2	☐ 3	☐ 4	2 P
6	I have been physically violent to others	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 R
7	I have felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☑ 0	0 F
8	I have been troubled by aches, pains or other physical problems	☐ 0	☐ 1	☐ 2	☐ 3	☑ 4	4 P
9	I have thought of hurting myself	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 R
10	Talking to people has felt too much for me	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 F
11	Tension and anxiety have prevented me doing important things	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 P
12	I have been happy with the things I have done	☐ 4	☐ 3	☐ 2	☐ 1	☑ 0	0 F
13	I have been disturbed by unwanted thoughts and feelings	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 P
14	I have felt like crying	☑ 0	☐ 1	☐ 2	☐ 3	☐ 4	0 W

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Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic onterror	0	1	2	3	4	0 P
16 I made plans to end my life	0	1	2	3	4	0 R
17 I have felt overwhelmed by my problems	0	1	2	3	4	0 W
18 I have had difficulty getting to sleep or staying asleep	0	1	2	3	4	4 P
19 I have felt warmth or affection for someone	4	3	2	1	0	1 F
20 My problems have been impossible to put to one side	0	1	2	3	4	0 P
21 I have been able to do most things I needed to	4	3	2	1	0	1 F
22 I have threatened or intimidated another person	0	1	2	3	4	0 R
23 I have felt despairing or hopeless	0	1	2	3	4	0 P
24 I have thought it would be better if I were dead	0	1	2	3	4	0 R
25 I have felt criticised by other people	0	1	2	3	4	0 F
26 I have thought I have no friends	0	1	2	3	4	0 F
27 I have felt unhappy	0	1	2	3	4	2 P
28 Unwanted images or memories have been distressing me	0	1	2	3	4	4 P
29 I have been irritable when with other people	0	1	2	3	4	0 F
30 I have thought I am to blame for my problems and difficulties	0	1	2	3	4	0 P
31 I have felt optimistic about my future	4	3	2	1	0	2 W
32 I have achieved the things I wanted to	4	3	2	1	0	0 F
33 I have felt humiliated or shamed by other people	0	1	2	3	4	0 F
34 I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4	0 R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores	2	18	2	0	22	
Mean Scores (Total score for each dimension divided by number of items completed in that dimension)	0·50 (W)	1·50 (P)	0·17 (F)	0·00 (R)	0·65 All items	0·79 All minus R

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TOTAL Score -22

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NHS
Greater Glasgow and Clyde

HMP Greenock
Healthcare

15th November 2018

You have been listed to attend the Alternative Therapies Gym Group. Attendance at this group has been poor of late. Please can you tick below to indicate whether you wish to continue to attend or not:-

YES – I do wish to continue to attend.

(NO) – I do not wish to continue to attend

Name = Alexander O'Rourke SPIN = 11932
9/12/70

Thank you, Healthcare Administrator

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NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP
Health and Social Care Partnership

FULL NAME:	Alex ORourke	**SPIN NUMBER:**	111932
Date of Birth:	04/12/1970	**Hall & Cell No:**	H1SA407
Date of Request:	9/11/2018	**Lib Date:**	3/12/2018

GENERAL REQUESTS FOR NURSE CLINIC (Including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:- Can you list me for the doctor, as Im havin hallucination, Ive been having them for months now, Ive already spoke to doctor Donalson regarding them, I see these 3 colors and shapes, this is driving me crazzy, I feel like Im on a weak Acid tablet, I know thats not possible, but thats how I feel, its really bad at night, not so much during the day...

	DENTIST *Please complete a Dental Referral form*	[redacted]		**DISCHARGE MEDICATION** Please order 7 days before liberation date.	√ (Please Tick)
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**MENTAL HEALTH SERVICES** Please complete a Mental Health referral form	[redacted]
				SMOKING CESSATION	√ (Please Tick)
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**WOUND DRESSINGS**	√ (Please Tick)

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

	Date	Initial		Date	Initial
Admin	12/11	SH	Allocated		
Triage	Date	Initial	MH Meeting	Date	Initial

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

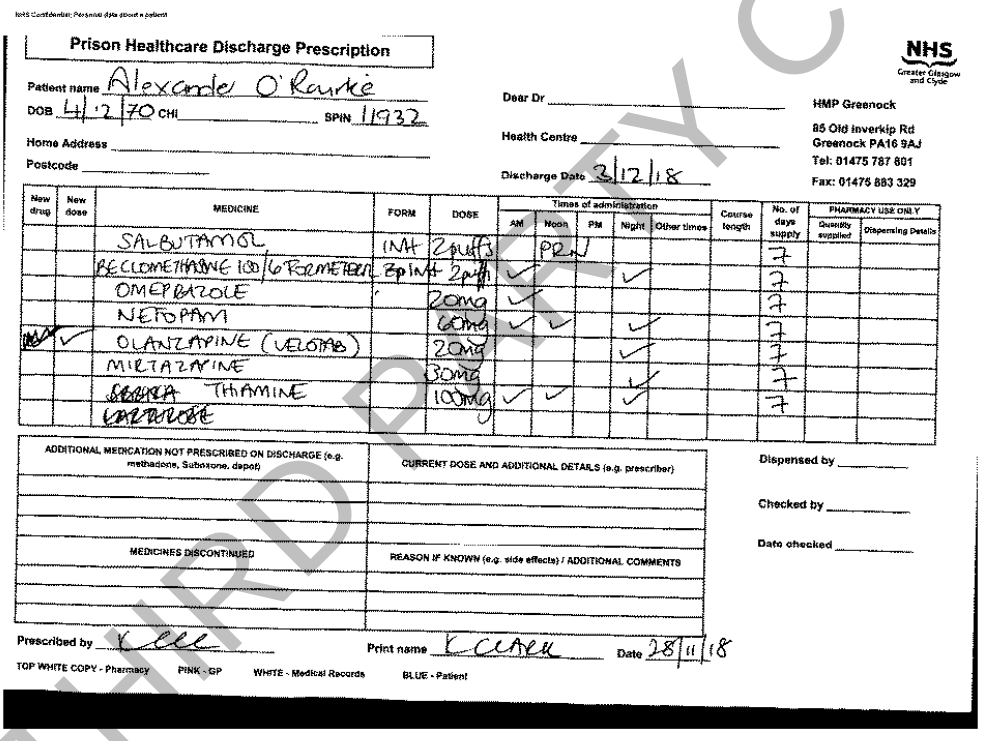
Referral also copied and highlighted for (Please Circle) MO PN (MHN) BBV ADD POD OPT

DATE RECEIVED: 11/11/18	**REFERRED TO:** MH
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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Prison Healthcare Discharge Prescription

NHS Greater Glasgow and Clyde

Patient name Alexander O'Rourke
DOB 4/12/70 CHI _____ SPIN 11932
Home Address _____
Postcode _____

Dear Dr _____
Health Centre _____
Discharge Date 3/12/18

HMP Greenock
85 Old Inverkip Rd
Greenock PA16 9AJ
Tel: 01475 787 801
Fax: 01475 883 329

New drug	New dose	MEDICINE	FORM	DOSE	Times of administration: AM	Noon	PM	Night	Other times	Course length	No. of days supply	PHARMACY USE ONLY: Quantity supplied	Dispensing Details
		SALBUTAMOL	INH	2puffs		PRN					7		
		BECLOMETHASONE 100/6 FORMETEROL	Spinh	2puffs	✓			✓			7		
		OMEPRAZOLE		20mg	✓						7		
		NETOPAM		60mg	✓	✓		✓			7		
✓	✓	OLANZAPINE (VELOTAB)		20mg				✓			7		
		MIRTAZAPINE		30mg				✓			7		
		~~SERTRA~~ THIAMINE		100mg	✓	✓		✓			7		
		~~CARBAMAZEPINE~~											

ADDITIONAL MEDICATION NOT PRESCRIBED ON DISCHARGE (e.g. methadone, Subutex, depot)	CURRENT DOSE AND ADDITIONAL DETAILS (e.g. prescriber)

MEDICINES DISCONTINUED	REASON IF KNOWN (e.g. side effects) / ADDITIONAL COMMENTS

Dispensed by _____
Checked by _____
Date checked _____

Prescribed by K Lee
Print name K Cleary
Date 28/11/18

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

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Mr Alexander O'Rourke
Spinl1932, Ailsa 4-07
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

08th November 2018

Dear Alexander,

Due to unforeseen circumstances it is now necessary to cancel your appointment today, Thursday 08th November 2018, with Karen Muir, Mental Health Therapist.

We apologise for any inconvenience this may cause and will be in touch shortly to offer you a new appointment.

Yours sincerely

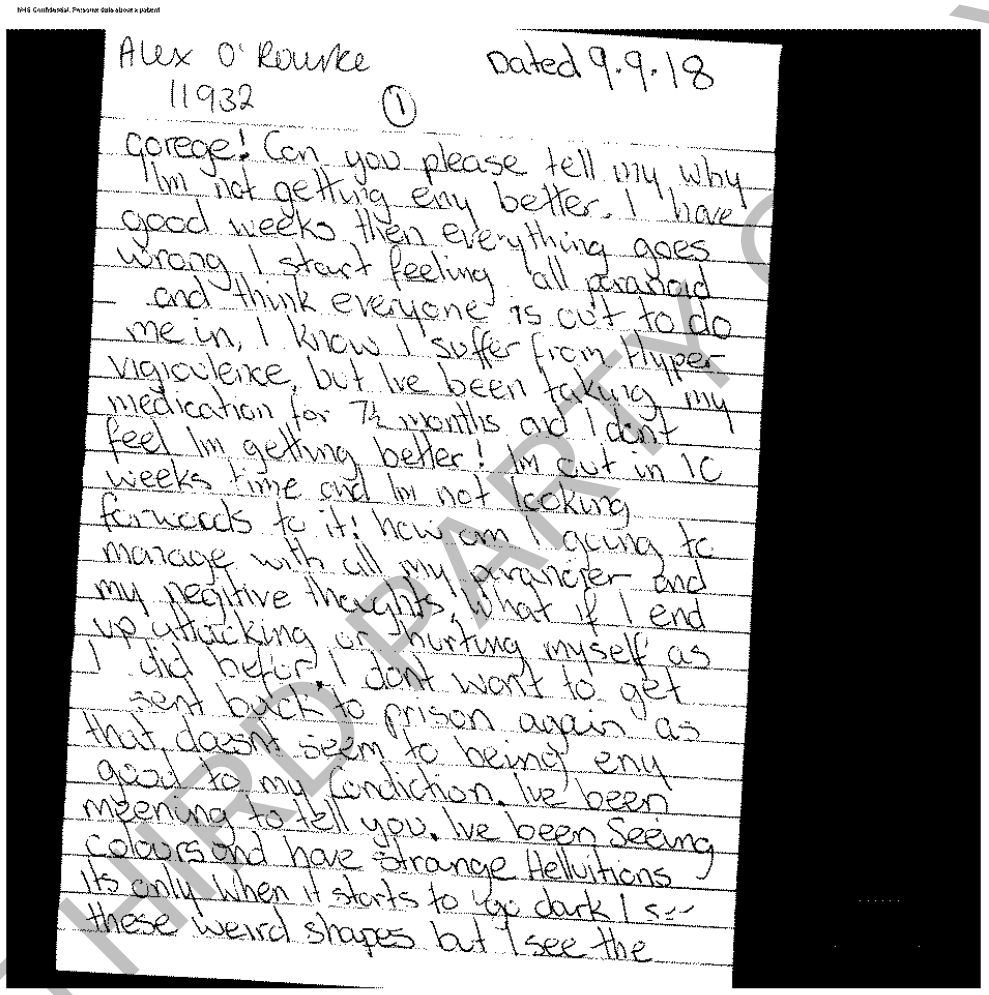
CReid

Claire Reid
Clinical Psychology Service Administrator

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NHS Confidential. Personal data about a patient

Alex O'Rourke
11932

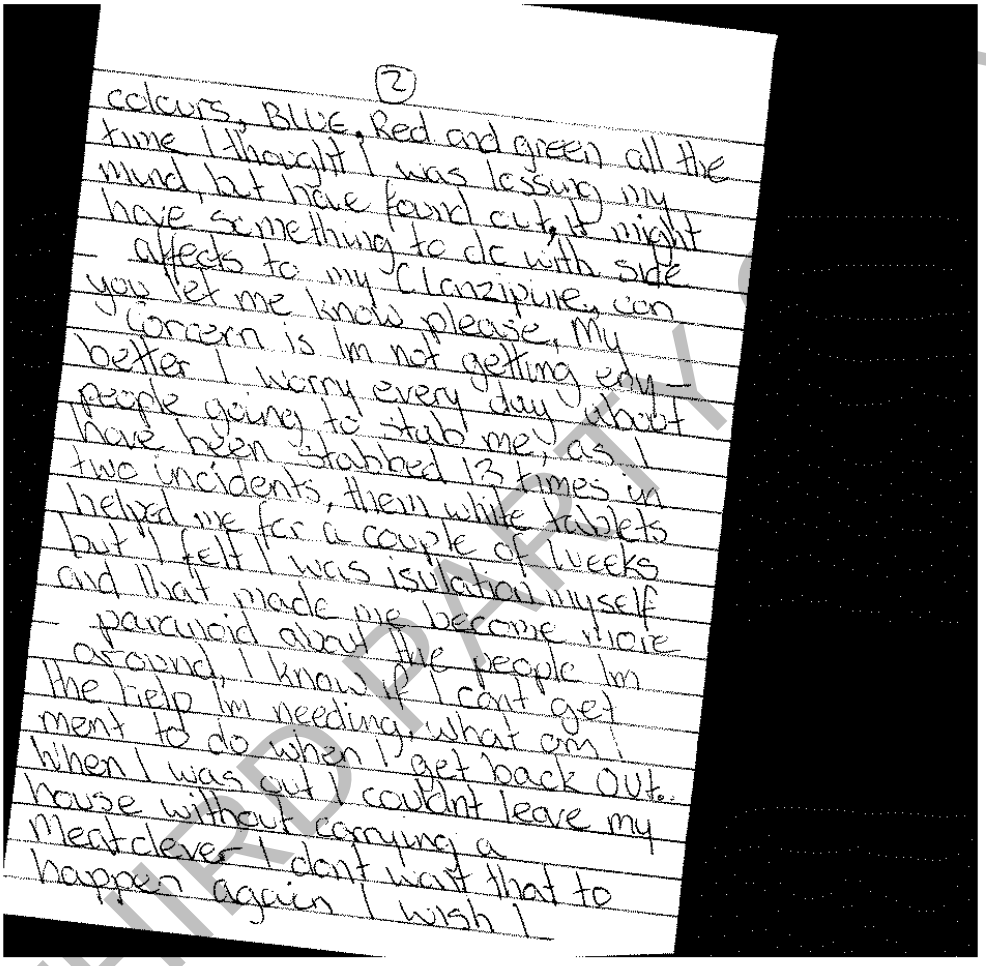
Dated 9.9.18

(1)

Gorege! Can you please tell my why Im not getting eny better. I have good weeks then everything goes wrong I start feeling all paranoid and think everyone is out to do me in, I know I suffer from Hyper-vigiculence, but Ive been taking my medication for 7½ months and I dont feel Im getting better! Im out in 10 weeks time and Im not looking forwards to it! how am I going to manage with all my paranoier and my negitive thoughts, what if I end up attacking or hurting myself as I did befor, I dont wont to get sent back to prison again as that doesn't seem to being eny good to my condiction. Ive been meening to tell you, Ive been Seeing colours and have strange Hellutions its only when it starts to go dark I see these weird shapes but I see the

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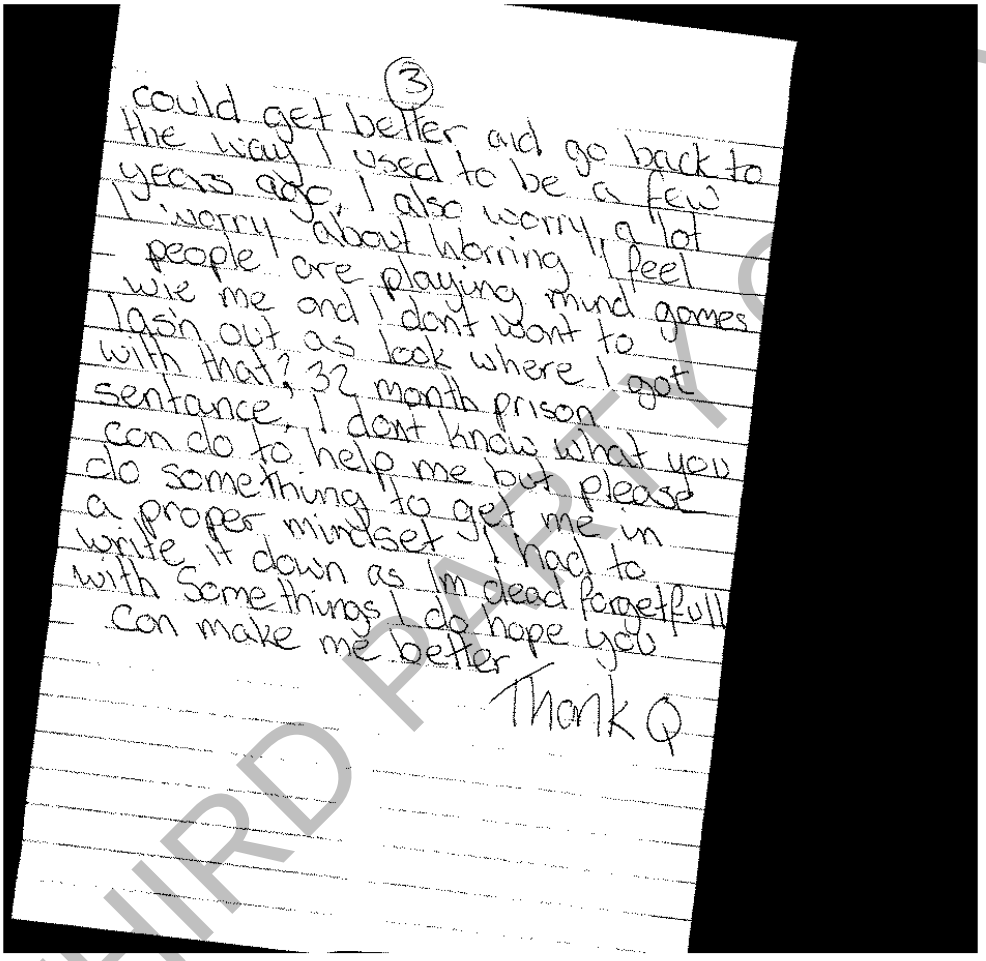
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(2)

colours, BLUE, Red and green all the time I thought I was losing my mind, but have found out it might have something to do with side effects to my Clanzipine, can you let me knows please, My concern is Im not getting any better I worry every day about people going to stab me, as I have been stabbed 13 times in two incidents, them white tablets helped me for a couple of weeks but I felt I was isulating myself and that made me become more paranoid about the people Im around, I know if I cant get the help Im needing, what am I ment to do when I get back out. When I was out I couldnt leave my house without carrying a Meat cleaver, I dont want that to happen again I wish I

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(3)
could get better and go back to
the way I used to be a few
years ago. I also worry a lot
I worry about boring I feel
people are playing mind games
wie me and I dont want to
I gon out as look where I got
with that? 32 month prison
sentance, I dont know what you
can do to help me but please
do something to get me in
a proper mindset I had to
write it down as Im dead forgetfull
with Somethings I do hope you
can make me better
Thank Q

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMPGreenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Ms Lorna Morrison
Addictions Nurse
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

RECEIVED

20th September 2018

Dear Ms Morrison,

Re: Alexander O'Rourke, Spin H932, DOB 04.12.70, CHI0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology Interventions Service. I have reviewed the referral, and Mr O'Rourke has been placed on our waiting list.

We will write to you again with an update once our assessment is complete.

Yours sincerely,

Claire Maclean

Dr Claire Maclean
Consultant Clinical Psychologist

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMPGreenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Mr Alexander O'Rourke
Spin 11932, Ailsa 4-07
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

20th September 2018

Dear Mr O'Rourke

You were referred to the Clinical Psychology Interventions Service by Lorna Morrison (Addictions Nurse) on the 17th September 2018. I am writing to advise that you have been placed on our waiting list.

We will be in touch again with an appointment in due course.

Yours sincerely,

Claire Reid
Clinical Psychology Interventions Service Administrator

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMPGreenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Ms Lorna Morrison
Addictions Nurse
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

20th September 2018

Dear Ms Morrison.

Re: Alexander O'Rourke, Spin 11932, DOB 04.12.70, CHI0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology Interventions Service. I have reviewed the referral, and Mr O'Rourke has been placed on our waiting list.

We will write to you again with an update once our assessment is complete.

Yours sincerely,

Claire Maclean

Dr Claire Maclean
Consultant Clinical Psychologist

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Appointment Refusal Form

I confirm that on 22/10/18 I refused an appointment in relation to:-

Addiction Support

I note that I need to take responsibility for my actions in failing to accept the treatment and that my refusal may limit the extent to which health centre staff is able to meet my healthcare needs.

Patient Details Name (Block) ALEXANDER O'ROURKE

SPIN NO. 11932 D.O.B. 04/12/70

Signature.....

Date & Time 22/10/18

Witness Name (Block) LORNA MORRISON

Signature L Morrison Designation NHS ADDICTION SUPPORT TEAM

Date & Time 22/10/18

Note: If the patient refuses to sign the above this should be witnessed by another member of staff who observed the refusal who should sign below.

Witness 2 Names (Block) Scott Middlemiss

Signature S Middlemiss Designation SPS Recovery Support

Date & Time 22/10/18 11:30

Please tick as appropriate what has been refused

Outpatient ☐ GP ☐ Dentist ☐ Podiatrist ☐ Psychiatrist ☐

Other service please specify

Nurse - Primary care ☐

Addictions ☐

Mental Health ☐

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NHS Greater Glasgow and Clyde

PROTOCOL FOR SEASONAL FLU VACCINATIONS

Please give completed form to Clinical Manager

CRITERIA

The patients eligible for the Flu Vaccination are those with diabetes, cardiac or respiratory problems or other chronic illnesses and the elderly over 65 years.

Patient's name (Print) : ALEX O'ROURKE
Patient's Signature :
Patient's Number : H932 Location: AILSA 3/17
Date form signed by patient: 6.11.18
Date of Birth: 04.12.70 Liberation / Court Date: 03.12.18

Please answer the following questions:

1. Have you ever had the Flu Vaccination before? YES / NO
   If yes please give date
2. Have you ever had an allergic reaction to any vaccination before? YES / NO
   If yes please give details
3. Do you have any general allergies? YES / NO
   If yes please give details
4. Are you allergic to eggs/ egg products/chicken feathers? YES / NO
5. Do you have any of the following:
   i. Heart disease YES / NO
   ii. Diabetes YES / NO
   iii. Repiratory Problems YES / NO
   iv. Asthma YES / NO
   v. Other Chronic illness YES / NO
   vi. Hay fever YES / NO
6. Are you currently prescribed any medications? YES / NO
   If yes which ones? OLANZAPINE MIRT, METH, NEFOM
7. Do you have flu / cold symptoms at present? YES / NO
8. Have you been treated with radiotherapy / chemotherapy / anti-retroviral medications in the last year? YES / NO

Doctors Signature 'PGD' Date

Clinical Manager's Signature Date

Nurse responsible for adminstering vaccination (signature)

Date Vaccination given 6.11.18 Batch / Sticker No. R04X

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RECEIVED
27 SEP 2018

NHS Prison Healthcare Self Referral Form

[redacted]

FULL NAME:	Alex ORourke	SPIN NUMBER:	11937
Date of Birth:	04/12/1970	Hall & Cell No:	A1BA 4/07
Date of Request:	26/9/2018	Lib Date:	03/12/2018

Please give brief detail of reason for request:-

	DENTIST Please complete a Dental Referral form	[redacted]	[redacted]	DISCHARGE MEDICATION Please order 7 days before discharge date.	[redacted]
[redacted]	PODIATRIST Only available to patients with 3 months left to serve or who have a medical condition i.e. Diabetic	[redacted]	[redacted]	MENTAL HEALTH SERVICES Please complete a Mental Health referral form	[redacted]
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical condition i.e. Diabetic	[redacted]	[redacted]	SMOKING CESSATION WOUND DRESSING	[redacted]

Please give brief detail of reason for request:- I asked today Tuesday if I could go upto 10mls on my methadone, tomorrow, Can I get a 2 week detox to come off it instead, as I asked Lorna if this would be possible a few weeks ago, Ive heard some-one in the hall got this done for him, so can this happen for me also ???

Seen by addictions 4/10/18

DATE RECEIVED:	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR:	DATE SEEN:

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

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Appointment Refusal Form

I confirm that on 01/10/18 I refused an appointment in relation to:-

Addiction Support

I note that I need to take responsibility for my actions in failing to accept the treatment and that my refusal may limit the extent to which health centre staff is able to meet my healthcare needs.

Patient Details Name (Block) ALEXANDER O'ROURKE

SPIN NO. 11937 D.O.B. 04/12/70

Signature.....

Date & Time 01/10/18

Witness

Name (Block) LORNA MORRISON

Signature L Morrison Designation NHS ADDICTION SUPPORT TEAM

Date & Time 01/10/18

Note: If the patient refuses to sign the above this should be witnessed by another member of staff who observed the refusal who should sign below.

Witness 2

Names (Block) A Mc Millan

Signature Designation Officer (Links Centre)

Date & Time 01-10-18 @ 10.15am

Please tick as appropriate what has been refused

Outpatient ☐ GP ☐ Dentist ☐ Podiatrist ☐ Psychiatrist ☐

Other service please specify

Nurse - Primary care ☐

Addictions ☐

Mental Health ☐

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US Booked @ 11.30. Same day.

Acute Services Division

Diagnostics Directorate

Radiology (X-Ray) Department
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

Nurse in charge
HM Prison - Gateside
H M Gateside Prison

Alexander O'Rourke 04-Dec-1970

11932
RECEIVED
28 SEP 2018

Tel: 01475 524171
Date: 24-Sep-2018
CHI No: 0412703297
Hosp Ref: C313H

Dear MR O'ROURKE,

An appointment has been made for you to attend the Radiology (X-Ray) Department for the following:

For: **a Chest x-ray**
On: **Wednesday 03 October 2018 at 11:45 am**
At: **Inverclyde Royal Hospital, Radiology (X-Ray) Department**

If this appointment is not suitable or you are unable to attend for any reason, please contact the department on 01475 524171 between 9am-4.30pm Monday to Friday.

The X-Ray department is situated on the Level C and access is from the main entrance. Please allow adequate time for parking.

Further information about the examination and the department can be found on the NHS Greater Glasgow and Clyde website: **www.nhsggc.org.uk/imaging**

Please bring this letter with you.

Diagnostic Imaging

Event E-32954549

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Inverclyde Royal Hospital: Clinical Report

Patient: **O'ROURKE, Alexander** DOB: **04-Dec-1970**

Referrer: Dr Andrew Kirk
Ref Loc: HM Prison - Gateside
Ref Src: H M Gateside Prison, 85 Old Inverkip Road, Greenock, PA16 9AJ,

CHI No: 0412703297
CRIS No: 20116456

Clinical History : complaining of 2 months of left sided loin/ abdominal pain. No abdominal swelling.? Renal cause.

US Abdomen :
Examination performed and reported by A Gilmour, Sonographer.

The spleen is normal in size at 10.3 cm.
Both kidneys appear normal in size, shape and position.
The right kidney measures 10.1 cm and the left kidney is slightly larger measuring 12.5 cm in bipolar diameter.
There is no evidence of hydronephrosis or obvious calculi in either kidney.
The liver appears normal in size and echo texture, no focal lesions are identified within.
The gallbladder and common duct appear normal, there is no evidence of stones within.
The central abdomen was obscured by overlying bowel gas.

8.10.18

10/10/18

VERIFIED

Reported By: **Audrey Gilmour (Sonographer)**
2nd Reporter:
Verified By: **Audrey Gilmour (Sonographer)**

E-32937754
Exams: **US Abdomen**

Exam Date: 03-Oct-2018

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NHS Confidential: Personal data about a patient

Inverclyde Royal Hospital: Clinical Report

Patient: **O'ROURKE, Alexander** DOB: **04-Dec-1970**

Referrer: Dr Andrew Kirk
Ref Loc: HM Prison - Gateside
Ref Src: H M Gateside Prison, 85 Old Inverkip Road, Greenock, PA16 9AJ,

CHI No: 0412703297
CRIS No: 20116456

Clinical History :

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences compared to 11/05/2015. There is no sign of significant pleural calcification.

11932

Health Centre - HMP Greenock
Date Received 17/10/18 MO
Show to
No Action/File
To be listed for MO ✓
Patient to be informed
Signature

VERIFIED

Reported By: **Dr Sean Kelly**
2nd Reporter:
Verified By: **Dr Sean Kelly**

E-32954549
Exams: **XR Chest**
Exam Date: 03-Oct-2018

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

CLINICAL PSYCHOLOGY & NHS PSYCHOLOGICAL THERAPIES

Referral Form for HMP Barlinnie, Low Moss & Greenock

1. Prisoner Details

NAME	Alexander O'Rourke	SPIN	11932
HALL	Ailsa 4-07	DOB	04/12/1970
INDEX OFFENCE	Assault to Severe Injury and Permanent Disfigurement	LEGAL STATUS	TRIED
DATE OF EDL	03/12/18	EDL < 3 MONTHS?	YES (discussed at Greenock Allocation meeting as appropriate as previously engaged with the service)

**If the prisoner has less than three months remaining until their EDL, please refer to community mental health services via their GP.*

Has the prisoner consented to the referral? YES / NO If 'NO' do not refer or obtain consent

2. Screening Questions

		If 'YES' please specify details
MENTAL HEALTH		
Has a mental health assessment been completed?	YES / NO	Yes
Do they have ongoing contact with the team?	YES / NO	Yes – Is working with Psychiatrist and Mental Health Nurse
INTERVENTIONS		
Referred to/engaged with Offending behaviour programmes?	YES / NO	No
Referred to/engaged with Open Secret?	YES / NO	No
Referred to/engaged with any other interventions?	YES / NO	No

V1 Post Team Day 19.12.17

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NHS Confidential: Personal data about a patient

RISK FACTORS		
Is there any ongoing substance misuse?	YES / NO	Yes - Was stable on ORT and is currently reducing of this. In last month has smoked spice on a few occasions.
Is there any history of self-harm, suicidal ideation or behaviour?	YES / NO	Yes – Has self harmed in the past through cutting his arms. Has also felt suicidal and contacted Samaritans, and whilst on the phone self harmed.
Are there identified risks to clinician?	YES / NO	No

Please note the referrer has a duty of responsibility to ensure the necessary information is obtained to complete each of the above screening questions in their entirety.

3. Presenting Problem

Reason for referral:

Two weeks ago, Alexander disclosed to staff he had made a 'dagger' to help him feel safe within the hall. After a cell search, Alexander gave SPS staff a spoon he had sharpened. Alexander was then reviewed by Psychiatrist and started on Chlorpromazine.

On 09/09/18, he stopped taking his Olanzipine and Chlorpromazine due to feeling medication 'dulls him down' and he won't be able to react to protect him if he was in danger.

Please list current distressing experiences and/or difficulties:

Struggling with symptoms of hyper vigilance, increase in paranoia and anxiety.

Also described seeing shapes and colours when his eyes are closed and has recently been experiencing a noise in his ears when he is in his cell on his own.

How do these impact on their current functioning?

Has requested to be dined in cell as anxiety becomes overwhelming when his cell door is opened.

Describes feeling 'constantly on edge' and unsafe in the hall. Able to rationalise this but does not feel he can trust anyone.

Found previous engagement with Psychological Services helpful and is keen re engage to help him manage symptoms.

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NHS Confidential: Personal data about a patient

4. Referrer Details

SIGNATURE:	Lorna Morrison
NAME:	Lorna Morrison
DESIGNATION:	NHS Addiction Support Worker
DATE:	14/09/18

Referrers should complete the form and send it electronically to the following email address:

gg-uhb.hmpmentalhealth@nhs.net

FOR COMPLETION BY THE CLINICAL PSYCHOLOGY TEAM		
Date referral received:	Processed by:	Database updated: Y / N
Any other relevant information:		

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Filename: iGPRDA_281.pdf
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NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Alexander Okarke	**SPIN NUMBER:**	11932
Date of Birth:	04/12/1970	**Hall & Cell No:**	N1SA 407
Date of Request:	21/9/2018	**Lib Date:**	03/12/2018

Please give brief detail of reason for request:-

	DENTIST *Please complete a Dental Referral form*			**DISCHARGE MEDICATION** Please order 7 days before liberation date.	√ (Please Tick)
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**MENTAL HEALTH SERVICES** Please complete a Mental Health referral form	
				SMOKING CESSATION	√ (Please Tick)
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**WOUND DRESSINGS**	√ (Please Tick)

Please give brief detail of reason for request:-

I had a stomach operation in 2016 for a Big Hernai, When Im getting up from my bed my stomach is killing me, its like a hot stabbing feeling, Can you book me into see the Doctor, just too get it checked out Thank Q

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED: 21/9/18	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR: 28/9/18	**DATE SEEN:**

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Mr Andrew McTaggart
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

4th September 2017

Dear Mr McTaggart

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

I am writing to provide you with an end of treatment letter for Mr O'Rourke. If you recall, Mr O' Rourke was referred to the Clinical Psychology Interventions Service in August 2018, having reported difficulties with anxiety and symptoms of PTSD. Following on from assessment, Mr O' Rourke was offered a low intensity psychological intervention, delivered on a 1:1 basis. I have provided a summary below of the work that was completed, along with recommendations.

Treatment Outcome Summary

Mr O'Rourke engaged in six low intensity cognitive behaviour therapy treatment sessions between March 2018 and May 2018. Initial sessions were focussed on safety and stabilisation treatment for trauma. Sessions provided Mr O'Rourke with psycho-education for trauma. This included information relating to the brain and memory processing, as well as emotional dysregulation and the window of tolerance. Strategies to combat emotional dysregulation were also discussed and a range of grounding techniques explored (mental grounding, physical grounding and soothing grounding).

Subsequent sessions were underpinned by a five areas approach which utilises a simplified CBT framework. Sessions focussed on providing psycho-education for anxiety. This included the exploration of the five areas model, which introduced Mr O' Rourke to the concept of automatic negative thoughts and unhelpful thinking styles. Strategies to combat negative thoughts included mindfulness exercises and self monitoring by means of thought diaries. The fight or flight response in relation to the physical symptoms was also discussed and a range of relaxation and distraction techniques explored (diaphragmatic breathing, progressive muscular relaxation). The final sessions explored CBT for Insomnia which provided Mr O'Rourke with techniques to help improve his sleep, as well as the impact of

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cannabis use on sleep patterns. A safety plan which encompassed strategies and support systems which Mr O'Rourke could utilise was developed. In between session tasks to facilitate learning were provided weekly, which Mr O'Rourke always completed.

Mr O'Rourke engaged well in the treatment sessions and reported them as being beneficial. Indeed, as sessions progressed, there was a marked reduction in his psychical symptoms of anxiety. This correlates with his CORE 34 scores which show a significant change from 81 (moderate to severe) pre treatment to 22 (low level) post treatment, placing him below the clinical threshold. It had been my intention to explore graded exposure and to set behavioural experiments. However as his anxiety reduced, Mr O'Rourke began, carrying out his own behavioural experiments by facing situations he used to avoid. For example, he is now employed in a work party and has on occasion attended exercise. By doing so, Mr O'Rourke was able to acknowledge that his prior beliefs regarding being around others had been holding him back and that he was able to manage these situations better than he had expected. Mr O'Rourke reported that whilst he worries about resorting to old coping mechanism whilst in the community, he is feeling more optimistic about the future and is hopeful that he can continue to utilise his new skills.

Recommendations

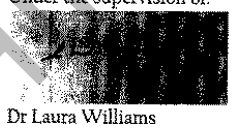
Whilst Mr O'Rourke appears to have benefitted from engaging in psychological therapy and is motivated to continue developing his psychological mindfulness, he has concerns regarding his ability to cope in the community. I have therefore liaised with Lorna Morrison, Addiction Caseworker, who agreed to continue supporting Mr O'Rourke utilising SPIRIT materials. In particular, it may be beneficial to continue supporting him to adhere to the agreed seep routine, as well as utilising his grounding techniques. We also agreed that it may be beneficial that prior to his liberation they explore behaviour activity scheduling for the community as well as possible support networks.

Mr O'Rourke will now be discharged from the Clinical Psychology Interventions Service. Should you wish to discuss anything further then please do not hesitate to get in touch.

Yours sincerely,

Karen Muir
Mental Health Therapist

Under the supervision of:



Dr Laura Williams
Principal Clinical Psychologist

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Addiction Team
Health Centre
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

30th April 2018

Dear Ms Rodgers

Re: Alexander O'Rourke, DOB 04.12.70, Spin 11932, CHI 0412703297, C/o HMP Greenock

Thank you for referring Mr O'Rourke to the Clinical Psychology Interventions Service. I have now met with Mr O'Rourke for an initial assessment over 2 sessions on 9th March 2018 and 16th March 2018. I am writing to provide you with a brief update on my assessment. As you are aware, Mr O'Rourke is currently serving a sentence for Assault to Severe Injury and Permanent disfigurement and is due for liberation on 3rd December 2018.

Mr O'Rourke engaged well in the assessment process and appeared to provide an open and honest account of his current difficulties. Mr O'Rourke was extremely anxious throughout the assessment session and physical symptoms of anxiety were evident. Eye contact was minimal and he appeared low in mood. At one point Mr O'Rourke requested a break, however was able to continue with the assessment process on his return. There was no evidence of problems with self care and he did not appear to be under the influence of substances. Whilst Mr O'Rourke did state that he has thoughts of self harm, he has no intention of acting upon them. Throughout both assessment sessions, Mr O'Rourke did express thoughts of violence towards others and reported that he has acted upon these in the past. Concerns regarding Mr O'Rourke's potential harm to others were discussed with both NHS and SPS staff and security protocols were followed.

Presenting Problems & Identified Targets for Intervention

Mr O'Rourke reported that he currently struggles with thoughts of a paranoid nature. This relates to incidents where he has been the victim of unprovoked stabbings on two occasions. He reported that he thinks about the incidents and struggles to understand why they happened. He denied experiencing flashbacks or intrusive images. He stated that he is now wary of others, believing that they are planning to harm him or are spreading rumours about

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him. He reported feeling panicky, describing increased heart rate and sweating, muscle tension and rapid breathing. Mr O'Rourke described safety behaviours such as acting out aggressively, self isolating and carrying/making weapons. He described always being on edge and that the only time he can relax is when he is locked behind his door.

Mr O'Rourke reported that he has no structure and constantly lies in bed. He reported that due to the amount of people he does not attend a work party or participate in exercise. He is not interested in any daily activities and feels negative about taking visits. Understandably this is having a negative impact on his mood.

Mr O'Rourke reported that he used to suffer from religious based delusions, believing that the bible was speaking to him. He also described auditory hallucinations, however reported that these no longer occur. He did report, however, that at night he will see colours and shapes and is unsure if these are hallucinations. Mr O'Rourke was advised by the psychiatrist that these symptoms could be a result of Vitamin A deficiency and he is now looking to improve his diet.

Recommendations/Plan for Intervention
It is recommended that Mr O'Rourke receive a low intensity psychological intervention on an individual basis where he will in engage in safety and stabilisation. This will allow Mr O'Rourke to manage negative emotions related to trauma. Work will also be in relation to the current difficulties he is experiencing with anxiety and associated behaviours.

This intervention will take place under the supervision of a clinical psychologist. Typically, low intensity interventions last for 6-8 sessions, although this will be reviewed upon completion of the intervention outline above. A member of the psychology team will be in touch again with an update once the intervention is complete. I hope that this information is useful. If you have any further questions then please do not hesitate to get in touch.

Yours sincerely,

Karen Muir
Mental Health Therapist

Under the supervision of:

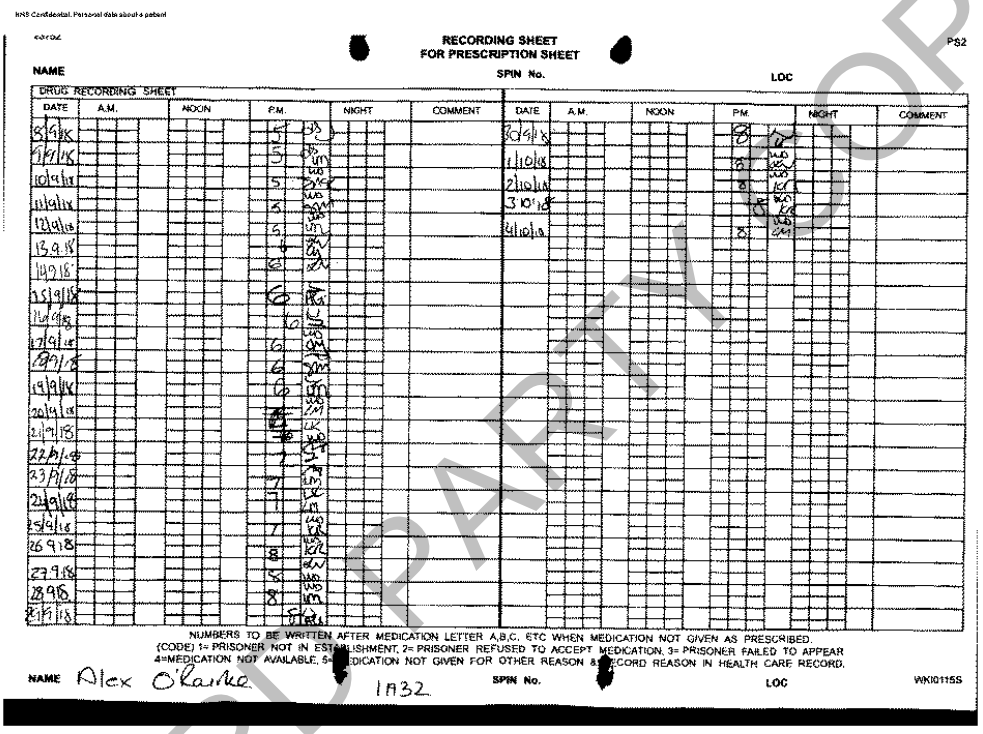


Dr Laura Williams
Principal Clinical Psychologist

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RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/9/18						30/9/18					
9/9/18						1/10/18					
10/9/18						2/10/18					
11/9/18						3/10/18					
12/9/18						4/10/18					
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NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5=MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME Alex O'Rourke

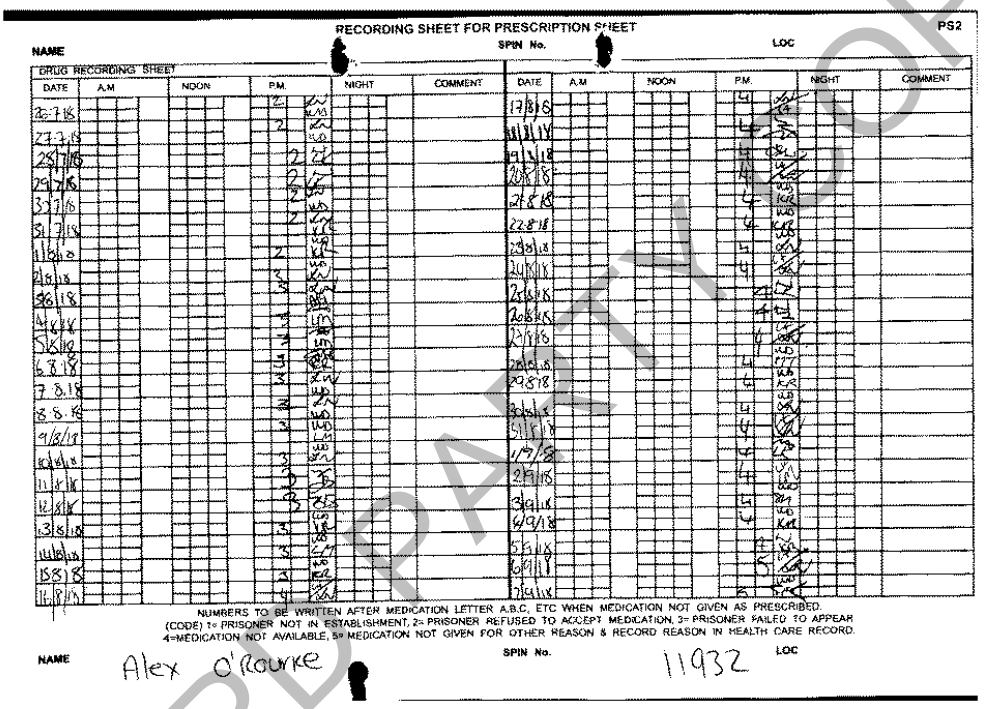
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RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

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27.7.18			2		
28/7/18			2		
29/7/18			2		
30/7/18			2		
31/7/18			2		
1/8/18			2		
2/8/18			2		
3/8/18			2		
4/8/18			2		
5/8/18			2		
6.8.18			3		
7.8.18			3		
8.8.18			3		
9/8/18			3		
10/8/18			3		
11/8/18			3		
12/8/18			3		
13/8/18			3		
14/8/18			3		
15/8/18			3		
16/8/18			3		

DATE	A.M	NOON	P.M.	NIGHT	COMMENT
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18/8/18			4		
19/8/18			4		
20/8/18			4		
21/8/18			4		
22/8/18			4		
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30/8/18			4		
31/8/18			4		
1/9/18			4		
2/9/18			4		
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4/9/18			4		
5/9/18			4		
6/9/18			4		
7/9/18			4		

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NAME Alex O'Rourke

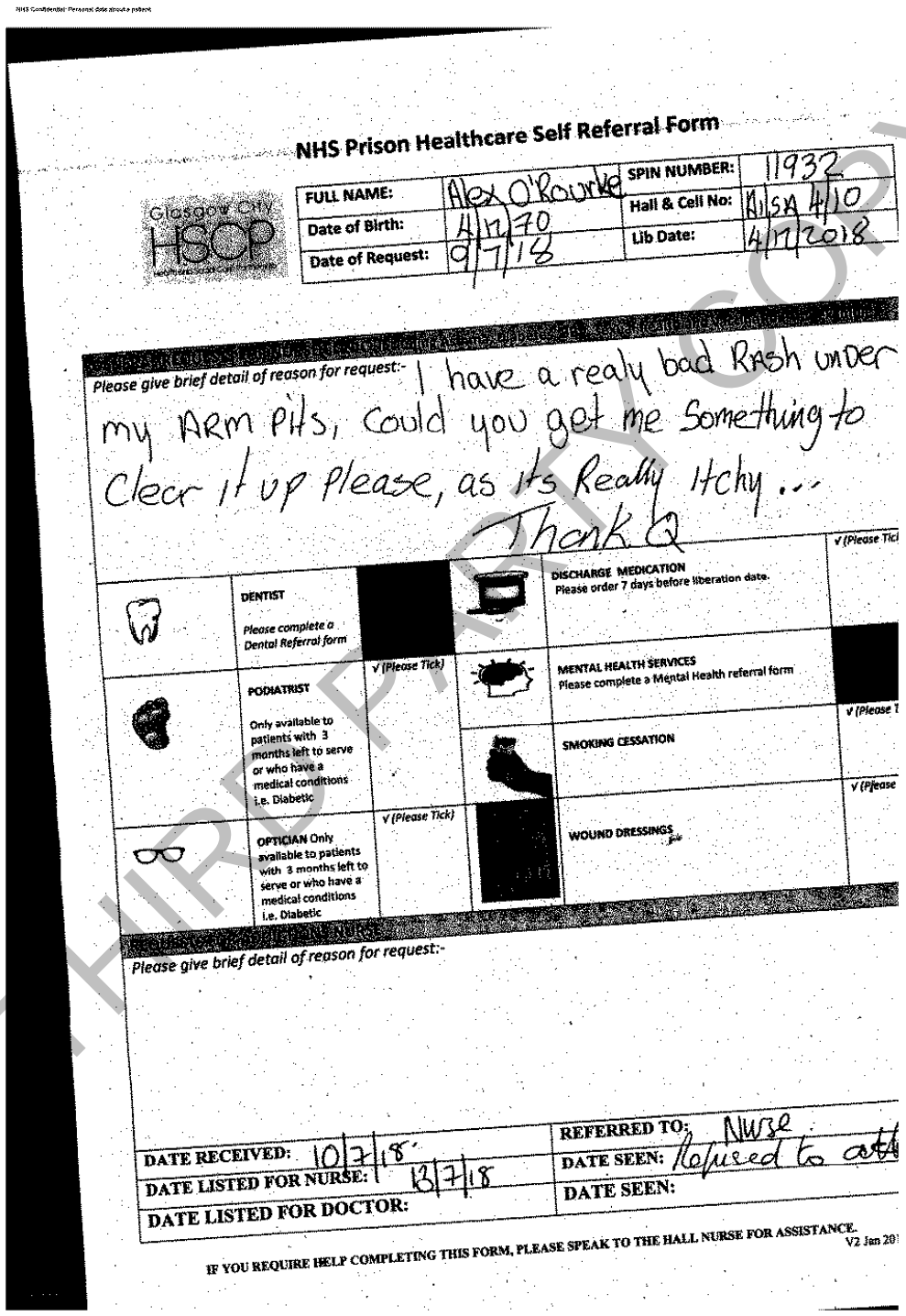
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NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Alex O'Rourke	SPIN NUMBER:	11932
Date of Birth:	4/11/70	Hall & Cell No:	N1/SA 4/10
Date of Request:	9/7/18	Lib Date:	4/11/2018

Please give brief detail of reason for request:- I have a realy bad Rash under my ARM PITs, Could you get me Something to Clear it up Please, as its Really itchy ... Thank Q

	DENTIST *Please complete a Dental Referral form*		DISCHARGE MEDICATION Please order 7 days before liberation date.	√ (Please Tick)
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)	MENTAL HEALTH SERVICES Please complete a Mental Health referral form	
			SMOKING CESSATION	√ (Please T
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)	WOUND DRESSINGS	√ (Please

Please give brief detail of reason for request:-

DATE RECEIVED: 10/7/18.	REFERRED TO: Nurse
DATE LISTED FOR NURSE: 13/7/18	DATE SEEN: Refused to att
DATE LISTED FOR DOCTOR:	DATE SEEN:

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE. V2 Jan 20

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Appointment Refusal Form

I confirm that on 25/06/18 I refused an appointment in relation to:-

Addiction Support

I note that I need to take responsibility for my actions in failing to accept the treatment and that my refusal may limit the extent to which health centre staff is able to meet my healthcare needs.

Patient Details Name (Block) ALEXANDER O'ROURKE
SPIN NO. 11932 D.O.B. 04/12/1970
Signature.....
Date & Time. 25/06/18

Witness
Name (Block). LORNA MORRISON
Signature. L Morrison Designation. NHS DUMFRIES SUPPORT TEAM
Date & Time. 25/06/18

Note: If the patient refuses to sign the above this should be witnessed by another member of staff who observed the refusal who should sign below.

Witness 2
Names (Block). J BRUCE
Signature. Designation. OFFICER
Date & Time. 25/6/18 10.43AM

Please tick as appropriate what has been refused

Outpatient ☐ GP ☐ Dentist ☐ Podiatrist ☐ Psychiatrist ☐

Other service please specify

Nurse - Primary care ☐
Addictions ☐
Mental Health ☐

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NHS Prison Healthcare Self Referral Form

FULL NAME:	Alex O'Rourke	SPIN NUMBER:	11932
Date of Birth:	04/12/1970	Hall & Cell No:	A1 SR 4/28
Date of Request:	19/6/2018	Lib Date:	4/12/2018

Please give brief detail of reason for request:- Can you please put me down for the Dr as Im having problems with my eyes, when its starting to go dark Im seeing these colours, its like a static tv but in colour with shapes, I got told to eat fruit and veg by the psychitrist but this isnt doing enything, its causing me to have unwanted stress issues...

	DENTIST *Please complete a Dental Referral form*	[redacted]		DISCHARGE MEDICATION Please order 7 days before liberation date.	*√ (Please Tick)*
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	*√ (Please Tick)*		MENTAL HEALTH SERVICES Please complete a Mental Health referral form	[redacted]
				SMOKING CESSATION	*√ (Please Tick)*
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	*√ (Please Tick)*		WOUND DRESSINGS	*√ (Please Tick)*

Please give brief detail of reason for request:-

DATE RECEIVED:	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR: 22/6/18	**DATE SEEN:**

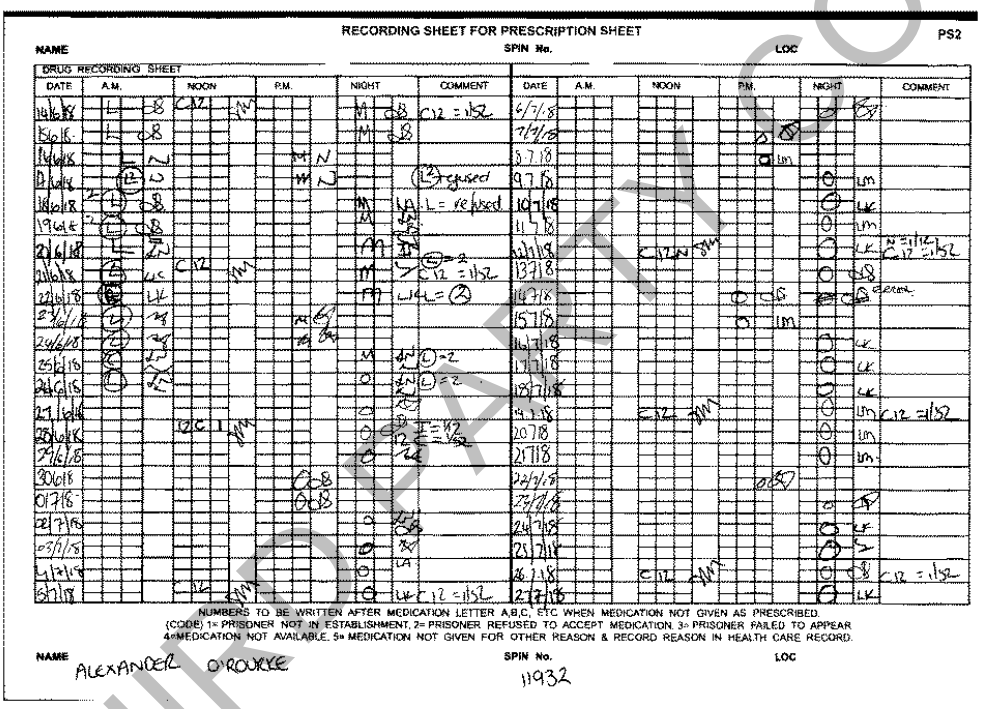
IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

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RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME ALEXANDER O'ROURKE SPIN No. 11932 LOC

DRUG RECORDING SHEET

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14/6/18	L CB	C12 JM		M CB	C12 = 1152
15/6/18	L CB			M CB	
16/6/18	L CB		M N	M N	
17/6/18	L CB		M N		(L2) refused
18/6/18	L CB			M LA	L = refused
19/6/18	L CB			M LA	
20/6/18	L CB			M LA	
21/6/18	L CB	C12 JM		M LA	C12 = 1152
22/6/18	L CB			M LA	L = (2)
23/6/18	L CB		M CB		
24/6/18	L CB		M CB		
25/6/18	L CB			M LA	(L) = 2
26/6/18	L CB			O LA	(L) = 2
27/6/18	L CB			O LA	
28/6/18	L CB	12C 1 JM		O LA	I = 1/2
29/6/18	L CB			O LA	12 = 1/2
30/6/18	L CB		C CB	O LA	
01/7/18	L CB		O CB		
02/7/18	L CB			O LA	
03/7/18	L CB			O LA	
04/7/18	L CB			O LA	
05/7/18	L CB	JM		O LA	C12 = 1152

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/7/18				O CB	
7/7/18			O CB		
8.7.18			O LM		
9.7.18				O LM	
10/7/18				O LK	
11.7.18				O LM	
12/7/18		C12 JM		O LK	N = 1/12 C12 = 1/52
13/7/18				O LK	
14/7/18			O CB	O CB	2 doses
15/7/18			O LM		
16/7/18				O LK	
17/7/18				O LK	
18/7/18				O LK	
19.7.18		C12 JM		O LM	C12 = 1/52
20/7/18				O LM	
21/7/18				O LM	
22/7/18			0857		
23/7/18				O LK	
24/7/18				O LK	
25/7/18				O LK	
26/7/18		C12 JM		O CB LK	C12 = 1/52
27/7/18				O LK	

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME ALEXANDER O'ROURKE SPIN No. 11932 LOC

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RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME SPIN No. LOC

DRUG RECORDING SHEET

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2-5-18	H				
3-6-18	H				
4-7-18	H				
5-7-18	H				
6-7-18	H				
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8-5-18	H				
9-5-18	H				
10-5-18	H				
11-5-18	H				
12-7-18	H				
13-5-18	H				
14-5-18	H				
15-5-18	H				
16-5-18	H				
17-5-18	H				
18-5-18	H				
19-5-18	H				
20-5-18	H				
21-5-18	H				
22-5-18	H				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
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24-5-18	L				
25-5-18	L				
26-5-18	L				
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NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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4=MEDICATION NOT AVAILABLE, 5=MEDICATION NOT GIVEN FOR OTHER REASON RECORD REASON IN HEALTH CARE RECORD.

NAME ALEXANDER O'ROURKE **SPIN No.** 11952 04/12/76 **LOC** NKDA.

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NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	ALEXANDRE O'ROURKE	**SPIN NUMBER:**	11932
Date of Birth:	04/12/1970	**Hall & Cell No:**	A4-10
Date of Request:	11/07/18	**Lib Date:**	3/12/18

GENERAL REQUESTS FOR NURSE CLINIC (Including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:-

	DENTIST *Please complete a Dental Referral form*			**DISCHARGE MEDICATION** Please order 7 days before liberation date.	√ (Please Tick)
	PODIATRIST Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**MENTAL HEALTH SERVICES** Please complete a Mental Health referral form	
				SMOKING CESSATION	√ (Please Tick)
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		**WOUND DRESSINGS**	√ (Please Tick)

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

RECOVERY CAFE - WOULD LIKE TO ATTEND

RECEIVED

added to recovery cafe list 13/7/18

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD POD OPT

DATE RECEIVED:	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

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Filename: iGPRDA_274.pdf
Extension:.tif
Pages:

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NHS Prison Healthcare Self Referral Form

[redacted]

FULL NAME:	Alexander Olaw[illegible]	PRISON NUMBER:	1932
Date of Birth:	4/2/1970	Hall & Cell No:	Alsa 407
Date of Request:	10/10/2018	Lib Date:	3/12/2018

Please give brief detail of reason for request:- Can you list me for the doctor to see if my results are back from the hospital

[redacted]	DENTIST Please complete a Dental Referral form	[redacted]	[redacted]	[redacted]
[redacted]	PODIATRIST Only available to patients with a current foot problem or who have a medical condition i.e. Diabetic	[redacted]	[redacted]	[redacted] ✓
Does not qualify	OPTICIAN Only available to patients who: 1 prescribed HRT by doctor, or who have a medical condition i.e. Diabetic	✓ (Please Tick) ✓	[redacted]	[redacted]

Please give brief detail of reason for request:-

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

Referral also copied and highlighted for (Please Circle) MO PN MHN BBV ADD FOD OBT

DATE RECEIVED: 10/10/18	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR: 15/10/18	DATE SEEN:

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Filename: iGPRDA_303.pdf
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Pages:

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Appointment Refusal Form

I confirm that on 23/07/18 I refused an appointment in relation to:-

Addiction Support

I note that I need to take responsibility for my actions in failing to accept the treatment and that my refusal may limit the extent to which health centre staff is able to meet my healthcare needs.

Patient Details Name (Block) ALEXANDRE O'ROURKE

SPIN NO. 11932 D.O.B. 04/12/1970

Signature.....

Date & Time 23/07/18

Witness Name (Block) LORNA MORRISON

Signature L. Morrison Designation NHS ADDICTION SUPPORT TEAM

Date & Time 23/07/18

Note: If the patient refuses to sign the above this should be witnessed by another member of staff who observed the refusal who should sign below.

Witness 2 Names (Block) ASGHA JVOKE

Signature [illegible] Designation KEHAM JVOKE

Date & Time 23/7/18

Please tick as appropriate what has been refused

Outpatient ☐ GP ☐ Dentist ☐ Podiatrist ☐ Psychiatrist ☐

Other service please specify

Nurse - Primary care ☐

Addictions ☐

Mental Health ☐

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Additional: Scanned Document

Filename: iGPRDA_262.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

HMP Greenock
NHS Drugs, Alcohol & Tobacco Care Plan

Client Name: Alexander O Rourke | Spin/Location: 11932
Nurse/Worker: Alison. | DOB: 6/12/70 | CHI: | LIB: Dec 18
Date of care Plan: 8/1/18

Identified Need	Acton - What, When and by Whom?	Expected Outcome	Review
Alex has requested to reduce off methadone and start on Naltrexone prior to liberation from prison.	•Alex to reduce methadone by 3ml one week and then 2ml the following week continuously. •Staff to monitor for any signs of withdrawal and discuss accordingly. •Alex is aware that he can pause the reduction plan at any time.	•Alex to reduce methadone dose slowly and safely whilst maintaining stability. •Alex to be commenced on naltrexone prior to liberation from prison.	3 months
Opiate	•Alex to remain illicit drug free		

Patient Signature
Nurse/Worker Signature Alison
Doctor Signature

This care care plan is an agreed plan of care. Please ensure the patient receives a copy and a copy is placed the patients medical file. A copy to be kept with prescription

THIRD PARTY COPY



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Alex O'Rourke 11932

• To reduce by 3mls one week and 2mls the next week.

19/6/18 - 17mls

26/6/18 - 15mls

3/7/18 - 12mls

>/7/18 - 10mls

/7/18 - 7mls

/7/18 - 5mls

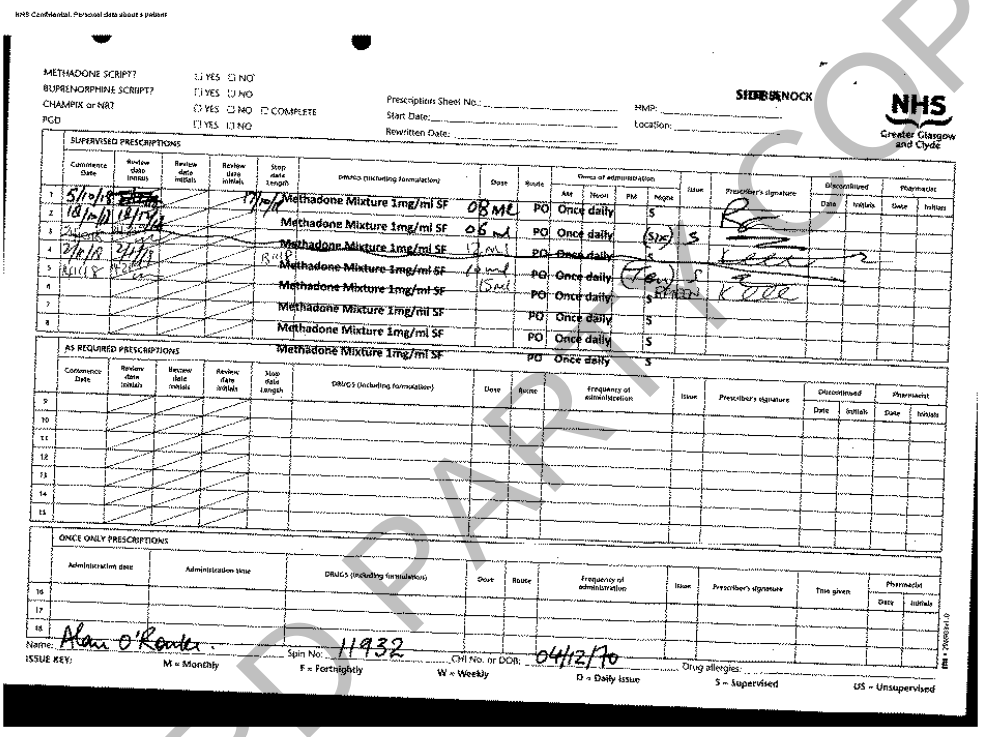
/18 - 2mls

F

THIRD PARTY COPY

Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_263.pdf
Extension:.tif
Pages:



NHS Confidential. Personal data about a patient

METHADONE SCRIPT? ☐ YES ☑ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescriptions Sheet No.:
Start Date:
Rewritten Date:

HMP:
Location:

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: Am	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
1	5/10/18			17/10/18		Methadone Mixture 1mg/ml SF	08 ML	PO	Once daily			S						
2	18/10/18	14/11/18				Methadone Mixture 1mg/ml SF	06 ml	PO	Once daily			(S1x) S						
3	[illegible]	[illegible]				Methadone Mixture 1mg/ml SF	[illegible]	PO	Once daily			S						
4	2/11/18	4/11/18				Methadone Mixture 1mg/ml SF	4 ml	PO	Once daily			S						
5	[illegible]	[illegible]				Methadone Mixture 1mg/ml SF	(5ml)	PO	Once daily			S						
6						Methadone Mixture 1mg/ml SF		PO	Once daily			S						
7						Methadone Mixture 1mg/ml SF		PO	Once daily			S						
8						Methadone Mixture 1mg/ml SF		PO	Once daily			S						

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
9															
10															
11															
12															
13															
14															
15															

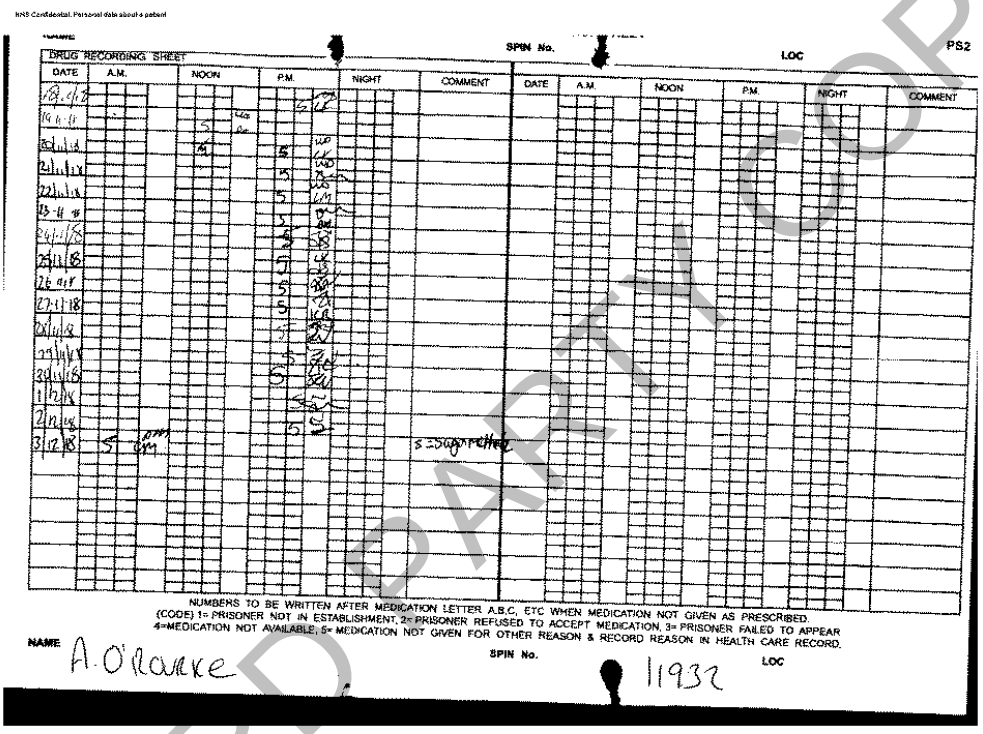
ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Initials
16											
17											
18											

Name: Alan O'Rourke Spin No.: 11932 CHI No. or DOB: 04/12/70 Drug allergies:

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily issue S = Supervised US = Unsupervised

THIRD PARTY COPY



NHS Confidential. Personal data about a patient

NAME

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19.11.18											
20.11.18											
21.11.18											
22.11.18											
23.11.18											
24.11.18											
25.11.18											
26.11.18											
27.11.18											
28.11.18											
29.11.18											
30.11.18											
1.12.18											
2.12.18											
3.12.18	5				s.35 applied						

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

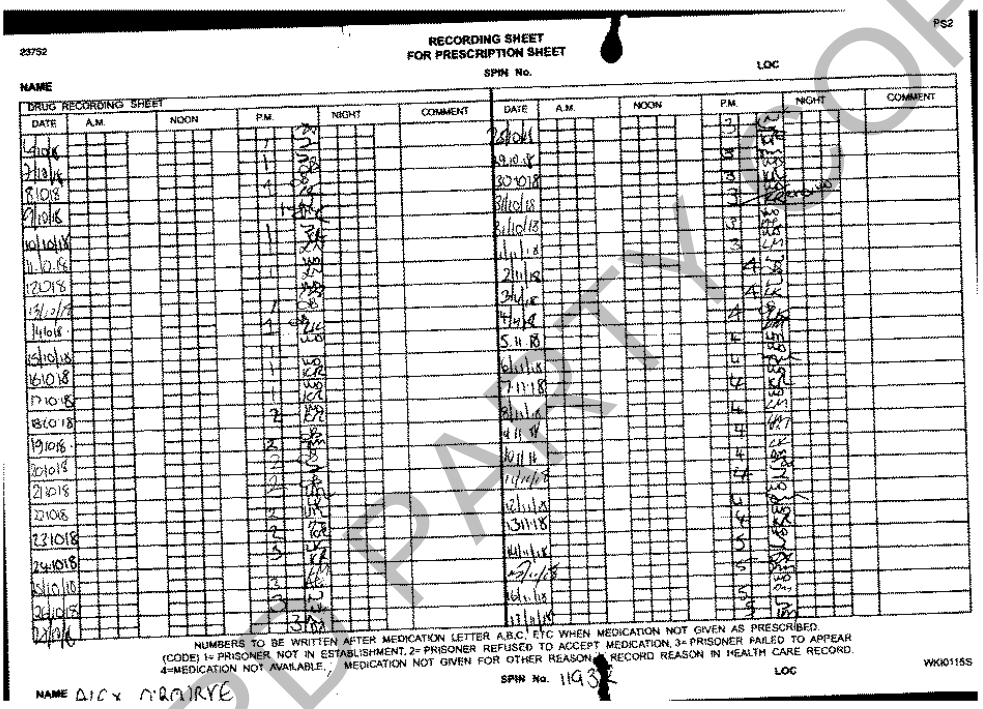
NAME A. O'Rourke

SPIN No. 11932

LOC

THIRD PARTY COPY

NHS Confidential. Personal data about a patient



23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

SPIN No.

LOC

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE., MEDICATION NOT GIVEN FOR OTHER REASON - RECORD REASON IN HEALTH CARE RECORD.

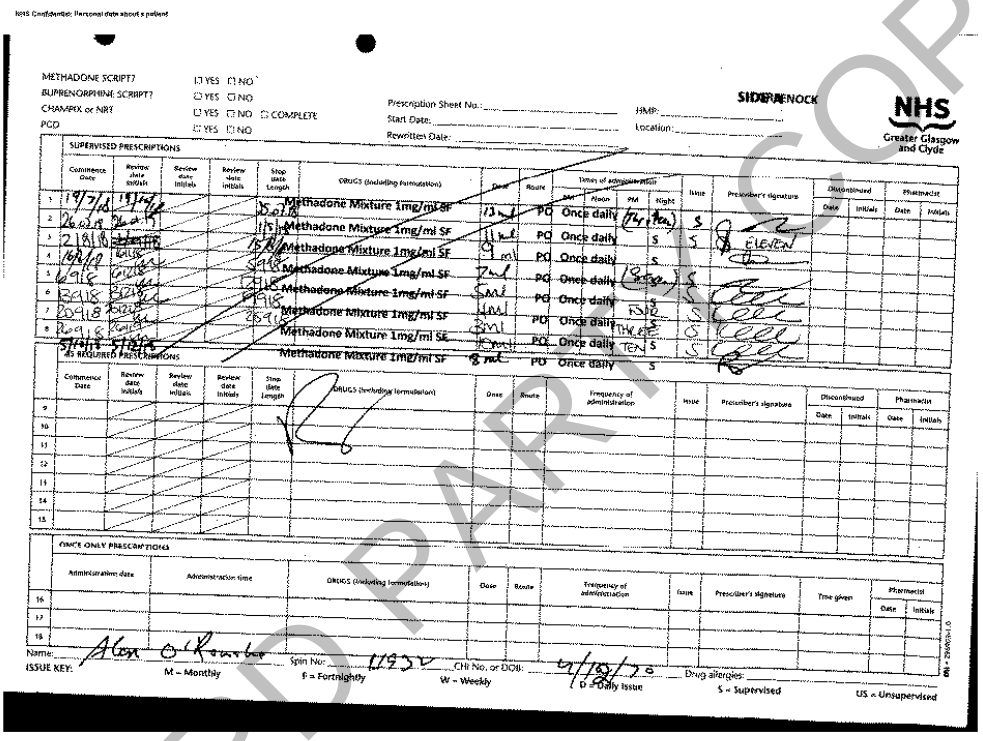
NAME ALEX MURRAY

SPIN No. 1193

LOC

WKI0115S

THIRD PARTY COPY



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METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☑ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

SIDERA ENOCK

HMP:
Location:

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued Date	Discontinued Initials	Pharmacist Date	Pharmacist Initials
1	19/7/18	19/7/18			5 d/s	~~Methadone Mixture 1mg/ml SF~~	13 ml	PO	Once daily	(14 Mon)			S					
2	26/9/18	[illegible]			15 d/s	~~Methadone Mixture 1mg/ml SF~~	11 ml	PO	Once daily			S	S	ELEVEN				
3	2/8/18	[illegible]			15 d/s	~~Methadone Mixture 1mg/ml SF~~	9 ml	PO	Once daily			S						
4	16/8/18	[illegible]			5 d/s	~~Methadone Mixture 1mg/ml SF~~	7 ml	PO	Once daily	(12 Mon)			S					
5	6/9/18	[illegible]			5 d/s	~~Methadone Mixture 1mg/ml SF~~	5 ml	PO	Once daily				S					
6	20/9/18	[illegible]			5 d/s	~~Methadone Mixture 1mg/ml SF~~	4 ml	PO	Once daily				S					
7	20/9/18	[illegible]			5 d/s	~~Methadone Mixture 1mg/ml SF~~	3 ml	PO	Once daily	(THREE)			S					
8	25/9/18	[illegible]			5 d/s	~~Methadone Mixture 1mg/ml SF~~	2 ml	PO	Once daily	TEN			S					
	5/10/18	5/10/18				Methadone Mixture 1mg/ml SF	8 ml	PO	Once daily				S					

as REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued Date	Discontinued Initials	Pharmacist Date	Pharmacist Initials
9															
10															
11															
12															
13															
14															
15															

ONCE ONLY PRESCRIPTIONS

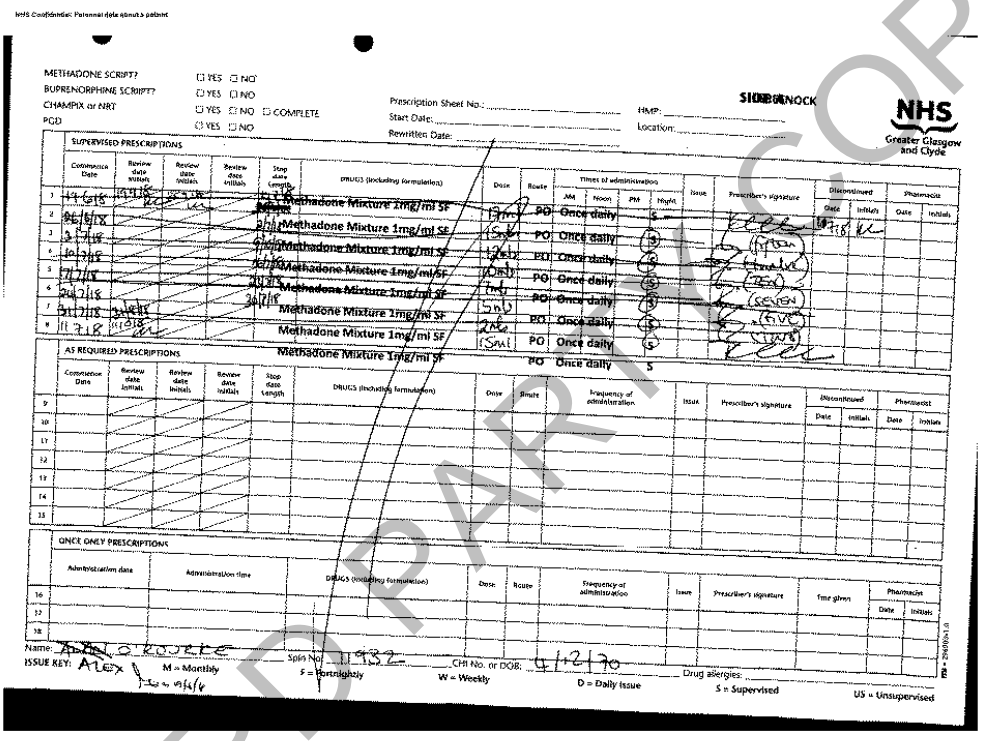
	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist Date	Pharmacist Initials
16											
17											
18											

Name: Alex O'Rourke
Spin No: 1795V
CHI No. or DOB: 4/8/70
Drug allergies:

ISSUE KEY: M = Monthly; F = Fortnightly; W = Weekly; D = Daily issue; S = Supervised; US = Unsupervised

NHS - 2840/6-10

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METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:
HMP:
Location:

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
1	19/6/18					Methadone Mixture 1mg/ml SF	15ml	PO	Once daily				5					
2	26/6/18					Methadone Mixture 1mg/ml SF	15ml	PO	Once daily				5					
3	3/7/18					Methadone Mixture 1mg/ml SF	12.5ml	PO	Once daily				5					
4	10/7/18					Methadone Mixture 1mg/ml SF	10ml	PO	Once daily				5					
5	17/7/18					Methadone Mixture 1mg/ml SF	7ml	PO	Once daily				5					
6	24/7/18					Methadone Mixture 1mg/ml SF	5ml	PO	Once daily				5					
7	31/7/18					Methadone Mixture 1mg/ml SF	2ml	PO	Once daily				5					
8	7/8/18					Methadone Mixture 1mg/ml SF	15ml	PO	Once daily				5					

AS REQUIRED PRESCRIPTIONS

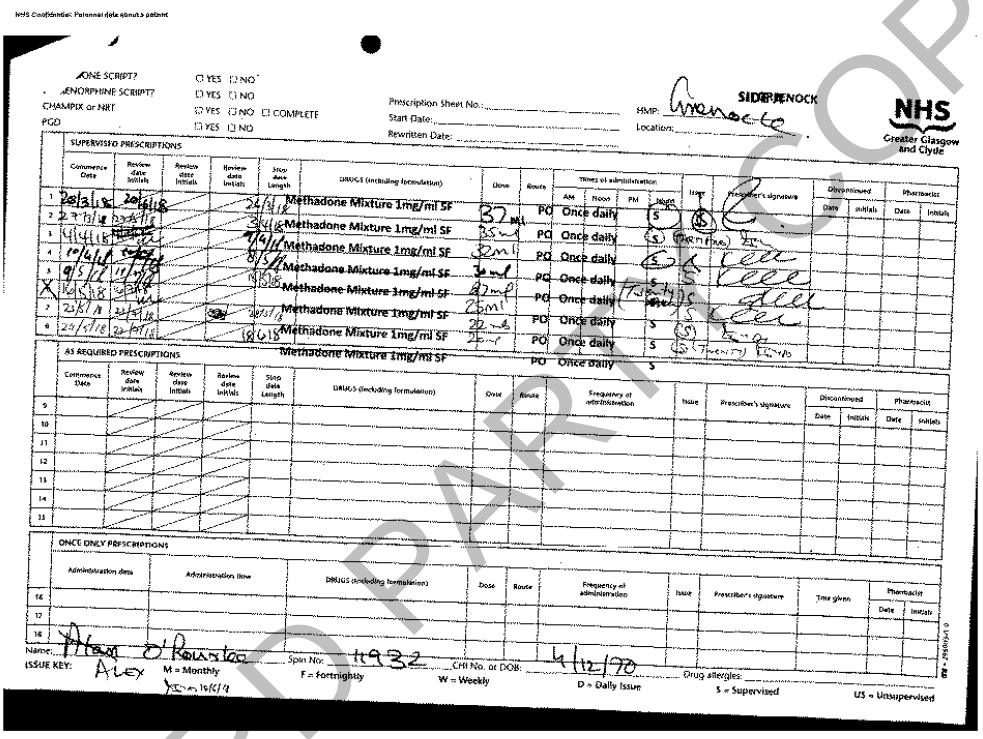
	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
9															
10															
11															
12															
13															
14															
15															

ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Pharmacist: Initials
16											
17											
18											

Name: [redacted] Spin No: [redacted] CHI No. or DOB: 4/12/70
Drug allergies:
ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily issue S = Supervised US = Unsupervised

THIRD PARTY COPY



ONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☑ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

SMP: SIDERENOCK
Location:

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date Initials	Review date Initials	Review date Initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
1	28/3/18	28/4/18		28/4/18		Methadone Mixture 1mg/ml SF	37 ML	PO	Once daily			(S)	(S)					
2	27/4/18	27/4/18		27/4/18		Methadone Mixture 1mg/ml SF	35ml	PO	Once daily			(S)	(Thirty five)					
3	11/4/18	11/4/18		11/4/18		Methadone Mixture 1mg/ml SF	32ml	PO	Once daily			(S)	(S)					
4	10/4/18	10/4/18		10/4/18		Methadone Mixture 1mg/ml SF	30ml	PO	Once daily			(S)	(S)					
5	9/4/18	9/4/18		9/4/18		Methadone Mixture 1mg/ml SF	30ml	PO	Once daily			(S)	(S)					
X	14/5/18	14/5/18		14/5/18		Methadone Mixture 1mg/ml SF	30ml	PO	Once daily			(S)	(S)					
7	25/5/18	25/5/18		25/5/18		Methadone Mixture 1mg/ml SF	25ml	PO	Once daily			(S)	(S)					
8	29/5/18	29/5/18		29/5/18		Methadone Mixture 1mg/ml SF	20ml	PO	Once daily			(S)	(S)					
						Methadone Mixture 1mg/ml SF	25ml	PO	Once daily			(S)	(Twenty) Five					
								PO	Once daily			S						

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date Initials	Review date Initials	Review date Initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
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11															
12															
13															
14															
15															

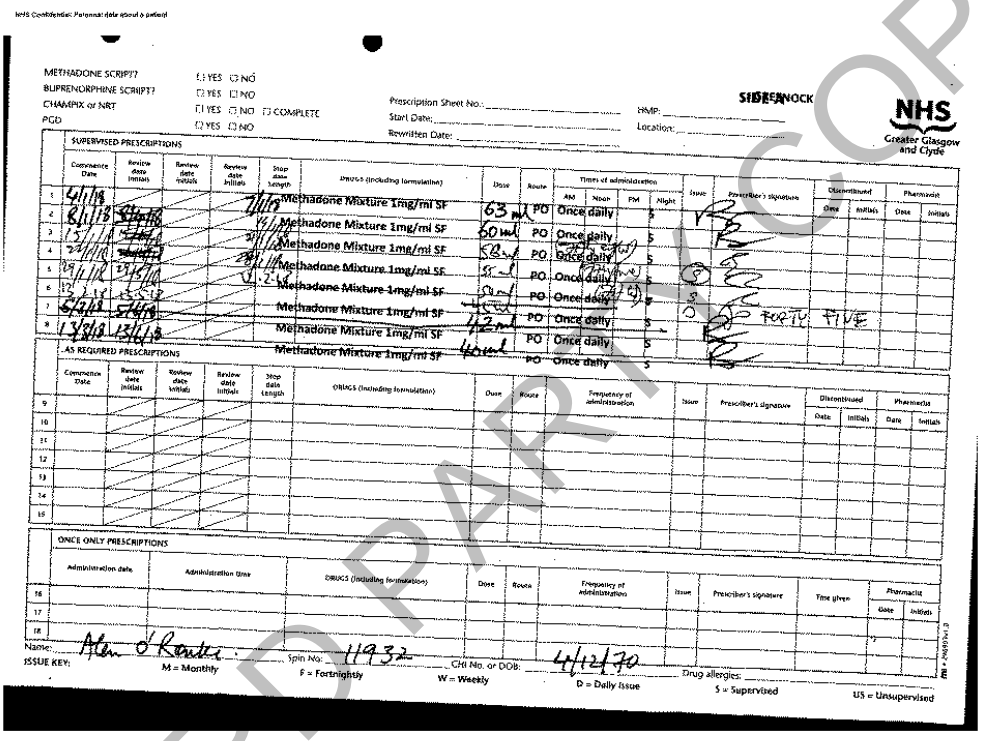
ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Initials
16											
17											
18											

Name: Alex O'Rourke Spin No: 11932 CHI No. or DOB: 4/12/70 Drug allergies:

ISSUE KEY: ALEX M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

THIRD PARTY COPY



METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:
HMP:
Location:

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date length	DRUGS (including formulation)	Dose	Route	Times of administration AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued Date	Discontinued Initials	Pharmacist Date	Pharmacist Initials
1	4/1/18			7/1/18		Methadone Mixture 1mg/ml SF	63 ml	PO	Once daily				S					
2	8/1/18			14/1/18		Methadone Mixture 1mg/ml SF	60 ml	PO	Once daily				S					
3	15/1/18			21/1/18		Methadone Mixture 1mg/ml SF	58 ml	PO	Once daily				S					
4	22/1/18			28/1/18		Methadone Mixture 1mg/ml SF	55 ml	PO	Once daily				S					
5	29/1/18			5/2/18		Methadone Mixture 1mg/ml SF	53 ml	PO	Once daily				S					
6	5/2/18			12/2/18		Methadone Mixture 1mg/ml SF	50 ml	PO	Once daily				S					
7	13/2/18			19/2/18		Methadone Mixture 1mg/ml SF	48 ml	PO	Once daily				S					
8	20/2/18			26/2/18		Methadone Mixture 1mg/ml SF	45 ml	PO	Once daily				S					

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued Date	Discontinued Initials	Pharmacist Date	Pharmacist Initials
9															
10															
11															
12															
13															
14															
15															

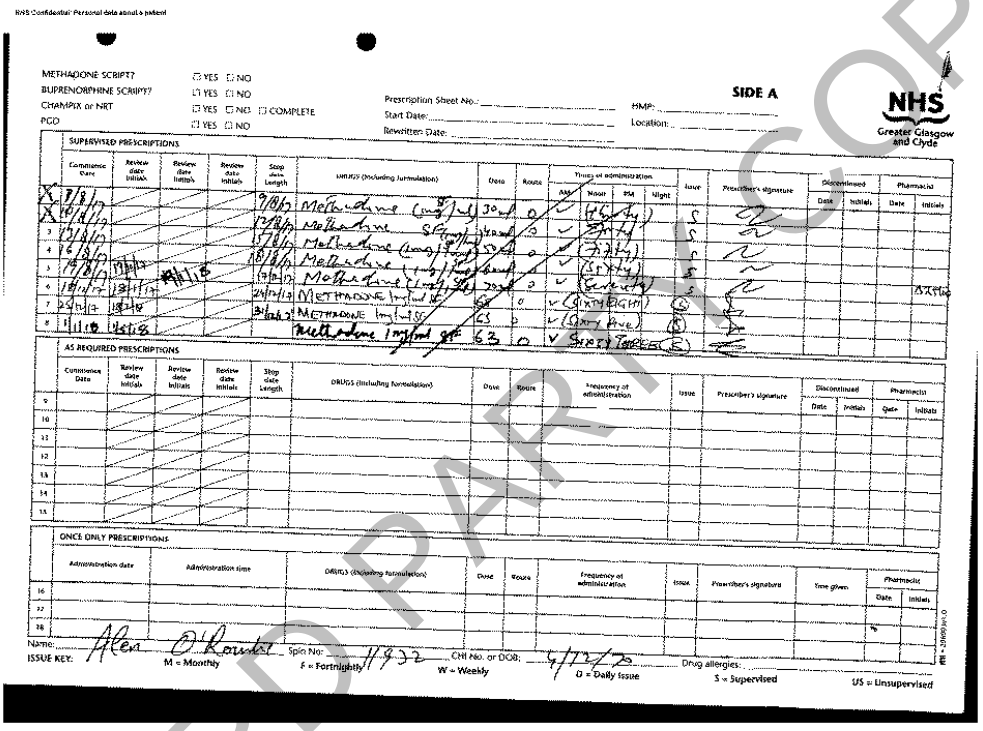
ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist Date	Pharmacist Initials
16											
17											
18											

Name: Allen O'Rourke Spin No: 11932 CHI No. or DOB: 4/12/70 Drug allergies:

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date:
Rewritten Date:

SIDE A

HMP:
Location:

NHS Greater Glasgow and Clyde

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
X	7/8/17				9/8/17	Methadone (mg/ml)	30ml	O	✓			(Night)	S					
X	8/8/17				10/8/17	Methadone SF (mg/ml)	35ml	O	✓			(Night)	S					
3	9/8/17				11/8/17	Methadone (mg/ml)	35ml	O	✓			(Night)	S					
4	10/8/17				12/8/17	Methadone (mg/ml)	35ml	O	✓			(Night)	S					
5	11/8/17	11/8/17	[illegible]		13/8/17	Methadone (mg/ml)	30ml	O	✓			(Night)	S					
6	12/8/17	12/8/17			14/8/17	Methadone (mg/ml)	30ml	O	✓			(Night)	S					ΔΔ/8/17
7	13/8/17	13/8/17			21/8/17	METHADONE (mg/ml)	60ml	O	✓			(SIXTY EIGHT)	S					
8	14/8/17	14/8/17			31/8/17	METHADONE (mg/ml)	63ml	O	✓			(Day five)	S					
	14/8/17	14/8/17				Methadone 1mg/ml	63ml	O	✓			SIXTY THREE (63)	S					

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
9															
10															
11															
12															
13															
14															
15															

ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Pharmacist: Initials
16											
17											
18											

Name: Alex O'Rourke Spin No: 1/932 CHI No. or DOB: 6/12/70 Drug allergies:

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

RM - GMWJun10

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Sent via email 7/8/17. 9:20am. NG

Health Centre
HMP Greenock
85 Old Inverkip Road
GREENOCK PA16 9AJ

Telephone: 01475 787801 Ext 285
Fax: 01475 883329

METHADONE/BUPRENORPHINE CONFIRMATION FORM

Name: ALEX O'ROURKE **Spin:** 111932 **D.O.B.** 4/12/1970 **Date:** 4/8/2017

Home Address: 100 D WHITEFORD AVE DUMBARTON

Addition Team/GP details: JOINT HOSPITAL DUMBARTON

TO BE COMPLETED BY CLIENT

I ALEX O'ROURKE hereby give permission for my GP/Addiction Team to release the enclosed information to Addiction Services HMP Greenock and for HMP Greenock Addiction Services to release information to my GP/Addiction Team/SPS staff. All information given will be treated confidentially and within the parameters of the Data Protection Act 1998.

Liberation Date: *(if convicted)* _____ **Court Date:** *(if untried)* _____

Methadone/Subutex/Suboxone/Naltrexone dose _____ Daily supervised dispensing YES/NO

Date of last dose from pharmacy _____ Pharmacy Details _____

Do you agree to continue prescribing on release from prision ***(Please circle)*** **YES/NO** ***(if no, please give details)***

Treatment Plan *(Mainenance/Increasing/Decreasing etc.)* _____

Progress Report _____

Other Medication _____

Additional Information/urine test results etc _____

Doctor/Case workers Signature _____ **Print** _____

PLEASE RETURN THIS FORM BY FAX AS SOON AS POSSIBLE TO THE ABOVE NUMBER

Yours sincerely
HMS Addictions Team
HMP Greenock

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Glass, Alison

From: Claire Docherty [claire.docherty@west-dunbarton.gov.uk]
Sent: 07 August 2017 10:27
To: Glass, Alison
Subject: RE: medication confirmation

Importance: High

Hi Alison

Please find details as requested.

Claire Docherty
Duty Worker

From: addictions dumbarton
Sent: 07 August 2017 10:03
To: Claire Docherty
Subject: FW: medication confirmation

From: Glass, Alison [mailto:Alison.Glass@ggc.scot.nhs.uk]
Sent: 07 August 2017 09:22
To: addictions dumbarton
Subject: medication confirmation

AO Duty Worker

ex O'Rourke has given his permission for his addiction team to release the below information to addiction services
MP Greenock and for HMP Greenock addiction services to release information to his addiction team. All
ormation given will be treated confidentially and within the parameters of the Data Protection Act 1998.

[redacted]

Date: 07/08/2017

lication Team details/ GP details: Joint Hospital, Dumbarton

se can you confirm the dose of methadone [redacted]

supervised dispensing YES

[redacted]

nacy details: Clarks Pharmacy, Bellsmyre, Dumbarton

agree to continue prescribing on release from prison? YES

ent Plan: Engage in Psycho-Social Support and Treatment from West Dunbartonshire Addiction Services

s report: Continues to suffer from anxiety issues, impacting on social isolation. At last clinic appointment
nied any substance misuse other than cannabis.

[redacted]

1

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Additional information/ urine results etc: 20/4/17 – Urine positive for Cannabis, Methadone and Opiates

Please can you reply as soon as possible to this email address.
Kind regards,
Alison

Alison Glass
Addictions Nurse
Prison Healthcare
HMP Greenock
Health Centre
Old Inverkip Road
Greenock
PA16 9AJ
Phone 01475 883317 ext 255 (health centre)

****
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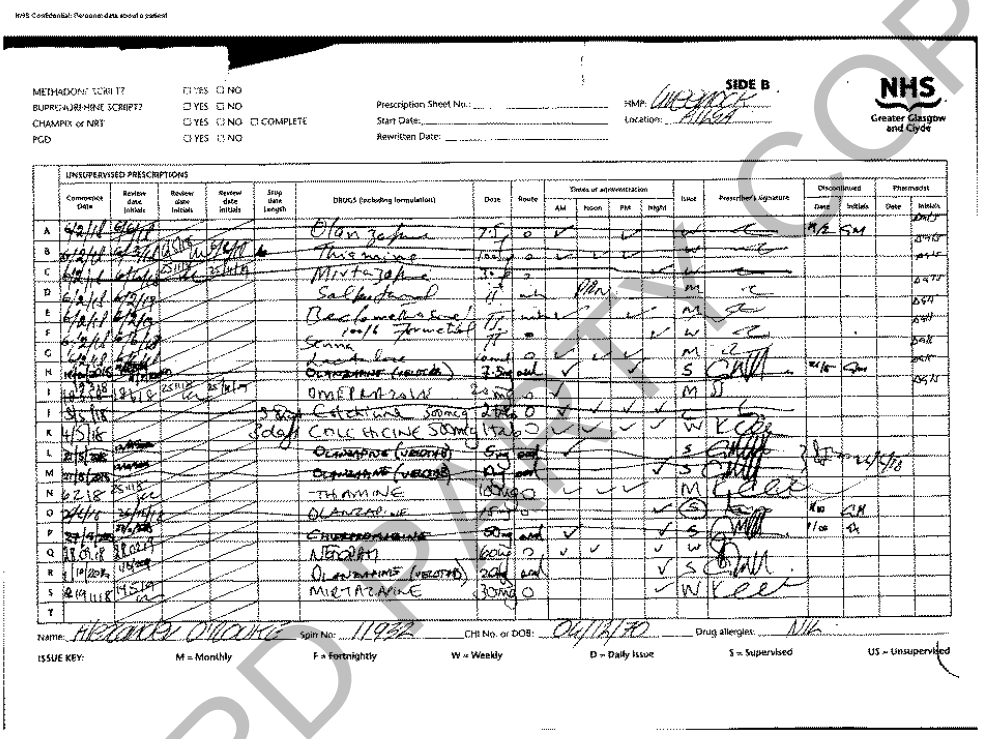
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METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.: ____
Start Date: ____
Rewritten Date: ____

HMP: [illegible]
Location: [illegible]

SIDE B

NHS Greater Glasgow and Clyde

UNSUPERVISED PRESCRIPTIONS

	Commence Date	Review date Initials	Review date Initials	Review date Initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
A	6/2/18	6/6/18				Olanzapine	7.5mg	O	✓		✓		W		14/6	SM		2nd/7
B	6/2/18	6/6/18	13/6/18			Thiamine	100mg	O	✓	✓	✓		W					2nd/7
C	6/2/18	6/6/18	13/6/18			Mirtazapine	30mg	O				✓	W					2nd/7
D	6/2/18	6/6/18				Salbutamol	2 puffs	inh		PRN			M					6/6/18
E	6/2/18	6/6/18				Beclomethasone	100/6	inh		✓			M					6/6/18
F	6/2/18	6/6/18				100/6 Inhaler	1 puff	inh				✓	W					6/6/18
G	6/2/18	6/6/18				Senna	2	O					M					6/6/18
H	6/2/18	6/6/18				Lactulose	10ml	O	✓	✓	✓		M					6/6/18
I	6/2/18	6/6/18	13/6/18	25/6/18		Olanzapine (velotab)	2.5mg	oral	✓				S		14/6	SM		6/6/18
J	6/2/18	6/6/18				OMEPRAZOLE	20mg	O	✓				M					
K	6/2/18				3 days	Cefalexin 500mg	2 tabs	O	✓	✓	✓	✓	C					
L	6/2/18				5 days	COLCHICINE 500mg	1 tab	O	✓	✓	✓	✓	W					
M	14/6/18					~~Olanzapine (velotab)~~	5mg	oral	✓				S		14/6/18			
N	14/6/18					~~Olanzapine (velotab)~~	10mg	oral				✓	S					
O	14/6/18	14/6/18				THIAMINE	100mg	O	✓	✓	✓		M					
P	14/6/18	14/6/18				OLANZAPINE	10mg	O				✓	W		18/6	SM		
Q	18/6/18	18/6/18				~~CHLORPROMAZINE~~	50mg	oral	✓			✓	S		18/6	SM		
R	18/6/18	18/6/18				NITRAZEPAM	10mg	O	✓	✓		✓	W					
S	18/6/18	18/6/18				Olanzapine (velotab)	20mg	oral				✓	S					
T	18/6/18	18/6/18				MIRTAZAPINE	30mg	O				✓	W					

Name: [illegible] Surname: [illegible] Spin No.: 11932 CHI No. or DOB: 04/12/80 Drug allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

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NHS Greater Glasgow and Clyde

SIDE A

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.: ..... HMP: .....
Start Date: ..... Location: .....
Rewritten Date: .....

SUPERVISED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Times of administration: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review date initials	Review date initials	Review date initials	Stop date Length	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Discontinued: Date	Initials	Pharmacist: Date	Initials
9	6/2/18					Deaf Head			BD	M					
10	6/2/18					Paracetamol Cap			BD	M					
11	6/2/18					Cefalexin 500mg			TDS	M					
12	6/2/18					Nexium (20mg)			OD	M					
13															
14															
15															

ONCE ONLY PRESCRIPTIONS

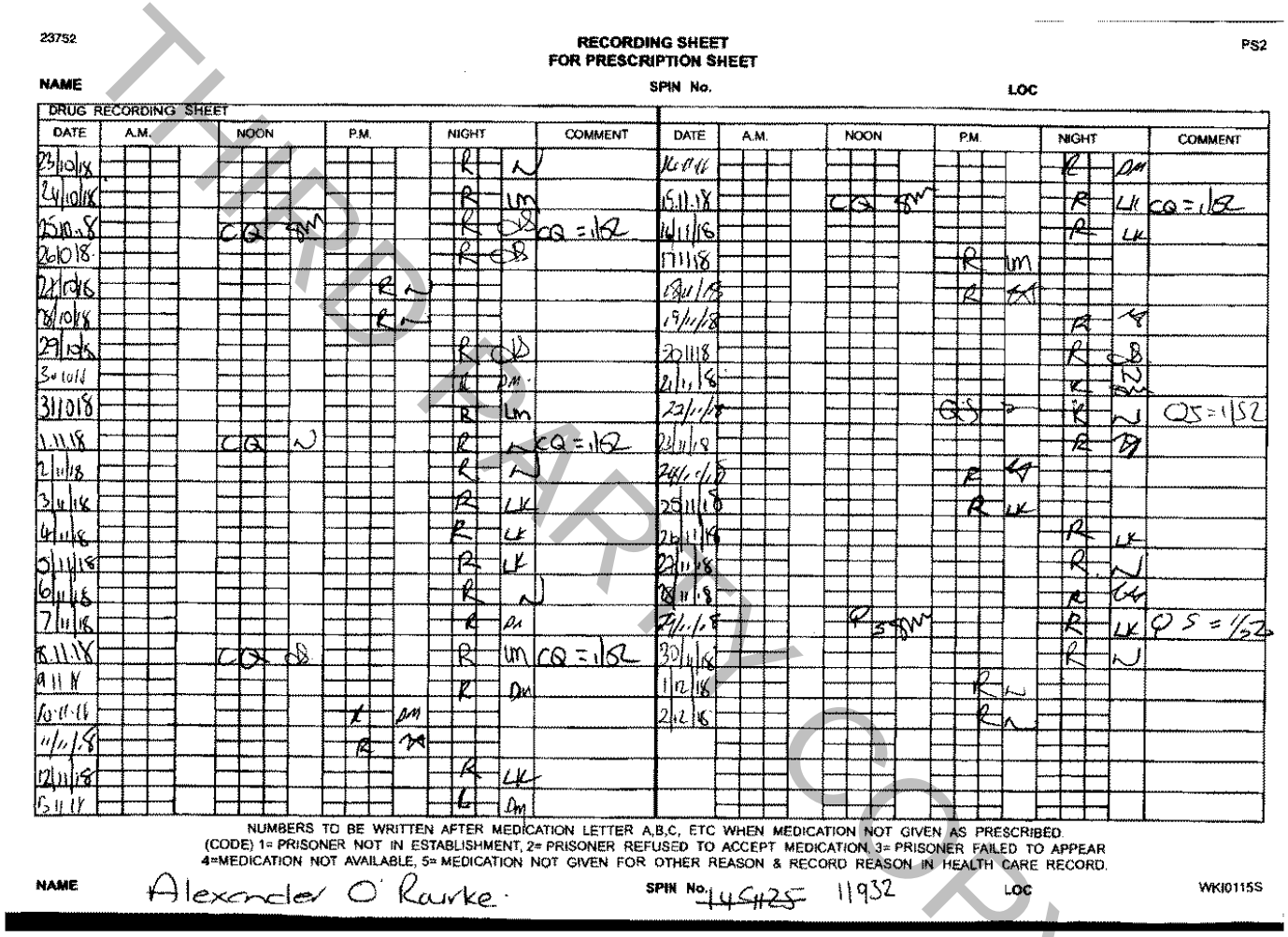
	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Issue	Prescriber's signature	Time given	Pharmacist: Date	Initials
16											
17											
18											

Name: ALEXANDER CHALMERS Spin No: 1193 CHI No. or DOB: 04/11/1980 Drug allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily issue S = Supervised US = Unsupervised

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RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

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NAME **SPIN No.** **LOC**

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/10/18				R N	
24/10/18				R Lm	
25/10/18		CQ SM		R DB	CQ = 1|52
26/10/18				R DB	
27/10/18			R N		
28/10/18			R N		
29/10/18				R DB	
30/10/18				R DM	
31/10/18				R Lm	
1/11/18		CQ N		R N	CQ = 1|52
2/11/18				R N	
3/11/18				R LK	
4/11/18				R LK	
5/11/18				R LK	
6/11/18				R N	
7/11/18				R DM	
8/11/18		CQ DB		R Lm	CQ = 1|52
9/11/18				R DM	
10/11/18			† DM		
11/11/18			R DM		
12/11/18				R LK	
13/11/18				L DM	

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/11/18				R DM	
15/11/18		CQ SM		R LK	CQ = 1|52
16/11/18				R LK	
17/11/18			R Lm		
18/11/18			R AT		
19/11/18				R AT	
20/11/18				R DB	
21/11/18				R SM	
22/11/18			QS ?	R N	QS = 1|52
23/11/18				R DM	
24/11/18			R LK		
25/11/18			R LK		
26/11/18				R LK	
27/11/18				R N	
28/11/18				R LK	
29/11/18		R SM		R LK	QS = 1|52
30/11/18				R N	
1/12/18			R N		
2/12/18			R N		

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME Alexander O' Rourke. **SPIN No.** ~~14425~~ 11932 **LOC** WKI0115S

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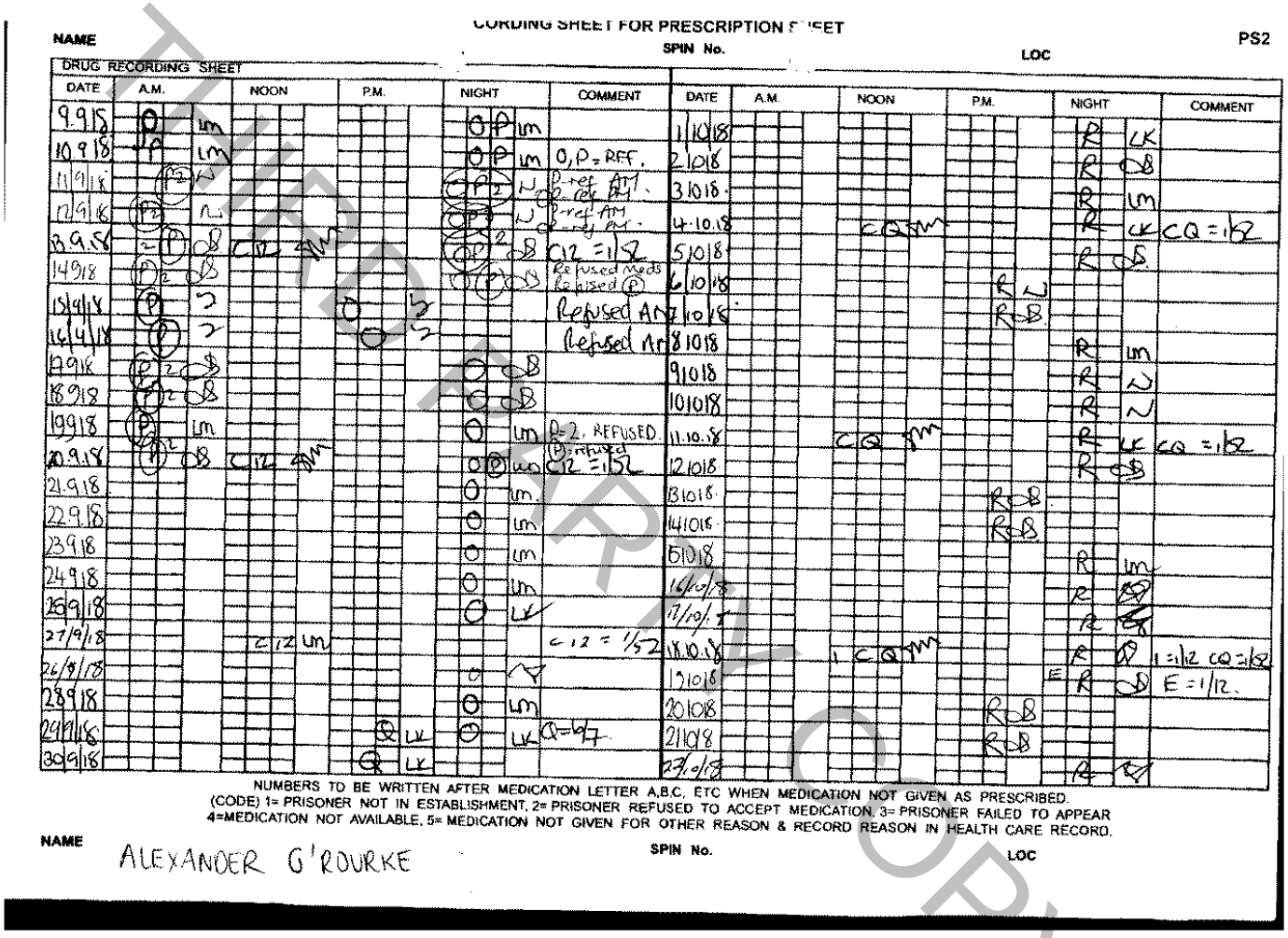
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RECORDING SHEET FOR PRESCRIPTION SHEET

NAME **SPIN No.** **LOC**

| DRUG RECORDING SHEET | | |

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CORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9.9.18	P			O P LM	
10.9.18	P			O P LM	O, P = REF.
11.9.18	P2			O P2 LM	P-ref AM.
12.9.18	P2			O P2 LM	P-ref AM.
13.9.18	P	C12	LM	O P2 LB	C12 = 1/12
14.9.18	P2 LB			O P LB	Refused Meds Refused (P)
15.9.18	P				Refused AM
16.9.18	P				Refused AM
17.9.18	P2 LB			O LB	
18.9.18	P2 LB			O LB	
19.9.18	P		LM	O LM	P = 2. REFUSED.
20.9.18	P LB	C12	PM	O P LM	(P) refused C12 = 1/12.
21.9.18				O LM	
22.9.18				O LM	
23.9.18				O LM	
24.9.18				O LM	
25.9.18				O LK	
27.9.18		C12	LM		C12 = 1/12
26.9.18				O AM	
28.9.18				O LM	
29.9.18			R LK	O LK	Q = 1/7.
30.9.18			R LK		

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1.10.18				R LK	
2.10.18				R LB	
3.10.18				R LM	
4.10.18		C12 PM		R LK	CQ = 1/12
5.10.18				R LB	
6.10.18			R LM		
7.10.18			R LB		
8.10.18				R LM	
9.10.18				R LM	
10.10.18				R LM	
11.10.18		C12 PM		R LK	CQ = 1/12
12.10.18				R LB	
13.10.18			R LB		
14.10.18			R LB		
15.10.18				R LM	
16.10.18				R LM	
17.10.18				R LM	
18.10.18		C12 PM		R LB	1 = 1/12 CQ = 1/12
19.10.18				E R LB	E = 1/12.
20.10.18			R LB		
21.10.18			R LB		
22.10.18				R LM	

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME ALEXANDER G'ROURKE

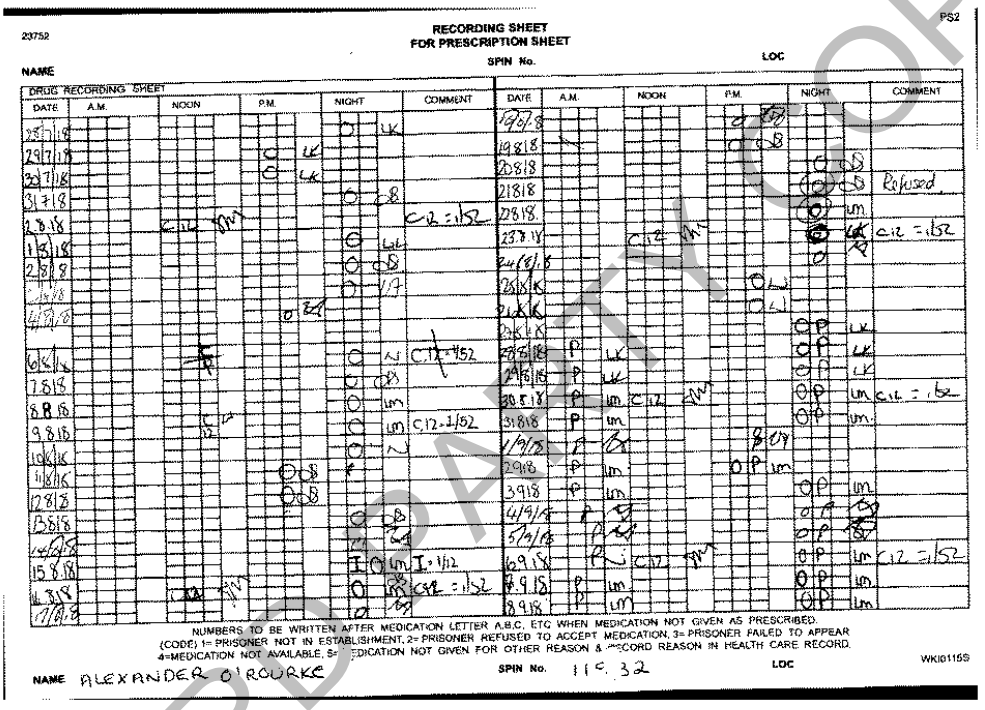
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LOC

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23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/7/18				LK	
26/7/18			C LK	LK	
27/7/18			C LK		
31/7/18				CB	
2/8/18		C LK	PM		C.I.2 = 1.52
1/8/18				LK	
2/8/18				CB	
3/8/18				LP	
4/8/18			O BM		
5/8/18				N	C.I.2 = 1.52
6/8/18				CB	
7/8/18				um	
8/8/18				um	C.I.2 = 1.52
9/8/18				N	
10/8/18					
11/8/18			O CB		
12/8/18			O CB		
13/8/18				CB	
14/8/18				LP	
15/8/18				I O um	I = 1.12
16/8/18		10 PM		O um	C.I.2 = 1.52
17/8/18				O LP	

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/7/18			O LP		
19/8/18			C LP		
20/8/18				CB	
21/8/18				CB	Refused
22/8/18				um	
23/8/18		C.I.2 PM		LK	C.I.2 = 1.52
24/8/18				LP	
25/8/18			O LW		
26/8/18			O LW		
27/8/18				LK	
28/8/18	P	LK		O P LK	
29/8/18	P	LK		O P LK	
30/8/18	P	um C.I.2 PM		O P LK	
31/8/18	P	um		O P um	C.I.2 = 1.52
1/9/18	P	CB		O P um	
2/9/18	P	um			
3/9/18	P	um			
4/9/18	P	CB		O P um	
5/9/18	P	CB		O P CB	
6/9/18	P	um C.I.2 PM		O P um	C.I.2 = 1.52
7/9/18	P	um		O P um	
8/9/18	P	um			

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A.B.C. ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & **CORD REASON IN HEALTH CARE RECORD.

WKI01159

NAME ALEXANDER O'ROURKE

SPIN No. 11C. 32

LOC

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NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

15/09/2023

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr SP Queen

Re Patient:
Alexander O'Rourke
14c Erskine View
Crown Avenue
Clydebank
G81 3AW

CHI Number: 0412703297

Speciality: General Surgery

It would appear from our records that one of the following applies:

- **Your patient has not responded to our recent letters inviting them to arrange an appointment.**
- **Your patient has indicated that they no longer require an appointment.**
- **Your patient has refused two reasonable offers of appointment.**

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.
If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

Dean McMahon

Referral Management Centre South/Clyde

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O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 29/08/2023

Consultant: Dr Alisdair MacConnachie

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
14c Erskine View
Clydebank G81 3AW

Attended on: **28/08/2023 at 16:53 hrs.** Departed on: **28/08/2023 at 23:14 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **0**

Presenting complaint:
IAU - OWN ON METHADONE coffee ground vomitting BP 140/82 P-87

Nursing Assessment:
PT STATES HAD 1 EPISODE OF BLACK VOMIT YESTERDAY. HAS BEEN VOMITING FOR 1 WEEK. STATES COMING OF AMPHETAMINES. HEADACHES NEWS 1 TEMP 35.1

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. Group and Save**	**9. XR Chest**

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O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Haematemesis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Alex presented with a one day history of 'dark vomiting'. He had been vomiting several days prior however this was only foodstuff. No further episodes today. Currently detox programme for amphetamine use Clinically stable with a Blatchford score of 0 Discharged home with worsening advice and OP OGD arranged

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Fraser Watson
Doctor

Copies to:

1. SP Queen (GP)

School Address:

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Pages:



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Current medication - Nebido 1 gm every 3 months; Buprenorphine 16 mgs IM monthly; Paliperidone 100 mgs IM monthly; Fluoxetine 20 mgs daily; Amitriptyline 10 mgs + 20 mgs; Esomeprazole 20 mgs bd

Yours sincerely

Martin McIntyre

Consultant Physician in Diabetes and Endocrinology

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ○ No ○

Will you be in the area for more than 3 months? Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Male * ☑ Female * ☐

Date of birth * 04/12/1970

Title * MR

Surname * O'ROURKE

Forenames * ALEXANDER

Previous surname *

Address * 14C ERSKINE VIEW
CROWN AVENUE
CLYDEBANK

Postcode * G81 3RW

Telephone # 0141 952 2282
PHONE MY PARTNER

Email address # alexanderorourke123@gmail.com

Mobile #

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

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

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate:**

Town of birth * Paisley

Country of birth * Renfrewshire

Registered district of birth *(Scotland only)* Paisley

Mother's maiden name SKilling

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *
10010 Whitepord Avenue
Bellsmyre Dumbarton

Postcode *

Name and address of previous GP Practice in UK *
Dumbarton Health Center
station RD Dumbarton

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes ☐ No ☑

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

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3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

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

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

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

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

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

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

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

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

Patient / Patient's representative signature [signature] Date * 4/8/23

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature Date *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

Dr McLean
Levenside Medical Practice
12 Station Road
Dumbarton
G82 1PW

West Dunbartonshire Addiction Services
120 Dumbarton Road
Clydebank
G81 1UG

Tel: 0141 562 2311
Fax: 0141 562 2399

Our Ref: GR/KC
Enquiries to: Gajendra Reddy
Date Dictated: 04/10/23
Date Typed: 05/10/23

Dear Dr McLean

Re: Alexander O'Rourke
CHI: 0412703297

Diagnosis: **Opiate dependant on Opiate replacement therapy and Polysubstance abuse**
Care Manager: **Mai Ferguson**

I reviewed your patient in West Dumbarton Addiction Service in Clydebank. He was looking to secure a diazepam prescription to come off a cocaine and amphetamine habit.

Today he said he swallowed amphetamine 1.5g and snorts 1.5g of cocaine every day. He reported abstinence from heroin and is stable on buvidal 64mg per month. He also stated each day he is spending £100 on cocaine and amphetamine and he has a drug debt of about £1800.

He denied alcohol use and he had no complaints of any physical health problems.

In regards to his mental health he said he has fleeting suicidal thoughts when he stops using cocaine and amphetamine however, there was no actual intent to harm himself and there was no psychosis or hallucinations currently. He is on depot paliperidone 75mg per month for schizophrenia.

He recently moved from Dumbarton to Clydebank area. He lives by himself and his brother helps him with shopping. Today I simply reassured him he is not ready for a prescription of diazepam currently, however I said we would provide him with psychosocial support and also give him a lot of motivation and encouragement. I encouraged him to start engaging with our service closely. We will review him regularly thereafter and provide as much support as possible for him to come off of his cocaine and amphetamine habit. We will write to you in due course to update you regarding his progress.

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

Kindest regards
Yours sincerely

Dr Reddy
Medical Officer

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Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK), MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Lyndsey A Borland, MRCGP, DCH, DFFP

Practice Manager:
Karen McElwee

RED WING

The Red Wing
Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475/6477

ggc.gp40046@nhs.scot

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Our Ref: GJMCG/AS/041270

Private & Confidential
Mr Alexander O'Rourke
14C Erskine View
Crown Avenue
CLYDEBANK
G81 3AW

7 November 2023

Dear Mr O'Rourke

We received a letter from the General Surgeons to say that you had indicated that you didn't wish an appointment after referral for a change in bowel habit. You were referred by a Dr Lee Thomas, a GP Locum at your previous surgery in Dumbarton in February 2023. This was because you had complained of blood in the stool and a test that they had checked called a qFIT had come back positive. This suggested urgent referral.

It is important to have this investigated. Please contact us at the surgery. It may be that a clinic letter has gone to the wrong address. If you have ongoing symptoms please get in touch to discuss this further so that we can re-refer you to the hospital.

Yours sincerely

Dr Gillian J McGeoch

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

Dr McLean
Levenside Practice
Dumbarton Health Centre
12 Station Road
Dumbarton

West Dunbartonshire Addiction Services
199 Dumbarton Road
Clydebank
G81 4XJ

Tel: 0141 562 2311

Our Ref: GR/KC
Enquiries to: Gajendra Reddy
Date Dictated: 01/11/23
Date Typed: 07/11/23

Dear Dr McLean

Re: Alexander O'Rourke
CHI: 0412703297

Diagnosis:	**Opiate dependant on opiate replacement therapy**
Medication:	**Buvidal 64mg currently increasing to 96mg from the next injection**
Care Manager:	**Mai Ferguson**

I reviewed your patient today at West Dumbartonshire Addiction Services in Clydebank. Alex attended today with his housing first officer and he was very keen to access safe as houses service. He was pleading he would be able to control his use once he is inside safe as houses.

He reported that he currently reduced his cocaine use and stated that he used cocaine 11 days ago. He has also reduced amphetamine use from 1.5g to 0.4g every day. He stated that he is stable on buvidal and he did not report that he drinks alcohol.

He reported that he is suffering from loss of appetite and only eats sandwiches and bread because he is unable to cook meals. He reported that he slept well for the last 3 days. He reports that he is struggling with mental health at the moment and he wants to increase his dose of depot injection. He stated that he had depot injection this morning however expressed his frustration about mental health services not listening to him.

He has no contact with children, he has no court cases pending and he does not drive. He currently lives by himself in his own flat and input from the housing officer was that Alex has been trying hard for 2 weeks by attending meetings, alternatives and reducing cocaine use. He is also very motivated to access safe as houses.

Today I carried out a urine drug screen which was positive for cocaine, amphetamines and buprenorphine. I reassured him and explained to him that increasing buvidal might be a good option as discussed at the multidisciplinary meeting today for which he was very agreeable.

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West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

We will forward plan, increased his buvidal from 64mg to 96mg from the next injection. We will also be liaising with the mental health team with a view to increase his depot dosage. I will write to you in due course to inform you about his further progress.

Kindest regards
Yours sincerely

Dr Reddy
Medical Officer

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

PRIVATE & CONFIDENTIAL

Dr F MacLean
Levenside Medical Practice
Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

Date Dictated: 20 September 2023
Date Typed: 4 October 2023
Direct Line: 0141 941 4400
Our Ref: ZD/TB

CHI: 0412703297

Dear Dr MacLean

Re: ALEXANDER O'ROURKE; CHI - 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

Date of appointment: 19 September 2023
Diagnosis: Mental and Behaviour Disorder due to multiple drug use and use of other psychotic substances (currently relapsed into heavy Cocaine use)
Medication: Paliperidone 75mg monthly depot
Buvidal 96mg monthly injection
Omeprazole 20mg twice daily
Fluoxetine 20mg daily
Amitriptyline 10mg morning, 20mg at night
Nebido 250mg/ml in 4ml as directed
Salbutamol inhaler
Trimbow inhaler
Legal status: Informal
Plan: Repeat Prolactin level
Review in 2-3 month time to see if Mr O'Rourke if willing to change his antipsychotic

Summary
I saw Mr O'Rourke in Goldenhill Medical Outpatient Clinic on 19 September 2023. Mr O'Rourke initially did not attend face to face for his appointment and so I telephoned him and he picked up. He states that he has not been receiving any letters for appointments, as such I checked with him the address on the system which appeared to be correct.

Mental health:
In terms of his mental health, he tells me that he is "alright", occasionally has "a wee bit of depression". He spends his days at home, has having difficulties getting out of his new flat and passes the time by watching television. He states that his new flat is "okay" and that he is eating "okay". He admits he has been getting up in the middle of the night and drinking coffee and also attributes his current Cocaine use which is making his sleep worse.

In terms of his anxiety, this appears to be a generalised anxiety with no triggers. He is also experiencing some degree of agoraphobia stating that he feels anxious just simply leaving his house. He denied any panic symptoms.

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I enquired if he knew why he was on a depot and stated that he was on it for historic voices but stated that he currently has had no voices for years at the moment. He denied any current paranoia or any other delusional ideas.

Substance misuse:
He was rather upset with himself that he has relapsed into heavy Cocaine use. He takes around 1.5 grams a day costing him around £100 a day and whilst it is not daily at the moment it is most days. He states prior to relapsing back onto Cocaine, he was abstinent from all substances for 17 months. He states he is taking it because of boredom. He currently smokes 20 cigarettes a day. He denied any withdrawal symptoms of any form. He denied any Cannabis use, Heroin use or street Valium use.

Forensic history:
He stated that he was sentenced to 32 months for a serious assault which he served in 2017-18. Prior to this had multiple and extensive forensic history which he did not appear to be comfortable talking about in any detail apart from stating he had "been in prison a lot".

Supports:
He has his CAT workers and also Alternatives but doesn't have any friends or family around in the area and reports that he tends to not leave his house.

Medications:
He states that he has been coping with his depot fine as well as his depot Buvidal. He denied any side effects from his medication but states that he really struggles to take tablets.

Bloods:
I highlighted to him that I noted on his blood tests he had a very high Prolactin. He denied any symptoms of breast pain, breast engorgement or breast discharge. He stated that he has had quite significant sexual dysfunction and this was why he was on testosterone. I advised that the high Prolactin levels was most likely due to his depot antipsychotic. I suggested to him that either we trial 5mg of Aripiprazole or we reduce his depot. He stated that he is terrible at taking tablets and he was not willing to take 5mg of Aripiprazole nor was he willing to reduce his depot antipsychotic. He stated that at the moment he felt too unstable with his drug use to try changing his medication. I advised him that we would want to repeat Prolactin on a semi-regular basis which he was happy to attend for. He states that he is able to do all of his activities of daily living and denied any extrapyramidal side effects.

I discussed with Dr McCaffery regarding this Prolactin level. Given he is unwilling to change or add any medications, we will make no changes this appointment and I will offer him another review in 2-3 months time and I will ask our Physical Health Nurse to take another set of blood tests in the near future.

Yours sincerely

DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6775385**	Receive Date:	**18-Oct-2022 13:55**
Patient's Name:	**Alexander O'Rourke**		
Date of birth:	**4-Dec-1970 (51 years)**	Gender:	**M**
Address:	**0/1** **51 Jean Armour Drive** **Clydebank** **G81 2EX**	Current Address:	**0/1** **51 Jean Armour Drive** **Clydebank** **G81 2EX**
Return Contact No:			
Tel No:	**0141 952 2282**		**0141 952 2282**
Mobile No:			
Priority:	**Routine**	Call Origin:	
Received:	**18-Oct-2022 13:55**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**14:14**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Fergus MacLean**

CHI Number:
0412703297

NHSD details:

Receptionist:
ONGOING PAIN
NOA4 Pt advised to contact Practice within 4 Hrs - Info Only
Clinical summary created by: David Crawford (Call Taker Si) () [18/10/2022 14:15:13] Reason for call: ONGOING PAIN 18:10:2022 13:56:34 CRAWFORDD1.. ONGOING PAIN LAST 7 YEARS. PT WANTING A SECOND OPINION. MUSCLE SPASMS. HAS BEEN GOING TO GP FOR LAST 7 YEARS ABOUT THIS. GP ADVISED UNABLE TO PROVIDE MEDICATION AS PT ADDICT. FEELING SUICIDAL PREVIOUSLY DUE TO PAIN... PAIN IN CHEST, BACK, LEGS, FEET, NECK, ARMS, HANDS, JAW, BASCIALLY PAIN EVERYWHERE, SOMETIME SIN LEGS BUT MOSTLY CHEST AND BACK AND SIDES... D/W SCN NICOLA THOMSON ADV OF KW'S.. PT HAS COPD. SWEATY WHEN HE HAS PAIN BUT NOT CURRENTLY... 18:10:2022 14:12:49 STEWARTS4.. ONGOING ISSUES WITH PAIN ON AND OFF FOR 7 YEARS - NO NEW PAIN TODAY - HAD EXTENSIVE TESTING FROM MULTIPLE GPS WITH NO DIAGNOSIS - MENTIONS POTENTIAL PAIN CLINIC REFERRAL -

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EXPLAINED UNFORTUNATELY.. NHS 24 CANNOT ASSIST WITH CHRONIC PAIN ISSUES AND GP IS BEST PLACED FOR THESE IX - PT ASKED IF HE IS BEST ATTENDING A&E - EXPLAINED THAT THIS IS NOT ASVISED AS AGAIN, ISSUES ARE CHRONIC - ROUTINE GP.. Outcome: Pt advised to contact Practice within 4 Hrs - Info Only

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Followups:
None

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

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Dr S Queen
Red Medical Practice
Clydebank Health and Care Centre
Queens Quay
Main Avenue
CLYDEBANK G81 1BS

Date: 06/12/2023

Direct Line: 0141 941 4400
Our Ref: ZD/SOH

CHI: 0412703297

Dear Dr Queen

Re: O'ROURKE, Alexander (Mr.)

Date of Birth: 04-Dec-1970 (53y)

Address: 14c Erskine View, Old Kilpatrick, West Dunbartonshire, G60 5JF

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe
Start on aripiprazole 5mg OD for high prolactin
Start on procyclidine 5mg BD for possible EPSEs
Start promethazine 50mg at night PRN for 2 weeks for sleep

We have informed the patient that medication could take up to 48 hours or longer to be ready.

I shall see the patient again in 2 months and will advise you of further changes in his/her management.

Yours sincerely

DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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O'ROURKE, Alexander (Mr)
BORN 04-Dec-1970 (51y) GENDER Unknown
CHI 0412703297

Request to GP to prescribe medication

Last updated by Anna CROW (Anna Crow) on 04-Oct-2022 15:07 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	04-Oct-2022		
Hospital	Other (please specify)	Other	Riverview Resource Centre
Specialty / Service	General Psychiatry (Mental Illness)		
Clinic	Other	Please Specify	duty/CPN review

Clinician Details

Name	Anna Crow
ClinicianDetailsRole	Doctor
Professional Registration Number	6128720
Contact Details	anna.crow@ggc.scot.nhs.uk, 01389812070

Dear Doctor

Your Patient Was	Discussed

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100455460
Date: 06/02/2024

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Alexander O'Rourke
14c
Old Kilpatrick
West Dunbartonshire
G60 5JF

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Alexander O'Rourke

A follow up appointment has been made for you to be seen as follows:

Date:	**Wednesday 20th March 2024**
Time:	**10.30am**
Appointment with:	**Dr Zhoudi Dai**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Authorised on 06/02/2024 09:45:13 by Typist Samantha O'Hare, not verified by Zhoudi Dai.

NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 1 of 2 06/02/2024

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

No Longer Registered at Levenside
letter exported

Private & Confidential

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

Direct Line: 0141 941 4400
Date Dictated: 7th December 2023
Date Typed: 18th December 2023
Reference: ZD/LMcD

Chi: **0412703297**

Dr F MacLean
Levenside Medical Practice
Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Dear Dr MacLean

RE: ALEXANDER O'ROURKE DOB: 04/12/1970 CHI - 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

Date of appointment: **6th December 2023**
Diagnosis: **Mental and Behavior Disorder due to multiple drug use and use of other psychotic substances (currently abstinent and in Rehab in Safe as Houses)**
Medication: **Paliperidone 75 mg monthly depot**
Buvidal 96 mg monthly injection
Omeprazole 20 mg twice daily
Fluoxetine 20 mg a day
Amitriptyline 10 mg in the morning, 20 mg at night
Salbutamol inhaler
Trimbow inhaler
Plan: **Trace Blood Tests**
Start on Aripiprazole 5 mg once a day
Start on Procyclidine 5 mg twice a day
Start on Promethazine 50 mg at night 'as required' for 2 weeks for sleep only
Out-patient Review 4 to 6 weeks

Summary
I saw Mr O'Rourke face to face at Goldenhill Medical Out-patient Clinic. Mr O'Rourke presented in an agreeable and pleasant manner today. He tells me that he is currently residing in Safe as Houses as part of a rehabilitation regime under Addictions. As such he tells me that his last cocaine use was several weeks ago and amphetamine use was 3 weeks ago. At that point he has been taking around one gram a day. He states that he is really glad to be in Safe as Houses and he historically does well at Safe as Houses and is motivated, however he worries about when he gets out that he will relapse in substances again but describes some motivation to not go back into this cycle. He states that he will be there for about 3 months for rehab.

Mental health
He states that he has been feeling an increase in his paranoia for the last 3 months, in particular feelings of being attacked and that someone could come out of the blue with a knife and stab him. He disclosed that he used to be part of organized crime and had been lured into a location and stabbed and had been left with a lifetime of a fear of being attacked

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West Dunbartonshire Health & Social Care Partnership

and stabbed. As such he appears to have reasonable reasons to fear being stabbed and I was not convinced that this paranoia was in any form to the point of delusional quality. He often thinks back about his past and feels angry about being stabbed. He denied any auditory hallucinatory experiences and states he has not had them in a long time.

In terms of his mood he states that he has been alright and that he is glad he is not using at the moment. He has been eating okay since going into Safe as Houses however he did say that he had lost 4 stone over the last few years. He feels that he has the same dream all the time and that causes him to sleep poorly. He also states because of this he has not been sleeping and has been quite restless recently. He states that he has practically no family left and the only support he gets is just Services.

Physical health

Due to our Physical Health Nurse being on long-term sick we have been unable to repeat his blood tests so I took his bloods today as well. Previously his prolactin level had been 1300 and has been raised for quite a long time now, but on the previous appointment he had been unwilling to do any medication changes due to his active drug use. Now that he is in Safe as Houses he was willing to do some changes. I noted that he had an essential tremor and also when I did a quick examination of tone that there was some rigidity. His gait was slow but I did not think it was shuffling, however I cannot be certain that I can rule out Parkinson's side effects. I suspect the increase in tone is more stiffness which may be extra-pyramidal side effects.

Mental state

He was appropriately dressed, kempt and engaged fairly well in conversation with me today. A good rapport was built, he made good eye contact and he was spontaneous in his speech and his speech was of normal tone, rate and rhythm. He was euthymic and had a reactive affect. There were no signs of any thought disorder or delusional beliefs. He was not responding to external stimuli. He was orientated and cognitively grossly intact. He denied any safety issues, denied any self-harm or suicidal ideation.

Impression:

His mental health has not changed. I do think it is a good opportunity at the moment, given that he has stopped using and is in a safe environment, to make medication changes to tackle his increased prolactin and he was agreeable to this as well. As such I have suggested he start **Aripiprazole** to try and bring down his prolactin level as he was unwilling to currently have his depot shifted. I have discussed with my Supervisor, Dr McCaffery and we think that it would be appropriate to try and change his depot fully to **Aripiprazole** at some point in the future before he leaves Safe as Houses and so I will attempt to convince him of this next time I speak to him. In addition please **start Procyclidine 5 mg twice a day** and **Promethazine 50 mg at night mainly for his sleep for 2 weeks**. I will see him again in 4 to 6 weeks' to continue this.

Yours sincerely

DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

PRIVATE & CONFIDENTIAL
Dr McLean
Levenside Medical Practice
Station Road
DUMBARTON
G82 1PW

West Dunbartonshire Addiction Services
Goldenhill Resource Centre
199 Dumbarton Road
CLYDEBANK
G81 4XJ
Tel: 0141 941 4400 (Option 3)

Our Ref: FC/EB
Enquiries to: Fionna Conway

Date: 8th February 2024

Dear Dr McLean

Alexander O'Rourke
CHI: 0412703297

The above named patient is currently prescribed Buvidal which is a prolonged release injection of buprenorphine. He was started on this in February, 2023 and initially started on a weekly dose and then was changed to a monthly dose. His initial monthly dose was 64mg but this was then increased, at his request, to 96mg and this is the dose he remains on at this time.

I would be grateful if you could update his ECS on clinical portal to include this medication.

Yours sincerely

Fionna Conway
Senior Addiction Nurse

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O'Rourke Alexander CHI: 0412703297

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 15/01/2024
Reference: MMI/SB
Dictated Date: 12/01/2024
Transcribed Date: 12/01/2024

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Dear Mr O'Rourke,

I was sorry that I was unable to get you on the telephone for your Endocrine consultation on 11 January. The call went straight to voicemail on 3 occasions. It is possible that your phone does not accept calls from "number withheld" and I would be grateful if you could discuss this with your phone provider. I see you have an appointment at the Phlebotomy Hub on 25 January, which I would encourage you to keep. I will try to arrange a further consultation thereafter.

Yours sincerely

Martin McIntyre

Locum Consultant Physician in Diabetes and Endocrinology

Electronically Signed: Dr Martin McIntyre, Consultant

cc. Dr S Queen:
Red Wing Medical Practice:
Clydebank Health Centre:
Queens Quay Main Avenue:
CLYDEBANK:
G81 1BS

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Fw: Patient Query

Magee, Jordyn-Lee <Jordyn-Lee.Magee@ggc.scot.nhs.uk>
Fri 19/04/2024 14:11
To:gp40046clinical (Red Wing Medical Practice) <ggc.gp40046clinical@nhs.scot>

Good Afternoon,

Please see email below - Could this patient please be reviewed and re-referred to endoscopy service when able to attend for investigation.

Many Thanks
Jordyn

Jordyn-Lee Magee
Waiting List/Admin Manager
Endoscopy South
☎ - 0141 347 8007 / 07814 314403
@ - Jordyn-lee.magee@ggc.scot.nhs.uk

From: Renwick, Andrew <Andrew.Renwick@ggc.scot.nhs.uk>
Sent: 17 April 2024 14:20
To: Magee, Jordyn-Lee <Jordyn-Lee.Magee@ggc.scot.nhs.uk>
Cc: McLean-Boult, Heather <Heather.McLean-Boult@ggc.scot.nhs.uk>; Giusti, Claire <Claire.Giusti@ggc.scot.nhs.uk>
Subject: Re: Patient Query

No worries. Please could we ask the GP to review given his circumstances.
Thanks
Andrew

From: Magee, Jordyn-Lee <Jordyn-Lee.Magee@ggc.scot.nhs.uk>
Sent: Wednesday, April 17, 2024 13:19
To: Renwick, Andrew <Andrew.Renwick@ggc.scot.nhs.uk>
Cc: McLean-Boult, Heather <Heather.McLean-Boult@ggc.scot.nhs.uk>; Giusti, Claire <Claire.Giusti@ggc.scot.nhs.uk>
Subject: Patient Query

Good Afternoon Andrew,

Hope you are well.

CHI:
0412703297
Name:
Alexander
O'Rourke

Patient was vetted by yourself for a Cat 3 Colonoscopy however we have not yet been able to get him in for scope. Each time patient has been offered a date he has refused due to ongoing issues with addiction. We have now surpassed the appropriate suspension time which means the patient needs to be clinically reviewed and potentially passed back to his GP for re-referral when patient is fit/able to attend.

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Many Thanks
Jordyn

Jordyn-Lee Magee
Waiting List/Admin Manager
Endoscopy South
☎ - 0141 347 8007 / 07814 314403
@ - Jordyn-lee.magee@ggc.scot.nhs.uk

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West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

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Dr F MacLean
Levenside Medical Practice
The Health Centre
Station Road
DUMBARTON
G82 1PW

Date: 3 April 2024

Direct Line: 0141 941 4400 – option 1
Our Ref: ZD/SOH

CHI: 0412703297

Dear Dr MacLean

Re: **O'ROURKE, Alexander (Mr.)**

Date of Birth: **04-Dec-1970 (53y)**

Address: **14c Erskine View, Old Kilpatrick, West Dunbartonshire G60 5JF**

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe/change/amend:

Can we trial using a dosette box for Alexander as he has been incompliant with medications.

I shall see the patient again in 2-3 months and will advise you of further changes in his/her management.

Yours sincerely

DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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West Dunbartonshire
Health & Social Care Partnership

Beth Culshaw
Chief Officer

Clydebank
G81 1BS

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NHS
Greater Glasgow and Clyde

CHI: 0412703297 Page 2 of 2 24/04/2024

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Diabetes and Endocrinology
0141 314 6826
Sheila Britton- Secretary

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 15/02/2024
Reference: MM-DC
Dictated Date: 15/02/2024
Transcribed Date: 06/03/2024

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Attendance: Specialty - Endocrinology; Clinic - RAMMCED7-DR MCINTYRE ENDO THURS AM
Date and Time of Appointment - 15/02/2024 11:45

Follow Up: Endocrine Clinic - 15 08 24

Clinical Comments:
Diagnoses

1. Hyperprolactinaemia - likely iatrogenic

2. Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)

3. Paranoid psychosis

4. Recreational drug use

5. COPD

I had a telephone consultation with the above 53 year old man today. Since discontinuing Nebido injections because of an elevated PSA, he has not been feeling well with reduced libido and erectile dysfunction. Despite this, his prostatic symptoms of hesitancy, dribbling and encores seem worse. He is due to have his PSA checked at the phlebotomy hub next week and when I see the result, I will probably refer him to urology.

Endocrine review in 6 months time (15/08/24).

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Current medication - IM Buprenorphine 96mg/month, IM Paliperidone 100mg/month, Aripiprazole 5mg od, Procyclidine 5mg bd, Esomeprazole 20mg bd, Trimbow 2 puffs bd

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

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NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

19/04/2024

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr SP Queen

Re Patient:
Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
G81 3AW

CHI Number: 0412703297

Speciality: General Surgery

It would appear from our records that one of the following applies:

- **Your patient has not responded to our recent letters inviting them to arrange an appointment.**
- **Your patient has indicated that they no longer require an appointment.**
- **Your patient has refused two reasonable offers of appointment.**

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.
If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Ashlin Harris

SCGC Opwl Removal to GP V1

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Crown ave Clydebank CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	B,24.4850255.R
Specimen Type	Faeces
Date/Time Collected	02.05.24 / 09:43
Date/Time Received	07.05.24 / 08:59
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	08.05.24 / 13:57
Details	Hx polydrug misuse. Previ...

Results

```
QFIT - Authorised on 08.05.24 at 13:52

qFIT                          <9              ug Hb/g faec      ( <9 )

Comments:
Negative qFIT result.
Refer to NHS GG&C guidelines for symptom based triage.
```

End of Report

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NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

PRIVATE & CONFIDENTIAL

Dr F MacLean
Levenside Medical Practice
The Health Centre
Station Road
DUMBARTON
G82 1PW

Date Dictated: 12 April 2024
Date Typed: 23 April 2024
Direct Line: 0141 941 4400 – option 1
Our Ref: ZD/SOH

CHI: 0412703297

Dear Dr Mc Devitt

RE: ALEXANDER O'ROURKE, CHI: 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

Date of appointment: **20th March 2024**
Diagnosis: **Mental and Behavior Disorder due to multiple drug use and use of other psychotic substances (currently abstinent and in Rehab in Safe as Houses)**
Medication: **Paliperidone 75 mg monthly depot**
Buvidal 96 mg monthly injection
Omeprazole 20 mg twice daily
Fluoxetine 20 mg a day
Aripiprazole 5mg OD
Procyclidine 5mg BD
Amitriptyline 10 mg in the morning, 20 mg at night
Salbutamol inhaler
Trimbow inhaler
Plan: **Routine repeat Blood Tests via our physical health clinic**
Trial dosette box
Increase paliperidone to 100mg monthly
Out-patient Review – 7th May 2024

Summary

I reviewed Alexander face to face for return patient contact for Goldenhill SPR OPC who was accompanied by addictions worker Joe. Alexander was quite distressed, and was both apologetic about missing our previous appointment and frustrated that he had to therefore wait longer to see me.

Mental Health

He tells me he has been overthinking a lot of things, and is feeling extremely paranoid recently, for example, feels like people are looking at him constantly, feels like he will be attacked and has been

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sleeping with a knife under his pillow. He denied any voices. He thinks these are warning signs of his mental health getting worse and has led him to believe he needs an increase in his antipsychotic dose. In addition he is feeling very anxious. This anxiety is present most of the time; but really bad in crowds. He is often anxious from morning to evening. He states it has been getting worse over the past month. He feels alright going through a shopping centre. Hardly sleeping due to this paranoia, often only 2 to 3 hours a day. It has affected his appetite, he usually just has some cereal once a day.

His mood can vary and depends what he is doing but he is not finding that he has enough to do, recently he had decorated his house and felt better, and has been making plans to help decorate a lady friends place. His mood can be good when busy. At the moment, he has nothing going on and so isn't feeling like he has energy or motivation but also acknowledged his drugs use is contributing to this.

Medications and Physical Health

I assessed him for hyperprolactinaemia symptoms, and he tells me he has breast fullness/discomfort for a long time which he has been unable to explain and historically sexual dysfunction for at least a few years. I highlighted that he was started on paliperidone about 5 years ago and that the history fit, indicating it was likely the antipsychotic which had been causing his breast and sexual dysfunction symptoms all this time. He is also struggling to take any medications and has mostly missed his tablets. Has not been taking any of his aripiprazole tablets. I initially tried to convince Alex to agreed to the paliperidone switch to aripiprazole depot (abilify) but he got very agitated at this stating I had to help with his worsening paranoia.

Drug and Alcohol

He is still using daily 0.5g of amephetamines. Denied any other concurrent alcohol or other drug use.

Mental State Examination

Presents casually dressed, slightly disheveled, anxious, agitated and continued to rub the hair in the middle of the top of his head constantly. At points he became visibly angry, and frustrated. Lukewarm rapport. Speech normal and not pressured. Nil overt delusional content. Nil thought disorder. Not responding to external stimuli.

Safety Issues

He denied any thoughts to harm himself or others. He denied having any intention of using the knife and stated he would only ever use it in self defense.

Impression

Alexander presents as anxious and paranoid and with active substance use, is not stable enough to tolerate a switch to aripiprazole depot. He himself did not feel ready to switch and he needs to be stabilized in terms of drug use first. We had a long discussion about side effects of paliperidone and why I wanted to switch him to abilify. His worker Joe heard all of this and will be using this to help motivate Alex to quit his amphetamine use. He is aware that paliperidone is causing some of the side effects he is currently experiencing (high prolactin likely causing breast discomfort and sexual dysfunction, as well as some restlessness, and stiffness) but wanted it increased regardless as he felt the benefits were larger than the discomfort he was experiencing. We discussed some way to tackle this and I will request for dosette box for his medications. If he finds with the help of a dosette box he remembers to take his medications, then I will discuss this with him at our next appointment the potential of a switch again.

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-3/3

Dr MacLean

23 April 2024

RE: ALEXANDER O'ROURKE, CHI: 0412703297

Plan

1. Increase paliperidone to 100mg;
2. Dosette box trial;
3. Review in 6-8 weeks time try and arrange before his 2nd depot;
4. Repeat prolactin with our physical health clinic.

Yours sincerely

DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Patient presented for virtual consultation by telephone. Since last night, Alexander has had around 4 episodes of a purple "blotch" appearing in his central vision which appears to have light around it, occurs for around 5-10 minutes then disappears. Has had no other history of eye problems, is only occurring in his right eye. Last night he also felt his right eyelid was heavy, no other neurological symptoms, reports staff at the treatment centre he is at stated he just looked tired. No eye pain, had a mild headache this morning which resolved with paracetamol. No other visual symptoms. I advised him to try to get a same say appointment with community optometry and if couldn't' get an appointment to attend A&E for assessment. Alexander is happy with this plan. Worsening advice also given.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Kirsty Limeira Thomson
Nurse

Copies to:
1. FR MacLean (GP)
School Address:

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UK Covid-19 Test Report

Result

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

Patient Details

Surname	O'Rourke
Forename	Alexander
CHI	0412703297
Date of birth	1970-12-04
Sex	Male
Address	

Specimen Details

Specimen Processed Date	20-01-2022 19:31
Test Start Date	19-01-2022 15:43
Test End Date	--
GP Practice	85066
Specimen Number	21A27215382
Administration Method	

End of Report

Report Date: 20/01/2022

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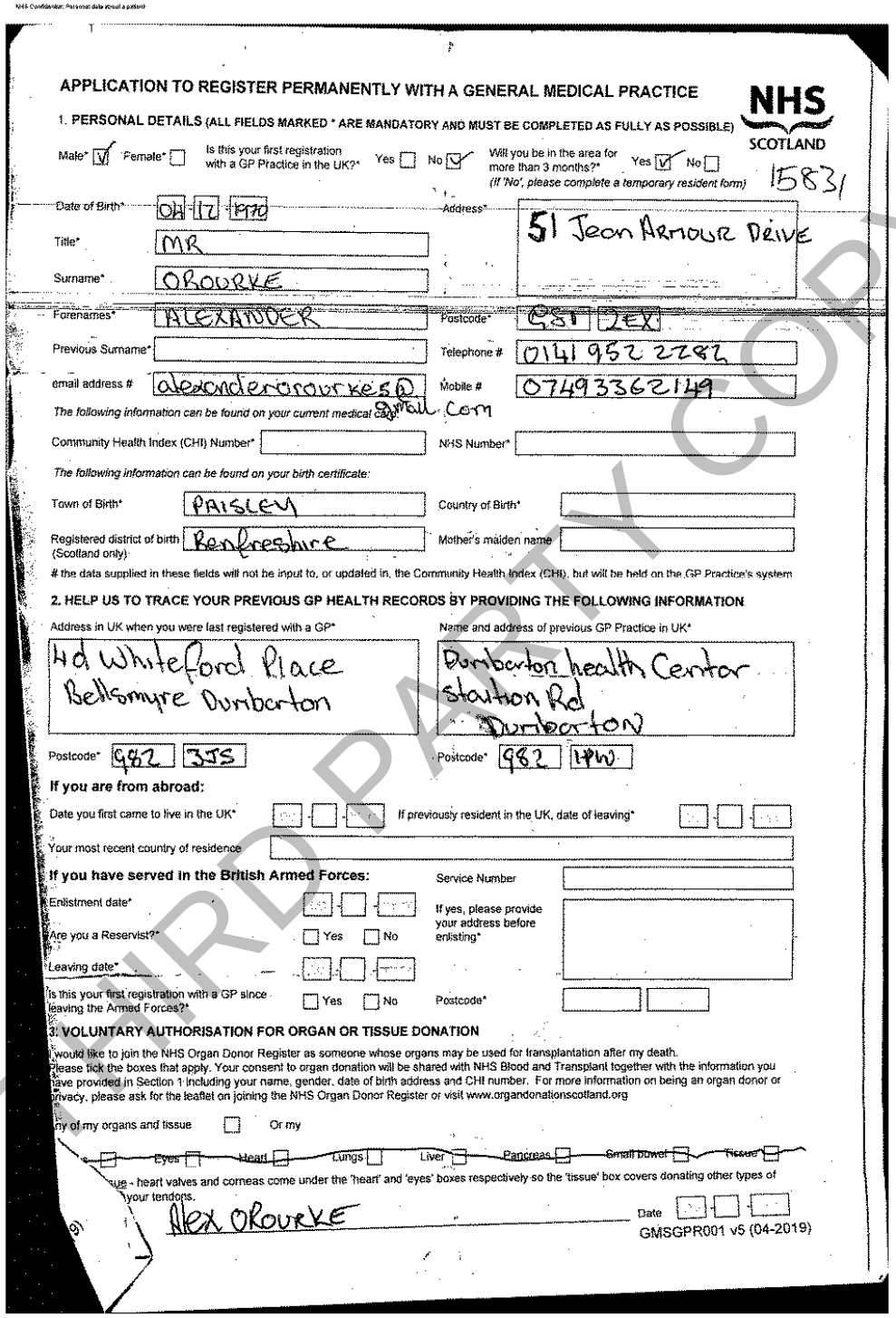
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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐ (If 'No', please complete a temporary resident form) 15831

Date of Birth* 04 / 12 / 1970

Title* MR

Surname* O'ROURKE

Forenames* ALEXANDER

Previous Surname*

email address # alexanderorourke5@gmail.com

Address* 51 Jean Armour Drive

Postcode* G81 2EX

Telephone # 0141 952 2282

Mobile # 07493362149

The following information can be found on your current medical card

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* PAISLEY

Country of Birth*

Registered district of birth (Scotland only) Renfrewshire

Mother's maiden name

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP* 4d Whiteford Place Bellsmyre Dumbarton

Postcode* G82 3JS

Name and address of previous GP Practice in UK* Dumbarton health Centre station Rd Dumbarton

Postcode* G82 1PW

If you are from abroad:

Date you first came to live in the UK* / / If previously resident in the UK, date of leaving* / /

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* / /

Are you a Reservist?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Leaving date* / /

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

☐ Any of my organs and tissue ☐ Or my

☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue*

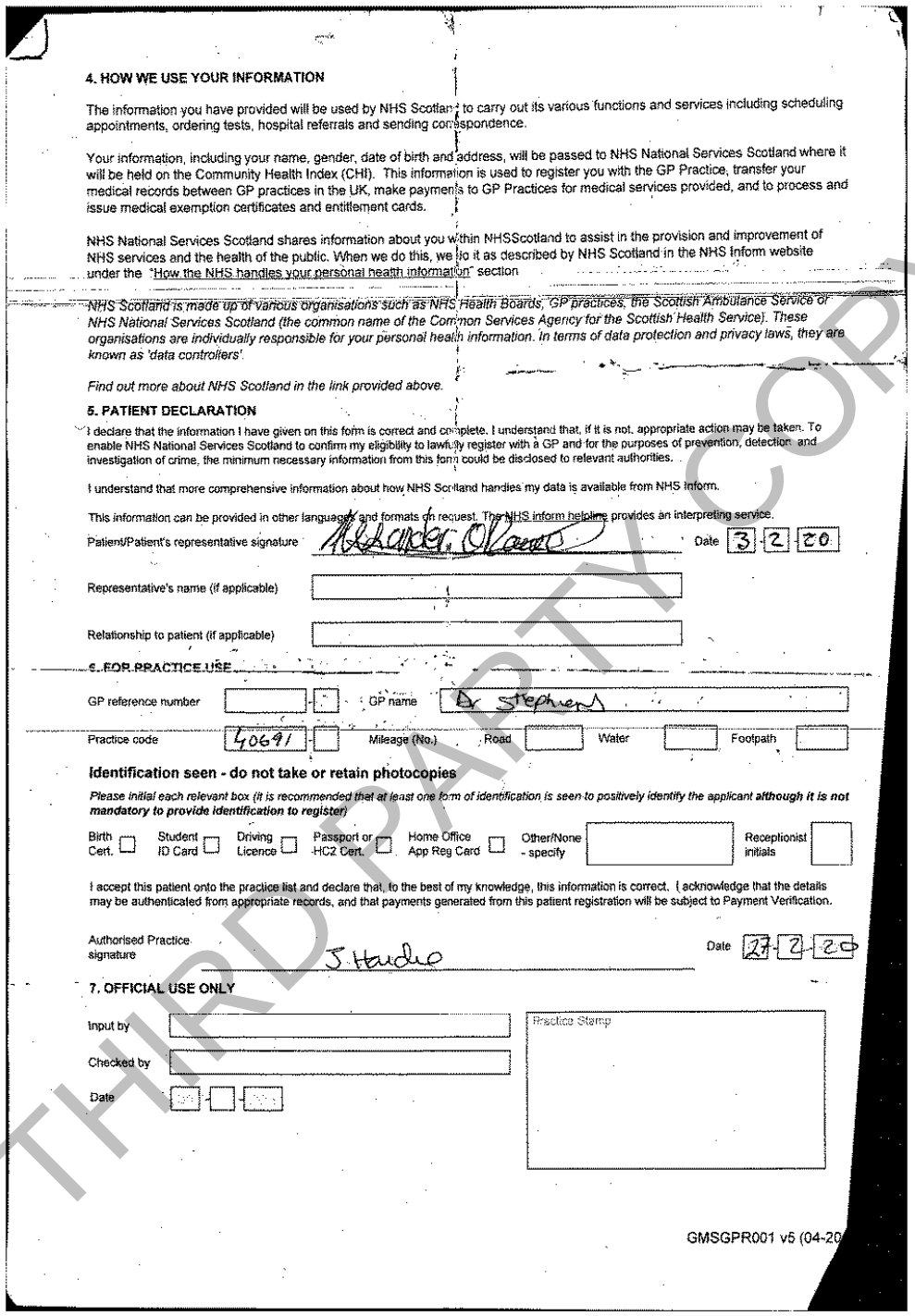
*Tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, e.g. your tendons.

Signature* Alex O'Rourke Date / /

GMSGPR001 v5 (04-2019)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

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

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

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

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

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

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

Patient/Patient's representative signature [signature] Date 3-2-20

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number GP name Dr Stephen

Practice code 40691 Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth Cert. Student ID Card Driving Licence Passport or HC2 Cert. Home Office App Reg Card Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date 27-2-20

7. OFFICIAL USE ONLY

Input by

Checked by

Date

Practice Stamp

GMSGPR001 v5 (04-20

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Current medication - Nebido 1 gm every 3 months; IM Paliperidone 50 mgs every 4 weeks; Methadone 20 mls daily; Esomeprazole 20 mgs bd; Trimbow 87/5/9 1 puff daily; Salbutamol prn

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

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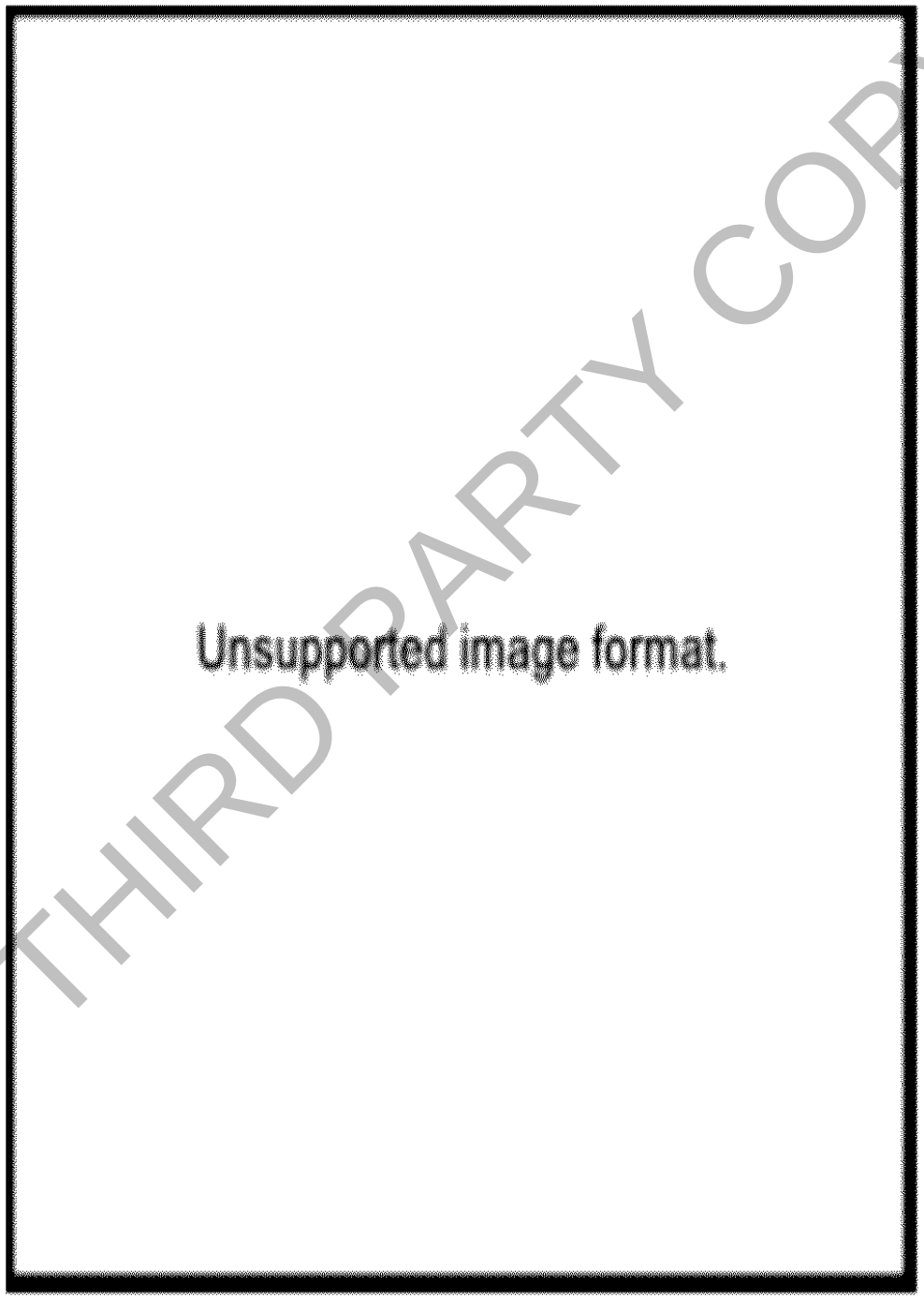


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Registration Details - Patient No: 10566

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	G823JS
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	4d Whiteford Place
Previous Surname		Village	DUMBARTON
Forenames	Alexander	Town	Dunbartonshire
Calling Name	Alexander	County	
Title	Mr		
Birth Surname			
Marital Status	Divorced		
Ethnic Origin	(White) Scottish		

Next of Kin		Contact details...	
Name	Anne O'Rourke	Home Tel No	0141 952 2282
Contact address	80 Fergusslie Park Ave, Paisley	Work Tel No	
Home Telephone	0141 889 5911	Mobile Tel No	
Mobile		E Mail Address	no email
Relationship to patient	Mother		

HA/HB Details...		Practice Information...	
Trading partner	Greater Glasgow HB and Clyde	Dispensing	
Registered GP	Dr Fergus MacLean	Hospital Number	
Usual GP	Dr Fergus MacLean	Records At	
CHI Number	0412703297		
NHS Number	S/573/70/2		
National Insurance Number			
Residential Inst			
Branch Surgery			

ECS (GP Summary) Consent		Upload Consent	
Patient Consent	Implied Consent (default)	SCI-DC Consent	Implied Consent (default)

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
13/02/2020	Prednisolone Tablets 5 mg EIGHT TO BE TAKEN IN THE MORNING 40 TABLET	13/02/2020P	Mrs Gillian Bonar	ACUTE
13/02/2020	Fostair Cfc-free inhaler 200 micrograms + 6 microgramsldose TWO PUFFS TO BE INHALED TWICE DAILY 2 INHALER	13/02/2020P	Mrs Gillian Bonar	ACUTE
13/02/2020	Salbutamol Cfc-free inhaler 100 microgrmms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	13/02/2020P	Mrs Gillian Bonar	ACUTE
29/01/2020	Esomeprazole Gastro-resistant Tablets 20 mg ONE TABLET TWICE DAILY 56 tablet	29/01/2020P	Dr Fergus MacLean	ACUTE
05/06/2014	Nefopam Hydrochloride Tablets 30 mg ONE TABLET 3 TIMES DAILY WEEKLY DISPENSE 90 tablet	Not Issued	Dr Fergus MacLean	ACUTE
05/06/2014	Alverine Citrate Capsules 60 mg 1 Cap 3 times daily 84 capsule	Not Issued	Dr Fergus MacLean	ACUTE
29/01/2020	Procyclidine Hydrochloride Tablets 5 mg 1 TAB DAILY WEEKLY DISP 28 tablet	20/01/2020P	Dr Fergus MacLean	REPEAT
18/11/2019	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 CAP TWICE DAILY 56 CAPSULE	20/12/2019P	Dr Fergus MacLean	REPEAT
14/11/2019	Paliperidone Suspension For injection 100 mg/1 ml pre-filled syringe FOR INJECTION BY NURSE 1 pre-filled disposable injection	14/11/2019O	Dr Fiona Gregor	REPEAT
10/10/2019	Sertraline Hydrochloride Tablets 100 mg ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE 28 tablet	29/01/2020P	Dr Fergus MacLean	REPEAT
05/12/2018	Salbutamol Cfc-free inhaler 100 micrograms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	13/02/2020P	Mrs Gillian Bonar	REPEAT
21/04/2017	Methadone 1 Mg/Ml Oral solution 40ML DAILY PRESCRIBED BY DJH THIS IS FOR INFO ONLY DO NOT DISPENSE 1 ml	Not Issued	Dr Saied Pourghazi	REPEAT

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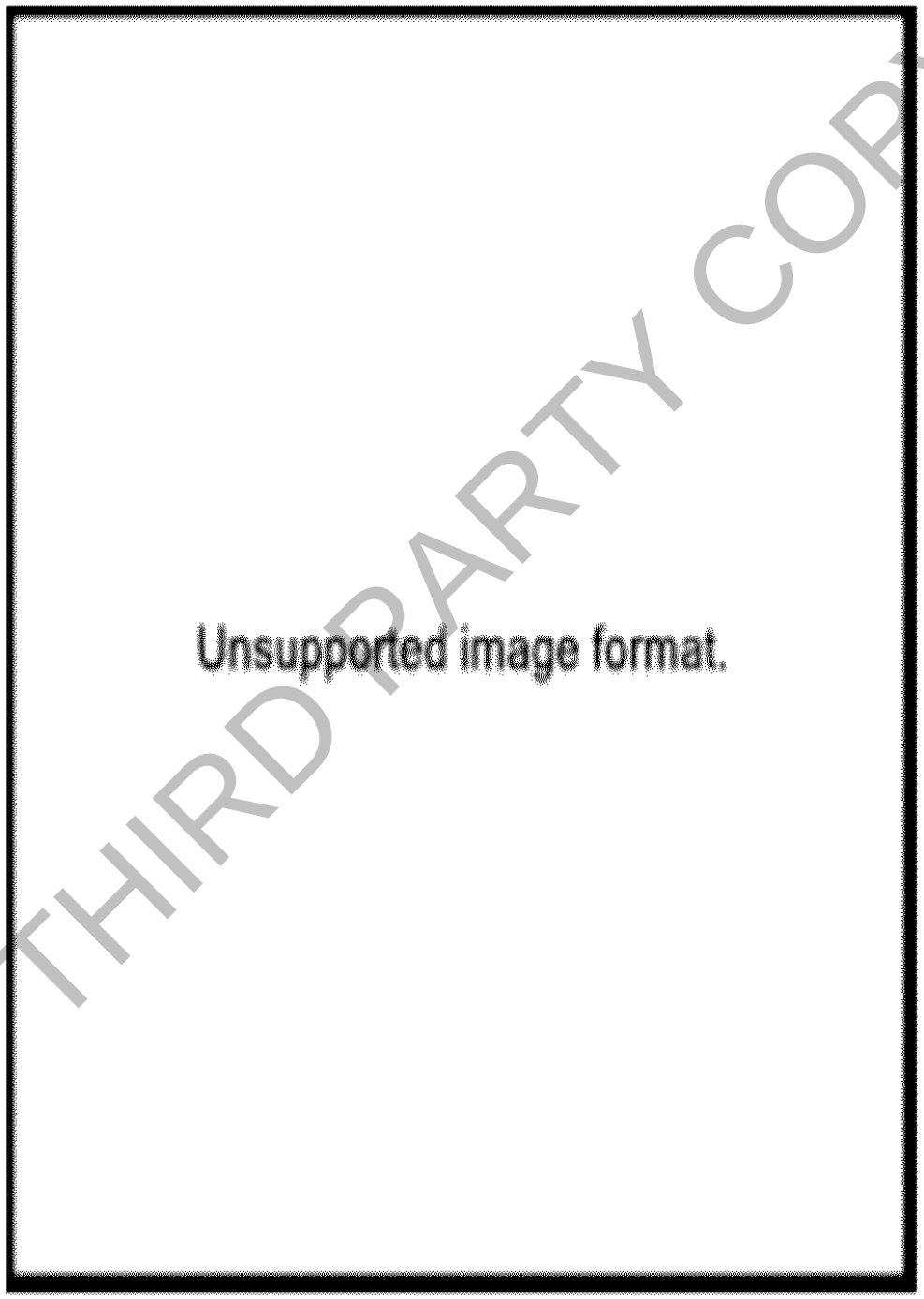


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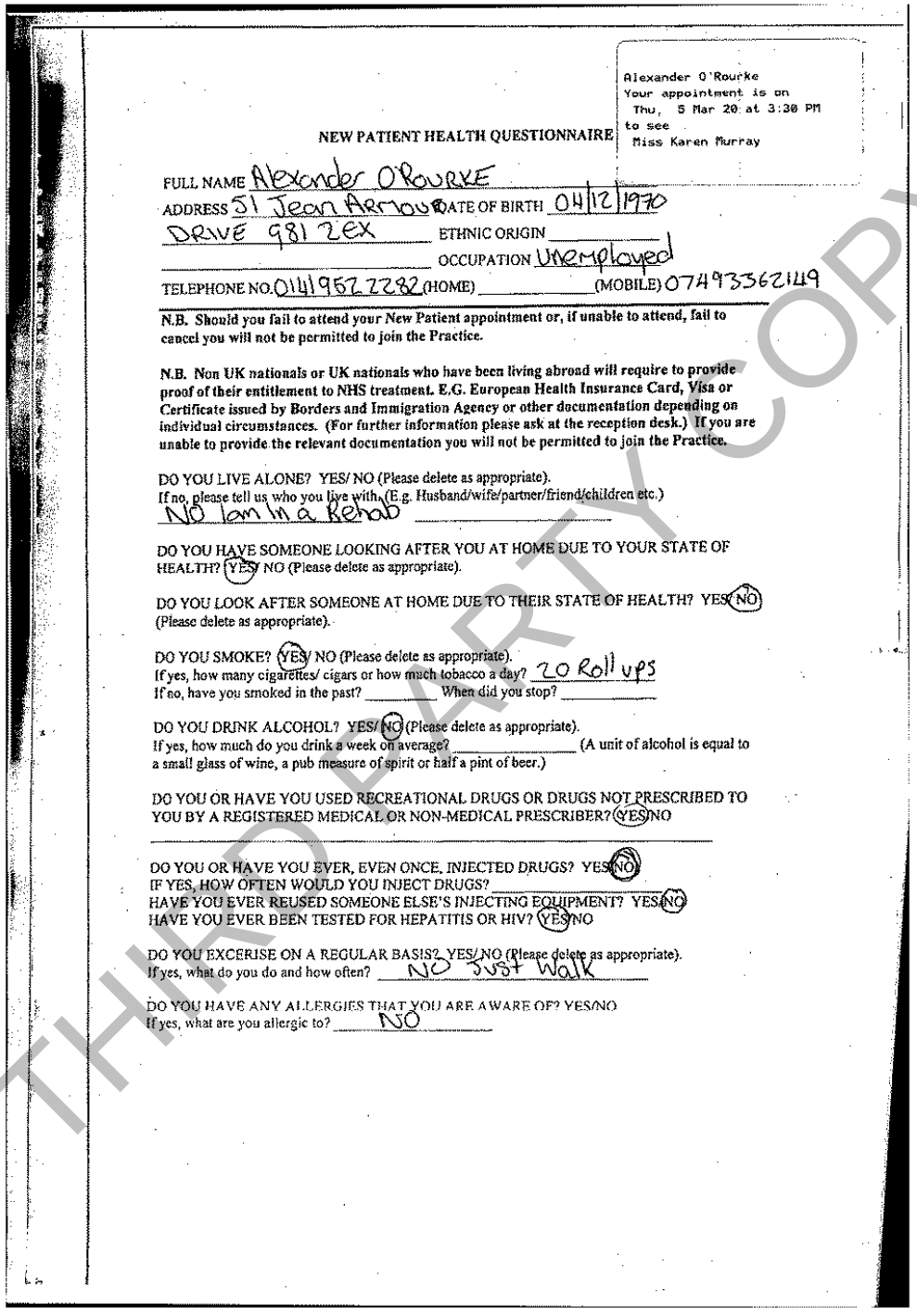
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Alexander O'Rourke
Your appointment is on
Thu, 5 Mar 20 at 3:30 PM
to see
Miss Karen Murray

NEW PATIENT HEALTH QUESTIONNAIRE

FULL NAME Alexander O'ROURKE
ADDRESS 51 Jean Armour DRIVE 981 2EX
DATE OF BIRTH 04/12/1970
ETHNIC ORIGIN
OCCUPATION Unemployed
TELEPHONE NO. 01419522282 (HOME) (MOBILE) 07493362149

N.B. Should you fail to attend your New Patient appointment or, if unable to attend, fail to cancel you will not be permitted to join the Practice.

N.B. Non UK nationals or UK nationals who have been living abroad will require to provide proof of their entitlement to NHS treatment. E.G. European Health Insurance Card, Visa or Certificate issued by Borders and Immigration Agency or other documentation depending on individual circumstances. (For further information please ask at the reception desk.) If you are unable to provide the relevant documentation you will not be permitted to join the Practice.

DO YOU LIVE ALONE? YES/ NO (Please delete as appropriate).
If no, please tell us who you live with. (E.g. Husband/wife/partner/friend/children etc.)
NO I am in a Rehab

DO YOU HAVE SOMEONE LOOKING AFTER YOU AT HOME DUE TO YOUR STATE OF HEALTH? (YES) NO (Please delete as appropriate).

DO YOU LOOK AFTER SOMEONE AT HOME DUE TO THEIR STATE OF HEALTH? YES (NO) (Please delete as appropriate).

DO YOU SMOKE? (YES) NO (Please delete as appropriate).
If yes, how many cigarettes/ cigars or how much tobacco a day? 20 Roll ups
If no, have you smoked in the past? _____ When did you stop? _____

DO YOU DRINK ALCOHOL? YES/ (NO) (Please delete as appropriate).
If yes, how much do you drink a week on average? _____ (A unit of alcohol is equal to a small glass of wine, a pub measure of spirit or half a pint of beer.)

DO YOU OR HAVE YOU USED RECREATIONAL DRUGS OR DRUGS NOT PRESCRIBED TO YOU BY A REGISTERED MEDICAL OR NON-MEDICAL PRESCRIBER? (YES) NO

DO YOU OR HAVE YOU EVER, EVEN ONCE, INJECTED DRUGS? YES (NO)
IF YES, HOW OFTEN WOULD YOU INJECT DRUGS? _____
HAVE YOU EVER REUSED SOMEONE ELSE'S INJECTING EQUIPMENT? YES (NO)
HAVE YOU EVER BEEN TESTED FOR HEPATITIS OR HIV? (YES) NO

DO YOU EXCERISE ON A REGULAR BASIS? YES/ NO (Please delete as appropriate).
If yes, what do you do and how often? NO just Walk

DO YOU HAVE ANY ALLERGIES THAT YOU ARE AWARE OF? YES/NO
If yes, what are you allergic to? NO

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PAST MEDICAL HISTORY – please list all serious or chronic illnesses, serious accidents, hospital admissions or operations – if possible with dates.

2008 2012 I was stabbed in my stomach

CURRENT MEDICATION – please list all current prescribed or over-the-counter medication with dosage.

METHADONE 30mls Daily
Depo Injection 100mls monthly
Stomach tablets 2 per day
Setraline Anti Depressions 400 mls DAILY

IMMUNISATIONS – please list any immunisations that you have had in the past 10 years including travel and/or occupational immunisations.

FAMILY HISTORY (if possible, please enter any information that you have below)

	AGE IF ALIVE	AGE AT DEATH	CURRENT ILLNESSES/ CAUSE OF DEATH
MOTHER		72	HEART ATTACK
FATHER	NOT KNOWN		

DOES ANYONE IN YOUR FAMILY HAVE ANY OF THE FOLLOWING ILLNESSES? (i.e. parents/brothers/sisters/children)

	Yes	No
Diabetes		
High Blood Pressure		
Heart Disease	✓	
Asthma	✓	
Epilepsy		
Thyroid problems		

LADIES ONLY

HOW MANY CHILDREN HAVE YOU HAD? (Please list the names, dates of birth and any problems you had during pregnancy or delivery.)

IF YOU ARE USING CONTRACEPTION, WHICH KIND IS IT? _____
HAVE YOU EVER HAD A SMEAR TEST? YES/ NO (Please delete as appropriate). If YES, when? _____ Was your smear normal? _____

FOR PRACTICE USE

HEIGHT _____ WEIGHT _____ BMI _____ URINALYSIS _____

BLOOD PRESSURE _____ PULSE _____ reg/irr.

RELEVANT RECALLS TO BE INCLUDED IN _____

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

FERGUS MACLEAN,Levenside Medical Practice,The Health Centre,Station Road, Dumbarton, G82 1PW

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 25-Sep-2019

Dear FERGUS MACLEAN,

Name	CHI	DoB	Address
Alexander O'Rourke	**0412703297**	**04-Dec-1970**	**0/1 51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX**

Admitted	Type	Discharged	Destination
22-Sep-2019 15:18	IP	22-Sep-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	McKay	QEUH ARU1 Respiratory	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Holly Morrison (Holly Morrison - FY1) on 23 Sep 2019 18:43

Discharge Medication:

Page 1 of 3

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
There is no data to display.							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

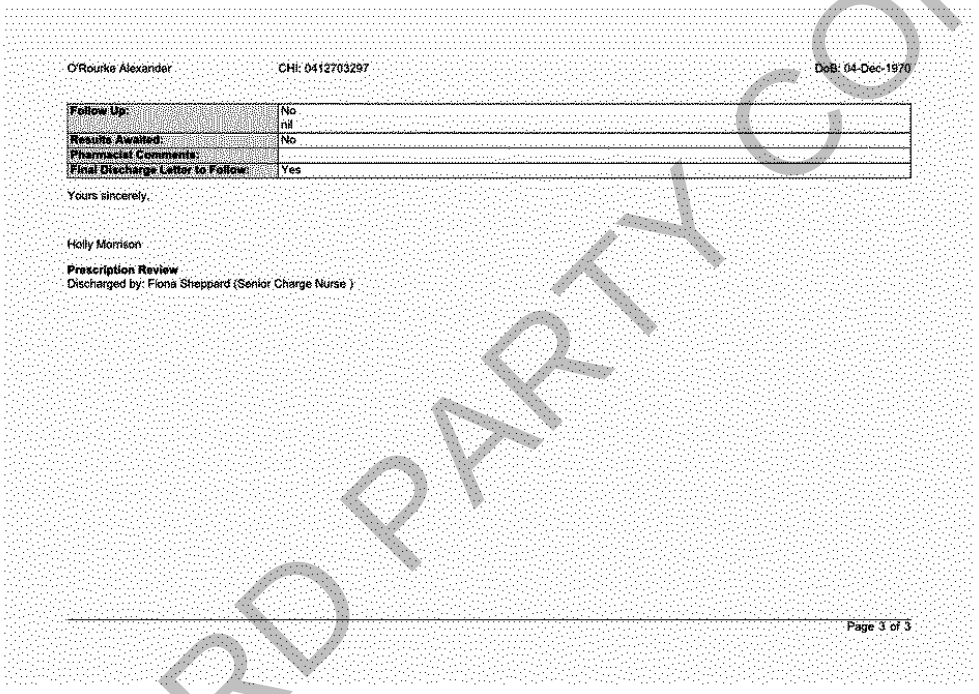
Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Mr O'Rourke attended hospital complaining of chest tightness and SOB with the impression of an acute exacerbation of his asthma. Troponin was negative. Patient expressed that he wanted to self discharge before any further assessment and therapy, stating that he would attend his GP the following day. He was advised that if he self discharged that it would be against medical advice. Patient self-discharged and signed paperwork. If you have any questions, please get in touch. Kind Regards, Holly Morrison FY1 ARU1 QEUH (No formal involvement in patient care).

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Holly Morrison

Prescription Review
Discharged by: Fiona Sheppard (Senior Charge Nurse)

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

FERGUS MACLEAN,Levenside Medical Practice,The Health Centre,Station Road, Dumbarton, G82 1PW

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 30-Sep-2019

Dear FERGUS MACLEAN,

Name	CHI	DoB	Address
Alexander O'Rourke	0412703297	04-Dec-1970	0/1 51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX

Admitted	Type	Discharged	Destination
22-Sep-2019 15:18	IP	22-Sep-2019	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	McKay	QEUH ARU1 Respiratory	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures
There is no data to display.

Last Discharge Review: Greig Torpey (Greig Torpey - FY1) on 30 Sep 2019 17:05

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
There is no data to display.							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Patient self discharged from holiday Presenting Complaint: SOB and chest tightness Problems List 1) Acute exacerbation of asthma - likely infective History Presenting Complaint - 3/12 intermittent chest cramping, lasts seconds to minutes then resolves. Constant chest tightness. Increasing SOB, after 1 flight stairs needs to sit down. - 1/7 productive cough, green sputum and 1/52 hot and clammy - Known smoker

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

	- Patient self discharged on 22/9 PMHx - Ex IVDU - Asthma Investigations of Note - ECG: NAD - Trop: Neg Medication Changes - Nil, patient self discharged Follow Up - Nil Actions for GP - Ongoing care Yours Sincerely, Greig Torpey FY1 QEUH
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	-
Final Discharge Letter to Follow:	Yes

Page 3 of 4

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Yours sincerely,

Greig Torpey

Prescription Review
Discharged by: Greig Torpey (FY1)

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O'Rourke Alexander CHI: 0412703297

Letter to Patient:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Main Switchboard:	0141-887-9111
Department:	Endocrine
Contact Tel:	0141 314 6826
Enquiries to:	Sheila Britton- Secretary
Letter Date:	31/05/2024
Reference:	MM-DC
Dictated Date:	06/05/2024
Transcribed Date:	20/05/2024

Dear Mr O'Rourke ,

I now have the results of the blood tests you had checked at the phlebotomy hub. Since stopping Nebido, your PSA (prostate) blood test has normalised again. Your red blood cell count remains normal. Your testosterone is now a bit low, but I am reluctant to re-commence testosterone replacement at present in view of your prostate symptoms. As we discussed, I will refer you to the urology clinic for investigation and treatment.

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin McIntyre, Consultant

cc. Dr Queen:
Red Wing Medical Practice:
Clydebank Health & Care Centre:
Queens Quay Main Avenue:
Clydebank:
G81 1BS

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O'Rourke Alexander CHI: 0412703297

Referral letter:

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrine
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton- Secretary
Letter Date: 31/05/2024
Reference: MM-DC
Dictated Date: 06/05/2024
Transcribed Date: 20/05/2024

Urology Vetting
RAH

Dear Colleagues ,

Alexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

I would be grateful if you could arrange flow studies and/or review of the above 53 year old man who attends my clinic with iatrogenic hyperprolactinaemia and consequent hypogonadotrophic hypogonadism. I discontinued testosterone replacement because of an elevated PSA, and this has now normalised, although he continues to have prostatic symptoms of hesitancy, dribbling and encores.

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr Queen:
Red Wing Medical Practice:
Clydebank Health & Care Centre:
Queens Quay Main Avenue:
Clydebank:
G81 1BS

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Crown ave Clydebank CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	B,24.1370950.W
Specimen Type	Blood
Date/Time Collected	03.05.24 / 14:42
Date/Time Received	03.05.24 / 19:36
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	07.05.24 / 08:42
Details	Hx polydrug misuse. Previ...

Results

HbA1C (IFCC) - Authorised on 07.05.24 at 08:38

HbA1c (IFCC)	+	43	mmol/mol	(20-41)

End of Report

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Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Crown ave Clydebank CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	B.24.1373011.D
Specimen Type	Blood
Date/Time Collected	03.05.24 / 14:42
Date/Time Received	03.05.24 / 19:44
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	03.05.24 / 20:22
Details	Hx polydrug misuse. Previ...

Results

Full Blood Count - Authorised on 03.05.24 at 20:19

White Blood Count		6.4	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.38	x10^12/l	(4.50-6.50)
Haemoglobin		143	g/l	(130-180)
Haematocrit		0.422	l/l	(0.400-0.540)
Mean Cell Volume		96.3	fl	(83.0-101.0)
MCH	+	32.6	pg	(27.0-32.0)
Platelet Count		241	x10^9/l	(150-410)
Neutrophils		4.5	x10^9/l	(2.0-7.0)
Lymphocytes		1.2	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.10	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Crown ave Clydebank CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	B,24.1372273.V
Specimen Type	Blood
Date/Time Collected	03.05.24 / 14:42
Date/Time Received	03.05.24 / 19:51
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	04.05.24 / 09:37
Details	Hx polydrug misuse. Previ...

Results

Glucose - Authorised on 04.05.24 at 09:30

Glucose	4.9	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Crown ave Clydebank CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	B,24.1372278.Q
Specimen Type	Blood
Date/Time Collected	03.05.24 / 14:42
Date/Time Received	03.05.24 / 19:47
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	04.05.24 / 11:17
Details	Hx polydrug misuse. Previ...

Results

Bone Profile - Authorised on 04.05.24 at 11:02

Calcium	2.41	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.46	mmol/L	(2.20-2.60)
Phosphate	0.96	mmol/L	(0.80-1.50)
Albumin	40	g/L	(35-50)
Alkaline Phosphatase	126	U/L	(30-130)

Urea & Electrolytes - Authorised on 04.05.24 at 11:02

Sodium	141	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	105	mmol/L	(95-108)
Urea	7.7	mmol/L	(2.5-7.8)
Creatinine	89	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 04.05.24 at 11:02

Total Bilirubin	6	umol/L	(<20)
ALT	36	U/L	(<50)
AST	23	U/L	(<40)
Alkaline Phosphatase	126	U/L	(30-130)
Albumin	40	g/L	(35-50)

Thyroid funct test - Authorised on 04.05.24 at 11:15

TSH	0.78	mU/L	(0.35-5.00)
Free T4	12.8	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

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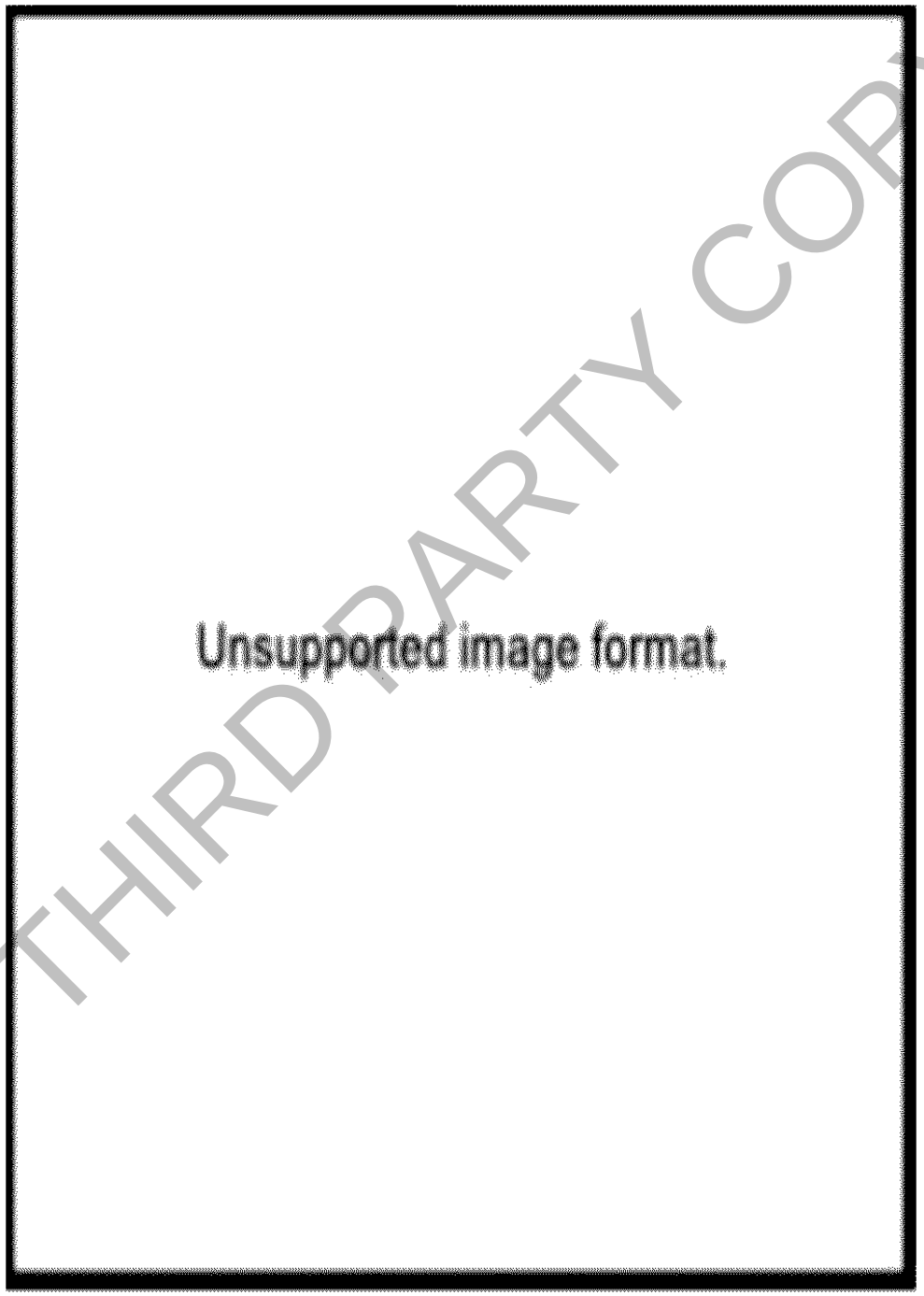


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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

— **Hospital** and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral	Urgent - Suspected Cancer		
Date of referral	07-May-2024	**Date sent**	07-May-2024

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Crown ave
Clydebank
G81 3AW

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101032957952A Unique Care Pathway Number: 101032957952A

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Referred by previous Practice February 2023 with PR bleeding and positive qFIT/...

Comment: Cont'd: two unsuccessful attempts at scope August and September 2023, recent correspondence indicating removal from waiting list - patient requests re-referral

I am writing concerning my patient Alexander O'Rourke. We recently received a letter indicating that this gentleman had been removed from the Surgical Waiting List because he had not responded to recent letters or had indicated he no longer required an appointment, or had refused two reasonable offers of an appointment. Looking back it appears that Alexander was originally referred in February 2023 due to PR bleeding with a positive qFIT. On Clinical Portal I could see Golden Jubilee scope appointments showing for 31/08/2023 and 20/09/2023 but no report. I subsequently managed to speak to Alexander by phone and he explained that he had attended for scopes at the Golden Jubilee but it sounds like there was issues with his Bowel Prep which had been incomplete and the scopes were not undertaken. He thinks he may have been contacted by the hospital more recently but was vague regarding this. At present his bowels open every 2 days with normal/firm stools, no further blood, no mucus. He thinks he has lost some weight over recent months, perhaps 3-4 stones, however, he has ongoing addiction issues and has been using increased amounts of amphetamine over this timeframe with corresponding reduced appetite. He admits his diet is very poor. I discussed the previous positive qFIT with Alexander along with the rationale for lower GI endoscopy to exclude any sinister underlying pathology. In view of this he has now indicated he would be willing to undergo colonoscopy if re-referred.

Due to the time elapsed, Alexander was brought in for re-examination. He was apyrexial, pulse 90 regular, blood pressure 142/85, chest was clear, he was not clubbed, no palpable cervical nor supraclavicular lymphadenopathy, the abdomen was obese, soft, non tender with normal bowel sounds and no discreet masses. Despite explanation he resolutely declined PR examination.

In view of this gentleman's previous positive qFIT, history of previous PR bleeding and failed scope attempts, I would appreciate your urgent assessment with a view to further lower GI endoscopy. I am unsure whether, in view of the significant weight loss, you would feel that concomitant cross sectional imaging might be prudent. Please find attached a summary of his past medical history and medications

p.s. I have arranged for routine bloods to be checked and I have asked Alexander also to hand in an updated qFIT test.

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021

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Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012

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Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paliperidone Prolonged release suspension for injection 75 mg/0.75 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY	-	12-Dec-2023	12-Dec-2023
Buprenorphine Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	AS DIRECTED DO NOT PRESCRIBE GIVEN BY CAT	-	12-Dec-2023	12-Dec-2023
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY	-	30-Aug-2023	21-Dec-2023
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	12-Apr-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	30-Aug-2023
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	12-Apr-2024
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	12-Apr-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	01-May-2024	01-May-2024
Aripiprazole Tablets 5 mg	28	28 tablet	1 TAB DAILY DISPENSE WEEKLY	-	01-May-2024	01-May-2024
Aripiprazole Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY	-	07-Mar-2024	07-Mar-2024
Aripiprazole Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY	-	25-Jan-2024	25-Jan-2024
Procyclidine Hydrochloride Tablets 5 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	25-Jan-2024	25-Jan-2024
Nebido Injection 250 mg/ml, 4 ml vial	1	1 vial	4ML EVERY 12 WEEKS	-	12-Dec-2023	12-Dec-2023
Procyclidine Hydrochloride Tablets 5 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	11-Dec-2023	12-Dec-2023
Promethazine			TWO TO BE TAKEN AT NIGHT			

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Hydrochloride Tablets 25 mg	28	28 tablet	WHEN REQUIRED FOR 2 WEEKS FOR SLEEP	-	11-Dec-2023	12-Dec-2023
Aripiprazole Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY	-	11-Dec-2023	12-Dec-2023
Prochlorperazine Maleate Buccal tablets 3 mg	10	10 TABLET	ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY	-	28-Nov-2023	28-Nov-2023
Dioralyte Oral powder (blackcurrant)	6	6 SACHET	DISSOLVE ONE SACHET IN 200ML WATER AND TAKE AS DIRECTED	-	28-Nov-2023	28-Nov-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

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

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

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Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

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02/04 2020 12:56PM FAX 0001/0004

FAX COVER SHEET



Dr Chalmers & Partners
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Telephone: 0141 531 6490
Fax: 0141 531 6493

TO: Alison Levenside MP.

FROM:
- ☐ Dr W N Chalmers
- ☐ Dr C Stephens
- ☐ Dr M Fleming
- ☐ Dr J Tennick
- ☐ Dr G Robertson

DATE: 2/4/20 **PAGES:** 4.

RE: Pt Summary

- ☐ Urgent
- ☐ For Information
- ☐ Please Comment

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Registration Details - Patient No: 15831

Personal details...		Address details...	
Date of Birth	04/12/1970	Post Code	G81 2EX
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	51 Jean Armour Drive
Previous Surname		Village	
Forenames	Alexander	Town	Clydebank
Calling Name	Alexander	County	Dunbartonshire
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	952 2282
Registered GP	Dr Caroline Stephens	Work Tel No	
Usual GP	Dr Caroline Stephens	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	0412703287		
NHS Number			

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	27/02/2020		

AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Lloydspharmacy-Clydebank,375 Kilbowie Road,Clydebank,WEST DUNBARTONSHIRE,(G81 2TU) (Org Id - 1042)		
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	2		

Medical Record

Problems

Active Problems		Authorised By	Code
06/03/2020	Spasm of muscle	Dr Toh	N23y4

Past Problems		Authorised By	Code

Due Diary Entries		Authorised By	Code
04/12/2035	Influenza vaccination	Dr Stephens	65E..
16/09/2020	Medication review	Dr Tennick	6B314

Overdue Diary Entries		Authorised By	Code

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None

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
05/03/2020	Height 182 cm
05/03/2020	Weight 106 Kg
05/03/2020	Body Mass Index 32
05/03/2020	Blood pressure reading 134/87 mm Hg
05/03/2020	Smoking Status Smoker
05/03/2020	Alcohol consumption 0 units/week
05/03/2020	Exercise grading Aerobic exercise 0 times/week

Consultations

05/03/2020 14:43	Dr Ching Ying Tah at Dr Chalmers & Partners (18811)
Problem (FIRST)	**Spasm of muscle**
Medication	Sertraline Hydrochloride Tablets 100 mg *28 tablet ONE TO BE TAKEN EACH DAY*
History	Smoker complaining of muscle cramp all over body, describes as tingling sensation and then muscle goes very tight, can happen anywhere in the body, sometimes worse over anterior chest, applying pressure over cramp makes pain better, has had this over a year, denies exertional chest pain, previous cocaine user, currently in Safe as House, not used drugs for 5 days, 7g of tabacco daily, no alcohol, currently on methadone 30mls daily.
Examination	HR 82 regular, HS I+II+0, bilateral chest clear, abdomen soft non tender, bowel sound present, laparotomy scar (tole me previously stabbed in abdomen twice)
Medication	Esomeprazole Gastro-resistant Tablets 20 mg *56 tablet 1 Tab Twice daily*
	Procyclidine Hydrochloride Tablets 5 mg *28 tablet 1 Tab Daily*
Comment	likely muscle spasm, suggest daily gentle exercise, review prn
Medication	Paracetamol Tablets 500 mg *224 table! TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*

05/03/2020	Miss Karen Murray at Dr Chalmers & Partners (18811)
Problem (FIRST)	**New patient health check**
Examination	Blood pressure reading 134/87 mm Hg
	O/E - height, 182 cm
	O/E - weight, 106 Kg
	Body Mass Index, 32
	Ideal Weight, 78.19 Kg
Family History	FH: Ischaemic heart dis. <60
	FH: Ischaemic heart dis. >60
	FH: Asthma
Social	Aerobic exercise 0 times/week
	Alcohol consumption, 0 units/week
	Rolls own cigarettes, 50 g/week
Result	Urine blood test = negative
	Urine glucose test negative
	Urine protein test negative

Medication

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Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
06/03/2020	Sertraline Hydrochloride Tablets 100 mg ONE TO BE TAKEN EACH DAY 28 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
06/03/2020	Esomeprazole Gastro-resistant Tablets 20 mg 1 Tab Twice daily 56 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
06/03/2020	Paracetamol Tablets 500 mg TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 224 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
16/03/2020	Salbutamol Cfc-free Inhaler 100 micrograms/puff ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	16/03/2020P	Dr Jane Tennick	REPEAT
16/03/2020	Fostair Cfc-free Inhaler 200 micrograms + 6 microgrems/dose TWO PUFFS TO BE INHALED TWICE DAILY 1 Inhaler	16/03/2020P	Dr Jane Tennick	REPEAT

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GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	Flat 1 1 Murroch Avenue Bellsmyre Dumbarton G82 3DP

Specimen Details	
Specimen Number	M.21.5156150.H
Specimen Type	Mid Stream Urine
Date/Time Collected	16.06.21 / 14:18
Date/Time Received	17.06.21 / 14:15
Requested By	Dr Saied Pourghazi
GP Practice	85066
Date/Time Reported	17.06.21 / 16:42

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Saied Pourghazi Order No:IS15053452
LOCATION: Dumbarton HC HB Practice

RESULT: Specimen not processed

Urine not in boric acid container
SPECIMEN >4 HOURS OLD
Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Catriona Cameron (SBMS)
Date/Time authorised: 17.06.2021 16:39
** END OF REPORT **

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West Dunbartonshire Council | NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

tails of Contact / Comments for CPA Meeting
› be returned to Carla Craigie - CPA Co-ordinator)

To: Dr F MacLean — CPA Keyworker: Maureen McDiarmid, CPN - CMHT

Re: Alexander O'Rourke — CHI/Emis: 041 270 3297/1390717

Care Programme Approach Meeting scheduled to take place on:- 30th April 2019 @ 2:00pm in Riverview Resource Centre, Dumbarton Joint Hospital, Dumbarton, G82 5JA

You have been sent this form along with your invite to the above meeting as the General Practitioner for the above client who is included or is being considered for inclusion on CPA. Consent re sharing information has been agreed by your client, a copy of which can be requested.

If you are unable to attend the CPA Meeting please write in the box below details of contact you or other GPs within your practice have had with the person since the last CPA Meeting. Please also give any other information that you think might be relevant for the meeting, for example relevant contacts with NHS 24/Out of Hours.

We would be most obliged if this form could be returned in all instances – even if there has been no contact with the patient.

If you are unable to attend the CPA Meeting but would like to discuss issues relating to this client please contact the **CPA Keyworker** as detailed at the top of this report.

Previous meeting took place on:- 1st CPA Meeting

Details of Contact with GP since previous three months, including relevant contacts with NHS 24/Out of Hours

30.4.19 – F/U note extension sought. Also head burn to medial aspect on hands, bilateral. Minor.

24.4.19 out leading to A+E. Fell in barn + hit head. Had taken Stat helium. Diagnosed as "syncope" + discharged.

Other Comments

(Please continue overleaf if more space is required)

Name Maria- **Signed** [signature]

Date 24.4.19 (please print)

NOTE FOR CPA KEYWORKER – If you would like this copied out to all involved along with other paperwork from the meeting please return this to CPA Co-ordinator, and tick this box ☐

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

Address
67c Dundonald Road Paisley Renfrewshire PA3 4NB — Address Type: Home address
The Health Centre P.O. Box 19605 Greenock PA15 9ET — Address Type: Main address

Communication numbers

Problems

Currently Relevant	Started: 25/04/2012	Ended:
TRANSFERRED TO GREENOCK	Started: 05/03/2012	Ended:
ACT History	Started: 05/03/2012	Ended:
Body mass index 30+ - obesity	Started: 28/11/2011	Ended:
Waist circumference	Started: 28/11/2011	Ended:
Misuse of drugs NOS	Started: 31/05/2007	Ended:

Medical History

03/12/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Prescription/ Recording Sheet Mrs Susan Hunter
03/12/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Addictions Care Plan Mrs Susan Hunter
03/12/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Prescription/ Recording Sheet Mrs Susan Hunter
30/11/2018 Psychological therapy started Met with Mr O'Rourke for his final low intensity CBT treatment session as he is being liberated on Monday 3rd December. Discussed support networks he could utilise in the community. Ms Karen Muir
30/11/2018 Mental health review Discussed today at MDMHTM, to remain on caseload. Ms Alison Glass
28/11/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Discharge Prescription Mrs Susan Hunter
23/11/2018 Psychological therapy started Attempted to meet with Mr O'Rourke for his low intensity treatment session, however i was informed that he did not wish to meet with me. he has been rescheduled for the 30.11.2018 Ms Karen Muir
21/11/2018 Consultation Listed for MO clinic today - refused to attend Dr Kathryn Clark
19/11/2018 Seen in psychiatry clinic Appears well.Due for release in two weeks. Slightly ambivalent about this. Had been reducing methadone, but it was re-increased because he had been using buprenorphine and heroin. No illicit drugs for 5 days now.Agrees to see Dr Puri following release. Dr George Macdonald
16/11/2018 Seen in psychology clinic Met with Mr O'Rourke for his low intensity treatment sesion. Continued to explore automatic negative thinking styles, discussed the language he uses and the impact this can have on functioning, for example using words like "cant" and "should". Next appointment scheduled for the 23/11/2018 Ms Karen Muir
16/11/2018 Review of mental health care plan Discussed today at the MDMHTM. To remain on caseload at present. Miss Kylie Rodgers
15/11/2018 Consultation Discussed this morning at mental health allocations meeting. To discuss an appointment with optician to make an appointment to have eyes tested as per referral request.Alex to continue to be reviewed by Dr MacDonald. Ms Alison Glass
13/11/2018 Follow up substance misuse assessment Situation- Seen today in Links Centre with L Morrison. Background- Alex currently on methadone treatment however has been increasing/decreasing dose for a few weeks now. Assessment- Met with Alex and Lorna to establish a plan for his methadone. Alex speaks positively about the future and does not want to use any drugs when in the community. Alex tells me he is currently using buprenorphine along with methadone dose as he feels in withdrawals. Explained to Alex that in order to stop using buprenorphine it would be a good idea to increase on methadone so he did not have to use this. Alex agreed to be increased to 15mls and to stay on this dose until liberation. Spoke about reducing this in the community and decided on a good time to attend chemist everyday for his methadone. Recommendation- To increase to 15mls on methadone and stay on this dose. Will write care plan. Alex happy with this plan. Ms Kirsty Byng
09/11/2018 Seen in psychology clinic Met with Mr O'Rourke for his low intensity treatment session. Recapped what we had covered in previous treatment, e.g, window of tolerance and grounding/distraction techniques. focussed on thoughts, discussed fact vs opinion. in between session work set- asked to identify automatic thoughts relating to having cell door open. next appointment scheduled for the 16th November Ms Karen Muir
07/11/2018 Administration Administration Smoking Cessation Service withdrawn from group Ms Gillian Mcculloch
07/11/2018 Smoking cessation therapy Client did not attend the smoking cessation programme today and declined to meet 1:1. Requested through Officer to withdraw from group. Treatment Refusal form countersigned by Officer. Ms Mary Tran
06/11/2018 Follow up substance misuse assessment Met with Alexander and Anne Marie Ferguson (Community based Social Worker) to discuss concerns for release and look at potential support options. Alexander felt meeting went well and Anne Marie intends to meet with Alexander next week and will bring a worker form Alternatives so Alexander can be linked in with service prior to release. Alexander fine with this. Mrs Lorna Morrison
06/11/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Protocol Criteria For Seasonal Flu Vaccinations Mrs Susan Hunter
05/11/2018 Mental health review Discussion held with dr MacDonald regarding CMHT follow up for Alex after release.Dr MacDonald has agreed to write a letter to Riverview resource centre. Ms Alison Glass
02/11/2018 Mental health review Discussed this morning at MHMDTM. Agreed to remain on caseload. Ms Alison Glass
02/11/2018 Seen in psychology clinic Met with Mr O'Rourke for his low intensity treatment session. Discussed his concerns regarding his pending liberation. discussed referral to the STAR service in the community, MR O'Rourke agreeable to this. agreed to recap, unhelpful thinking styles and automatic thoughts, grounding techniques and impact of traumtic events. will also explore CBT for insomnia and behavioural activation. (will ask his addiciton caseworker to explore recap some of these areas with him). Next session scheduled for the 9/11/2018 Ms Karen Muir
01/11/2018 Drug addiction therapy Situation- Seen today at methadone round. Background- Currently on 12mls of methadone after reducing for a short period and then wanting to increase again. Assessment- Alex has requested to reduce to 10mls as of tomorrow. Explained to Alex that this may not be the best idea however he is very keen to come off this. L Morrison (addiction support) has advised Alex to continue on methadone when he is liberated as this will keep him more stable. Recommendation- Advised Alex that I will catch up with him next week and speak about methadone. Will suggest further increase for harm reduction purposes. Ms Kirsty Byng
01/11/2018 Consultation Declined to attend nurse clinic for flu vaccine. Relisted for 5/11/18 Ms Anne Witherow

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

01/11/2018 Consultation Discussed this morning at mental health allocations meeting. Alison to contact Riverview resource centre to organise a CPN visit prior to Alex's release on 6/12/18. Also discussion to be held around Alex engaging with STAR service on release. Ms Alison Glass
31/10/2018 Smoking cessation therapy Client attended smoking cessation programme today. Seen by JM. Post Quit week 1. Only had 4 roll ups. Does not want Lozenges. Niquitin Patches 21mgs x 7 (BN: 1803128 Exp: 12.2020) issued. CO reading 5 Ms Mary Tran
31/10/2018 Dental care Fit fp acrylic with care instructions. TC Mr Mark Gallagher
29/10/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander advised he has been struggling with illicit drug use but has recently increased his methadone and is now maintaining illicit drug free. Alexander spoke about anxiety over release and is keen to start working through concerns to build up a plan for release.ASSESSMENT: Alexander spoke about drug use over the last 2 weeks and decision to increase methadone. Talked through positives of this and encouraged Alexander to consider remaining on a therapeutic dose of methadone for release. Spoke in detail about risks of returning to drug use if not stable and worked through pros and cons of remaining in treatment. Alexander spoke about reasons why he would like to be off ORT for release and talked through this. During session, attempted to contact community Social Work to discuss plans for release; Social Worker not available, agreed to call back on Wednesday. Alexander spoke with Job Centre regarding benefits and arrangement to restart this for release. Feeling less stressed by this and will meet with Job Centre again before release. RECOMMENDATION: - Agreed to continue with weekly support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
26/10/2018 Psychological assessment Met with Mr O'Rourke for his first low intensity assessment session. Discussed his current concerns and difficulties since ending treatment. discussed concerns regarding his pending liberation. next session scheduled for the 2/11/2018 Ms Karen Muir
24/10/2018 Administration Administration Referral seen 25/10/18 Ms Gillian Mcculloch
24/10/2018 Smoking cessation therapy Client attended smoking cessation programme today. Seen by JM. Quit week. Looks forward to quit and getting fitter. Niquitin Patches 21mgs x 7 (BN: 1803093 Exp: 10.2020) and NQ Mini Lozenges 1.5mg x 60 tablets (BN: 789C Exp: 10.2020) issued. . CO reading 11. Ms Mary Tran
22/10/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Appointment Refusal Form Addictions support Mrs Susan Hunter
22/10/2018 Follow up substance misuse assessment Declined to attend for 1-1 support; treatment disclaimer form completed. Will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
19/10/2018 Consultation CXR result given and explained r/v prn Dr Raheel Ahmed
17/10/2018 Smoking cessation therapy client attended 1st smoking cessation session GRM2/18. client states smoking. keen to use nrt have used in past and feels it works. client issued with nq 21mg Patch and nq 1.5mg mvt CO of 24ppm. seen by lorna morrison Mr Robbie Snowdon
15/10/2018 Follow up substance misuse assessment Declined to attend for 1-1 support; treatment disclaimer form completed. Will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
12/10/2018 Administration Administration Optician referral recd - and does not qualify letter sent Ms Gillian Mcculloch
12/10/2018 Mental health review Discussed this morning at MDMHTM. Agreed to remain on caseload- engaging well with addiction support team. Ms Kirsty Byng
10/10/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form MO - listed 19/10/18 Mrs Susan Hunter
10/10/2018 Administration Administration Referral smoking cessation referral recd. Optician does not qualify letter sent Ms Gillian Mcculloch
08/10/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander advised he is feeling better mentally and feels paranoia has eased. Spoke about drug use over last 2 weeks and said he is continuing to use illicitly on occasion. Keen to move on from this and is focused on working to remain substance free and transfer to Naltrexone. ASSESSMENT: Alexander spoke about drug use over last few weeks and talked through reasons for this. Completed a cost benefit analysis tool to help illustrate difference between current behaviours and reactions and his long terms goals and plans. Spoke in detail about how Alexander has been managing his methadone reduction and motivation around this. Spoke about low dose of methadone and little therapeutic value to be gained from maintaining on this longer term. Alexander adamant that he needs to be started on Naltrexone prior to release and does not want to be attending a chemist in the community for ORT. Looked at a manageable plan for being off ORT and drug free so Naltrexone treatment can be commenced. Looked at previous periods of extended abstinence and how to achieve motivation needed to maintain this. RECOMMENDATION: - Agreed to continue with weekly support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
05/10/2018 Follow up substance misuse assessment Written in retrospect 04/10/18. Situation- Seen in A Hall along with L Morrison regarding addiction self referral. Background- Alex is currently on 10mls of methaodne and has requested a detox to come off this. Assessment- Alex has plans to come off methadone and would like to start naltrexone before he is out as he does not want to attend a chemist everyday in the community. Spoke with Alex and advised that DHC detox would not be appropriate as he struggled coming off 3mls of methadone. Alex appeared to understand this. L Morrison will meet with Alex next week to discuss a plan of coming off methadone and he would like to start coming down 2mls per week. Have actioned this for Friday. Recommendation- L Morrison to meet up with Alex on Monday, also make a plan about coming off methadone and starting on naltrexone before liberation in December. Ms Kirsty Byng
03/10/2018 Result Results Inverclyde Royal Hospital X-Ray Mrs Susan Hunter
03/10/2018 Result Results Inverclyde Royal Hospital Ultrasound Ms Gillian Mcculloch
03/10/2018 Dental care Try fp ok. Occlusion better as are aesthetics. Master upper and lower imps for fit nv Mr Mark Gallagher
03/10/2018 Consultation Over past 2 weeks aware of a pain just above scar on right side of abdomen when has deep cough. Only pain at this time. Bowels regular and with no change. Hx of hernia repair 2016 in this area with mesh. Due uss tomorrow for pain left side abdomen. O/E: Abdomen soft ,No tenderness, no rebound or guarding. ?slight ripple palpable over area with coughing. BS normal. Await uss result ?refer Dr Kathryn Clark
01/10/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Appointment Refusal Form Addiciton support Mrs Susan Hunter
01/10/2018 Seen in psychiatry clinic Relatively good today, but has been variable recently. Stopped CPZ as he thought it wasn't helping, and briefly stopped olanzapine at the same time, although taking this again now.Agreed to increase olanzapine to 20mg nocte.See again in 6 weeks or so, prior to liberation. Dr George Macdonald

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

01/10/2018 Follow up substance misuse assessment Declined to attend for 1-1 support; will relist. Treatment refusal form countersigned by Link Centre staff. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
26/09/2018 Administration Administration Smoking Cessation Service withdrawn from group Ms Gillian Mcculloch
26/09/2018 Smoking cessation therapy - Client did not attend the Smoking Cessation Programme. Met 1:1 by RS. Client not motivated at this time to stop smoking. Agrees to withdraw from group. Ms Mary Tran
26/09/2018 Smoking cessation therapy client failed to attend 2nd week post quit smoking cessation session GMR2/18. client invited to link centre for 1:1, client states smoking, client not motivated at this time withdrawn from group. client removed from group GMR2/18. Mr Robbie Snowdon
26/09/2018 Follow up substance misuse assessment Written in retrospect 25/9/18. Situation- Seen at medication round. Background- Alex has been reducing methadone dose gradually and is currently on 3mls. Assessment- Alex has asked to increase dose to 10mls as of 26/9/18. Alex states that he is struggling a bit with being down so low. Advised this is sensible if he is feeling as if he is struggling. Recommendation- Requested GP to amend kardex to 10mls as of 26/9/18. Ms Kirsty Byng
24/09/2018 Administration Administration Hospital Appointment IRH - X-Ray and Ultrasound Scan on 3/10/18 at 11:30 and 11:45 Ms Gillian Mcculloch
21/09/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form MO - listed 28/9/18 Mrs Susan Hunter
20/09/2018 Administration referral for further care The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mcculloch
20/09/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander requested to be seen this afternoon. Described feeling more paranoid and anxious and said he is thinking of requesting a move to another establishment and asked for support with this.ASSESSMENT: We talked through how Alexander has been coping over the last week. Alexander disclosed that he had been 'offered a dagger' in the hall which he refused but it has made him uneasy this was offered to him. Alexander also spoke about feeling more paranoid in general and feels transferring to another establishment may help with this. Talked through in detail and we looked at each incident Alexander has been worrying about and examined thinking around this. Looked at evidence to help Alexander in challenging thoughts around this. Spoke about substance use and Alexander advised he has now reduced to 3 ml of methadone. Disclosed he has been using suboxone over the last 5 days but has not had any today. Has not really slept from Tuesday and able to see how this will be impacting on his mood and thinking. Detailed discussion around motivation and Alexander"s goal to be substance free on release. Spoke about ways to boost motivation to achieve this and looked at relapse prevention over weekend. Spoke about times when Alexander has been well in custody and importance of being substance free in achieving this. Advised Alexander that he has been accepted by Psychology and will be restarting in the next few weeks. Alexander fine with this. At the end of session, Alexander said he would not ask for a transfer at present as he has support in place at HMP Greenock and spoke about motivation to remain substance free over weekend. Agreed to meet again on Tuesday morning.RECOMMENDATION: - Agreed to continue with weekly support. -□Contacted Intelligence Unit regarding information discussed in session. -□Passed on concerns from session to Gordon Hannah (Health Centre Manager) and Kirsty Byng (Addiction Nurse). Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
19/09/2018 Smoking cessation therapy Client attended smoking cessation programme GMR1/18 today. Seen by CW. Post Quit week 1. Has reduced to 2-3 roll ups a day. Set quit for weekend. Niquitin Patches 21mgs x 7 (BN: 1803093 Exp: 10.2020) and NQ Mini Lozenges 1.5mg x 60 tablets (BN: FN4G Exp: 10.2020) issued. CO reading 8ppm. Ms Mary Tran
19/09/2018 Administration Administration Refusal to Attend Ms Gillian Mcculloch
19/09/2018 Dental care Try f/p F- set up too far back and retry required. Mr Mark Gallagher
18/09/2018 Follow up substance misuse assessment Attempted to meet for 1-1 support but Alexander declined to attend; will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
17/09/2018 Follow up substance misuse assessment Unable to see for 1-1 motivational support as Hall locked up; will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
13/09/2018 Review of mental health care plan SITUATION: Informed by primary care that Mr O'Rourke has been refusing his Olanzapine 15mg and Chlorpromazine 50mg bd for 4 daysBACKGROUND: Previous history of non-compliance with medication and increase in paranoia resulting in violence. On occasion also resorts to modelling weapons. Chlorpromazine introduced 2/52 ago as a result of taking spice and an increase in paranoid symptomsASSESSMENT: Mr O'Rourke appeared well, he conveyed this also stating he is able to socialise more in comparison to feeling sedated. Good eye contact and speech and content appropriate. Is concerned about repeat of previous mental health deteriorating but feels he could recognise these symptoms. Discussed risk of mental health deteriorating and impending liberation and I advised this is a concern. Additionally informed that chlorpromazine was intended as a short term measure. Reiterated importance of taking medication. RECOMMEDNATION: 1.□Advised Mr O'Rourke to be complaint with medication - he agreed to recommence his Olanzapine but will decline the Chlorpromazine.2.□Listed for Psychiatrist review on 17/09/2018.3.□Inform Primary care Mr Andrew Mctaggart
12/09/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander appeared more settled that at last session and advised being dined in for 2 days helped to ease anxiety. Alexander also informed he has not taken his medication since Sunday and feels 'much better' ASSESSMENT: Alexander said his anxiety is easing as he no longer feels 'dulled down' by medication and feels better able to react if he were to be at risk in the hall. Talked through thinking behind this and spoke about previous incident where Alexander felt like this and then attacked a fellow prisoner which he now regrets. Alexander said he feels more confident in recognising this and would take his medication before this happened. Talked through this and double edged sword of no longer having medication to ease anxiety and paranoia that he is placing himself at risk by not using medication. Alexander able to see logic in this and is willing to discuss his concerns around medication with Psychiatrist. Advised Alexander that I am concerned for his wellbeing and will discuss further with Nursing Team; Alexander fine with this. Advised Alexander that I will complete referral to Psychology for further work in preparation for release. Passed on that this was discussed at allocation meeting and he will be able to work with Karen Davies (Mental Health Practitioner) again; Alexander pleased with this.RECOMMENDATION: - Agreed to continue with weekly support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
12/09/2018 Smoking cessation therapy Alexander attended quit week at GMR2/18 cessation group. Alexander stated smoking, committed to quit, happy with products. CO reading 12. Pack of NQ patches 21mg (Bn 1802041 Exp 9/20) and pack of NQ mini lozenges 1.5mg (Bn FN4G Exp 10/20) issued. Ms Cathy Williamson
10/09/2018 Follow up substance misuse assessment Discussed with Andrew McTaggart (Alcohol Liaison Nurse) and passed on concerns regarding Alexander not taking medication. Alexander will be listed for next Psychiatry clinic. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

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Discharge Summary Report

Alexander O'Rourke 04/12/1970 Male 0412703297

10/09/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander presented as very anxious this morning and was visibly shaking. Alexander said his mood has deteriorated and he is struggling to cope with feelings of paranoia. ASSESSMENT: Talked through the last week and Alexander described feeling more paranoid in the hall and is finding his anxiety overwhelming whenever his door is open. Talked through this in detail, went over past lifestyle and experiences and used this to help Alexander why he is feeling like this at present. Encouraged Alexander to challenge current thoughts and Alexander able to find evidence to disprove current concerns around his safety in the hall. Alexander said he does not want to take his medication anymore as feels 'dulled down' by this. Spoke about risks of this and incident of violence which occurred the last time Alexander stopped taking his medication. Alexander does not want to repeat this and said if he felt like that he would start taking medication again. Advised Alexander I would discuss with Andrew McTaggart (Alcohol Liaison Nurse) and request for Alexander to be listed for Psychiatrist to discuss concerns with medication. Spoke about short term plan which Alexander feels would help to keep him keep safe at present. Alexander said he would like to be dined in for a few days due to anxiety when he is to leave cell. Contacted SPS Officer William Gibson with Alexander present and requested this, Officer Gibson said this was fine and he would ensure Alexander is dined in for next 2 days. Alexander said he felt better and appeared visibly more settled.RECOMMENDATION: - Agreed to meet again on Wednesday. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

09/09/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Letter from Patient Mrs Susan Hunter

06/09/2018 Mental health review Discussed at allocation meeting, to be referred to Psychology for further work in preparation for release. Mrs Lorna Morrison

05/09/2018 Smoking cessation therapy Alexander attended 1st session at GMR2/18 cessation group. Alexander seen by LM, stated previous quit attempt with NRT, keen to use patches. CO reading 13, Patch and mini lozenges selected. Ms Cathy Williamson

05/09/2018 Dental care Bite f/p shade ac 65 for try nv. Class 3 bite and patient happy to retain class 3 relationship. Mr Mark Gallagher

03/09/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander advised he met with Psychiatrist after last week's session and was prescribed Chlorpromazine which has helped. Noticeable reduction in anxiety and feeling more settled.ASSESSMENT: Alexander spoke about his cell being searched and advised he handed over weapon to staff. Alexander understood reasons for this being disclosed and was fine with this. Alexander described ongoing feelings of paranoia but said his new medication has 'dulled this' and he feels better able to cope. Advised I discussed his case at allocation meeting and option of re engaging with Psychology is available. Alexander keen to do this as found this very helpful, will feedback this at allocation meeting. Alexander has ICM tomorrow ad feeling anxious about this. Spent session talking through this and creating a list of questions Alexander would like to ask at ICM. Agreed I would attend ICM to.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

30/08/2018 Mental health review MDT review Discussed current situation and advised for review by psychiatrist and inform of intent relating sharpening weapon form a spoon. Mr Andrew Mctaggart

29/08/2018 Seen by nurse Discussed with DR Clark- patient concerned as has been exposed to asbestos in the past. Chest x ray ordered and to see GP with results. Ms Anne Witherow

27/08/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander presented as very anxious during session and was visibly shaking. Spoke about increase in paranoid thoughts and while was able to rationalise during session, quickly started to become troubled by these again.ASSESSMENT: Alexander spoke about feeling more paranoid and also disclosed to me that he had 'made a dagger' due to increasing feelings of unsafety within the hall and paranoid thoughts about individuals and experiences from his past. We talked through this and advised Alexander I would have to inform SPS staff due to risk to himself and others. Alexander understood this and said he did not want to use weapon and spoke about previous incident when he had been feeling this way. Alexander disclosed he has used NPS this week and said this made him feel worse. Motivated not to use again. Explored this as Alexander has had a previous negative experience using this substance and looked at why he had decided to take this again. Alexander said he thought it might help with the way he had been feeling. Alexander said he did not take his prescribed medication on Friday but due to feeling like this he started taking it again on Saturday. Advised I will pass this on to Mental Health Nurse and will also pass on Alexander's request to speak with Psychiatrist. Telephoned SPS Intelligence after session to pass on information about weapon; they advised they will deal with this.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

27/08/2018 Seen in psychiatry clinic Had been doing well until 2 weeks ago. Admits to having used "spice" twice, and this seems to have coincided with a deterioration.Feels much more anxious and reports shaking all the time. Denies any further use of illicit drugs. Is in the process of methadone reduction too.For CPZ 50mg bd in addition to current meds as a temporary measure. Dr George Macdonald

24/08/2018 Mental health review Discussed this morning at MDMHTM. Agreed to remain on caseload. Ms Alison Glass

23/08/2018 Administration Administration Referral seen 29/8/18 Ms Gillian Mcculloch

23/08/2018 Consultation C/O 2 months of left sided loin pain- pain dull pain. Also described dribbling of urine and reduced urine flow. No blood in urine , no fever, no nausea or vomiting. Having regular bowel motion.OE:- Not pale, not jaundiced, Abd- full, soft, vague left LQ tenderness, no mass, BS present.Urine--> NADPlan:- Refer abdo USS, worsening adv given Dr Abolaji Badejo

22/08/2018 Dental care Imps f/p for bite blocks nv. Mr Mark Gallagher

21/08/2018 Administration Administration Referral seen 23/8/18 Ms Gillian Mcculloch

20/08/2018 Mental health review Relisted for psychiatric review on the 27/08/2018 due to triage. Mr Andrew Mctaggart

15/08/2018 Follow up substance misuse assessment Written in retrospect 14/08/2018, Situation- Seen in Ailsa Hall regarding addiction self referral. Background- Alex is currently on methdone 9mls and is continuing to reduce until he is off this. Assessment- Alex today was asking if he could get sleeping tablets coming off methadone as he recieved this in Barlinnie before. Explained to Alex that this is not the policy here and he would not be prescribed this. Seemed to understand this. Recommendation- Continue reduction until off methadone. Ms Kirsty Byng

13/08/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander continuing to maintain illicit drug free and motivated to continue this. Alexander focused on release during today's session and anxiety around this and housing.ASSESSMENT: Alexander described feeling better within the hall this week and feels paranoia has eased. Advised Alexander that he has been listed to be reviewed by Psychiatrist; Alexander fine with this. Alexander spoke about concerns over housing for release and negative thinking around this. Agreed a plan to deal with this and contacted Madeline Russell (Dumbarton Housing) who will meet with Alexander on Wednesday morning to discuss potential housing support options available to Alexander. Alexander fine with this. RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

13/08/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Smoking Cessation Service Ack slip sent Mrs Susan Hunter

13/08/2018 Referral to NHS stop smoking service Self referral received 13/08/2018 requesting Smoking Cessation Service Mrs Susan Hunter

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

10/08/2018 Consultation Discussed this morning at MDMHTM. Agreed to remain on caseload. Ms Alison Glass
08/08/2018 Administration Administration Smoking Cessation Service withdrawn from group Ms Gillian Mcculloch
08/08/2018 Administration Administration Refusal to Attend Ms Gillian Mcculloch
08/08/2018 Drug addiction therapy Situation- Seen today at methadone round. Background- Alex has been reducing off methadone slowly from 70mls. Assessment- Alex is currently at 9mls and states he is doing well. Will approach addiction staff when he wants to reduce further. Was doing 3mls one week and 2mls the next week.Recommendation- To approach staff for further reduction. Ms Kirsty Byng
08/08/2018 Smoking cessation therapy client refused to attend 8th week post quit smoking cessation session (GMR1/18). clinet states smoking, withdrawn and refusal signed, will referre into service. Mr Robbie Snowdon
06/08/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander spoke about how he has coped over last few weeks and increase he has felt in paranoia within the hall. Alexander also spoke about negative experience of using NPS and said he is now motivated to remain substance free and focus on reducing methadone.ASSESSMENT: Alexander spoke about others within the hall which he feels are triggering him to return to previous thinking patterns; talked through this and challenged thinking around this. Alexander spoke about previous experience of this which led to him attacking a fellow prisoner. Advised Alexander I would pass this on the Mental Health Nurse and request for Alexander to be listed to meet with Psychiatrist. Have also passed concerns on to intelligence unit. Alexander motivated not to return to previous coping strategies for this as does not want to harm himself or anyone else. Talked through work Alexander had completed around hyper vigilance with Mental Health Practitioner and tools he was using that helped him combat negative thoughts. Alexander agreed to read back through this work and start utilising some of the distraction techniques. Alexander said he is also keen to discuss side effects of medication as feels this is still an issue, I will pass on to Mental Health Nurse.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
06/08/2018 Consultation blood result explained , clinically well , no complaint recheck prolectin in one months time Dr Raheel Ahmed
03/08/2018 Result Results Clyde Hospitals Haematology Ms Gillian Mcculloch
03/08/2018 Result Results Clyde Hospitals Biochemistry Ms Gillian Mcculloch
03/08/2018 Consultation blood results seen , need to see GP as routine ... Dr Raheel Ahmed
02/08/2018 Result Results The Health Centre, PO Box 19605, PA15 9ET Greenock ECG Ms Gillian Mcculloch
02/08/2018 Consultation Situation:Alex attended the health centre this morning for psychotrophic monitoring.Background:Alex is prescribed olanzapine and was due for psychotrophic monitoring.Assessment:All relevant paperwork completed. GASS Scale completed, bloods taken andd ECG done.Recommendation:To continue with annual psychotrophic monitoring. Ms Alison Glass
01/08/2018 Smoking cessation therapy client attended post quit week smoking cessation session. client states smoke free. client had a few draws on saturday di not enjoy this and feels this has motivated him to remain smoke free going forward. we discussed product and benifits of alexander using m/l as patch dose starts to decrease. alexander has some m/l for this week and agreed to be issued m/l at next session. Client issued with nq 14mg patch (1802986/09/20). CO of 4PPM. (Seen by lorna morrison) Mr Robbie Snowdon
30/07/2018 Review of mental health care plan Requested to see in health centre this morning for psychotropic monitoring however was advised that there is no movement in Ailsa hall. Ms Alison Glass
27/07/2018 Mental health review Discussed this morning at MDMHTM. Agreed to remain on caseload. Ms Alison Glass
25/07/2018 Administration Administration Recording Sheet Ms Gillian Mcculloch
25/07/2018 Smoking cessation therapy Alex attended 6th post quit week at cessation group 1. Alex stated had a couple of draws on Monday then threw roll up away and back on track. Alex stated keeping patch on for 2 days and advised to use a patch daily. CO reading 6. Pack of NQ Patches 21mg (Bn1802298 Exp 9/20) issued. Ms Cathy Williamson
23/07/2018 Follow up substance misuse assessment Alexander declined to attend for 1-1 support; treatment disclaimer form countersigned by Link Centre staff. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
18/07/2018 Smoking cessation therapy Client attended smoking cessation programme today. Post Quit week 5. Seen by LM. Remains smoke free. Feeling confident to maintain quit. Coping well. Spoke about cravings and managing these without smoking. Niquitin Patches 21mgs x 7 (BN: 1801943 Exp: 08.2020) issued. Not requiring Mini Lozenges this week. CO reading 3 Ms Mary Tran
16/07/2018 Consultation Discussion held with Dr MacDonald on behalf of Alex as Alex requesting to be prescribed procyclidine.Dr MacDonald does not feel that Alexander requires to be prescribed procyclidine. Ms Alison Glass
13/07/2018 Administration Administration Referral added to recovery cafe list Ms Gillian Mcculloch
11/07/2018 Smoking cessation therapy attended 4th post quit session of cessation group GMR1/18. has been buying more mints of canteen and feeling strong, does not want M/L this week. Issued 21mg Niquitin Patches (BN:1801943 EXP:08/2020). CO reading 3. Mr Nicholas Gallacher
09/07/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander presented well and spoke about how he has coped over last week. Advised he is to start new job as hall pass; feels this will be a positive step for him. Spoke about substance use and Alexander said he has not used and is keen to maintain this. Has decided to reduce methadone again this week and feels ready for this. Spoke about importance of Alexander maintaining drug free to achieve end goal with regards methadone reduction. ASSESSMENT: Continued to focus on change in Alexander's thinking which led to substance use. Alexander reflected on past experience of relapse after periods of stability and was able to recognise similarities between past relapse and current behaviours. Worked to identify this and look at ways to move on from this. Alexander feels that anxiety about release is influencing behaviour at present but is able to see that actions now will determine how he will be feeling closer to release and coping strategies he will be able to use to remain mentally well and substance free outside. Alexander expressed concern over shaking which he feels may be a side effect of his medication; advised I will pass on to Mental Health Nurse. Alexander spoke about moving to Arran House and how he feels this will help him prepare for release. Advised he has been informed by SPS staff he would not be able to access a place at Arran House whilst he is on evening supervised medication due to regime at Arran House. Due to this, Alexander requesting to come off supervised medication; I will pass this on Mental Health Nurse and discuss with Alexander at next session. We spoke about importance of Alexander working to build up resilience so he is able to manage current stress without returning to substance use. Spoke about benefits of positive peer support as Alexander feels that since mixing more within the hall, this is where his thinking has changed. Discussed Recovery Cafe and Alexander keen for a referral to be completed. RECOMMENDATION: -Will list for Recovery Cafe - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
04/07/2018 Smoking cessation therapy attended 3rd post quit group session. Smokfree week. 1:1 conducted by LM. Coping well and noticing improvement in health, easier getting upstairs. Niquitin 21mg Patches (BN 1801947 Exp 08/20) and 1.5mg MLs (BN 6B9N Exp 09/20) issued. CO3 Ms Claire Murphy
02/07/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Recording Sheet Mrs Susan Hunter

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

02/07/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander advised his sleep has improved over last week. Disclosed smoking spice and we talked over risks of this to mental health and Alexander's goal to remain substance free. Alexander did not enjoy the effects of this and feels that this has impacted on his thinking and described feeling more paranoid. Alexander said he has also smoked heroin once and has stopped methadone reduction due to this.ASSESSMENT: Discussed in detail reasons behind change in Alexander's behaviour. Alexander linked lapse to when he reduced below 20mls on methadone. Spoke about all options available to Alexander including titrating back to a comfortable dose on methadone. Alexander did not feel this was an option as he is keen to be started on naltrexone prior to liberation. Spoke about contradiction in Alexander's goal to be substance free and current behaviours. Discussed importance of Alexander boosting motivation and utilising skills he has learned through work with Psychology and not reverting to previous thinking styles. Alexander spoke about anxiety over release and was able to identify unhelpful thinking styles with regards this. Contacted Gail Hughes (PBSW) to pass on Alexander's concerns with regards this. Gail advised they are aware of Alexander's situation and will be requesting that Alexander is not placed in homeless accommodation but will be unable to agree this with Housing until closer to liberation date. Passed this on and reassurance offered with regards support plan for release.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

28/06/2018 Mental health review Discussed this morning at MHMDTM. Agreed to remain on caseload. Ms Alison Glass

27/06/2018 Administration Administration Medical History Ms Gillian Mcculloch

27/06/2018 Smoking cessation therapy Alex attended 2nd post quit week at cessation group 1. Seen at 1:1 by LM. Alex stated has not smoked since Friday. Feeling benefits of this when walking upstairs. Motivated. CO reading 4. Pack of Patches 21mg (Bn 1801942 Exp 8/20) and pack of NQ Mini Lozenges 1.5mg (Bn XK6W Exp 5/20) issued. Ms Cathy Williamson

27/06/2018 Dental care New Patient ExamExam. Med Hist up to date. Lib date 4/12/2018Pt c/o loose immediate dentures and difficulty eating. Traditionally needs sedation for fills/extractionsThe Patient is a smoker but has just stopped smoking 4 days ago. Alcohol intake has not been problematic and illegal drug intake has been an issue in the past. Brushing irregularlyExtra oral examination confirms no inflammation of neck nodes and no facial imbalance. Intra oral examination confirms soft tissue healthy, tongue-soft palate-hard palate, attached gingivae and buccal membranes. Dental and existing restorations charted. Caries evident 43 and non carious tooth loss not evident. BPE recorded OH poor. Patient declined fillings without sedation. No requirement for radiographs before denture construction.Pt caries risk is low and perio risk is low. Diagnosis of loss, illfitting immediate dentures.Treatment plan as follows1 Replace f/p denturesDiscussed treatment plan and accepted verbally by patient. Today, treatment carried out. Exam and treatment plan. Pt rebooked to begin on going treatment plan as discussed. Mr Mark Gallagher

26/06/2018 Consultation Alex asking to have Olanzepine 15mg at night rather than split as 5mg in am and 10mg nocte. Discussed with MH nurse who agreed this would be better if patient had agreed to take his full dose. Kardex rewritten by Dr Ilyas. MH nurse will inform psychiatrist. Ms Anne Witherow

25/06/2018 Administration Administration Refusal to Attend Ms Gillian Mcculloch

25/06/2018 Follow up substance misuse assessment Declined to attend 1-1 motivational support today; will relist. Treatment disclaimer form countersigned by Link Centre staff. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

23/06/2018 Administration Administration Referral seen 26/6/18 Ms Gillian Mcculloch

23/06/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Appointment Refusal Form Mrs Susan Hunter

22/06/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander informed me he has stopped working in the Joiners as there was not much work and he was finding it boring. Advised he is spending time in his cell and is enjoying this but has noticed a deterioration in his sleep. Also said he had lapsed and used heroin once and on another occasion cannabis. Talked through harm reduction issues around this and how this could be impacting on his sleep. ASSESSMENT: Alexander spoke today about interacting more in the hall and positives and negatives of this. Spoke about how this has opened up triggers with regards substance use and motivational support given to be aware of this and look at ways to manage this so Alexander does not revert to previous coping strategies. Alexander spoke about increase in anxiety and described returning to unhelpful thinking styles. Encouraged Alexander to revisit coping strategies developed through work with Mental Health Practitioner and agreed to work on this over coming sessions. Alexander spoke about stress when thinking about release; agreed I would contact Social Work to discuss this further.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

22/06/2018 Consultation C/o of seeing things which are not there, as if shadow in front of his eyes . otherwise stable. states that he has already indicated to his MHT . Known to have MH issued and on weekly review . On olanzapine 15mg dailyMSE: Good eye contact , happy looking , speech - normal , no suicidality.Pl: I advised the cleint to continue the same , For furtther MHT review , review if required. Dr Zahid Shah

20/06/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form MO - Listed 22/06/2018 Mrs Susan Hunter

20/06/2018 Follow up substance misuse assessment Situation- Seen yesterday at methadone round in Alisa hall. Background- Alex is currently reducing off methadone by 3mls one weeka nd 2mls the next week. Has currently paused reduction. Assessment- Informed me that he would like to re start reduction plan again. Have agreed to continue with same reduction plan as before. Recommendation- Advised Alex to inform staff if needing to pause reduction at any time. Ms Kirsty Byng

20/06/2018 Smoking cessation therapy - Attended the Smoking Cessation programme today. Post quit week 1. Alexander continuing to smoke around 2 roll ups a day. Attributes this to having tobacco in his cell. Going forward this week, he no longer has tobacco and intends to quit today. Has bought sweets in preparation for this. NQ Patches 21mgs x 7 (BN: 1801947 Exp: 08.2020) and NQ Mini Lozenges 1.5mgs x 60 tablets (BN: XK6W Exp: 05.2020) issued. CO Reading 6. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

15/06/2018 Mental health review Discussed at MDMHTM this morning to remain on caseload Mr Andrew Metaggart

13/06/2018 Smoking cessation therapy Alex attended quit week at cessation group. Alex stated still smoking and feeling motivated & prepared for quit. CO reading 14. Pack of NQ patches 21mg (Bn 1801947 Exp 8/20) and pack of NQ MiniLozenges 1.5mg (Bn 622S Exp 9/20) issued. Ms Cathy Williamson

11/06/2018 Follow up substance misuse assessment Alexander declined to attend for 1-1 support today, will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison

06/06/2018 Smoking cessation therapy - Attended the Smoking Cessation programme today. Pre quit week 1. Advised regarding products. Wishes to achieve quit with aid of patches and mini losenges. Discussed preparation for quit. CO Reading 12ppm. Ms Mary Tran

01/06/2018 Mental health review Discussed today at MHMDTM, agreed to remain on caseload. Ms Alison Glass

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

31/05/2018 Smoking cessation therapy - Client allocated to Rolling Group commencing 6th June. Mary Tran, NHS Addiction Service Ms Mary Tran
22/05/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Dental Problem Triage Form Added to waiting list Mrs Susan Hunter
22/05/2018 Referred to dentist Self referral received today, having trouble eating due to ill fitting dentures. Patient added to waiting list and ack slip and information leaflet sent today. Mrs Susan Hunter
21/05/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander is continuing to cope well and spoke about enjoying his current routine.ASSESSMENT: Alexander continuing to cope well and has had no issues over past week. Alexander said his only concern at present is medication as he would like to be taken off supervised. Talked about this in detail and spoke about reasons why medication was changed to supervised. Alexander said he understands this but feels he would be able to manage this better now. Checked and Alexander is listed for Psychiatry clinic to meet with Dr MacDonald. Alexander will discuss this further at appointment. Due to Alexander coping well; agreed to increase contact between sessions.RECOMMENDATION: - Agreed to continue with 3 weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
21/05/2018 Seen in psychiatry clinic Reviewed.Has been repeatedly asking staff for meds in possession, and asked me for the same today. I reminded him of what has previously happened when his meds were dispensed in this way, and he agreed that it was better to continue with supervision.He reported some tiredness after his morning dose, so olanzapine changed to 5mg mane + 10mg nocte.Otherwise doing well, and appears to be free of psychotic symtoms at present. Has engaged with psychological treatment and appears to find this beneficial. Dr George Macdonald
18/05/2018 Mental health review Discussed at MDMHTM today Mr Andrew Mctaggart
14/05/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander is continuing to cope well and spoke about progress he feels he has made.ASSESSMENT: Session was short today due to Alexander having to return to the hall for lunch. Alexander reported he is coping well and spoke about finishing up with Psychological services. Discussed a plan to keep well with Karen Muir (Mental Health Practioner) and is following this. Feels he has gained a lot from input with Psychological services. Spoke about sleep as this had been highlighted as an issue but Alexander is working to ensure he stays busy during the day and doesn't allow himself to sleep until night. Feels this is working over the last week and found sleep pattern to be good. No other issues raised.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
14/05/2018 Mental health review Dr MacDonald unable to see at psychiatry clinic this afternoon due to time constraints. Re-listed for next week. Ms Alison Glass
11/05/2018 Administration Administration Mental Health Ms Gillian Mcculloch
11/05/2018 Seen in psychology clinic Met with Mr O'Rourke for his final low intensity CBT session. Explored CBT for insomnia and created a keep well plan. no risk of harm factors identified. No further action. Ms Karen Muir
09/05/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander is continuing to attend work party and is enjoying this. Feels he is coping well in general and continuing to utilise techniques from sessions with Mental Health Practitoner.ASSESSMENT: Alexander is continuing to notice progress and is feeling much more settled. Main concerns raised during session were around release and being able to link in with support to help him continue to structure his time and work on anxiety management. Reassurance given around this and provided Alexander with written information on Alternative recovery programme he could access on release. Alexander felt this would meet his needs. Agreed closer to liberation date to contact service and arrange either telephone call or meeting with worker to ensure this is in place for Alexander on release. Alexander said his last session with Mental Health Practitoner is next week and agreed we will continue to build on work completed. Alexander advised he has met with GP and was given medication for gout and this has now cleared up.RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
04/05/2018 Seen in psychology clinic Met weith Mr O'Rourke for his 5th low intensity CBT session. discussed the role of avoidance in maiuting anxiety. Acknowledged that Mr O'Rourke has been challenging himself and his beliefs by attending exercise and work party. created a saftey plan which involved potential areas that could affect recovery and support networks he could utilise. agreed to explore sleep in final session. next appointment scheduled for the 11/05/2018 Ms Karen Muir
04/05/2018 Mental health review Discussed this morning at MDMHTM, agreed to remain on caseload meantime. Ms Alison Glass
03/05/2018 Consultation c/o pain in both MTP joints- some swelling and rednessOE: Red and inflamed MTPImp- Possible GoutPlan: colchicine 2 tabs qds for 3/7 Dr Abolaji Badejo
30/04/2018 Administration Clinical Letter HMP Greenock Psychology Mrs Susan Hunter
30/04/2018 Administration Administration Recording Sheet Ms Gillian Mcculloch
30/04/2018 Follow up substance misuse assessment SITUATION: Met with Alexander today for ongoing 1-1 support in line with care plan.BACKGROUND: Alexander is remaining illicit drug free on methadone and is intending to reduce by 10ml again next month. Alexander has started work in the joiners and has noticed an improvement in anxiety and how he is managing his thoughts ASSESSMENT: Alexander spoke about starting work in the joiners and how he is enjoying this. Alexander spoke about how this has helped him in challenging negative thoughts about himself and said it has also helped in pushing him further out of comfort zone by going to exercise. Alexander spoke about enjoying being out on exercise and we talked through positives of this for mental and physical health. With regards diet, Alexander is intending to start eating the salads from the kitchen; spoke about benefits of this in terms of nutritional needs. Alexander has completed dentist referral form and waiting to be seen. Spoke about work he is completing with Psychology and how he has been using relaxation techniques. Spoke about pain in his toe due to gout and worried that this is flaring up. Concerned that this may affect workplace attendance and keen to discuss further with Nurses. Have passed on to Suzanne Taylor (Lead Nurse Practioner). RECOMMENDATION: - Agreed to continue with weekly 1-1 support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
30/04/2018 Administration Administration Wellman Clinic Ms Gillian Mcculloch
29/04/2018 Consultation C/o intermittent discomfort in chest. No breathlessness nor pain in arms or neck. Resolves after 10-15 mins. Possible dyspepsia -Is already prescribed omeprazole for GI disturbance. Given gaviscon liquid to try 10mls when discomfort starts. Advised to self refer to clinic should symptoms persist and to report to staff immediately should he become breathless, pain does not resolve or radiates in to arm/neck. Agreed to do so. Ms Anne Witherow
28/04/2018 Administration Administration Recording Sheet Ms Gillian Mcculloch

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

27/04/2018 Seen in psychology clinic Met with Mr O'Rourke for his 4th Low intensity CBT session. Continued to explore negative thinking styles and practiced mindful breathing and relaxation techniques. no risk of harm factors identified. next appointment scheduled for the 04/05/2018 Ms Karen Muir
25/04/2018 Consultation Listed for weight managment review and dietary advice as per Patients request. Ms Suzanne Taylor
24/04/2018 Administration Administration Dental referral recd Ms Gillian Mcculloch
24/04/2018 Referred to dentist Self referral received today " unable to eat with plate in". Patient added to waiting list and ack slip sent. Mrs Susan Hunter
23/04/2018 Follow up substance misuse assessment 1-1 Motivational Support (drugs) held today. Alexander presented well and spoke about work he has been completing with Psychology service. Feels this is helping and spoke about insight he is gaining into his thinking and how this impacts on behaviour. Spoke about feeling like he is limiting his life through anxiety and is keen to push himself out of what he describes as his comfort zone. Spoke about lifestyle outside and felt this was the same and spoke about now thinking on release and is keen to look at accessing activites to structure his time outwith spending time with his friends. Has completed request form for starting work in the Joiners and hopes this will help him to start pushing himself further and attending the gym. Spoke about benefits of this in terms of diet as Alexander said he would be less worried about weight gain if he were moving about more at work party. I will pass on to John Cook (SPS Activites Manager) that Alexnader is keen to start in Joiners. Agreed to continue with weekly support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
20/04/2018 Seen in psychology clinic Met with Mr O'Rourke for his 3rd Low intensity CBT treatment session. Introduced Mr O'Rourke to the CBT model for anxiety and completed a five areas formulation. no risk of harm factors identified. Next appointment scheduled for the 27/04/2018 Ms Karen Muir
20/04/2018 Administration Administration Podiatry referral patient asked to be removed from clinic list, no longer needs help Ms Gillian Mcculloch
16/04/2018 Follow up substance misuse assessment Declined to attend for 1-1 support; will relist. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
13/04/2018 Administration Administration Dental referral recd Ms Gillian Mcculloch
12/04/2018 Follow up substance misuse assessment 1-1 Motivational Support (drugs) held today. Alexander presented well and advised he is maintaining substance free and is motivated to continue this. Alexander spoke about goal to use time in custody to work to be in a better place. Alexander spoke about colours and shapes he is seeing and said he has been advised this may be linked to a vitamin deficiency. Chatted through basic nutrition and spoke about foods which are good sources of vitamins and minerals. Alexander said at present he is not eating meals due to fear of putting on weight, advised he is only eating 3 rolls a day. Offered to meet with Alexander on Monday to look through menu options and look at healthier choices. During conversation Alexander spoke about trying the Joiners work party and will request the same. Spoke about then working towards returning to the gym as during previous sentences Alexander said being in a work party and attending the gym helped him to manage anxiety better and he felt good within himself. Spoke about work he is completing around anxiety with Low Intensity Pychological Service and feels this is helping. Agreed to continue with weekly support. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
09/04/2018 Consultation Discussion held with Dr MacDonald regarding Alex reporting to be seeing colours/shapes.Dr MacDonald does not believe that this is related to his mental health.He believes that this may be due to lack of vitamin A which can affect eyesight.Will discuss this with Alex and encourage him to ensure he eats a balanced diet. Mr Charles Hoggitt
09/04/2018 Mental health review Seen in links centre this morning at approx 11am for mental health review.Alex presented as settled and bright throughout conversation.He reports to be finding working with K.Muir beneficial and is keen to continue with this.He reports that he feels he is being well supported at present by healthcare services within HMP Greenock.Continues to be compliant with supervised olanzapine. He reports that he has been "seeing colours and shapes" at night time however does not appear to be distressed by this. States that when this happens, he turns on the TV and they disappear.He denies experiencing any auditory hallucinations at present. No evidence of distraction noted throughout conversation. No evidence of thought disorder. Speech normal rate and tone.Reports no issues with sleep or appetite. Has requested a job as hall pass which he previously enjoyed. Also encouraged to attend alternative therapies gym group which he has agreed to do.Alex strongly denies any thoughts or plans of self harm or suicide or harm to others.Advised to continue to engage with K.Muir and is aware he can request to speak to me at any time. Ms Alison Glass
06/04/2018 Mental health review Discussed this morning at MDMHTM. Agreed to remain on caseload meantime. Ms Alison Glass
04/04/2018 Administration Administration Substance Misuse Assessment Ms Gillian Mcculloch
04/04/2018 Initial substance misuse assessment Addiction assessment completed today. Alexander advised he is maintaining illicit drug free in custody and is coping well with this. Currently reducing off methadone and intends to be substance free for release. Keen to continue this in the community and use sessions to gain insight into substance use and build upon relapse prevention strategies. Alexander felt his use of substances became problematic after two traumatic attacks which left him in fear for his life. Alexander described feeling hypervigilant and paranoid when not under the influence of substances and said he would not leave his house. Alexander described feeling that alcohol and valium helped ease these feelings and said when able to he would drink daily. Alexander stated he would drink for 4-5 days at a time and then would stop due to finances. Alexander said he would not drink for around a fortnight but in this period struggled with anxiety and paranoia. Alexander is currently engaging with CBT and is finding this beneficial. Keen to continue with this and work towards abstinence so he can move life forward and not return to offending. Discussed care plan and agreed to continue with weekly support. Agreed I would discuss with Mental Health Nurse as Alexander keen to meet for review. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
29/03/2018 Seen in psychology clinic met with MR O'Rourke for his low intensity CBT session. Looked at grounding techniques. NO risk of harm factors identified. next appointment is scheduled for the 20/04/2018 Ms Karen Muir
23/03/2018 Seen in psychology clinic Met with Mr O'Rourke for his 1st low intensity CBT session. Provided Mr O'Rourke psychoeducation for trauma and discussed the window of tolerance and fight or flight concept. Next Appointment scheduled for the 29/03/2018 Ms Karen Muir
23/03/2018 Mental health review Discussed at MDMHTM meeting today. Will remain on caseload meantime. Ms Alison Glass
16/03/2018 Psychological assessment Met with Mr O'Rourke today for his 2nd low intensity CBT Assessment. Marked difference in Mr O'Rourkes presentation, appeared a lot less anxious and agitated that initial assessment session. engaged well in the session. no risk of harm factors identified. next appointment scheduled for the 23.03.2018 Ms Karen Muir
12/03/2018 Seen in psychiatry clinic Reviewed.Continues to appear calm, and denies any major issues at present. Has begun psychological therapy.No thoughts of harming others or himself. Agrees to continue taking medicines, and understands that he will have to return to see Dr Puri following liberation. Dr George Macdonald

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

12/03/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form
Podiatry - Added to waiting list. Smoking Cessation. Ack slip sent to patient today. Mrs Susan Hunter
09/03/2018 Psychological assessment Met with Mr O'Rourke for first Low intensity CBT assessment session. Mr O'Rourke was visibly anxious throughout the assessment session and at one point, left the interview room for a break. upon return his anxiety appeared to have lessened and he continued with the process. Mr O' Rourke reported that he does have thoughts of self harm, however has no intention of acting upon these. unable to complete assessment due to time restrictions within the link centre. on return to Health centre discussed concerns reagrding Mr O'Rourke's risks (i.e potential for self harm and aggression to others) with Mental Health Lead Nurse, who informed me that both SPS and NHS staff are aware of Mr O'Rourkes current difficulties. Next appointment scheduled for the 16.03.2018 Ms Karen Muir
09/03/2018 Mental health review Discussed at MDMHTM today Mr Andrew Mctaggart
23/02/2018 Mental health review Saw Alex at approx 1430hrs, complaining of increase in anxiety and paranoia, thinks peolpe who are near his cell are talking about him.Discussed the importance of being compliant with his prescribed medication, Alex says he feels better when he has spoken to someone.He currently does not have his TV due to incident earlier in the week, this possibly is having an effect on Alexs way of thinking just now, explained that I could not change the situation of not having his TV, encouraged to try and encourage himself in other ways 0 radio and reading books, is due to have a visit tonight.Will continue to review and offer support, Alex did converse well, normal rate and tone, and his eye contact was good during interview, he strongly denied all thoughts of deliberate self harm or suicide at present. Ms Laura Fitzgerald
22/02/2018 Consultation Reviwed at medication round by L Moyse. Coping with cellular confinement which is due to finish tomorrow. No concerns Ms Anne Witherow
21/02/2018 Consultation placed in cellular confinement yesterday. Attended cell at 0820 hours to administer medication. states feels 'fine', denies any concerns. Review again tomorrow Ms Yvonne Dominick
19/02/2018 Seen in psychiatry clinic Seen by Dr MacDonald in psychiatry clinic, to be reviewed in 3/52, appointment for 12/03/18 made. Ms Laura Fitzgerald
19/02/2018 Seen in psychiatry clinic Reviewed. Attacked another prisoner yesterday. Had had paranoid ideas about him - thought he was "bad-mouthing" him to other prisoners.Admits to having stopped his olanzapine when it was recently changed to unsupervised.Clearly more agitated and paranoid today, but agrees to recommence supervised olanzapine - oro-dispersible form to be used. Dr George Macdonald
19/02/2018 Consultation Seen after he assaulted another prisoner with a homemade knife type weapon. Sustained no injuries himself and admits he started the attack. Asked about complaince with his MH medication Olanzepine. Admits he has disposed of it and has not taken it for he past 2 weeks. Encouraged to see MH nurse and has agreed to do so. Referral made. Ms Anne Witherow
17/02/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Recording Sheet Mrs Susan Hunter
05/02/2018 Administration Administration Psychiatry review Ms Gillian Mcculloch
05/02/2018 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Prescription Mrs Susan Hunter
05/02/2018 Mental health review Review from Dr MacDonald - see notes below, to be listed for review in 8/52. prescription kardex amended to weekly. Ms Laura Fitzgerald
05/02/2018 Seen in psychiatry clinic Much more relaxed today. Still worried about potential weight gain, but less distressed. Not concerned about other prisoners talking about him now. Dr George Macdonald
26/01/2018 Drug addiction therapy Written in retrospect 25/01/2018. Approached myself at methadone round today and stated he would like to reduce by 5mls on Monday to 50mls and then would like to stay at this dose for a while. States he is doing well however would like to pause for a few weeks to let his body get used to this and then will continue to reduce after this. Ms Kirsty Byng
24/01/2018 Administration Administration Recording Sheet Ms Gillian Mcculloch
16/01/2018 Prescription dose change wishes nefopam increased inc to 60 tds Prn Dr N Jeyasingh
11/01/2018 Seen in psychology clinic Case discussed with Dr Kennedy today - on CBT Therpist waiting list but agreed to continue with support form mental health service until seen by psheology. Mr Andrew Mctaggart
10/01/2018 Administration Administration Letter Referral seen 16/1/18 Ms Gillian Mcculloch
10/01/2018 Administration Administration Letter Mental Health Care Plan Ms Gillian Mcculloch
10/01/2018 Mental health review Saw Alex on 09/01/2018, he presented as being much brighter and more settled, says has completed relevant paperwork for transfer to Arran House which Alex is keen to do, has started to engage with Open Secrets and still awaits for appointment with psychology.Continued support given to Alex and encouraged to keep self motivated so that he has structure to his day and to continue being compliant with prescribed medication, says he feels the benefit of this now being split into BD.Alex conversed freely, normal rate and tone nad good eye contact during interview, agreed to review in approx 4/52, Alex happy with this, he strongly denied all thoughts of deliberate self harm or suicide at present. Copy of care plan given to Alex. Ms Laura Fitzgerald
28/12/2017 Consultation Requesting psychiatric medication Olanzepine 7.5mg BD to be in possession. Discussed with MH nurse who said that as this was prescribed by the psychiatrist as supervised that it should remain so at present. Will be reviewed by psychiatrist at next appointment. Alex informed. Ms Anne Witherow
27/12/2017 Administration Administration Letter Referral seen 28/12/17 Ms Gillian Mcculloch
15/12/2017 Drug addiction therapy Seen this morning in Links centre following addiction self referral.Alex would like to start a methadone reduction plan.States has not used heroin for 6 years and appears adamant that he wishes to remain drug free once liberated from prison.He describes a good support network of non drug users in the community and plans to live in Dumbarton in order to stay away from negative peer influences.His long term goal is the come off methadone and start naltrexone. He reports a good routine in the hall, working in IC's and currently being considered for a transfer to Arran House.Denies any illicit drug use.Reports an improvement in mental health, states feels more settled and no paranoid thoughts since recent split dose olanzapine.He reports he would like to reduce methadone by 3ml one week and then 2ml the following week. He states he reduced from 100ml using this reduction plan in the past and it worked well for him.Advised Alex that this reduction could impact on his physical and mental wellbeing and that he should speak to staff at any time should he begin to experience any withdrawal symptoms.Alex assured me that he would do this.He spoke about previous binge drinking in the community. Advised a referral to addiction support.Alex agreed to make this referral when he is ready.Due for liberation in December 2018.Plan: to request above reduction plan with MO and monitor regularly for any signs of withdrawal. Ms Alison Glass
12/12/2017 Mental health assessment Feedback provided by L.Fitzgerald at allocations meeting. Ms Kirsty Byng
11/12/2017 Administration Administration Letter Referral seen 14/12/2017 Ms Gillian Mcculloch
11/12/2017 Seen in psychiatry clinic Review.Stopped taking olanzapine 4 days ago because of worries about weight gain. Since then, worrying more about his own safety, and thinking that other prisoners are talking about him.Discussion re weight management when taking olanzapine.Agreed to split the dose - he feels happier about taking it bd in divided doses.Has not yet seen psychology, but believes that he is due to see them soon. Dr George Macdonald

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

11/12/2017 Mental health review Referral received, asked too see, saw Alex at approx 1030hrs.Says not had Olanzapine since 07/12/17, he "flushed them away."Concerned that Olanzapine is making him put weight on and he continues to feel paranoid" think people are talking about me" Alex did say that he felt "calmer" when he was compliant with prescribed Olanzapine. Feels his mind is " on constant overdrive"Appetite - says only eats at night, encouraged to ensure has a good fluid intake.Sleep - " not much"Mood rate 5/10 - 10 being good.Alex currently working as hall fC which he says he enjoying but he feels as if he is isolating himself from others.He does not attend recreation or excercise but says receives good visits from his friend on a regular basis.Alex did converse well and his eye contact was maintained during interview, advised him will discuss with visiting psychiatrist, Alex happy with this, he strongly denied all thoughts of deliberate self harm or suicide at present. Ms Laura Fitzgerald
09/12/2017 Consultation Whilst attending for methadone prisoner handed in a mental health referral form and admitted he was non compliant with his olazepine as he didnt want to take them any more. Asked to return them to nursing staff but said he had flushed them down the toilet. Encouraged to attend dispensay for supervised doses over the weekend until he could be see by a MH nusre but declined to do so. Denied any thoughts of suicide/self harm but in MH referral suggested he may harm others. SPS staff informed of this and will look into the matter, although they currently have no particular concerns about him in the hall. Advised his referral would be passed to the MH nurse on 11/12/17 and was happy with this. Ms Anne Witherow
06/12/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Wellman Clinic Mrs Susan Hunter
01/12/2017 Administration no need to be seen now as it was a medication issue which was sorted out. Dr Imran Ilyas
30/11/2017 Administration Administration Letter Referral listed for doctor 1/12/17 Ms Gillian Mcculloch
29/11/2017 Administration Administration Letter Smoking Cessation Service withdrawn from group Ms Gillian Mcculloch
29/11/2017 Smoking cessation therapy - Attended Smoking Cessation Programme. Post Quit week 4. Requests to withdraw from programme as he continues to smoke. Health issues discussed. Advised to re-refer when he feels more ready to achieve total cessation. Mary Tran, NHS Addiction Support Team Ms Mary Tran
29/11/2017 Consultation Discussed self referral with GP re Mr O'rourke requesting to have in possession Olanzapine advised GP that Mr O'rourke was put on supervised as he was non compliant previously and his mental state had deteriorated. Agreed to continue supervised at this time Mr Andrew Mctaggart
28/11/2017 Consultation pt complaing of sob on and off for few months, suffers from asthma but do not use his inhalers regularly, sob worse when climbing the stairs also with some wheeze which settles after few minutes. pt statted complains of chest pain Right side of the sternum over the scar (was stabbed many yrs ago) yesterday, states he has this pain for 4-5 days, comes 20+ times a day and can come any time even when sitting and relaxing, he can re produce it when pressing over the scar. denies any associated sob with tis pain, no vomiting, no nausea, no sweating, do not feel unwell. has cut down on smoeing in last 3-4 weeks, was smoking 20+ but now 1-2 per day and is on gums and patches (nicotine). ECG and obs were done yesterday. ECG--sinus brady 50/d, nil otherwise. denies any chest pain now but can re prodice it when pressing the right sided scar. no calf pain or swelling. looks well, talking in full sentences. chest--clear, no wheeze, no crackles, cvs s1s2 normal. calf--soft, nontender. abdo--laparotomy scar from stabbing seen. imp: MSK pain over the scar on right sie of chest. also asthma flare up as not taking his inhalers regularly. plan: reassured and adv about chest pain (was worried due to his FH of heart prob). will contact us if started with any other different chest pain which cant be reproduced when pressing the scar or feel sob with it or feel unwell, agreed. also adv to restart his inhalers and take them regularly (salbutamol 2xbd, beclo/formet 2xbd--agreed. Strong worsening statement given to contact staff if any thing else worrying, agreed. Dr Imran Ilyas
28/11/2017 Consultation Discussed this morning at mental health allocations meeting To be reviewed by MO to discuss the request to have olanzapine in posession. Ms Alison Glass
27/11/2017 Result Results The Health Centre, PO Box 19605, PA15 9ET Greenock ECG Ms Gillian Mcculloch
27/11/2017 Consultation Was asked to see Alex this evening as he had been having pains in his chest , up to 20 times a day he says. Pain not radiating, but there is a family history of Heart Disease and this worries him . His B/P was 162/79 Sats 98 . Pulse was initially as low as 44 , but settled at 52. E.C.G. carried out and was normal apart from Sinus Bradycardia .Alex states he has been a bit breathless on exertion recently and his pain was worse on Inspiration . Listed for M.O. in A/M mainly for reassurance. Mr Charles Hoggitt
24/11/2017 Administration Administration Letter Referral seen 29/11/2017 Ms Gillian Mcculloch
22/11/2017 Smoking cessation therapy Attended Smoking Cessation. Post quit week 3. Has remained smoke free this week. Coping well. Niquitin Patches 21mgs x 7 (BN: 1706525. Exp: 12.2019) and Niquitin Mini Losenges 1.5mgs x 60 (BN: J94Y Exp: 05.2020) issued. Discussed coping strategies to maintain quit. CO Reading 5. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
20/11/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Glasses Reciept Mrs Susan Hunter
15/11/2017 Smoking cessation therapy Attended Smoking Cessation. Post quit week 2. Has remained smoke free for days and said over full week has smoked 2 roll ups. Feeling motivated to achieve full cessation this week. Niquitin Patches 21mgs x 7 (BN: 1706525 Exp: 12.2019) and Niquitin Mini Losenges 1.5mgs x 60 (BN: J94Y Exp: 05.2020) issued. Discussed coping strategies to maintain quit. CO Reading 8. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
14/11/2017 [D]Paraesthesia midline scar from hernia repair alst year . socm paraesthesia adv realistic expectattyion Trial of capsaicin accepst Dr N Jeyasingh
10/11/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form MO - Listed 14/11/2017 Mrs Susan Hunter
08/11/2017 Smoking cessation therapy - Attended Smoking Cessation Programme. Post Quit week 1. Has reduced smoking over past week. Discussed coping strategies to achieve total cessation. Niquitin patches 21mgs x 7 (BN: 1701199 Exp: 08.2019) and Niquitin Mini Losenges 1.5mgs x 60 tablets (BN: J94Y EXP: 05.2020) issued. CO Reading 8 ppm. Mary Tran, NHS Addiction Support Team Ms Mary Tran
01/11/2017 Administration Administration Letter Optician Prescription Ms Gillian Mcculloch
01/11/2017 Smoking cessation therapy - Attended Smoking Cessation programme. Quit week. Niquitin patches 21mg x 7 (BN: 1704376 EXP: 10.2019) and Niquitin Patches 1.5mgs x 60 tablets (BN: XY8C Exp: 12.2019) issued. Advised regarding use of products. Discussed coping strategies to achieve quit. CO Reading 26ppm. Mary TTran, NHS Addiction Support Team Ms Mary Tran
30/10/2017 Consultation c/o abdominal pain on movement , h/o incisional hernia repair last year o/e ..mid line scar , no clinical evedence of recurrence plan nefopam 30mg xtds ...started , effects and side effects explained , r/v if any concern Dr Raheel Ahmed
26/10/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Listed MO 30/10/2017 Mrs Susan Hunter
25/10/2017 Smoking cessation therapy Attended the smoking cessation programme today. Pre quit week 1. Keen to use patch and mini lozenge for quit. CO Reading 21. Lorna Morrison, NHS Addiction Support Team Mrs Lorna Morrison
24/10/2017 Mental health review Discussed with J Cook - employment manager, advised that the bike shed is for C/W only, Alex would be able to work in the joiners and it would be the same amount of people at this work party, I have advised hall managers of this.

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

24/10/2017 Mental health review Discussed with J Cook - employment manager, advised that the bike shed is for C/W only, Alex would be able to work in the joiners and it would be the same amount of people at this work party, I have advised hall managers of this. Ms Laura Fitzgerald
23/10/2017 Mental health review Dr MacDonald advised of entry below, prescribed medication now supervised as per drug kardex. Ms Laura Fitzgerald
23/10/2017 Mental health review Asked to see by hall manager F Neilson due to incident of Alex attacking another prisoner at the weekend.Saw Alex at approx 1200hrs with hall manager J McCormick, Alex complaining of "constantly mind racing" reassured Alex that referral to psychology had been completed and a acknowledgement letter had been recived from clinical psychology, Alex is keen to work but says he struggles with too many people, he had asked to work in the bike shed but had been told it was only C/W prisoners who work there, Alex is aware that an A Hall prisoner is working there, advised Alex that I would discuss with J Cook employment manager.Discussed at length the importance of keeping self motivated which Alex is keen to do so that he has structure to his day.Alex admitted to being non compliant with his prescribed medication and said over the weekend he had flushed it down the toilet, discussed the importance of being compliant with prescribed medication, will discuss with Dr MacDonald visiting psychiatrist.Alex presented as being slighty anxious during interview, he recognised that he had to speak to staff before he "attacked some else"Alex did converse well and his eye contact was maintained during interview, he strongly denied all thoughts of deliebrate self harm or suicide at present. Ms Laura Fitzgerald
19/10/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Recording Sheet Mrs Susan Hunter
19/10/2017 Administration Administration Letter Physical Activity Readiness Questionnaire Ms Gillian Mcculloch
10/10/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Addictions Self Referral Mrs Susan Hunter
10/10/2017 Electronic general practitioner medical record received Ms Claire Lumsden
10/10/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Smoking Cessation Service Ack receipt sent to patient 10/10/2017 Mrs Susan Hunter
09/10/2017 Seen in psychiatry clinic Much improved. Lib date December 2018. Still has some anxiety symptoms. but markedly more relaxed than when last see. Keen to obtain work in prison. Dr George Macdonald
06/10/2017 Administration Administration Letter Flu Administration Recording Sheet Ms Gillian Mcculloch
06/10/2017 Patient MRE received from HB Ms Gillian Mcculloch
03/10/2017 Drug addiction therapy Seen this morning in health centre following addiction self referral.Alex is keen to start a methadone reduction plan as wishes to be methadone free before liberation in December 2018.He states that he had been stable on suboxone for 5 years however was changed to methadone a few months ago in the community. He states that his GP advised him that methadone would help with his anxiety.He is not happy to be on methadone and states never wanted to start on it and for this reason wishes to come off it altogether.He states that heroin use is no longer a problem for him and last used 5 years ago. He moved from Paisley to Dumbarton in order to keep distance from people he previously used drugs with. He reports a good support network in Dumbarton.His long term goal is to be stable and commence on naltrexone.I advised that due to recent deterioration in mental health, Alex should consider remaining on 70ml methadone for the time being with a view to reduce when he feels ready. He reports he continues to experience increased anxiety, struggles in the presence of large groups. He mentioned that he feels his head is "all over the place".He also reported that he has on occasion, burnt his hand with a cigarette as a means of releasing tension. I advised of the dangers of this and that he should consider using an elastic band. He strongly denied any thoughts or plans of suicide in today's conversation. Is hoping to start working in bike sheds and is hopeful that this will help to improve his mental health. Also waiting on psychology input.Alex agreed that now may not be the best time to start reducing on methadone however is aware that he can speak to staff at any time regarding this. Ms Alison Glass
03/10/2017 Consultation H/o intermittent pain at the mid line abdominal scar from abdominal wall hernia repair a year ago. Denies any new bowel problem. Denies any H/o abdominal swelling or vomiting. States that he is on diet and tends to open his bowel every three days. Not on any pain killer O/E: Apyrexial , comfortableAbdo: soft , mild tenderness in the mid line scars, No rebound , no rigidity.Pl: I issued script for Lodine SR 600mg od and senna tablet, Review if required. Dr Zahid Shah
02/10/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Flu invitation letter Mrs Susan Hunter
02/10/2017 Electronic general practitioner medical record received Mrs Lynda Munro
29/09/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form Addictions Nurse - seen 03/10/2017 Mrs Susan Hunter
28/09/2017 Consultation GP clinic over subscribed - relisted for 3/10/17 Ms Anne Witherow
22/09/2017 Mental health review Referral received, with request for AT gym group, will list for this. Ms Laura Fitzgerald
22/09/2017 Consultation nurse clinic - c/o discomfort in abdomen for past few weeks. Reports had hernia repair with mesh inserted Nov 2016 . Has put on weight since coming into prison 5kg in 7 weeks and feels this may be related to discomfort. BP 136/80 P62. Given dietary advice esp in relation to cutting down sugar in tea (says uses1.5 bags a week) and exercise information. Feels vulnerable in large groups so would not go to the gym normally. Wishes to be considered for AT group - referred to MH team for this. LIsted to see GP to check abodomen 28/9/17. Ms Anne Witherow
12/09/2017 C/O: a rash itchy rash left index fingerFell down stairs slipped wearing slippersupper back pain following fall 1 weesk agooO/e nil bony naproxen/ deep heat if persists reassess contact dermatitis hand fucibet & dermolathletes foot - canesten hc Dr N Jeyasingh
11/09/2017 Result Results NHS Greater Glasgow Clyde Microbiology Ms Gillian Mcculloch
08/09/2017 Consultation Seen at the nurse clinic as c/o of sore elbow. Swab taken to be sent to C&S. Also to be tested for MRSA. Ms Louise Moyse
07/09/2017 Administration Administration Letter Referral seen 12/9/17 Ms Gillian Mcculloch
04/09/2017 Administration Clinical Letter HMP Greenock Mental Health Psychology Mrs Susan Hunter
04/09/2017 Referral for further care referral for further care The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mcculloch
04/09/2017 Third party encounter Seen Alex this afternoon during Ailsa hall medication round.Appeared to be settled and bright in mood.He stated that he has stopped taking his olanzapine as felt he was over sedated. States has missed one day (yesterday).Strongly advised Alex to continue taking olanzapine as prescribed until further review by psychiatrist.He reported on 1/9/17 that he felt better since increased in Olanzapine. He is due at court tomorrow.Will review again on Wednesday. Ms Alison Glass
01/09/2017 Administration Administration Letter GASS - Glasgow Antipsychotic Side-effect Scale Ms Gillian Mcculloch
01/09/2017 Administration Administration Letter Psychotropic Monitoring Schedule Ms Gillian Mcculloch

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

01/09/2017 Result Results The Health Centre, PO Box 19605, PA15 9ET Greenock ECG Ms Gillian Mcculloch
01/09/2017 Mental health review Saw Alex at approx 1030hrs, bloods obtained for psychotropic monitoring due to prescribed Olanzapine being increased by visiting psychiatrist.ECG, weight, BP and Pulse recorded and noted on monitoring form - see Docman.MRSA swab had been requested for leaking wound on (L) elbow, same not taken as has now dried and scab has formed, advised to tell staff if leaking starts.Alex presented as being bright and settled, says feels better since increase in Olanzapine, conversed freely and eye contact was maintined during appointment. he strongly denied all thoughts of deliberate self harm or suicide at present. Ms Tracy Shannon
31/08/2017 Consultation Positive for infection in elbow confirmed on clinical portal requires an antibiotic. Has has several antibiotic and the infection has not cleared. Requesting an MRSA swab to be taken listed for 01/09/2017 Ms Louise Moyse
29/08/2017 Failed encounter at court DNA MOA seen by PSych yesterday & has FU 9/10 uncertaion why listed self refer prn Dr N Jeyasingh
29/08/2017 Mental health review Appointment for review by visiting psychiatrist made for 9th October, will also list for nurse clinic to have bloods taken due to increase in prescribed Olanzapine. Ms Laura Fitzgerald
28/08/2017 Seen in psychiatry clinic Seen today.Numerous anxiety symptoms, but no evidence of any active psychotic symptoms.History of AHs and heavy alcohol and drug misuse.Due for trial in 2 weeks.Increase olanzapine to 15mg nocte. Has already been referred to psychology. Dr George Macdonald
25/08/2017 Result Results NHS Greater Glasgow Clyde Microbiology Ms Gillian Mcculloch
25/08/2017 Administration Administration Letter ECS Ms Gillian Mcculloch
25/08/2017 Mental health review Reviewed today in A hall along with P.Brinkley following concerning presentation earlier. Alex appeared aggitated on arrival and raised concerns about how he was not getting the help he needs. He was re-assured by mental health nurse and prison officer at the time. Was initially refusing to take his methadone as he wanted to have full clarity for speaking to nurse. Was advised that it is within his best interests to take his methadone which he agreed to and this was administered thisafternoon. He appeared to be shaking, raising concerns regarding his thoughts however, since attending the health centre he was written up for 5mg twice daily of diazepam which Alex was happy with and 5mg was administered at 3:10pm. He strongly denied at all times any thoughts DSH or suicide. He reports he was totally overwhelmed with large crowds of people and requesting to be dined in his cell. Looking forward to his visit tonight. During review it was agreed that Alex should be kept behind his door, he was administered diazepam to help settle him, prison officers will monitor any changes in presentation and will commence on talk to me if there are any concerns. Nurses aware of suituation over the weekend and will also monitor. He is listed for psychiatrist on Monday. Miss Kylie Rodgers
25/08/2017 Consultation Further to the last consultation on 16/8/17, the client was brought up to the consultation room. He remained very anxious and aggitated . Upon asking how could I help him , the client replied , "My psycialist could not help him , How could you hepl me' I feel nervous coming hear, I am claustrophobic , Peolpe are stearing at me and I feel stupid." The client remained standing and took off his shirt as was sweating and feeling warm. No DSH/suicidal ideations expressed. States that he is not comfortable coming to the HC , has a H/o poor sleep as well. Has recently completed diazepam detox.O/E: Poor eye contact , speech -pressure , aggitated but not aggressive, no sucidality. Pl: The client was taken back to his room, Members from MHT will re-assess the client , I issued script for zopiclone 7.5 mg nocte for three and will the psychiatist next monday, Review if required. Dr Zahid Shah
24/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Referral Mrs Susan Hunter
23/08/2017 Consultation Listed to see MO regarding elbow 25/08/2017. to discuss medication Ms Louise Moyse
22/08/2017 Administration Administration Letter Referral seen 29/8/17 Ms Gillian Mcculloch
16/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Benzodiazapine or Alcohol Withdrawal Protocol Mrs Susan Hunter
16/08/2017 Mental health review Discussed at allocations - MH K.Rodgers will see. Mr Andrew Mctaggart
16/08/2017 Consultation Seen at the nurse clinic as c/o fluid leaking from his arm. Alex has returned to the hall as not content with his consultation with the GP. Will review elbow 17/08/2017 Ms Louise Moyse
16/08/2017 Consultation Further to the consultation with MHT yesterday, asking for increase in olanazapine as per MHT recommendation. Due to be referred to psychology as well. States that he was on olanzapine 15mg in the past was cut down to 5 mg nocte. MSE: Good eye contact , speech - normal , No suicidality. No hallucination. mood -- low Pl: I increased olanzapine 10mg nocte. No further concerns raised but the client remained unhappy, leaving the room, stated ' what a waste of time , you are not interested' , had not mentioned any further issue -- disputed outcome. Dr Zahid Shah
15/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Care Plan Mrs Susan Hunter
15/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Care Plan Mrs Susan Hunter
15/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Assessment Mrs Susan Hunter

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

15/08/2017 Mental health assessment Seen Alex today in the links centre following referral. He reports that he is struggling to cope with large crowds of people, experiencing 2-3 panic attacks on a daily basis and experiencing visual hallucinations of silhouettes appearing randomly in his cell and stated that "it is like being on acid". He reports that he has been experiencing these since his olanzapine has been put down to 5mg from 15mg. Discussed anxiety management techniques and will give leaflets on this for Alex to attempt some self-help techniques to address these issues. Reports the noises within the hall are too much for him, advised Alex to obtain ear plugs. Reports he was abused physically and mentally by his mother when he was 10 years old (hit repeatedly with poles). He then eventually went on to live with his sister. Reports he was stabbed 10 times in 2010 and then 5 times in 2012 and states he is experiencing severe cramping pains where these stab wounds are located. Reports experiencing flashbacks from when he attacked the guy with a meat clever, seeing the attack over and over again. Will refer to psychology regarding past history issues as discussed with Alex and he is happy with this. Reports he has a family history of heart problems and stated that he had previously had an ECG and a 24 hour heart trace which he has not had results for, will check clinical portal regarding this. Reports anxieties around a family history of diabetes and wishes to be tested for this as he reports going through 1 full bag of sugar per week. Will list for practitioner nurses regarding this and also fluid leaking from his elbow. Reports he has had previous community contact with Dr Bagazzi in Dumbarton Joint Hospital, psychiatrist (DR Purrie) at Riverview every 3-4 months, and Renfrewshire substance abuse where he was originally prescribed Olanzapine. Reports having anxiety and paranoia. Currently on 30mg mirtazepine, 5mg Olanzapine, 50mls methadone and currently on a diazepam detox. Reports he suffers from asthma and high cholestrol which he would like results for. He appeared well kempt throughout assessment, conversed well, good eye contact. Appeared to be shaking and when asked stated that he always shakes and when his medication is stable this disappears. He is currently being titrated up on his methadone and requesting an increase in olanzapine. Reports he currently keeps himself motivated by writing all the time and cleaning his cell. Advised to put his name down for education and PT pass which he stated he would like to do. He reports that he previously would drink 30 bottles of beer on a daily basis. Smokes cannibis daily, previously took 30 vallium daily and also upto 300mls of liquid vallium when he could obtain it. Reports he can think straight but is easily distracted and finds himself staring into space at times. Stated that he often forgets things but this is slowly improving since he has stopped consuming cannibis.Broken sleep pattern only getting a few hours at a time. Discussed and explored sleep hygiene and will give leaflets for guided self-help techniques. Reports he previously self-harmed by cutting his arms but strongly denies any current thoughts of suicide or self-harm at present. Pl - refer to practitioner nurse in regards to leaking in his elbow and possible test for diabetes.- refer to psychology regarding past history.- refer to GP to address reports of severe cramping pain where his stab wounds are and requesting and review for an increase in olanzapine.- Mental health will review again in 3 weeks time.- refer to addictions support. Miss Kylie Rodgers

14/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Referral Form Seen 15/08/2017 Mrs Susan Hunter

07/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock OPiate Withdrawal Protocol Mrs Susan Hunter

05/08/2017 Administration Administration Letter Telemedicine Prison Reception Medical Ms Gillian Mcculloch

05/08/2017 Consultation 1430hrs - Telehealth consultation with Dr Moughal. Diazepam detox prescribed for alcohol withdrawal and olanzapine prescribed as per ECS. No other concerns. Ms Yvonne Dominick

04/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Access to ECS Consent Mrs Susan Hunter

04/08/2017 Administration Administration Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Patient Registration Mrs Susan Hunter

04/08/2017 Admission profile form completed Admission completed without incident. Feels he needs a Detox from Alcohol . Was calm throughout interview and showed no obvious signs of withdrawal. Mr Charles Hoggitt

04/08/2017 Prescription by GP Methadone , Olanzapine, Mirtazapine and Diazepam . Also takes THiamine Mr Charles Hoggitt

04/08/2017 No apparent risk of suicide Mr Charles Hoggitt

04/08/2017 No thoughts of deliberate self harm Mr Charles Hoggitt

04/08/2017 H/O: psychiatric disorder Suffers from Anxiety and Depression and feels he may be Schizophrenic. On Olazapine 5 Mgm Nocte and is on Mirtazapine 30 mgm Mr Charles Hoggitt

04/08/2017 Drugs of abuse urine screening Positive to Benzos and Methadone only Mr Charles Hoggitt

04/08/2017 Never injecting drug user Mr Charles Hoggitt

04/08/2017 Misuses drugs Has been free of Heroin for 5 years he says, and is prescribed Valium by G.P. Mr Charles Hoggitt

04/08/2017 Alcohol dependence syndrome Drinking heavily for about a week before arrest . Mr Charles Hoggitt

04/08/2017 Physical handicap problem Mr Charles Hoggitt

04/08/2017 Other specified miscellaneous operations Operation for Umbilical Hernia last November. Mr Charles Hoggitt

04/08/2017 Suspected asthma Mr Charles Hoggitt

04/06/2014 Ongoing review commenced suboxone on the 2/6/14. urine -ve of morphine Ms Janice Welsh

03/06/2014 Dental care FillingPlease see R4 notes Ms Christine Cullen

01/06/2014 Consultation Seen in health centre for urine screening over weekend as was due to commence suboxone on friday and this did not happen as urine was positive for methadone and opiates on friday. On 31.5.14, urine remains positive for methadone and opiates. On 1.6.14, urine negative for methadone and opiates. Clarification is needed from addictions team now urine clear when suboxone is to be commenced. Message left for addictions team to deal with this on 2.6.14. Ms Jennifer Paton

30/05/2014 Mental health assessment Reviewed by psychiatrist doing mentall well at present. Will send a letter to his GP. No need for further review Ms Nicola Pearman

30/05/2014 Administration Clinical Letter Royal Alexandra Hospital miscellaneous Mrs Jacqui Paton

30/05/2014 Ongoing review throughcare appointment arranged for 9/6/14 at 10am at RDS with Agnes Brown for assessmentAlex to attend RDS on 6/5/14 to collect a 3 day prescription. patient aware Ms Janice Welsh

27/05/2014 Consultation ENA- c/o that he saw a nurse last week in regards to having a rash to under arm area, and was advised that he would be prescibed cream, but states that he has not received anything. Pt advised that I would check his kardex and order cream if it had been prescibed. Ms Caroline Donald

27/05/2014 Consultation Currently on 13ml Methadone. Lib date 5th June. Still keen to start suboxone prior to release. Urine - pos meth only. Last dose of meth would be 28th, start suboxone on Friday 30th. Dr Grace Campbell

26/05/2014 Consultation Listed for addiction clinic for 27/5/14 to review options for liberation on 5/6/14. A jack Ms Allison Jack

23/05/2014 Mental health assessment Reviewed by psychiatrist, doing well at the moment. Will see again next week prior to liberation for letter for his GP. Ms Michelle Drein

20/05/2014 Consultation Addiction rv - on 13ml methadone. Lib date 6th June. Urine - meth only.Addiction to check with RDS re continuing suboxone. If ok, to start 30th May. Ms Cheryl Stevenson

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

20/05/2014 Consultation Patient attended ENA clinic with concerns over rash under right auxilla, claims old injury means he cannot lift arm aswell ?sweat rash. Cream to be prescribed. Also states discomfort to tooth caused by filling and therefore cannot use plate which was fitted by dentist previously. Will discuss with dentist later this week. Patient listed for GP today to discuss possibility of commencing Suboxone prior to liberation. Ms Cheryl Stevenson
09/05/2014 Consultation Says meds for stomach not helping. On them x3 per day. Kardex could not be found ? buscopan. Says numbness around stab wounds and stomach cramps. Try spasmenal. Dr Grace Campbell
06/05/2014 Mental health assessment discussed at CMF on the 01/05/14 liberation soon doing well. Off case load Ms Nicola Pearman
29/04/2014 Consultation Addiction - on 13ml methadone. Being liberated June 5th. Wishes suboxone. Prescriber is RDS. Urine meth only.Options discussed. I have reservation re suboxone 1, because of guidelines and 2 because of pain relief required for hernia. RV nearer lib date. Dr Grace Campbell
28/04/2014 Consultation Self referral received requesting GP appointment to discuss recent medication change with regards to spasms in hernia. Listed routine. Ms Cheryl Stevenson
23/04/2014 Ongoing review reviewed patient to discuss self referral, at present he is on 13mls of methadone, it appears that his reduction plan had not continued , no reason documented. Alex wishes to attend the addiction clinic to discuss addiction options prior to liberation on 6/6/14. community prescriber is RDS Ms Janice Welsh
22/04/2014 Consultation Patient attended treatment room today for weight check - 111.6kg. Ms Cheryl Stevenson
22/04/2014 Consultation Letter from surgeons discussed. Needs to lose weight, but seems reluctant to accept this.Says has gained ? 1/2 stone since being in prison.Hernia soft & reducible. C/o cramps - try mebeverine. Ms Cheryl Stevenson
22/04/2014 Consultation Self referral received requesting a note of his current weight which has been given last dated 2013. Patient advised if looking for current weight to self refer for treatment room. Ms Cheryl Stevenson
17/04/2014 Patient reviewed feedback form received stating patient was in a lot of pain from hernia site. interview with patient states he seen a GP on the 7/4/14 and discussed his hernia without any outcome. Patient states he was seen at an outside clinic appointment and was advised by the consultant at that time to speak to in house GP about starting him on a medication to control the spasms/cramp in his stomach. listed for the GP on Tuesday to discuss this medication. Patient was also advised at the OPA to lose weight for a future operation they have planned to repair the hernia. patient stated to me he is out in ? weeks and 'was there any point losing weight now' I advised in 7 weeks he could have a considerable amount off if he sticks to a well balanced diet. I have listed Mr O'Rourke for the treatment room on Tuesday also for a weight check and he is for the same every 2 weeks. also discussed patients fitness to work. he is currently on £4.50 (cell wage) and inquired as to whether he should be getting £& as he has been deemed unfit to work by the GP. Advised this was a discussion that should take place between SPS staff and i have spoken to Kelvin 2 officer regarding this. Also requesting a letter to contribute to his community grant referral. will discuss same with HC manager. weight checked on admission and was 71.2kg patiebnt states he now weighs about 17stone and he is concened his clothes wont fit him.MEDICATION:ranitidine 150mg BDibuprofen 400mg TDSnefopam 30mg TDSpeppermint oil 2caps TDSolanzapine 15mg nocte.patient is happy to resolve this feedback/complaint form once he has seen the GP and px medication for his cramps/spasms. Ms Amanda Peden
07/04/2014 Consultation c/o pain on walking for some time , unable to weare shoes , o/e deformity of toes but no acute inflamations seen , says he has gout but on lab...result to back it , had a large INCISIONAL mid line hernia as well , broad base plan to go off sick for 2/12 .... Dr Raheel Ahmed
02/04/2014 Consultation seen in ena - attended clinic for same reason as per notes below, advised he has a gp appt on monday. Ms Diane O'Hara
31/03/2014 Consultation Seen in ENA, states was seen at clinic at hosp on 06/03/14 Letter in Clinical portal indicates patient to be seen as outpatient upon release planned to be seen in 4 months time from March 14. Mr O'Rourke has continued to gain weight despite being strongly advised to lose weight to improve outcomme of surgery. States cannot wear boots due to Gout see entry by Dr Shah on 14/03/14. Relisted for review as per Gp advise from 14/03. Cell down inntil appt takes place Mrs Alison Mcintyre
26/03/2014 Consultation Medication brought to health centre by operational staff belonging to Mr O'Rourke medication returned 50 Ranitidine Tablets, 7 x 400mg brufen, 225 peppermint oil capsules, 39 colpermin tablets and 2x 500 mg naproxen tabs. Mrs Alison Mcintyre
20/03/2014 Consultation ENA- c/o stomach cramps and nausea, requesting time off work until appointment with consultant. Given x2 days cell down. Ms Caroline Donald
18/03/2014 Consultation Seen in ENA clinic. c/o discomfort around heria area. Awaiting letter from consultant ? medication for this. Not appropriate for ENA clinic. Ms Jennifer Paton
14/03/2014 Consultation Fitness for work claims that he has difficulty at work as need 'proper boots for gout' . says that he suffers from gout and feels gout related pain at the foot and difficulty to function, has been unfit for work for 17/12 . also has paraumbilical hernia , has been seen by surgeon a weeks ago regarding this ,waiting for feed back letter .o/e: walking with out any limp , comfortable FROM at ankles and small joint of the feet , no redness Pl: advised that no boots for gouts, will start him on stronger pain killer to make comfortable at work . r/v in 2/52 for fitness. letter from hospital awaited . Dr Zahid Shah
10/03/2014 Consultation Seen by psychiatrist on 7th March 2014. Olanzapine increased to 15mgs. For review in 2weeks. Ms Ali Anderson
10/03/2014 Consultation Ms Caroline Donald
02/03/2014 Consultation Medication check carried out today. Alex should have had Olanzapine 10mg x 4 tablets and Olanzapine 2.5mg x 4 tablets left however had no medication left at all. Alex advised that he has been struggling recently and has been taking 15mg instead of the 12.5mg prescribed. Alex did look very agitated during check however did not elaborate stating only that he was "struggling." Advised Alex that I will ask psychiatrist to review his medication and will ask for it to be prescribed supervised as he has failed this medication check. Ms Michelle Drein
27/02/2014 Consultation ENA re discomfort to abdo re hernia. Patiet has external appt in place for Hosp clinic rev. Has GP appt 03/03 for clarification on footwear, whether to wear prison jeans or looser trousers and clarification on whether patient to be unfit for work until hernia repaired. Appt made with patient for 06/03 cancelled as already has appt on 03/03 Mrs Alison Mcintyre
26/02/2014 Self-referral would like to reduce his methadone, and his feet are swollen, and would like to be seen by gp. forwarded referal to addictions team and already listed for gp on 03/03/14 Mr Michel Boss
25/02/2014 Consultation ENA- Requesting to see GP for medical marker to state that Alec is unfit to go to work, as he is unable to work due to hernia and gout to feet and is unable to wear work boots. Pt advised to self refer to GP for an appointment, also advised again that this issues are inappropriate reason to attend ENA Clinic. Ms Caroline Donald

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

18/02/2014 Consultation Seen in ENA clinic today. Requesting to see the doctor regarding being allowed to wear tracksuit bottoms outwith hall area. Mr O'Rourke was advised to put his request on a nurse referral form and he was further advised that this was not an appropriate reason to attend the emergency nurse assessment clinic. Ms Jennifer Paton
13/02/2014 Consultation See last urine pos for meth & cocaine, no opiates though prescribed cocodamol 30/500.Last had cocodamol on 11th. Urine - pos meth only, despite being prescribed 6 cocodamol 30/500. It would be expected that regularly prescribed opiates would stay in system for 72 hours. Test strongly negative. Given nefopam 30mg tds. Dr Grace Campbell
05/02/2014 Self-referral request to see gp meds not working, listed for the gp Mr Michel Boss
31/01/2014 Patient reviewed Mr O'Rourke self referred to addiction services and requested that his methadone be increased by 10mg as he feels unstable on his reduced dose of 18mg. Urine screen carried out was positive for methadone and cocaine, prisoner denied any illicit drug use. He is also prescribed co-codamol 30/500 x 6 per day/ no opiates shown in urine screen. Mrs Catherine Lillis
25/01/2014 Consultation WRITTEN IN RETROSPECT. Asked to see patient this morning as he states he informed night staff he had chest pain. On describing this Mr O'Rourke described this as a sharp pain almost like an electric shock below L Breast area. BP 149/94 P74 sat 96% on air , current smoker. Advised that no immediate concern and will ask if GP will assess this afternoon. see previous entry. Mrs Alison Mcintyre
25/01/2014 Consultation walked into room c/o lump in his tummy , tender at touch at times , awating surgical r/v soon o/e mid line scar with visible bulge , on palpatons broad based incisional heria which is reducible at this pint in time , explained to him abpit it in detial r/v if any chnage .... Dr Raheel Ahmed
22/01/2014 Consultation Seen at medication this morning, Alex still c/o trapped wind, D/W GP and peppermint oil capsules prescibed and ordered. Ms Caroline Donald
21/01/2014 Consultation ENA- c/o abdo pain, pt states that it feels like trapped wind, pt advised, pt advised to take Gaviscon from hall staff, and put in a NRF if symptoms persist. Ms Caroline Donald
20/01/2014 Administration NOS received an appointment for 21/01/14. Urlogy. Phoned hospital advised this was not enough time for us to arrange and appointment. Secretary advised someone was covering for her and did not send the appointments with enough notice, she will arrange for another appointment to be sent. Mrs Jacqui Paton
16/01/2014 Consultation Right shoulder pain. Can raise to 100 degress. Likely painful arc syndrome. Wishes to reduce by 10ml meth. On cocodamol 30/500 and ibuprofen. Dr Grace Campbell
13/01/2014 Consultation Patient complaining to hall staff about ongoing pain. On examination patient states he will go sick again tomorrow despite being listed for GP today. Patient states he seen GP and was advised he would be increased co codamol to 30/500. Advised patient I could only speak to GP about this however may need to await appointment on the 16/1. Patient happy with this and will not go sick tomorrow morning. Miss Danielle Ward
13/01/2014 Patient reviewed ENA complaining of ongoing shoulder is already listed for this week. patient happy with this Ms Amanda Peden
08/01/2014 Consultation requesting gp for shoulder pain, listed. Ms Diane O'Hara
06/01/2014 Consultation ENA - abcess noted in mouth. had anti-biotics and will speak with dentist on Thursday to ascertain if she will see him as an emergeny. also complaining of right arm pain. MO appointment made for 10/01/14. Cell down x1 given Ms Fiona Gilmour
04/01/2014 Consultation Advised by Nurse C Stevenson patient has swelling to face -? dental abcess. Discussed with GP Dr Quereshi Gp issued x9 Amoxicillin 500mg caps to manage symptoms over weekend. Mrs Alison Mcintyre
30/12/2013 Self-referral claims that his painkillers are not working, listed for GP to discuss his meds. Michel Bos
23/12/2013 Consultation c/o on going pain in paraumbilical hernia pain . no new symptoms . claims that he due to get a repair in march . on co-codamol 8/500mg 2 tab tds .o/e: non obstructed para umbilical hernia noticed , PI: script issued for increased co-codamol to 8/500mg qds, r/v if needed. Dr Zahid Shah
18/12/2013 Patient reviewed Addictions: Mr O'Rourke attended addictions services today and requested that he be detoxed from his current dose of methadone, 30mg to 20mg at a rate of 3mg one week and 2mg the following until 20mg reached. Mrs Catherine Lillis
18/12/2013 Self-referral listed for GP for review of hernia Ms Amanda Peden
18/12/2013 Patient reviewed Addictions: Self referral received 17/12/13. An appointment will be offered today 18/12/13. Mrs Catherine Lillis
17/12/2013 Self-referral Listed for dentist Ms Shabina Yousaf
10/12/2013 Consultation Self referral received requesting appointment with the doctor however vision suggests that patient refused to attend for previous appointment dated 29.11.2013 and was asked to confirm by another member of nursing staff that he would attend if to be relisted. No confirmation obtained to confirm therefore patient responded to via internal mail asking to confirm that he will attend prior to another doctors slot being occupied. Await response. Ms Cheryl Stevenson
02/12/2013 Self-referral asking to see GP. Noted he refused to attend on the 29th November. Patient asked to confirm if he will attend a further appointment - not booked until he confirms Mrs Eileen Stewart
02/12/2013 Self-referral listed for dentist Ms Shabina Yousaf
29/11/2013 Consultation I have been informed that the client has refused to attend MO clinic , please relist if he wishes Dr Iain Mcneil
18/11/2013 Consultation Pt has large incisional hernia. Requires to drastically reduce weight prior to operative repair.Advised low fat diet.Co-codamol 8/500 2 tds Dr Rashmikant Vyass
16/11/2013 Self-referral recieved from patient reporting severe pains in hernia, which he reports to have previously attended hospital for. Listed for GP review. Mr Stuart Kirkwood
07/11/2013 Did not attend - no reason Dr N Jeyasingh
16/10/2013 Self-referral to ENA clinic. Patient complaining of thoracic pain. I have advised him that this was most likely muscular pain. Patient claims to already be recieving ibuprofen. Patient advised me that he was expecting a Dr's appointment to discuss a fat free diet. I have advised him that there is a health option on each menu card, and perhaps that is a way to start with weight reduction. Mr Stuart Kirkwood
09/10/2013 Consultation fresh blood pr. just suddendly felt "wet". Painful. Denies constipation. o/e Haem. stable. Small swollen area around anus with blood oozing from ? tear ? burst abcess. Give 7 day antibiotic cover. Dr Grace Campbell
27/09/2013 Self-referral self referal for dentist received Mrs Alison Mcintyre
09/09/2013 Self-referral requesting GP appointment - already listed Mrs Eileen Stewart
28/08/2013 Consultation awaiting hernia repair states was advised to lose weight. Weight checked 108.6kg (states 6 months ago weight was 102kg)Wishing to see MO about fat burners advice given on exercise and healthy eating but states still wishes to See MO listed. Miss Danielle Ward

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

05/08/2013 Consultation Pt has bilateral Gouty arthritis in both 1st MP Joints. Probably hads tropht formation.Pt unfit to work in the meantime as he cannot weight bear. Dr Rashmitkant Vyass
29/07/2013 Consultation ena - c/o ongoing feet problems. listed for first available gp appointment cdx5 Ms Diane O'Hara
24/06/2013 Letter from consultant Administration Letter Mental Health Ms Claire Walsh
21/06/2013 Mental health assessment Seen by psychiatrist today for review. Alex states that he "just doesnt feel right" cannot pin point what but just knows he is not himself. Discussed this could be the reduction in his Olanzapine from last consultation. Alex agreed with this and has agreed to an increase to 12.5mg. Dr Ramsay has said she will review him in either 3 or 6 weeks dependant on when she is on holiday. Ms Michelle Drein
07/06/2013 Ongoing review reviewed prisoner reduction plan to continue (methadone) 2mls then 3mls in sequence Ms Janice Welsh
24/05/2013 Mental health assessment Seen by psychiatrist today. Alex informed them that he is due an operation on his hernia in August this year however consultants at GRI have informed him he will need to lose weight prior ot this. Due to mental state being good at the moment Dr Ramsay has agreed to reduce his Olanzapine to 10mg which may also help with his weight loss. For review again in 4 weeks. Ms Michelle Drein
10/05/2013 Mental health assessment Psychiatrist attempted to review Alex today however he was too physically unwell to be seen. Will re-list Ms Michelle Drein
11/04/2013 Consultation ADVISED PROPER FOOT WEAR. ALSO HAS GASTRITIS SYMPTOMS. NO RED FLAGS. FOR H.PYLORI STOOL TEST PLEASE. R/V IF ANY CONCERNS. Dr Prabhu Chellamuthu
08/04/2013 Self-referral referral for mo regarding pain in feet. Listed for MO Ms Nicola Pearman
25/03/2013 Consultation on nrt still smoing a bit - dose reduced to 14mg general advice ais crash on chest OE few small s/cut blood vessels no PH liver diseases adv OK Dr James Curran
18/03/2013 Self-referral Slef ref received wishing to see a Doctor regarding joint pain app made Ms Kelly Ann Mcdermid
15/03/2013 Mental health assessment Alex was reviewed by psychiatrist, at present he is doing mentally well. Some concerns over weight. Olanzapine has been reduced to 12.5mg. Alex had some conerns over this but doctor has convinved best trying as the medication can put weight on him. He was accepting of this. He will be review in two months. Ms Nicola Pearman
14/03/2013 Patient reviewed in ENA clinic, rash noted on right side of chest, and upper back. Red and blotchy in appearance, not causing patient any itching or distress, no other symptoms reported. I have advised patient that it appears like a localised skin reaction, however if rash does not improve then to seek further advise from health centre staff. BP 120/85, pulse 62bpm, temp 36.4, RR 16, SpO2 97%. Mr Stuart Kirkwood
13/02/2013 Patient reviewed Attended ena clinic today c/o of sore feet secondary to gout. I have informed Alex that he has a pair of trainers ordered for comfortable however this is not a health centre issue and cannot sign him off his work. Patient was not happy with this outcome and says he will not be going to work and his boots hurt him. Ms Kelly Ann Mcdermid
11/02/2013 Patient reviewed in treatmerunt room today, blood samples obtained for U&E. Mr Stuart Kirkwood
08/02/2013 Consultation phone call to hall alex reporting sick due to sore feet again. spoke to route managers and advised i will not be seeing alex in the health centre with flip flops on, this is a health and safety issue. alex confirmed on route he was sick due to feet, went to work. Ms Diane O'Hara
07/02/2013 Self-referral to ENA clinic, requesting medical marker, I have advised patient that I would need to discuss this matter further with clinical manager. Mr Stuart Kirkwood
06/02/2013 Patient reviewed Reporting sick. Requesting medical marker to wear flip flops on the route. This has been discussed with clinical manager who states that this is a health and safety issue and that a medical marker is not required. To discuss with hall staff. Mr Colin Gibson
05/02/2013 Consultation Seen in ENA clinic regarding ongoing issue with footwear due to pain in both great toes. Advised to attend work party and informed that the matter would be discussed with the health centre manager. Ms Jennifer Paton
05/02/2013 Patient reviewed Seen in BBV nurse clinic. DBS obtained for HIV and HCV test. Mr Colin Gibson
01/02/2013 Ongoing review one to one assessment carried out. At present prisoner is on 90mls of methadone. He wishes to reduce in sequence 3mls one week then 2mls the following week until 70mls is reached then stop and review Ms Janice Welsh
01/02/2013 Patient reviewed Attended ena clinic today c/o severe pain from feet Dr curran thinks ? gout. Alex tells me that he is unable to wear shoes as his feet are painfull. I have discussed with Alex that this situation is not ideal and he has informed me that he is unable to buy shoes at a bigger size for comfort and as the health and safety policy states shoes should cover his toes and flip flops is not allowed he is unsure what else to do. I will speak with clinical manager regarding what to do about this situation. Ms Kelly Ann Mcdermid
31/01/2013 Consultation ENA c/o issues in regards to ? gout ? pain in bilateral great toes (see entry 25/1), was attending work party (Timber Machinery) for the last two days wearing his flip flops as he is unable to wear work boots or trainers, staff at work party and on the route are ? the health and safety aspect of Alex wearing his flip flops at work, Given 1 day cell down and hopefully Alex will receive alternative footwear over the weekend. Ms Caroline Donald
30/01/2013 Consultation Already seen by Dr Curran and referred. Dr Jai Kural
30/01/2013 Self-referral Self ref recieved listed for dentist Dr Iain Mcneil
28/01/2013 Consultation Patient attended treatment room, fasting bloods obtained for glucose and lipids Mr Stuart Kirkwood
25/01/2013 Consultation Seen in ENA clinic. c/o being unfot for work due to pain in bilateral great toes. Seen MO 1 day ago, please see vision. Awaiting analgesia and bigger foot wear. 1 day cell down issued for today. Bigger foot wear being handed in over the weekend and analgesia to commence Ms Jennifer Paton
24/01/2013 Consultation pain right big toe jt OE sl tender MTP jt but not red so probably arthritis rather than gout Rx ibuprofen also has incisional hernia abdo wound painful at times -refer sopd Dr James Curran
23/01/2013 Unemployed Working in joiners. Ms Michelle Williamson
23/01/2013 Current non drinker Usually drinks very little. Ms Michelle Williamson
23/01/2013 Body Mass Index 30.8 Ms Michelle Williamson
23/01/2013 Primary prevention of cardiovascular disease Ms Michelle Williamson
23/01/2013 Psych treatment started Prescribed Olanzepine, mental health good at the moment. Ms Michelle Williamson
23/01/2013 Chest pain not present Ms Michelle Williamson
23/01/2013 MRC Breathlessness Scale: grade 2 Breathless when walking up stairs. Previous lung injury. Ms Michelle Williamson
23/01/2013 White Scottish Ms Michelle Williamson
23/01/2013 Primary prevention of ischaemic heart disease Ms Michelle Williamson
18/01/2013 Consultation ena - refusal Ms Diane O'Hara

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

16/01/2013 Consultation c/o pain over old stab wound, listed for doctor for review. Ms Diane O'Hara
10/01/2013 Self-referral to ENA clinic complaining of loose stools. Patient reports nausea and vommitting now resolved. Stool sample obtained for patient, and will be sent for culture. Patient reports to be feeling well otherwise. I have advised him to avoid tea, coffee and carbonated drinks. Further 2 day bed down issued Mr Stuart Kirkwood
09/01/2013 Consultation refusal to attend HC for bloods Ms Diane O'Hara
09/01/2013 Consultation ENA - c/o diarrhoea and vomiting. BDX1 give, sample bottle provided. Ms Kelly Ann Mcdermid
04/01/2013 Consultation 'reflux' worsening again. was previously on ranitidine and feels worked better than ranitidine. no red flags. also caught ankle in pallet yesterday at work. o/e: weight-bearing. left ankle - mild swelling medial malleolus. no bony tenderness. imp: STL signed off sick for today but ok for next week Dr Johnny Forrester
31/12/2012 Patient reviewed Seen in treatment room with superficial cut to finger nail. Cleansed with saline, inadine and mepore applied. Extra dressings supplied. To contact health centre should any difficulties arise. Mr Colin Gibson
24/12/2012 Self-referral Self ref received wishing to see a Doctor regarding acid reflux, app made for Doctor Ms Kelly Ann Mcdermid
21/12/2012 Mental health assessment reviewed by psychiatrist doing well mentally request for bloods and ecg. review 3 months Ms Nicola Pearman
14/12/2012 Consultation ENA- C/O sore back, pulled muscle from lifting a pallet at work party. Given x1 day cell down. Ms Caroline Donald
29/11/2012 Self-referral requesting to be seen at BBV clinic. Already listed. Mr Colin Gibson
01/11/2012 Patient reviewed Refused to attend treatment room. listed for BBV clinic. Mr Colin Gibson
26/10/2012 Mental health assessment reviewed by psychiatrist, mental health improved, still expressing some references from the bible. If possible would like to keep him in kelvin 1. 2 months review Ms Nicola Pearman
18/10/2012 Ongoing review Prisoner self referred to addiction team for assessment with the possiblity of reducing on methadone. Addiction nurse attended the hall to carry out an addiction assessment however the prisoner refused. Prisoner adviced to re refer in the future if needed. Ms Janice Welsh
12/10/2012 Self-referral Self referral received requesting to see the addictions team regarding reducing on methadone. Listed for addictions. Ms Jennifer Paton
04/09/2012 Patient reviewed reviewed by psychiatrist, olanzapine increased to 15mg. review on the7/09/12 Ms Nicola Pearman
24/08/2012 Consultation Decreased hearing in both ears R>L. Has been trying to clean it with toilet roll. O/E wax ++. adv-NaHCO3 ear drops Dr Jai Kural
20/08/2012 Consultation Seen in treatment room to assess current ear complaint. On examination ears appear clear. No redness or wax present. Reports that has had medication and drops in the past but they have been ineffective in treating the discomfort and noises he is experiencing in both ears. Refer to MO. Ms Jennifer Paton
15/08/2012 Self-referral Self referral received regarding ear syringing, an app has been made for nurse. Ms Kelly Ann Mcdermid
03/08/2012 Consultation Seen by Psychiatrist today, commenced on Olanzapine 5mg. Remains on caseload. For regualr MHT Input Ms Michelle Drein
30/07/2012 Urine sample sent to Lab MSSU negative Dr James Curran
29/07/2012 Patient reviewed Written in retrospect. Patient reviewa in Lomond hall on 28.07.12 at 1600. Observations BP 140/81, Pulse 62, Resps 18. Temp 36.8. Continues to be agitated. Continues to deny any thoughts of self harm or suicide. Ms Jennifer Paton
28/07/2012 Consultation Seen in the SegtWas agitated earlier Much calmer now Says he suffers from PTSD and was on Medication when he was in Barlinie 2 years ago . Did not take anything outside because he was on DrugsOn Methadone 90 mg nowPoor eye contact -No Halluciantion -Poor sleep and concentraion- Denies any thoughts of Self HarmMHT to asses him. Old notes will be usefulDr Raman Dr Sethu Raman
27/07/2012 Mental health assessment Asked to see Mr O'Rourke following concerns about his mental health leading to him "smashing" up his cell. States that he feels he has issues with his mental state and has had for approximately four years. Mood appears low and appears to have some issues regarding being previously attacked which I believe he needs to address in order to improve his mental state. Did however state that he "smashed his cell up" so that he could be moved to segregation and be seen by the mental health team stating he has been trying to see MHT for 3 years however feels he has been ignored, advised that we are happy to work with him however his behaviour is not an appropriate way to be seen quicker. MHT will review and encourage Alex to discuss his issues with a possiblity of referral to relaxation. Denies any thoughts of self harm or suicide. Ms Michelle Drein
27/07/2012 Consultation Seen following removal from Kelvin Hall to Lomond,No injuries or complaints offered on examination. Ms Shona Mccarthy
24/07/2012 Consultation feels ears blocked. voice echoing. no wax. try 7 days pseudoephedrine Dr Grace Campbell
23/07/2012 Consultation Ongoing issues with feeling of fluid within ears. Listed for GP review. Also requesting MHT review for anxiety and PTSD. Ms Shona Mccarthy
19/07/2012 Patient reviewed seen in treatment room for ear syringe. Health Centre manager Shona Malone reviewed patients ear states that both ears are clear to be listed for MO next week for further review. Ms Amanda Peden
17/07/2012 Consultation Urine sample obtained. Urinalysis negative on testing. Patient informed. Ms Jennifer Paton
13/07/2012 Patient reviewed reviewed patient in hall complaining of chest pains BP 108/60 P 59 RR16 T 35.9 SPO2 96%. O/E chest sounds clear when asking patient where pain was it appears more like kidney pain given sample bottles and asked to provide urine samples. Ms Amanda Peden
13/07/2012 Patient reviewed Attended treatment room for ear pain on exam visable was will re app for ear syringe R=L Ms Kelly Ann Mcdermid
09/07/2012 Consultation Seen in treatment room c/o ear pain. o/e thick wax evident in (R) Ear canal, will ask Doctor to advise otex drops. (R) hand wound re-dressed with inadine and mepore. Ms Michelle Williamson
02/07/2012 Patient reviewed seen in treatment room for review of wound. wound dressed as previous. listed for treatment room on thursday. Ms Amanda Peden
29/06/2012 Consultation Seen on treatment room. Had a wound on right hand. Laceration across index and middle finger knuckles. Approc 6 cm in length. 7 days old, open and slightly slonghy. Cleansed using sterile water and prontosan gel, small release and bandage to cover. Listed for treatment room monday for wound review. Ms Jennifer Paton
28/06/2012 [V]Other specified administrative encounter Ms Shona Mccarthy
28/06/2012 Admission profile form completed Ms Shona Mccarthy
28/06/2012 No apparent risk of suicide Ms Shona Mccarthy
28/06/2012 No thoughts of deliberate self harm Ms Shona Mccarthy

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

28/06/2012	Misuses drugs Uses Valium , Cannabis and Heroin	Ms Shona Mccarthy
05/03/2012	TRANSFERRED TO GREENOCK	Ms Michelle Brown
05/03/2012	Notes summary on computer	Ms Michelle Brown
05/03/2012	ACT History	Ms Michelle Brown
21/12/2011	Patient encounter data NOS Attended Keep Well on the 28.11.11. States will commence exercise programme in January, currently reducing methadone and on smoking cessation. No follow up required.	Mrs Lucy Chapman
28/11/2011	Unemployed	Mrs Lucy Chapman
28/11/2011	Letter sent to patient	Mrs Lucy Chapman
28/11/2011	Keep well programme CONSENT OBTAINED	Mrs Lucy Chapman
28/11/2011	White Scottish	Mrs Lucy Chapman
28/11/2011	Interpreter not needed	Mrs Lucy Chapman
28/11/2011	Body mass index 30+ - obesity 31.60	Mrs Lucy Chapman
24/01/2011	Referral to mental health team	Dr A Hamill (Ad)
25/10/2010	Mental health review	Ms A Queen
08/09/2010	Mental health review	Ms A Queen
24/06/2010	Drug addiction therapy seen in addiction assesment clinic dipped positve for methadone cannabish and benzos awaiting confirmation from community prescriber.	Ms Stacey Kavanagh
23/06/2010	Body mass index 20-24 - normal	Ms Janet Cosgrove
23/06/2010	Drug add maint ther methadone	Ms Janet Cosgrove
31/05/2007	Notes summary on computer	Dr J Gisbey Left (Pat)
31/05/2007	Misuse of drugs NOS On methadone programme	Dr J Gisbey Left (Pat)

Repeat Masters

Acute and Repeat Issue Therapy

Recall

21/05/2018	Recall on 21/09/2018 for Next appointment with Dr George Macdonald	Status:Outstanding
11/12/2017	Recall on 05/02/2018 for Next appointment with Dr George Macdonald	Status:Complete
09/10/2017	Recall on 09/01/2018 for Next appointment with Dr George Macdonald	Status:Complete

Consultation

03/12/2018	Third Party Consultation	Mrs Susan Hunter
03/12/2018	Third Party Consultation	Mrs Susan Hunter
03/12/2018	Third Party Consultation	Mrs Susan Hunter
30/11/2018	Triage	Ms Karen Muir
30/11/2018	Triage	Ms Alison Glass
28/11/2018	Third Party Consultation	Mrs Susan Hunter
23/11/2018	Triage	Ms Karen Muir
21/11/2018	Surgery consultation	Dr Kathryn Clark
19/11/2018	Clinic	Dr George Macdonald
16/11/2018	Surgery consultation	Mr David Meene
16/11/2018	Triage	Ms Karen Muir
16/11/2018	Triage	Miss Kylie Rodgers
15/11/2018	Triage	Ms Alison Glass
13/11/2018	Surgery consultation	Ms Kirsty Byng
09/11/2018	Triage	Ms Karen Muir
08/11/2018	Triage	Ms Mary Tran
07/11/2018	Third Party Consultation	Ms Gillian Mcculloch
07/11/2018	Triage	Ms Mary Tran
06/11/2018	Triage	Mrs Lorna Morrison
06/11/2018	Third Party Consultation	Mrs Susan Hunter
06/11/2018	Triage	Ms Jillian Scott
05/11/2018	Triage	Ms Alison Glass
02/11/2018	Triage	Ms Alison Glass
02/11/2018	Triage	Ms Karen Muir
01/11/2018	Surgery consultation	Ms Kirsty Byng
01/11/2018	Triage	Ms Anne Witherow
01/11/2018	Triage	Ms Alison Glass
31/10/2018	Triage	Ms Mary Tran
31/10/2018	Surgery consultation	Mr Mark Gallagher
29/10/2018	Triage	Mrs Lorna Morrison
26/10/2018	Triage	Ms Karen Muir
24/10/2018	Third Party Consultation	Ms Gillian Mcculloch
24/10/2018	Triage	Ms Mary Tran
22/10/2018	Third Party Consultation	Mrs Susan Hunter
19/10/2018	Triage	Dr Raheel Ahmed
17/10/2018	Other	Mr Robbie Snowdon
15/10/2018	Triage	Mrs Lorna Morrison
15/10/2018	Triage	Mr Nicholas Gallacher
12/10/2018	Third Party Consultation	Ms Gillian Mcculloch
12/10/2018	Surgery consultation	Ms Kirsty Byng
10/10/2018	Third Party Consultation	Mrs Susan Hunter
10/10/2018	Third Party Consultation	Ms Gillian Mcculloch

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

08/10/2018	Triage	Mrs Lorna Morrison
05/10/2018	Surgery consultation	Ms Kirsty Byng
03/10/2018	Third Party Consultation	Mrs Susan Hunter
03/10/2018	Third Party Consultation	Ms Gillian Mcculloch
03/10/2018	Surgery consultation	Mr Mark Gallagher
03/10/2018	Surgery consultation	Dr Kathryn Clark
01/10/2018	Third Party Consultation	Mrs Susan Hunter
01/10/2018	Clinic	Dr George Macdonald
01/10/2018	Triage	Mrs Lorna Morrison
26/09/2018	Third Party Consultation	Ms Gillian Mcculloch
26/09/2018	Triage	Ms Mary Tran
26/09/2018	Other	Mr Robbie Snowdon
26/09/2018	Surgery consultation	Ms Kirsty Byng
24/09/2018	Third Party Consultation	Ms Gillian Mcculloch
21/09/2018	Third Party Consultation	Mrs Susan Hunter
20/09/2018	Third Party Consultation	Ms Gillian Mcculloch
20/09/2018	Triage	Mrs Lorna Morrison
19/09/2018	Triage	Ms Mary Tran
19/09/2018	Third Party Consultation	Ms Gillian Mcculloch
19/09/2018	Surgery consultation	Mr Mark Gallagher
18/09/2018	Triage	Mrs Lorna Morrison
17/09/2018	Triage	Mrs Lorna Morrison
13/09/2018	Triage	Mr Andrew Metaggart
12/09/2018	Triage	Mrs Lorna Morrison
12/09/2018	Triage	Ms Cathy Williamson
10/09/2018	Triage	Mrs Lorna Morrison
09/09/2018	Third Party Consultation	Mrs Susan Hunter
06/09/2018	Triage	Mrs Lorna Morrison
05/09/2018	Triage	Ms Cathy Williamson
05/09/2018	Surgery consultation	Mr Mark Gallagher
03/09/2018	Triage	Mrs Lorna Morrison
31/08/2018	Triage	Mr Nicholas Gallacher
30/08/2018	Triage	Mr Andrew Metaggart
29/08/2018	Triage	Ms Anne Witherow
27/08/2018	Triage	Mrs Lorna Morrison
27/08/2018	Clinic	Dr George Macdonald
24/08/2018	Triage	Ms Alison Glass
23/08/2018	Third Party Consultation	Ms Gillian Mcculloch
23/08/2018	Triage	Dr Abolaji Badejo
22/08/2018	Surgery consultation	Mr Mark Gallagher
21/08/2018	Third Party Consultation	Ms Gillian Mcculloch
20/08/2018	Triage	Mr Andrew Metaggart
15/08/2018	Surgery consultation	Ms Kirsty Byng
13/08/2018	Triage	Mrs Lorna Morrison
13/08/2018	Third Party Consultation	Mrs Susan Hunter
13/08/2018	Administration	Mrs Susan Hunter
10/08/2018	Triage	Ms Alison Glass
08/08/2018	Third Party Consultation	Ms Gillian Mcculloch
08/08/2018	Third Party Consultation	Ms Gillian Mcculloch
08/08/2018	Triage	Miss Kylie Rodgers
08/08/2018	Other	Mr Robbie Snowdon
06/08/2018	Triage	Mrs Lorna Morrison
06/08/2018	Triage	Dr Raheel Ahmed
03/08/2018	Third Party Consultation	Ms Gillian Mcculloch
03/08/2018	Third Party Consultation	Ms Gillian Mcculloch
03/08/2018	Triage	Dr Raheel Ahmed
03/08/2018	Results recording	Dr Jacek Oczkowski
02/08/2018	Third Party Consultation	Ms Gillian Mcculloch
02/08/2018	Results recording	Dr Jacek Oczkowski
02/08/2018	Results recording	Dr Jacek Oczkowski
02/08/2018	Triage	Ms Jillian Scott
01/08/2018	Other	Mr Robbie Snowdon
30/07/2018	Triage	Ms Alison Glass
27/07/2018	Triage	Ms Alison Glass
25/07/2018	Third Party Consultation	Ms Gillian Mcculloch
25/07/2018	Triage	Ms Cathy Williamson
23/07/2018	Triage	Mrs Lorna Morrison
18/07/2018	Triage	Ms Mary Tran
16/07/2018	Triage	Ms Alison Glass
13/07/2018	Third Party Consultation	Ms Gillian Mcculloch
11/07/2018	Triage	Mr Nicholas Gallacher
11/07/2018	Triage	Mr Nicholas Gallacher
09/07/2018	Triage	Mrs Lorna Morrison
04/07/2018	Other	Ms Claire Murphy
02/07/2018	Third Party Consultation	Mrs Susan Hunter
02/07/2018	Triage	Mrs Lorna Morrison

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

28/06/2018	Triage	Ms Alison Glass
27/06/2018	Third Party Consultation	Ms Gillian Mcculloch
27/06/2018	Triage	Ms Cathy Williamson
27/06/2018	Surgery consultation	Mr Mark Gallagher
26/06/2018	Triage	Ms Anne Witherow
25/06/2018	Third Party Consultation	Ms Gillian Mcculloch
25/06/2018	Triage	Mrs Lorna Morrison
25/06/2018	Third Party Consultation	Ms Gillian Mcculloch
23/06/2018	Third Party Consultation	Mrs Susan Hunter
22/06/2018	Triage	Mrs Lorna Morrison
22/06/2018	Clinic	Dr Zahid Shah
20/06/2018	Third Party Consultation	Mrs Susan Hunter
20/06/2018	Surgery consultation	Ms Kirsty Byng
20/06/2018	Triage	Mrs Lorna Morrison
15/06/2018	Triage	Mr Andrew Metaggart
13/06/2018	Triage	Ms Cathy Williamson
11/06/2018	Triage	Mrs Lorna Morrison
06/06/2018	Triage	Ms Mary Tran
01/06/2018	Triage	Ms Alison Glass
31/05/2018	Triage	Ms Mary Tran
22/05/2018	Third Party Consultation	Mrs Susan Hunter
22/05/2018	Administration	Mrs Susan Hunter
21/05/2018	Triage	Mrs Lorna Morrison
21/05/2018	Clinic	Dr George Macdonald
18/05/2018	Triage	Mr Andrew Metaggart
14/05/2018	Triage	Mrs Lorna Morrison
14/05/2018	Triage	Ms Alison Glass
11/05/2018	Third Party Consultation	Ms Gillian Mcculloch
11/05/2018	Triage	Ms Karen Muir
09/05/2018	Triage	Mrs Lorna Morrison
04/05/2018	Triage	Ms Karen Muir
04/05/2018	Triage	Ms Alison Glass
03/05/2018	Clinic	Ms Yvonne Dominick
03/05/2018	Triage	Dr Abolaji Badejo
02/05/2018	Clinic	Ms Yvonne Dominick
30/04/2018	Third Party Consultation	Mrs Susan Hunter
30/04/2018	Third Party Consultation	Ms Gillian Mcculloch
30/04/2018	Triage	Mrs Lorna Morrison
30/04/2018	Third Party Consultation	Ms Gillian Mcculloch
30/04/2018	Triage	Ms Louise Moyse
29/04/2018	Triage	Ms Anne Witherow
28/04/2018	Third Party Consultation	Ms Gillian Mcculloch
27/04/2018	Triage	Ms Karen Muir
25/04/2018	Triage	Ms Suzanne Taylor
24/04/2018	Third Party Consultation	Ms Gillian Mcculloch
24/04/2018	Administration	Mrs Susan Hunter
23/04/2018	Triage	Mrs Lorna Morrison
20/04/2018	Triage	Ms Karen Muir
20/04/2018	Third Party Consultation	Ms Gillian Mcculloch
16/04/2018	Triage	Mrs Lorna Morrison
13/04/2018	Third Party Consultation	Ms Gillian Mcculloch
12/04/2018	Triage	Mrs Lorna Morrison
09/04/2018	Triage	Mr Charles Hoggitt
09/04/2018	Triage	Ms Alison Glass
06/04/2018	Triage	Ms Alison Glass
04/04/2018	Third Party Consultation	Ms Gillian Mcculloch
04/04/2018	Triage	Mrs Lorna Morrison
29/03/2018	Triage	Ms Karen Muir
23/03/2018	Triage	Ms Karen Muir
23/03/2018	Triage	Ms Alison Glass
16/03/2018	Triage	Ms Karen Muir
12/03/2018	Clinic	Dr George Macdonald
12/03/2018	Third Party Consultation	Mrs Susan Hunter
09/03/2018	Triage	Ms Karen Muir
09/03/2018	Triage	Mr Andrew Metaggart
23/02/2018	Triage	Ms Laura Fitzgerald
22/02/2018	Triage	Ms Anne Witherow
21/02/2018	Clinic	Ms Yvonne Dominick
19/02/2018	Triage	Ms Laura Fitzgerald
19/02/2018	Clinic	Dr George Macdonald
19/02/2018	Triage	Ms Anne Witherow
17/02/2018	Third Party Consultation	Mrs Susan Hunter
05/02/2018	Third Party Consultation	Ms Gillian Mcculloch
05/02/2018	Third Party Consultation	Mrs Susan Hunter
05/02/2018	Triage	Ms Laura Fitzgerald
05/02/2018	Clinic	Dr George Macdonald

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

26/01/2018	Triage	Mr Charles Hoggitt
24/01/2018	Third Party Consultation	Ms Gillian Mcculloch
16/01/2018	Surgery consultation	Dr N Jeyasingh
11/01/2018	Triage	Mr Andrew Metaggart
10/01/2018	Third Party Consultation	Ms Gillian Mcculloch
10/01/2018	Third Party Consultation	Ms Gillian Mcculloch
10/01/2018	Triage	Ms Laura Fitzgerald
28/12/2017	Triage	Ms Anne Witherow
27/12/2017	Third Party Consultation	Ms Gillian Mcculloch
15/12/2017	Triage	Ms Alison Glass
15/12/2017	Triage	Mr Andrew Metaggart
12/12/2017	Surgery consultation	Ms Kirsty Byng
11/12/2017	Third Party Consultation	Ms Gillian Mcculloch
11/12/2017	Clinic	Dr George Macdonald
11/12/2017	Triage	Ms Laura Fitzgerald
09/12/2017	Triage	Ms Anne Witherow
07/12/2017	Triage	Ms Laura Fitzgerald
06/12/2017	Third Party Consultation	Mrs Susan Hunter
06/12/2017	Other	Ms Claire Murphy
01/12/2017	Triage	Dr Imran Ilyas
30/11/2017	Third Party Consultation	Ms Gillian Mcculloch
29/11/2017	Third Party Consultation	Ms Gillian Mcculloch
29/11/2017	Triage	Ms Mary Tran
29/11/2017	Triage	Mr Andrew Metaggart
28/11/2017	Triage	Dr Imran Ilyas
28/11/2017	Triage	Ms Alison Glass
27/11/2017	Third Party Consultation	Ms Gillian Mcculloch
27/11/2017	Triage	Mr Charles Hoggitt
24/11/2017	Third Party Consultation	Ms Gillian Mcculloch
22/11/2017	Triage	Mrs Lorna Morrison
20/11/2017	Third Party Consultation	Mrs Susan Hunter
15/11/2017	Triage	Mrs Lorna Morrison
14/11/2017	Surgery consultation	Dr N Jeyasingh
10/11/2017	Third Party Consultation	Mrs Susan Hunter
08/11/2017	Triage	Ms Mary Tran
08/11/2017	Triage	Ms Mary Tran
02/11/2017	Administration	Ms Gillian Mcculloch
01/11/2017	Third Party Consultation	Ms Gillian Mcculloch
01/11/2017	Triage	Ms Mary Tran
30/10/2017	Triage	Dr Raheel Ahmed
26/10/2017	Third Party Consultation	Mrs Susan Hunter
26/10/2017	Triage	Ms Mary Tran
25/10/2017	Triage	Mrs Lorna Morrison
24/10/2017	Triage	Ms Laura Fitzgerald
23/10/2017	Triage	Ms Laura Fitzgerald
23/10/2017	Triage	Ms Laura Fitzgerald
20/10/2017	Triage	Mr Gordon Hannah
19/10/2017	Third Party Consultation	Mrs Susan Hunter
19/10/2017	Third Party Consultation	Ms Gillian Mcculloch
19/10/2017	Triage	Mr Gordon Hannah
16/10/2017	Triage	Mr Gordon Hannah
10/10/2017	Third Party Consultation	Mrs Susan Hunter
10/10/2017	Administration	Ms Claire Lumsden
10/10/2017	Third Party Consultation	Mrs Susan Hunter
09/10/2017	Clinic	Dr George Macdonald
06/10/2017	Third Party Consultation	Ms Gillian Mcculloch
06/10/2017	Administration	Ms Gillian Mcculloch
06/10/2017	Triage	Ms Suzanne Taylor
03/10/2017	Triage	Ms Alison Glass
03/10/2017	Clinic	Dr Zahid Shah
02/10/2017	Third Party Consultation	Mrs Susan Hunter
02/10/2017	Administration	Mrs Lynda Munro
29/09/2017	Third Party Consultation	Mrs Susan Hunter
28/09/2017	Triage	Ms Anne Witherow
22/09/2017	Triage	Ms Laura Fitzgerald
22/09/2017	Triage	Ms Anne Witherow
12/09/2017	Surgery consultation	Dr N Jeyasingh
11/09/2017	Third Party Consultation	Ms Gillian Mcculloch
08/09/2017	Triage	Ms Louise Moyse
07/09/2017	Third Party Consultation	Ms Gillian Mcculloch
04/09/2017	Third Party Consultation	Mrs Susan Hunter
04/09/2017	Third Party Consultation	Ms Gillian Mcculloch
04/09/2017	Triage	Ms Alison Glass
01/09/2017	Third Party Consultation	Ms Gillian Mcculloch
01/09/2017	Third Party Consultation	Ms Gillian Mcculloch
01/09/2017	Third Party Consultation	Ms Gillian Mcculloch

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

01/09/2017	Results recording	Dr Jacek Oczkowski
01/09/2017	Results recording	Dr Jacek Oczkowski
01/09/2017	Triage	Ms Tracy Shannon
31/08/2017	Triage	Ms Louise Moyse
31/08/2017	Triage	Ms Louise Moyse
29/08/2017	Surgery consultation	Mr Timothy Johnson
29/08/2017	Triage	Ms Laura Fitzgerald
28/08/2017	Triage	Ms Louise Moyse
28/08/2017	Triage	Ms Louise Moyse
28/08/2017	Clinic	Dr George Macdonald
25/08/2017	Third Party Consultation	Ms Gillian Mcculloch
25/08/2017	Third Party Consultation	Ms Gillian Mcculloch
25/08/2017	Surgery consultation	Ms Kirsty Byng
25/08/2017	Clinic	Dr Zahid Shah
24/08/2017	Third Party Consultation	Mrs Susan Hunter
23/08/2017	Triage	Ms Louise Moyse
23/08/2017	Triage	Ms Louise Moyse
22/08/2017	Third Party Consultation	Ms Gillian Mcculloch
16/08/2017	Third Party Consultation	Mrs Susan Hunter
16/08/2017	Triage	Mr Andrew Metaggart
16/08/2017	Triage	Ms Louise Moyse
16/08/2017	Clinic	Dr Zahid Shah
15/08/2017	Third Party Consultation	Mrs Susan Hunter
15/08/2017	Third Party Consultation	Mrs Susan Hunter
15/08/2017	Third Party Consultation	Mrs Susan Hunter
15/08/2017	Triage	Miss Kylie Rodgers
14/08/2017	Third Party Consultation	Mrs Susan Hunter
09/08/2017	Clinic	Ms Yvonne Dominick
07/08/2017	Third Party Consultation	Mrs Susan Hunter
05/08/2017	Third Party Consultation	Ms Gillian Mcculloch
05/08/2017	Clinic	Ms Yvonne Dominick
04/08/2017	Third Party Consultation	Mrs Susan Hunter
04/08/2017	Third Party Consultation	Mrs Susan Hunter
04/08/2017	Triage	Mr Charles Hoggitt
04/08/2017	Triage	Mr Charles Hoggitt
04/06/2014	Triage	Ms Janice Welsh
03/06/2014	Surgery consultation	Ms Christine Cullen
01/06/2014	Triage	Ms Jennifer Paton
30/05/2014	Triage	Ms Nicola Pearman
30/05/2014	Third Party Consultation	Mrs Jacqui Paton
30/05/2014	Triage	Ms Janice Welsh
27/05/2014	Triage	Ms Caroline Donald
27/05/2014	Surgery consultation	Dr Grace Campbell
26/05/2014	Administration	Ms Allison Jack
23/05/2014	Triage	Ms Michelle Drein
20/05/2014	Triage	Ms Cheryl Stevenson
15/05/2014	Triage	Ms Nicola Pearman
09/05/2014	Surgery consultation	Dr Grace Campbell
06/05/2014	Triage	Ms Nicola Pearman
29/04/2014	Surgery consultation	Dr Grace Campbell
28/04/2014	Triage	Ms Cheryl Stevenson
23/04/2014	Triage	Ms Janice Welsh
22/04/2014	Triage	Ms Cheryl Stevenson
22/04/2014	Triage	Ms Cheryl Stevenson
22/04/2014	Triage	Ms Cheryl Stevenson
17/04/2014	Triage	Ms Amanda Peden
15/04/2014	Triage	Ms Amanda Peden
07/04/2014	Triage	Dr Raheel Ahmed
02/04/2014	Triage	Ms Diane O'Hara
31/03/2014	Triage	Mrs Alison Mcintyre
26/03/2014	Administration	Mrs Alison Mcintyre
20/03/2014	Triage	Ms Caroline Donald
18/03/2014	Triage	Ms Jennifer Paton
14/03/2014	Clinic	Dr Zahid Shah
10/03/2014	Triage	Ms Ali Anderson
10/03/2014	Triage	Ms Caroline Donald
02/03/2014	Triage	Ms Michelle Drein
27/02/2014	Triage	Mrs Alison Mcintyre
26/02/2014	Clinic	Mr Michel Boss
25/02/2014	Triage	Ms Caroline Donald
24/02/2014	Triage	Mrs Alison Mcintyre
18/02/2014	Triage	Ms Jennifer Paton
13/02/2014	Surgery consultation	Dr Grace Campbell
05/02/2014	Clinic	Mr Michel Boss
31/01/2014	Triage	Mrs Catherine Lillis
25/01/2014	Triage	Mrs Alison Mcintyre

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

25/01/2014	Triage	Dr Raheel Ahmed
22/01/2014	Triage	Ms Caroline Donald
21/01/2014	Triage	Ms Caroline Donald
20/01/2014	Triage	Mrs Jacqui Paton
16/01/2014	Surgery consultation	Dr Grace Campbell
13/01/2014	Triage	Miss Danielle Ward
13/01/2014	Triage	Ms Amanda Peden
08/01/2014	Triage	Ms Diane O'Hara
06/01/2014	Triage	Ms Fiona Gilmour
04/01/2014	Triage	Mrs Alison Mcintyre
30/12/2013	Clinic	Mr Michel Boss
24/12/2013	Triage	Ms Amanda Peden
23/12/2013	Clinic	Dr Zahid Shah
18/12/2013	Triage	Ms Amanda Peden
18/12/2013	Triage	Mrs Catherine Lillis
17/12/2013	Triage	Ms Shabina Yousaf
10/12/2013	Triage	Ms Cheryl Stevenson
02/12/2013	Other	Mrs Eileen Stewart
02/12/2013	Triage	Ms Shabina Yousaf
30/11/2013	Triage	Ms Linda Mulgrew
30/11/2013	Triage	Ms Linda Mulgrew
29/11/2013	Clinic	Mr Michel Boss
25/11/2013	Clinic	Mr Michel Boss
18/11/2013	Administration	Dr Rashmitkant Vyass
16/11/2013	Triage	Mr Stuart Kirkwood
07/11/2013	Surgery consultation	Dr N Jeyasingh
01/11/2013	Clinic	Mr Michel Boss
16/10/2013	Triage	Mr Stuart Kirkwood
09/10/2013	Surgery consultation	Dr Grace Campbell
27/09/2013	Triage	Mrs Alison Mcintyre
09/09/2013	Other	Mrs Eileen Stewart
28/08/2013	Triage	Miss Danielle Ward
05/08/2013	Administration	Dr Rashmitkant Vyass
29/07/2013	Triage	Ms Diane O'Hara
25/07/2013	Triage	Ms Linda Mulgrew
24/06/2013	Third Party Consultation	Ms Claire Walsh
21/06/2013	Triage	Ms Michelle Drein
07/06/2013	Triage	Ms Janice Welsh
24/05/2013	Triage	Ms Michelle Drein
10/05/2013	Triage	Ms Michelle Drein
11/04/2013	Surgery consultation	Dr Prabhu Chellamuthu
08/04/2013	Triage	Ms Nicola Pearman
25/03/2013	Triage	Ms Linda Mulgrew
25/03/2013	Triage	Ms Linda Mulgrew
25/03/2013	Surgery consultation	Dr James Curran
22/03/2013	Clinic	Mr Michel Boss
18/03/2013	Triage	Ms Kelly Ann Mcdermid
15/03/2013	Triage	Ms Nicola Pearman
14/03/2013	Triage	Mr Stuart Kirkwood
28/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
27/02/2013	Administration	Ms Angela Baird
25/02/2013	Administration	Ms Angela Baird
13/02/2013	Triage	Ms Kelly Ann Mcdermid
11/02/2013	Triage	Mr Stuart Kirkwood
08/02/2013	Triage	Ms Diane O'Hara
07/02/2013	Triage	Mr Stuart Kirkwood
06/02/2013	Triage	Mr Colin Gibson
05/02/2013	Triage	Ms Jennifer Paton
05/02/2013	Triage	Mr Colin Gibson
01/02/2013	Triage	Ms Janice Welsh
01/02/2013	Triage	Ms Kelly Ann Mcdermid
31/01/2013	Triage	Ms Caroline Donald
30/01/2013	Triage	Dr Jai Kural
30/01/2013	Administration	Ms Allison Jack
28/01/2013	Triage	Mr Stuart Kirkwood
25/01/2013	Administration	Ms Marion Davidson
25/01/2013	Administration	Ms Marion Davidson
25/01/2013	Triage	Ms Jennifer Paton
24/01/2013	Surgery consultation	Dr James Curran
23/01/2013	Clinic	Ms Michelle Williamson
23/01/2013	Clinic	Ms Michelle Williamson
23/01/2013	Triage	Ms Caroline Donald
21/01/2013	Triage	Ms Linda Mulgrew
18/01/2013	Triage	Ms Diane O'Hara

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

16/01/2013	Triage	Ms Diane O'Hara
10/01/2013	Triage	Mr Stuart Kirkwood
09/01/2013	Triage	Ms Kelly Ann Mcdermid
09/01/2013	Triage	Ms Kelly Ann Mcdermid
04/01/2013	Surgery consultation	Dr Johnny Forrester
31/12/2012	Triage	Mr Colin Gibson
24/12/2012	Triage	Ms Kelly Ann Mcdermid
21/12/2012	Triage	Ms Nicola Pearman
14/12/2012	Triage	Ms Caroline Donald
29/11/2012	Triage	Mr Colin Gibson
28/11/2012	Triage	Ms Michelle Drein
23/11/2012	Triage	Ms Nicola Pearman
01/11/2012	Triage	Mr Colin Gibson
26/10/2012	Triage	Ms Nicola Pearman
26/10/2012	Triage	Ms Linda Mulgrew
18/10/2012	Triage	Ms Janice Welsh
12/10/2012	Triage	Ms Jennifer Paton
04/09/2012	Triage	Ms Nicola Pearman
24/08/2012	Triage	Dr Jai Kural
20/08/2012	Triage	Ms Jennifer Paton
15/08/2012	Triage	Ms Kelly Ann Mcdermid
03/08/2012	Triage	Ms Michelle Drein
30/07/2012	Administration	Dr James Curran
29/07/2012	Triage	Ms Jennifer Paton
28/07/2012	Triage	Dr Setha Raman
27/07/2012	Triage	Ms Michelle Drein
27/07/2012	Triage	Ms Shona Mccarthy
24/07/2012	Surgery consultation	Dr Grace Campbell
23/07/2012	Other	Ms Shona Mccarthy
19/07/2012	Triage	Ms Amanda Peden
17/07/2012	Triage	Ms Jennifer Paton
13/07/2012	Triage	Ms Amanda Peden
13/07/2012	Triage	Ms Kelly Ann Mcdermid
09/07/2012	Triage	Ms Michelle Williamson
02/07/2012	Follow-up/routine visit	Ms Amanda Peden
29/06/2012	Triage	Ms Jennifer Paton
28/06/2012	Triage	Ms Shona Mccarthy
05/03/2012	Other	Ms Michelle Brown
21/12/2011	Other	Mrs Lucy Chapman
28/11/2011	Other	Mrs Lucy Chapman
17/07/2011	Other	Ms S Agbomeirlee
16/04/2011	Other	Ms M Quarshie
24/01/2011	Other	Dr A Hamill (Ad)
15/01/2011	Other	Ms R Mcvake
25/10/2010	Other	Ms A Queen
08/09/2010	Other	Ms A Queen
30/08/2010	Other	Ms Margaret Millar
24/06/2010	Other	Ms Stacey Kavanagh
23/06/2010	Other	Ms Janet Cosgrove
31/05/2007	Other	Dr J Gisbey Left (Pn)

Blood pressure

04/08/2017 17:46.00	BP 138/97	taken Sitting		Cuff: Standard	recall due:	O/E - blood pressure reading
23/01/2013 14:00.00	BP 108/82	taken Sitting	from Right	Cuff: Standard	recall due:	O/E - blood pressure reading
28/06/2012 20:33.00	BP 115/73	taken Sitting		Cuff: Standard	recall due:	O/E - blood pressure reading
28/11/2011	BP 134/92				recall due:	O/E - blood pressure reading
28/11/2011	BP 145/92				recall due:	O/E - blood pressure reading
30/08/2010	BP 143/76				recall due:	O/E - blood pressure reading
23/06/2010	BP 132/90				recall due:	O/E - blood pressure reading

Referrals

25/01/2013 Refer for Referral to general surgery special interest GP at Royal Alexandra Hospital department of with by: Dr James Curran

Smoking

04/08/2017 Smoker cigarettes per day Heavy smoker - 20-39 cigs/day Mr Charles Hoggitt

23/01/2013 Smoker cigarettes per day Thinking about stopping smoking Ms Michelle Williamson

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

23/01/2013	Smoker	11 cigarettes per day	Tobacco consumption			Ms Michelle Williamson
23/01/2013	Smoker	cigarettes per day	Rolls own cigarettes			Ms Michelle Williamson
23/01/2013	Smoker	cigarettes per day	Current smoker			Ms Michelle Williamson
28/11/2011	Ex-smoker	0 cigarettes per day	Ex smoker	15: per day		Mrs Lucy Chapman

Alcohol

28/11/2011	Current drinker	0 units per week	Very heavy drinker - >9u/day	Mrs Lucy Chapman

Health Promotion - Smoking

15/10/2018	Smoking cessation advice for Smoking invited to attend GMR2/18 starting 17/10/2018.
31/08/2018	Smoking cessation advice for Smoking invite sent to start group GMR2/18. starting 05/09/2018.

Weight

30/04/2018	Weight: 103.5 kgs	BMI: 31.5	O/E - weight
06/10/2017	Weight: 87.3 kgs	BMI: 26.6	O/E - weight
22/09/2017	Weight: 89.3 kgs	BMI: 27.2	O/E - weight
04/08/2017	Weight: 84.4 kgs	BMI: 25.7	O/E - weight
23/01/2013	Weight: 101 kgs	BMI: 30.8	O/E - weight
28/06/2012	Weight: 71.2 kgs	BMI: 22.7	O/E - weight
05/03/2012	Weight: 99 kgs	BMI: 31.6	O/E - weight
28/11/2011	Weight: 99 kgs	BMI: 31.6	O/E - weight
30/08/2010	Weight: 75 kgs	BMI: 23.9	O/E - weight
23/06/2010	Weight: 70 kgs	BMI: 22.3	O/E - weight

Height

23/01/2013	Height: 1.81 metres	O/E - height	Ms Michelle Williamson
28/11/2011	Height: 1.77 metres	O/E - height	Mrs Lucy Chapman
23/06/2010	Height: 1.77 metres	O/E - height	Ms Janet Cosgrove

Immunisations

06/11/2018	FLU	Stage: 0	Given	Routine Measure	Due 06/11/2019	Batch: R04 X 2018/2019 Ms Jillian Scott
17/07/2011	HEPATITIS_A	Stage: 2	Given		Due	END_DATE=17/07/2011 Ms S Agbomeirlee
15/01/2011	HEPAMONO	Stage: 1	Given		Due	DATE_RECORDED=17/01/2011 : END_DATE=15/01/2011 Ms R Mevake

Albumin

02/08/2018	Serum albumin	= 41 g/L	Albumin -
01/09/2017	Serum albumin	= 38 g/L	Albumin -

Alkaline Phosphatase

02/08/2018	Serum alkaline phosphatase	= 122 U/L	Alkaline Phosphatase - U/L
01/09/2017	Serum alkaline phosphatase	= 96 U/L	Alkaline Phosphatase - U/L

Alanine Aminotransferase

02/08/2018	ALT/SGPT serum level	= 42 U/L	ALT - U/L
01/09/2017	ALT/SGPT serum level	= 21 U/L	ALT - U/L

Aspartate Aminotransferase

02/08/2018	AST serum level	= 23 U/L	AST - U/L
01/09/2017	AST serum level	= 19 U/L	AST - U/L

Bilirubin

02/08/2018	Serum total bilirubin level	= 13 umol/L	Total Bilirubin -
01/09/2017	Serum total bilirubin level	= 5 umol/L	Total Bilirubin -

Serum chloride

02/08/2018	Serum chloride	= 106 mmol/L	Chloride -
01/09/2017	Serum chloride	= 107 mmol/L	Chloride -

Serum cholesterol

23/01/2013	Total cholesterol measurement	= 7.24 mmol/L	capillary. Listed for fasting bloods.
28/11/2011	Total cholesterol measurement	= 4.14	

Serum creatinine

02/08/2018	Serum creatinine	= 91 umol/L	Creatinine -
01/09/2017	Serum creatinine	= 88 umol/L	Creatinine -

Eosinophil count

02/08/2018	Eosinophil count	= 0.17 10*9/L	Eosinophils - x10^9/l
01/09/2017	Eosinophil count	= 0.26 10*9/L	Eosinophils - x10^9/l

Haemoglobin

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

02/08/2018	Haemoglobin estimation	= 152 g/L		Haemoglobin - g/l
01/09/2017	Haemoglobin estimation	= 145 g/L		Haemoglobin - g/l
High Density Lipoprotein				
28/11/2011	Serum HDL cholesterol level	= 0.83		
Mean corpuscular haemoglobin				
02/08/2018	Mean corpusc. haemoglobin(MCH)	= 31.9 pg		MCH -
01/09/2017	Mean corpusc. haemoglobin(MCH)	= 31.8 pg		MCH -
Mean corpuscular volume				
02/08/2018	Mean corpuscular volume (MCV)	= 91 fL		Mean Cell Volume - fl
01/09/2017	Mean corpuscular volume (MCV)	= 95.2 fL		Mean Cell Volume - fl
Monocyte count				
02/08/2018	Monocyte count	= 0.5 10*9/L		Monocytes - x10^9/l
01/09/2017	Monocyte count	= 0.4 10*9/L		Monocytes - x10^9/l
Neutrophil count				
02/08/2018	Neutrophil count	= 3.7 10*9/L		Neutrophils - x10^9/l
01/09/2017	Neutrophil count	= 3.1 10*9/L		Neutrophils - x10^9/l
Platelets				
02/08/2018	Platelet count	= 276 10*9/L		Platelet Count - x10^9/l
01/09/2017	Platelet count	= 232 10*9/L		Platelet Count - x10^9/l
Potassium				
02/08/2018	Serum potassium	= 4.3 mmol/L		Potassium -
01/09/2017	Serum potassium	= 4.4 mmol/L		Potassium -
Prolactin level				
02/08/2018	Serum prolactin level	= 430 mU/L	Abnormal	Prolactin - mU/L
02/08/2018	Serum prolactin level	= MicroU/L		Marginally raised prolactin. ?stress
?medications.; Prolactin				
Red blood cell count				
02/08/2018	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
02/08/2018	Red blood cell (RBC) count	= 4.77 10*-2		Red Cell Count - x10^12/l
01/09/2017	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
01/09/2017	Red blood cell (RBC) count	= 4.56 10*-2		Red Cell Count - x10^12/l
Sodium				
02/08/2018	Serum sodium	= 142 mmol/L		Sodium -
01/09/2017	Serum sodium	= 141 mmol/L		Sodium -
Triiodothyronine				
02/08/2018	Serum total T3 level	= nmol/L		Total T3
Thyroid Stimulating Hormone				
02/08/2018	Serum TSH level	= 1.23 mU/L		TSH - mU/L
Urea - blood				
02/08/2018	Serum urea level	= 5.1 mmol/L		Urea -
01/09/2017	Serum urea level	= 5.7 mmol/L		Urea -
White blood count				
02/08/2018	Total white cell count	= 5.7 10*9/L		White Blood Count - x10^9/l
01/09/2017	Total white cell count	= 5.4 10*9/L		White Blood Count - x10^9/l
Lymphocyte count				
02/08/2018	Lymphocyte count	= 1.3 10*9/L		Lymphocytes - x10^9/l
01/09/2017	Lymphocyte count	= 1.6 10*9/L		Lymphocytes - x10^9/l
Blood glucose				
02/08/2018	Plasma glucose level	= 5.3 mmol/L		Glucose -
02/08/2018	Plasma glucose level	= mmol/L		Non-fasting sample; Glucose
23/01/2013	Plasma random glucose level	= 7.7 mmol/L		
28/11/2011	Serum random glucose level	= 6.5		
Full blood count				
02/08/2018	Full blood count - FBC	=		Full Blood Count
01/09/2017	Full blood count - FBC	=		Full Blood Count
Liver Function tests				
02/08/2018	Liver function test	=		Please note change in Abbott Total
Bilirubin method from 18/01/18; Liver Function Tests				
01/09/2017	Liver function test	=		Liver Function Tests
Thyroid function				
02/08/2018	Thyroid function test	=		Thyroid funct test
Urea and Electrolytes				
02/08/2018	Urea and electrolytes	=		Urea & Electrolytes

The Health Centre, P.O. Box 19605, Greenock, PA15 9ET

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

01/09/2017 Urea and electrolytes = Please note change to Abbott
Enzymatic Creat method from 24/04/17; Urea & Electrolytes

Advice Given

25/11/2013 Advice to patient - subject Advice SR received, would like to see gp to discuss meds. Michel Bos
01/11/2013 Advice to patient - subject Advice SR received, listed for the MO, Pain in hernia. Michel Bos
22/03/2013 Advice to patient - subject Advice Pt refused to be seen by Medical Officer.
23/01/2013 Smoking cessation advice Advice If he can get patches he would stop again. Advised that this would be discussed with the doctor with the view of getting NRT prescribed.
26/10/2012 Advice to patient - subject Advice SELF REFERRAL RECEIVED, STATES HE WAS SLEEPING WITH A PROSTITUTE IN THE COMMUNITY, CLAIMS SHE HAD HEP C, WULD LIKE A BLOOD TEST, LISTED FOR TR THURSDAY, LM
28/11/2011 Health ed. - exercise Exercise
28/11/2011 Health ed. - diet Diet
28/11/2011 Patient advised re diet
28/11/2011 Pt advised re wt reducing diet

Diet

28/11/2011 Diet poor Eating habits: Type of diet:
Mrs Lucy Chapman
28/11/2011 Intake fruit veg <5 prtn daily Eating habits: Type of diet: 0-1 per day
Mrs Lucy Chapman

Exercise

28/11/2011 FITT activity level 1 walking Mrs Lucy Chapman

Immunisation consent

06/10/2017 Full consent for immunisation Full consent Full consent given for Influenza Vaccine 2017/2018 EXP: 06/2018 LOT: 35649411A IM in the left deltoid. Ms Louise Moyse
16/04/2011 Hep B Refused END_DATE=16/04/2011 Ms M Quarshie

Absence of condition

04/08/2017 No known allergies of Mr Charles Hoggitt

Family History

23/01/2013 No FH: Stroke/TIA of Cerebrovascular disease
Ms Michelle Williamson
23/01/2013 FH: Ischaemic heart dis. <60 of Ischaemic heart disease
Ms Michelle Williamson
23/01/2013 FH: Myocardial infarction of Acute myocardial infarction
Ms Michelle Williamson
28/11/2011 FH: Cardiovascular disease of Brother
Mrs Lucy Chapman
28/11/2011 FH: Ischaemic heart dis. <60 of Mother
Mrs Lucy Chapman
28/11/2011 FH: DM in 1st degree relative of Mother
Mrs Lucy Chapman

Optician last seen

02/11/2017 Recorded: 02/11/2017 Seen by optician
Dr Jacek Oczkowski

Pulse (CVS/BP)

04/08/2017 O/E - pulse rate 53 beats/min Mr Charles Hoggitt
23/01/2013 O/E - pulse rhythm regular beats/min Ms Michelle Williamson
23/01/2013 O/E - pulse rate NOS 76 beats/min Ms Michelle Williamson
28/11/2011 O/E - pulse rate 56 beats/min Mrs Lucy Chapman
28/11/2011 O/E - pulse rate 63 beats/min Mrs Lucy Chapman

Packed Cell Volume

02/08/2018 Haematocrit = 0.434 L/L l/l
01/09/2017 Haematocrit = 0.434 L/L l/l

Basophil count

02/08/2018 Basophil count = 0 10*9/L Basophils - x10^9/l
01/09/2017 Basophil count = 0 10*9/L Basophils - x10^9/l

Cardiovascular Disease Risk

23/01/2013 JBS cardiovascular disease risk 10-20% over next 10 years Status: General Advice Only Score: 15 %

Urine Biochemistry

28/06/2012 Urine opiates screen = +ve
28/06/2012 Urine methadone = +ve
28/06/2012 Urine benzodiazepine = + ve

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Discharge Summary Report

Alexander O'Rourke **04/12/1970** **Male** **0412703297**

Free Thyroxine

02/08/2018	Serum free T4 level	= 12.1 pmol/L	Free T4 -

Scoring Test Result

23/01/2013	Score: 10	Method: % for: Ms Michelle Williamson
23/01/2013	Score: 2	Method: for: Not active due to pain in feet just now. Would like to increase physical activity, interested in physical activity group. Ms Michelle Williamson
23/01/2013	Score: 0	Method: for: Nil. Ms Michelle Williamson
23/01/2013	Score: 1	Method: for: Not ready to change dietry habit yet. Ms Michelle Williamson
23/01/2013	Score: 1	Method: for: Eating some veg but no fruit. Eats a lot of sugary food, chocolate, puddings and 3 sugars in coffee. Ms Michelle Williamson
23/01/2013	Score: 1	Method: for: Not ready to think about losing weight yet, would like to get hernia fixed first. Ms Michelle Williamson
28/11/2011	Score: 9	Method: for: Mrs Lucy Chapman

Repeat Medication Review

23/01/2013 Medication review done Methadone 90 mg, Ranitidine, Olanzepine Due: 23/01/2014 Complete: 23/01/2013 by: Ms Michelle Williamson Next review: 23/01/2014 Ms Michelle Williamson

Waist Circumference

23/01/2013	116 cms	Waist circumference
28/11/2011	109 cms	Waist circumference

Glomerular Filtration Rate

02/08/2018	GFR calculated abbreviated MDRD	> 60 mL/min	Estimated GFR - mL/min
01/09/2017	GFR calculated abbreviated MDRD	> 60 mL/min	Estimated GFR - mL/min

Language Spoken

23/01/2013	Language Spoken: English Preferred: No	Ms Michelle Williamson
28/11/2011	Language Spoken: English Preferred: No	Mrs Lucy Chapman

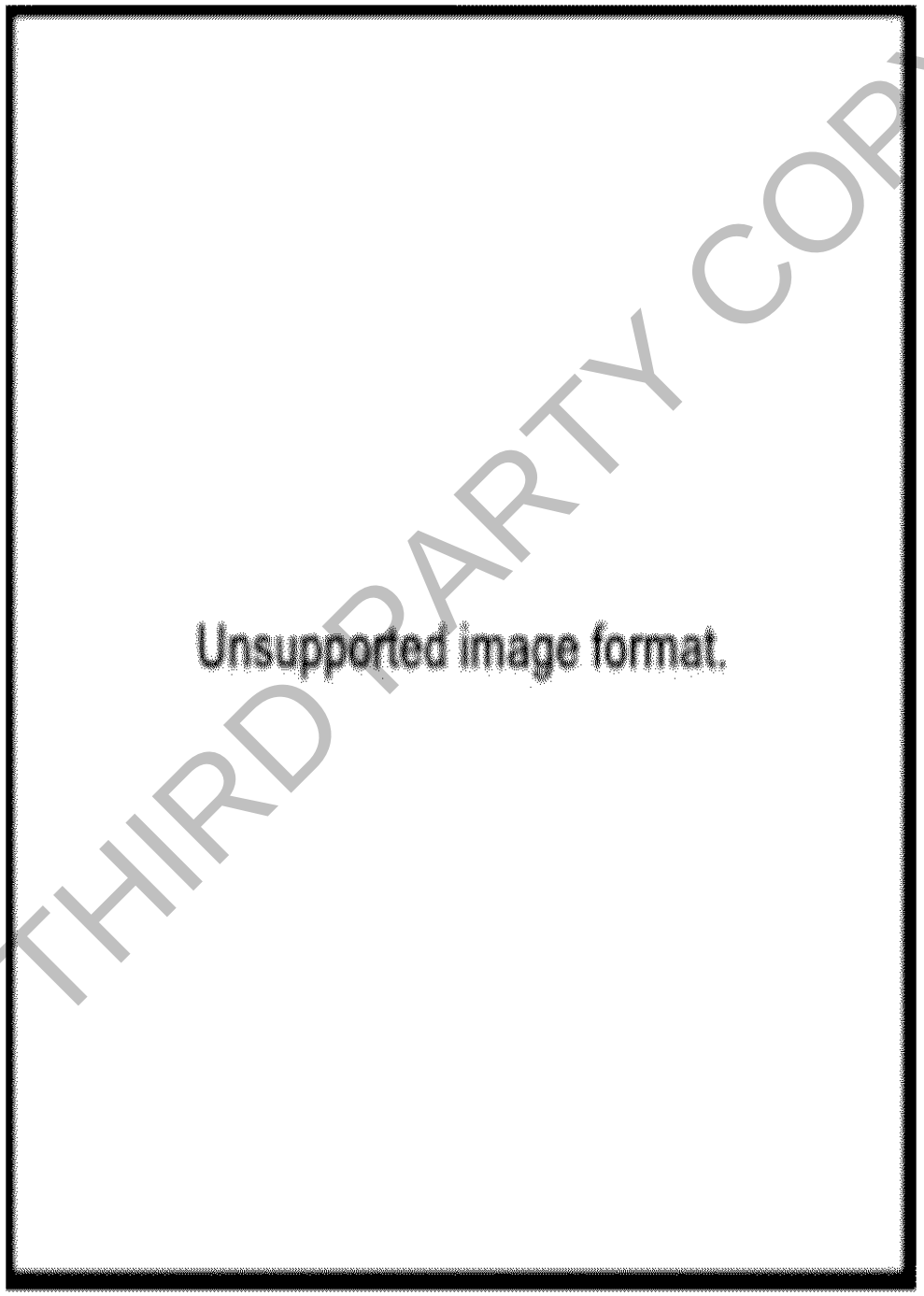
Total patients for report 1

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Out-Patient Prescriptions

Clinic Location

Vale of Leven Hosp. ☐ James Street Clinic ☐ Dunoon Gen. Hosp. ☐
Dumbarton H.C. ☐ Bank Street Clinic ☐ Lorn and Islands ☐
Victoria Infirmary ☐ Clydebank H.C. ☐ District General Hospital ☐
Hartfield Clinic ☐ Mid. Argyll Hosp. ☐ Argyll and Bute Hospital ☐

Dr:- McLean Date:- 18/3/2019.
Dumbarton Health centre

Dear Doctor,

RE:- Alexander O'Rourke
CHI 0412903297
Flat 4, 1221 Whitefield Avenue
Bellshill, G82 3JS

Your patient was seen in the Psychiatric clinic today. I should be most grateful if you would prescribe the undernoted drugs. A full out-patient consultation letter will follow.

	Drug	Dose	Duration
1.	Please stop Mirtazapine 30mg (patient has already stopped 15mg)		
2	Start Risperidone 1mg nocte.		
	If tolerated after 1/52 increase to Risperidone 2mg nocte.		

The prescription is required urgently / within 3 days / at your convenience.

Yours sincerely

Signature

Name Dr Pun

Consultant / Registrar / S.H.O.

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6357440**	Receive Date:	**26-May-2021 16:21**
Patient's Name:	**Alexander O'Rourke**		
Date of birth:	**4-Dec-1970 (50 years)**	Gender:	**M**
Address:	**Flat 1** **1 Murroch Avenue** **Dumbarton** **G82 3DP**	Current Address:	**1/1** **51 Jean Armour Drive** **Clydebank** **G81 2EX**
Return Contact No:			
Tel No:	**0141 952 2282**		**0141 952 2282**
Mobile No:			
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**26-May-2021 16:21**	Calltype:	**No Action Required By Co-op**
Advised:	**16:38**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Fergus MacLean**

CHI Number:
0412703297

NHSD details:

Receptionist:
PAINS IN CHEST 20 MINS
NOA4 Pt advised to contact Practice within 4 Hrs - Info Only
Clinical summary created by: Aisling Keenan (Call Taker Si) () [26/05/2021 16:38:08] Reason for call: PAINS IN CHEST 20 MINS INTERMITTENT CHEST PAIN ONGOING 3 DAYS. NO CHEST PAIN AT TIME CALL. NO COVID SYMPTOMS. Confirmed Symptom(s): Chest pain Additional details of problem(s): Heaviness, pressure or tightness in chest Crushing discomfort in chest Constricting band in chest Symptom(s) not found: No fever No pain between shoulder blades No pain moving through to the back No pain radiating to jaw or upper back or neck or an arm Not nauseated or vomiting No changes in normal skin colour No changes in normal breathing pattern Not feeling cold and sweaty Call Detail(s): Clinical supervisor: NP MURPHY 26:05:2021 16:37:13 KEENANA.. D/W NP NP MURPHY ASYMPTOMATIC DURING CALL. PT STATES INTERMITTENT CHEST

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PAIN APROX 20-30 TIMES A DAY LONG TERM... PREVIOUS BLOODS BY GP - NO CAUSE FOUND. NO ECREATIONAL DRUGS. ADVISED GP FOR INVESTIGATION. CALL BACK 111 WHEN SYMPTOMS OCUR. OUTCOME GP IN HRS ACTION... Outcome: Pt advised to contact Practice within 4 Hrs - Info Only

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Followups:
None

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

1/2 PTO

TO BE OPENED BY ADDRESSEE ONLY
Dr MacLean
The Health Centre
Station Road
Dumbarton
G82

West Dunbartonshire Addiction Services
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA
Telephone: 01389 812018
Fax: 01389 764677

Our Ref: DVDM/MG
Enquiries to: Dr Van Den Meersschaut

CHI: 0412703297

Date dictated: 29th March 2021
Date typed: 31st March 2021

Dear Dr MacLean

Re: Alexander O'Rourke

Medication: **Methadone 25mls daily**

Supervision: **Daily dispense with Sunday take home dose**

Pharmacy: **Bellsmyre**

Care Manager: **Claire Docherty**

I had a telephone consultation with your patient today. Unfortunately, Alex has left Safe as Houses 8 days ago now and has been using Speed every day, since then. Thankfully he has not used any Heroin or illicit Valium.

He still doesn't have any particular issues with alcohol and does not have any physical health issues, at the moment.

In terms of mental health; Alex is still engaging with Riverview but understandably, his mental health has deteriorated since he starting using drugs again.

We have discussed various ways to keep Alex safe now that he has left Safe as Houses and we have agreed, that we would pause his Methadone reduction plan, for the time being. Alex is well aware of his current level of risk, particularly if he was to re-start using Heroin again but we have also discussed the detrimental effects of Speed, on his mental health.

Despite leaving Safe as Houses, Alex is still very keen to find himself a place in rehab, however he would prefer to go to a place where more activities are on offer, which is not the case currently in Safe as Houses, due to COVID restrictions.

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2/2

West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

His care manager is going to look into these possibilities as well as explore the possibility of finding a new house for Alex, which would be further away from the people who seem to be encouraging him in his current drug use.

I will of course keep you up to date with any further changes.

Kind regards

Yours sincerely



Dr D Van Den Meersschaut
Medical Officer

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 13-Jun-2024 **Date sent** 13-Jun-2024

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Old Kilpatrick
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101033342158P Unique Care Pathway Number: 101033342158P

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Recent DNA, claims did not receive appointment - requests re-referral/...

Comment: Cont'd: previously referred by other practice with positive qFIT, unsuccessful scope attempts in August and September 2023

I am writing concerning my patient Alexander O'Rourke. I had referred this gentleman back to surgical services on 7 May. I believe he had previously been referred by his previous practice with PR bleeding and a positive qFIT in February 2023. It looks like there were 2 unsuccessful scope attempts in August and September 2023. He then received indication he had been removed from the waiting list and he requested re-referral at that stage. We have now received further correspondence indicating that he had failed to attend Miss Dorrance's outpatient clinic at the New Victoria Hospital on 3 June. My staff have been in contact with the patient and he denies having received the appointment. He has requested re-referral.

In view therefore of his previously positive qFIT and previous PR bleeding, as well as a history of weight loss, I would be grateful if he could be sent a further urgent appointment. Please see copy attached of my referral of 7 May for further background information.
Kind Regards

Content of original referral:
Referred by previous Practice February 2023 with PR bleeding and positive qFIT/...
Comment: Cont'd: two unsuccessful attempts at scope August and September 2023, recent correspondence indicating removal from waiting list - patient requests re-referral

I am writing concerning my patient Alexander O'Rourke. We recently received a letter indicating that this gentleman had been removed from the Surgical Waiting List because he had not responded to recent letters or had indicated he no longer required an appointment, or had refused two reasonable offers of an appointment. Looking back it appears that Alexander was originally referred in February 2023 due to PR bleeding with a positive qFIT. On Clinical Portal I could see Golden Jubilee scope appointments showing for 31/08/2023 and 20/09/2023 but no report. I subsequently managed to speak to Alexander by phone and he explained that he had attended for scopes at the Golden Jubilee but it sounds like there was issues with his Bowel Prep which had been incomplete and the scopes were not undertaken. He thinks he may have been contacted by the hospital more recently but was vague regarding this. At present his bowels open every 2 days with normal/firm stools, no further blood, no mucus. He thinks he has lost some weight over recent months, perhaps 3-4 stones, however, he has ongoing addiction issues and has been using increased amounts of amphetamine over this timeframe with corresponding reduced appetite. He admits his diet is very poor. I discussed the previous positive qFIT with Alexander along with the rationale for lower GI endoscopy to exclude any sinister underlying pathology. In view of this he has now indicated he would be willing to undergo colonoscopy if re-referred.

Due to the time elapsed, Alexander was brought in for re-examination. He was apyrexial, pulse 90 regular, blood pressure 142/85, chest was clear, he was not clubbed, no palpable cervical nor supraclavicular lymphadenopathy, the abdomen was obese, soft, non tender with normal bowel sounds and no discreet masses. Despite explanation he resolutely declined PR examination.

In view of this gentleman's previous positive qFIT, history of previous PR bleeding and failed scope attempts, I would appreciate your urgent assessment with a view to further lower GI endoscopy. I am unsure whether, in view of the significant weight loss, you would feel that concomitant cross sectional imaging might be prudent. Please find attached a summary of his past medical history and medications

p.s. I have arranged for routine bloods to be checked and I have asked Alexander also to hand in an updated qFIT test.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
		06-Dec-	

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[V]Drug use	Multiple	2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
		04-May-	04-May-

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Closed fracture thumb proximal phalanx (Right)	-	2009	2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY	-	14-May-2024	14-May-2024
Procyclidine Hydrochloride Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	01-May-2024	05-Jun-2024
Aripiprazole Tablets 5 mg	28	28 tablet	1 TAB DAILY DISPENSE WEEKLY	-	01-May-2024	05-Jun-2024
Buprenorphine Prolonged Release Solution For Injection 96 mg/0.27 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	AS DIRECTED DO NOT PRESCRIBE GIVEN BY CAT	-	12-Dec-2023	12-Dec-2023
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY	-	30-Aug-2023	05-Jun-2024
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	05-Jun-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	17-May-2024
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	30-Aug-2023	05-Jun-2024
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN	-	30-Aug-	17-May-

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			REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		2023	2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	30-Aug-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aripiprazole Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY	-	07-Mar-2024	07-Mar-2024
Procyclidine Hydrochloride Tablets 5 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	25-Jan-2024	25-Jan-2024
Aripiprazole Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN DAILY	-	25-Jan-2024	25-Jan-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
QFIT requested?:Result available
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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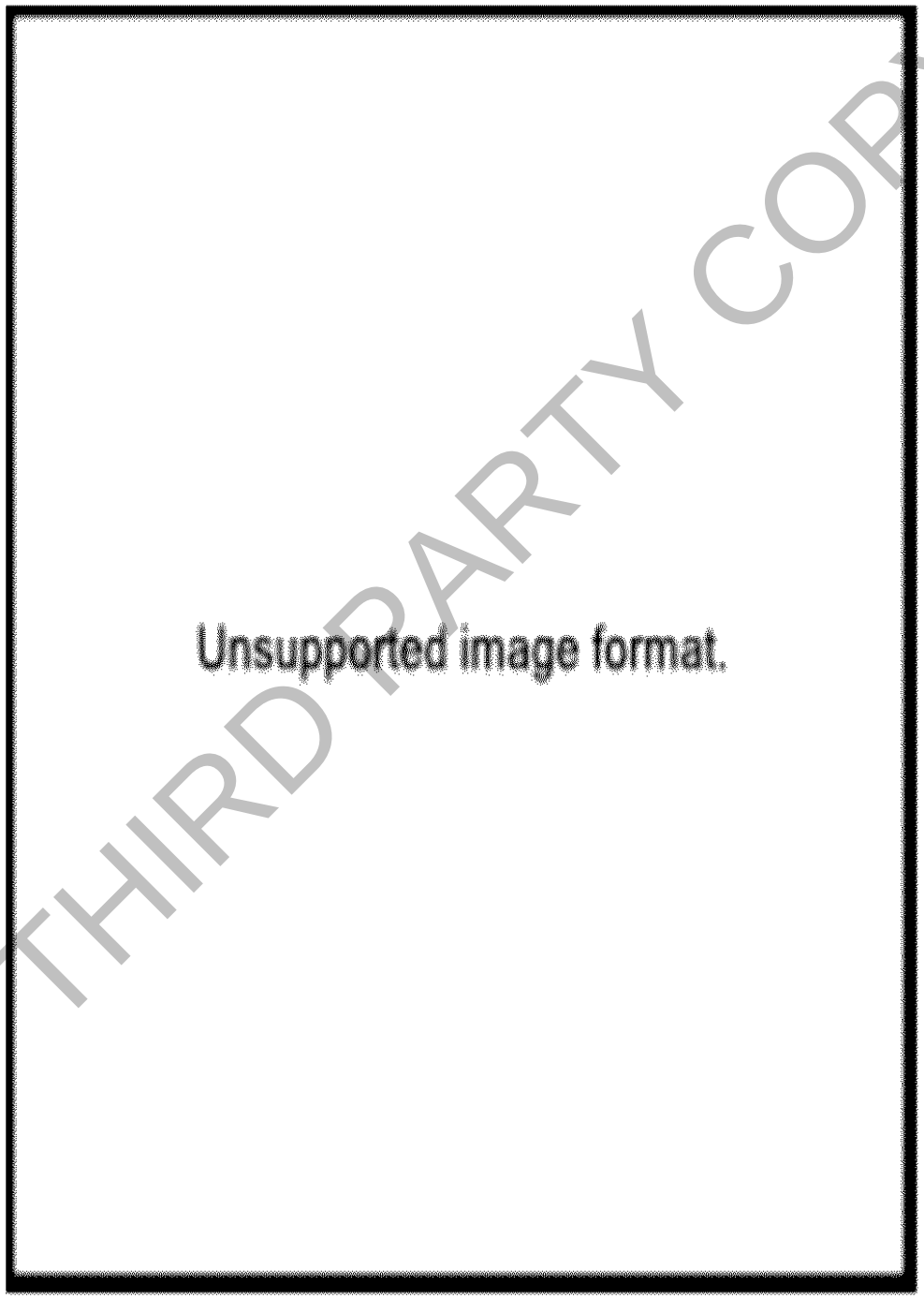


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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: 0162
Job ID: 100529519
Date: 05/06/2024

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Community Mental Health Team
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ
01419414400 EXT: 14400
www.nhsggc.org.uk

Dear Dr Queen

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14c, Old Kilpatrick, West Dunbartonshire, G60 5JF

Diagnosis: Psychotic Disorder due to poly substance use

The above named patient had blood test done at our Health Check Clinic. The result showed the following:
Alkaline phosphatase- 144(126, 153)

Previously raised Alkaline phosphatase, had liver screen in 2015 and 2023- normal, u/s scan in 2018- showed normal liver

Cholesterol- 5.3

HbA1c- 43(43)
FBC- insufficient sample, would be repeated

Assign score-21

Impression : Pre-diabetic

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire
Health & Social Care Partnership

Beth Culshaw
Chief Officer

Could you please arrange follow up for his blood sugar and manage accordingly and consider commencing him on statins. 05/06/2024

Yours sincerely

Authorised on 05/06/2024 16:58:11 by Onyekachi Nwala.

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NHS
Greater Glasgow and Clyde

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: General Surgery
Contact Tel: 0141 451 6028
Enquiries to:

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Letter Date: 03/06/2024
Reference: TA/ACM
Dictated Date: 03/06/2024
Transcribed Date: 04/06/2024

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Attendance: Specialty - General Surgery; Clinic - VIHDGSI-MS DORRANCE GEN SURG EXTRA CLINIC
Date and Time of Appointment - 03/06/2024 14:10

Clinical Comments:
Mr O'Rourke was scheduled to attend Ms Dorrance's outpatient clinic today. Unfortunately he has not arrived. I can understand he has not attended two of the Golden Jubilee appointments before as well.

In view of the pressure on these appointments and keeping with hospital policy I have not arranged for any further appointment and if patient wanted to re-attend please refer in the usual way.

Kind regards

Tanvir Abbass

Surgical Registrar

Electronically Signed: Dr Tanvir Abbass, Doctor

cc.

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Tue 28.5.24
11.32 08

West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

PRIVATE & CONFIDENTIAL

Dr S Queen
Red Medical Practice
Clydebank Health and Care Centre
Queens Quay
Main Avenue
CLYDEBANK G81 1BS

Date Dictated: 16 May 2024
Date Typed: 24 May 2024
Direct Line: 0141 941 4400 – option 1
Our Ref: ZD/SOH

CHI: 0412703297

Dear Dr Queen

RE: ALEXANDER O'ROURKE, CHI: 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

Date of appointment: **8th May 2024**
Diagnosis: **Mental and Behaviour Disorder due to multiple drug use and use of other psychotic substances**
Medication: **Paliperidone 100mg monthly depot**
Buvidal 96 mg monthly injection
Omeprazole 20 mg twice daily
Fluoxetine 20 mg a day
Aripiprazole 5mg OD
Procyclidine 5mg BD
Amitriptyline 10 mg in the morning, 20 mg at night
Salbutamol inhaler
Trimbow inhaler
Plan: **Routine repeat Blood Tests via our physical health clinic**
Trial dosette box
Out-patient Review – 2nd July 2024

Summary

I reviewed Alexander who was accompanied by his addictions worker Joe today at my Goldenhill clinic. Alexander immediately starts by stating he was not well and more paranoid. He has not been given a Dosette box to use and as such states he continues to struggle with his medications. I advised I will chase this up.

His perceived worsening in mental state seems to stem from a recent falling out with a female friend who has recently blocked him on Facebook. He believes after this the women is now talking about him to others and making him out to be bad man. He feels certain of this despite having not seen any of the posts. He states he feels like people are out to get him. He denied voices.

He states his mood during this period is really low and stays low throughout the day. He states he is not sleeping, and in general feeling lonely. This friend was the person he was helping doing

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some decorating previously, and now without this activity, he feels he has nothing else to do to keep him occupied. He felt like previously he had structure. As a result, he admitted he has been "firing texts" at other people, and"blowing off a bit of steam" to his "mate" John. He is not eating proper meals now, and just has cereal. He sleeps 2-3 hours a day.

Drug use:

As soon as he wakes up he uses an amphetamine called ?Brain. He normally takes half a gram in the morning and up to 3g on bad days. He denied any regular drinking, but did have one drink one night a week last week.

Medications

He continues to have the same side effects that he mentioned previously, including breast fullness and constant scratching and touching of his head. However this week, he did state he wants off the depot but feels like he is not able to and still needs depot for the time being.

Mental State Examination

He presents casually dressed, slightly dishevelled, anxious, frustrated, agitated and continued to rub the hair in the middle of the top of his head constantly. He avoided eye contact for most of today. Speech normal and not pressured. He appeared euthymic. Nil overt delusional content. Nil thought disorder. Not responding to external stimuli.

In terms of risk, I asked about his carrying of a knife. He states it is a Stanley knife. He usually takes the knife with him when he is feeling very anxious. He states he has never used it, and described it as an insurance policy in case he is attacked, for he has been stabbed before. He denied any intent to use it. I highlighted to him if he was charged for having it in public, it was his responsibility alone and he acknowledged this.

Impression

No change compared to previous presentation. His mental health is most likely affected by social circumstance and drug use. However he perceives that the only way for his drug use to improve is if his mental health to improves. However it is unlikely his mental health will improve unless he first stops with his amphetamine use. Regardless him being able to take his tablets properly will be a first step.

Plan

No change in medications as he still has not started using Dosette box. Please can this be done?
Review again 2nd July 2024.

Yours sincerely



DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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Registration Details

Personal details...		Address details...	
Date of birth	04/12/1970	Post Code	G81 2EX
Sex	M	House Name Flat No	
Surname	O'Rourke	No and Street	51 Jean Armour Drive
Previous Surname		Village	
Forenames	Alexander	Town	Clydebank
Calling Name	Alexander	County	Dunbartonshire
Title	Mr		
Birth Surname			
Marital Status			
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	952 2282
Registered GP	Dr Caroline Stephens	Work Tel No	
Usual GP	Dr Caroline Stephens	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	0412703297		
NHS Number			

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	27/02/2020		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	Lloydspharmacy-Clydebank,375 Kilbowie Road,Clydebank,WEST DUNBARTONSHIRE,(G81 2TU)(Org Id - 1042)		
Item Collected Check	Yes		
CMS Suitability Status	-1		
CMS Registration Status	2		

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Problems

Active Problems		Authorised By	Code

Past Problems		Authorised By	Code
06/03/2020	Spasm of muscle	Dr Toh	N23y4
05/03/2020	New patient health check	Miss Murray	68R-1

Health Admin Problems		Authorised By	Code

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Values

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
05/03/2020	Urine protein test negative		
05/03/2020	Urine glucose test negative		
05/03/2020	Urine blood test = negative		
05/03/2020	Rolls own cigarettes 50 g/week		
05/03/2020	Alcohol consumption 0 units/week		
05/03/2020	Ideal weight 76.19 Kg		
05/03/2020	Body Mass Index 32	 I	20-25
05/03/2020	O/E - weight 106 Kg		
05/03/2020	O/E - height 182 cm	.....I...	10-250
05/03/2020	Blood pressure reading 134/87 mm Hg		

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Attachments

Attachments	Authorised By	Code

None

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Due Diary Entries

Due Diary Entries		Authorised By	Code
04/12/2035	**Influenza vaccination**	Dr Stephens	65E..
16/09/2020	**Medication review**	Dr Tennick	8B314

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Overdue Diary Entires

Overdue Diary Entries	Authorised By	Code
None		

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Alerts

Alerts	Authorised By	Code
None		

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Drug Allergies

Drug Allergies	Authorised By	Code
None		

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Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

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Family History

Family History		Authorised By	Code
05/03/2020	FH: Asthma	Miss Murray	12D2
05/03/2020	FH: Ischaemic heart dis. >60	Miss Murray	12C3
05/03/2020	FH: Ischaemic heart dis. <60	Miss Murray	12C2

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Referrals

Referrals	Authorised By	Code
None		

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Immunisations

Immunisations	Authorised By	Code

None

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Health Status

Health Status	
05/03/2020	Height 182 cm
05/03/2020	Weight 106 Kg
05/03/2020	Body Mass Index 32
05/03/2020	Blood pressure reading 134/87 mm Hg
06/03/2020	Smoking Status Smoker
05/03/2020	Alcohol consumption 0 units/week
05/03/2020	Exercise grading Aerobic exercise 0 times/week

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Miscellaneous

Other Observations		Authorised By	Code
06/03/2020	**Smoker** complaining of muscle cramp all over body. describes as tingling sensation and then muscle goes very light. can happen anywhere in the body, sometimes worse over anterior chest. applying pressure over cramp makes pain better. has had this over a year. denies exertional chest pain. previous cocaine user, currently in Safe as House, not used drugs for 5 days. 7g of tabacco daily. no alcohol. currently on methadone 30mls daily.	Dr Teh	137P-1
05/03/2020	**Aerobic exercise 0 times/week**	Miss Murray	1388

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Consultations

Consultations	
06/03/2020 14:43	Dr Ching Ying Toh at Dr Chalmers & Partners (18811)
Problem (FIRST)	**Spasm of muscle**
Medication	Sertraline Hydrochloride Tablets 100 mg *28 tablet ONE TO BE TAKEN EACH DAY*
History	Smoker complaining of muscle cramp all over body, describes as tingling sensation and then muscle goes very tight, can happen anywhere in the body, sometimes worse over anterior chest, applying pressure over cramp makes pain better, has had this over a year, denies exertional chest pain, previous cocaine user, currently in Safe as House, not used drugs for 5 days, 7g of tabacco daily, no alcohol, currently on methadone 30mls daily.
Examination	HR 82 regular, HS 1+H+0, bilateral chest clear, abdomen soft non tender, bowel sound present, laparotomy scar (told me previously stabbed in abdomen twice)
Medication	Esomeprazole Gastro-resistant Tablets 20 mg *56 tablet 1 Tab Twice daily*
	Procyclidine Hydrochloride Tablets 5 mg *28 tablet 1 Tab Daily*
Comment	likely muscle spasm, suggest daily gentle exercise, review pm
Medication	Paracetamol Tablets 500 mg *224 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
05/03/2020	Miss Karen Murray at Dr Chalmers & Partners (18811)
Problem (FIRST)	**New patient health check**
Examination	Blood pressure reading 134/87 mm Hg
	O/E - height, 182 cm
	O/E - weight, 106 Kg
	Body Mass Index, 32
	Ideal Weight, 76.19 Kg
Family History	FH: Ischaemic heart dis. <60
	FH: Ischaemic heart dis. >60
	FH: Asthma
Social	Aerobic exercise 0 times/week
	Alcohol consumption, 0 units/week
	Rolls own cigarettes, 50 g/week
Result	Urine blood test = negative
	Urine glucose test negative
	Urine protein test negative

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Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
06/03/2020	**Esomeprazole Gastro-resistant Tablets 20 mg** 1 Tab Twice daily 56 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
16/03/2020	**Salbutamol Cfc-free inhaler 100 micrograms/puff** ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 1 INHALER	16/03/2020P	Dr Jane Tennick	REPEAT
16/03/2020	**Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose** TWO PUFFS TO BE INHALED TWICE DAILY 1 inhaler	16/03/2020P	Dr Jane Tennick	REPEAT

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Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
06/03/2020	**Sertraline Hydrochloride Tablets 100 mg** ONE TO BE TAKEN EACH DAY 28 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
06/03/2020	**Procyclidine Hydrochloride Tablets 5 mg** 1 Tab Daily 28 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE
06/03/2020	**Paracetamol Tablets 500 mg** TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 224 tablet	06/03/2020P	Dr Caroline Stephens	ACUTE

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100543514
Date Dictated:
Date Typed: 24/06/2024

PRIVATE & CONFIDENTIAL

Alexander O'Rourke
14c
Old Kilpatrick
West Dunbartonshire
G60 5JF

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Alexander O'Rourke

A follow up appointment has been made for you to be seen as follows:

Date:	**Tuesday 16th July 2024**
Time:	**4.00pm**
Appointment with:	**Dr Zhoudi Dai**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Yours sincerely

Authorised on 24/06/2024 17:09:29 by Typist Samantha O'Hare, not verified by Zhoudi Dai.

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 1 of 2 24/06/2024

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Old Kilpatrick CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,24.2039371.X
Specimen Type	Blood
Date/Time Collected	24.07.24 / 09:42
Date/Time Received	24.07.24 / 15:54
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	24.07.24 / 16:47
Details	blood monitoring

Results

Liver Function Tests - Authorised on 24.07.24 at 16:44

Total Bilirubin		5	umol/L	(<20)
ALT		26	U/L	(<50)
AST		16	U/L	(<40)
Alkaline Phosphatase	+	135	U/L	(30-130)
Albumin		36	g/L	(35-50)

End of Report

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Summary

Name: A. O'Rourke CHI 0412703297 Date 18/12/18

Summarised by: Angela Date

Checked by: Jan

Amendments Required: N.J 24 12 18

Summary Completed: Date

Summary has come through GP2GP - looks accurate, if you would like to look over it. Thanks.

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6046
Enquiries to:

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Letter Date: 28/06/2024
Reference: GAS/HW
Dictated Date: 28/06/2024
Transcribed Date: 11/07/2024

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Attendance: Specialty - General Surgery; Clinic - SUGSGS9-MR SMITH COLORECTAL FRI AM
Date and Time of Appointment - 28/06/2024 11:35

Clinical Comments:
Mr O'Rourke attended the Surgical Clinic and we were able to have a full discussion regarding his symptoms. He is primarily concerned with his urinary function. He has difficulty passing urine and the poor flow particularly at night. I see that he has been referred to the Urology Department directly last month for this. Once we had discussed this issue Mr O'Rourke felt that in fact currently he has no issues with his bowels. He explains that over a year ago he did have a period where he noted some red blood on the paper when wiping. There was no associated pain and I think at this point a qFIT test was positive but at a low rate (28). He has no symptoms from his bowels, no further bleeding and a repeat qFIT performed in May was reassuringly normal. He found the whole experience of a PR examination and preparation for the colonoscopy horrendous and does not want to undergo this investigation.

We discussed the fact that the pattern of the bleeding would be consistent with haemorrhoids but he declined any examination today. Moving forwards I know you have significant concerns regarding weight loss so as requested we have organised a CT scan. Happily as well as assessing his chest it will also give us a view of his colon. Mr O'Rourke is agreeable to this plan of action and we will be writing to him with the results of the investigation.

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Yours sincerely

Graeme Smith

Consultant General, Laparoscopic & Colorectal Surgeon

Electronically Signed: Mr Graeme Smith, Consultant

cc.

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→ 10566 pt

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

Please note it is permissible to use abbreviations, but please ensure that the meaning is clear. The data will be used by local staff.

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 4 12 1970

Title* MR

Surname* O'ROURKE

Forenames* ALEXANDER

Previous Surname*

email address #

Address* 4D WHITEFORD PLACE BENNSMYRE

Postcode* G82 3JS

Telephone #

Mobile #

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

Community Health Index (CHI) Number* 0412703297

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* PAISLEY

Country of Birth* SCOTLAND

Registered district of birth (Scotland only) RENFREWSHIRE

Mother's maiden name SKILLING

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

85 OLD INVERKIP ROAD, GREENOCK

Postcode* PA16 9AJ

Name and address of previous GP Practice in UK*

DR CLARK
HMP GREENOCK
85 OLD INVERKIP ROAD
GREENOCK

Postcode* PA16 9AJ

Placement Information

If you are from abroad:

Date you first came to live in the UK*

If previously resident in the UK, date of leaving*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date

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Please note if a statement has been answered with 'no' you should attach the statement to this form. This does not apply to work visits.

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [signature] Date 30 - 11 - 2018

Representative's name (if applicable)

Relationship to patient (if applicable)

Placement Information

6. FOR PRACTICE USE

GP reference number [ ] - [ ] GP name [ ]

Practice code [ ] - [ ] Mileage (No.) Road [ ] Water [ ] Footpath [ ]

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify [ ] Receptionist initials [ ]

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date 6 - 12 - 18

7. OFFICIAL USE ONLY

Input by

Checked by

Date [ ] - [ ] - [ ]

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Levenside Medical Practice **New Patient Medical**

Forename ALEXANDER	Surname O'ROURKE	DOB 4-12-1970	
Address 40 WHITEFORD	Tel	Mobile 07423118444	
PLACE, BEARSDYKE	Email		
	Allergies	Occupation	
Post code G82 3JJ	Number of Children	Marital Status	SINGLE

Next of Kin	Forename	Surname
Address	Tel	Mobile
	Postcode	Relationship to you

HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THIS PRACTICE Y/N

History	Patient Yes	Patient No	Family Yes	Family No
Asthma	✓			✓
Diabetes		✓		✓
Epilepsy		✓		✓
Hypertension		✓		✓
MI		✓		✓
Angina		✓		✓
Stroke		✓		✓
Cancer		✓		✓
Hyperlipidaemia		✓		✓
Vasc Disease		✓		✓
Thyroid Disease		✓		✓
Other				✓

Details

Medication

MIRTRAZAPINE 30mg
OLANZAPINE 20 mg
NEFOPAM
METHADONE 15 ml

Personal Medical History

Operations or disabilities

Smoking

Never smoked		Cigarette smoker	✓ Cigarettes per day 10.
Ex cigarette smoker	Cigarettes per day	Pipe smoker	oz per week
Ex Pipe smoker	oz per week	Cigars	Cigars per day
Ex rolled tobacco	oz per week	Roll-ups	oz per week
Ex cigar smoker	Cigars per day		

Date Stopped .....

Alcohol consumption

Units per week

Date Stopped .....

Exercise

Exercise Impossible	
None	
Light Exercise	✓
Heavy Exercise	
Other	

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Do you have any allergies to foods of medicines Yes/No if yes please give details
.....
.....

Have you ever had your BLOOD PRESSURE TESTED? Yes/No
If so when? 3 months Ago Has it ever been high/low Yes/No

Measurements
Height 5.10 Waist 36 Tetanus date .....
Weight 14½ Stone BP ..... Urinalysis.....

Carers
Are you a carer, do you need/have anyone who looks after your daily needs as a carer Yes/No
Do you care for anyone else?
If 'Yes' ask the receptionist for Carers support

FEMALE PATIENTS ONLY
Do you use the Pill/Sheath/Coil/Cap/Nothing? .....
If you take the contraceptive pill which one?.....
How long have you taken it for? .....
Are you fitted with the coil? Yes/No When was it fitted? .....
Have you ever had a cervical smear test? How many time? .....
Have you ever had a Miscarriage/Termination? Yes/No. How many .....
Have you ever had a hysterectomy? Yes/No When.....
Are you immune to Rubella (German Measles)? Yes/No .....

ETHNIC ORIGIN

White
- Scottish ☑
- English ☐
- Welsh ☐
- Northern Irish ☐
- Irish ☐
- Gypsy/Traveller ☐
- Polish ☐

Other Ethnic Group
- Arab ☐
- Other ☐

Asian, Asian Scottish or Asian British
- Pakistani, Pakistani Scottish or Pakistani British ☐
- Indian, Indian Scottish or Indian British ☐
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British ☐
- Chinese, Chinese Scottish or Chinese British ☐
- Other ☐

African, Caribbean or Black
- African, African Scottish or African British ☐
- Caribbean, Caribean Scottish or Cribbean British ☐
- Black, Black Scottish or Black British ☐
- Other ☐

Do you require the services of an interpreter Yes/No

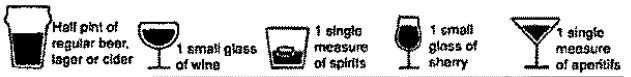
Any other white group ..... Any mixed or ethnic group.....

Signed..... **Date** 3/12/2016

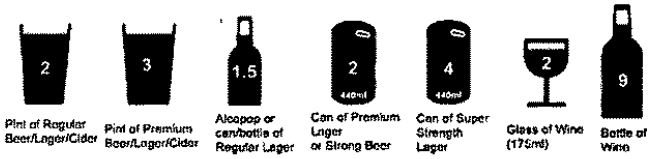
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This is one unit of alcohol...



...and each of these is more than one unit



FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
If score is 0, 1 or 2 on the first question
continue with the next three questions

If score is 3 or 4 on the first question – stop here.
An overall total score of 3 or more is FAST positive.

SCORE

What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

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Score from FAST (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):

0 – 7 Lower risk,
8 – 15 Increasing risk,
16 – 19 Higher risk,
20+ Possible dependence



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How we communicate with you

In order to comply with the new General Data Protection Law which comes into force on the 25th of May 2018 Levenside medical practice are required to seek consent from all patients we contact by email.

I consent to receiving emails from the practice to communicate the practice newsletter and to take part in practice satisfaction surveys via survey monkey ☐ (Please ✔ to opt in)

Please note you have the right to opt out of receiving text or emails at any time, to do so please contact the practice on 01389 811844.

Print name ALEXANDER O'ROURKE

Signature [signature]

DOB 4-12-1970

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

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Dr S Queen
Red Medical Practice
Clydebank Health and Care Centre
Queens Quay
Main Avenue
CLYDEBANK G81 1BS

Date Dictated: 2 August 2024
Date Typed: 5 August 2024
Direct Line: 0141 941 4400 – option 1
Our Ref: ZD/SOH

CHI: 0412703297

Dear Dr Queen

Re: ALEXANDER O'ROURKE, CHI: 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

Date of appointment: **16th July 2024**
Diagnosis: **Mental and Behavior Disorder due to multiple drug use and use of other psychotic substances**
Medication: **Paliperidone 100mg monthly depot (last given on 8th July)**
Omeprazole 20 mg twice daily
Fluoxetine 20 mg a day
Aripiprazole 5mg OD
Procyclidine 5mg BD
Amitriptyline 10 mg in the morning, 20 mg at night
Salbutamol inhaler
Trimbow inhaler
Medication change: **Stop amitriptyline and fluoxetine, he is not taking these anymore.**
Plan: **Discuss with our pharmacist Osman regarding how to switch fully to aripiprazole.**
Repeat bloods including prolactin
Review hyperprolactinemia in 6 weeks (to match in line with depot) and decide to commit to switch or not

Summary

I saw Mr O'Rourke with addictions worker Jennifer (his usual worker was on leave) face to face at my Goldenhill outpatient clinic.

Mr O'rourke presents in a more friendly manner today, less agitated and restless and more amenable to conversation. He states he still gets paranoia daily and he feels judged all the time but this was less intense and overall, he feels things are better. He spends some of his time seeing "mates" in Dumbarton, who has 3 kids, who he speaks positively about. They are a source of support. On Friday, he goes to alternatives, as well as attending live meetings for cocaine anonymous, on zoom for 5 years.

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He describes his mood as "alright" and "not as bad" as what it was. He was vague about how much it has improved and its not clear why its improved. He stated he likes running about helping people. sleeping poorly, always up, can eat no appetite, sweet things. Off buvidal for 11 days, discussion about various rehab units.

Social Stressors: lessened, but still very anxious all the time, he was keen to emphasize to me that he combats this anxiety by helping others.

Drug and Alcohol: at the moment he is using quarter of ounce/5-6g of amphetamines, often at night. He admits that it interferes with his sleep but also was reluctant to cut down. He denies using any other substances or alcohol at the moment. He has stopped his buvidal because he doesn't see the point.

Medications: states he is having some restlessness, who could be an EPSE from his depot, though today he did not appear restlessness. He admits that he bins his antidepressants, he doesn't like how they make him feel and doesn't believe they work. On reviewing for hyperprolactinemia symptoms, he describes less breast fullness and pain since starting aripiprazole and attributes this to an improvement in how he is feeling. He is now using the dosette box, and this appears to be working.

Mental State Examination

He was kempt and shaven, more pleasant and conversational, not as agitated as previous interactions and not rubbing his head today. He was euthymic, with reactive affect. He expressed humor today and even smiled. His speech was of normal characteristics. He was not thought disordered. Not responding to external stimuli.

Safety issues: He states he has not been carrying a knife for few weeks, and was not feeling paranoid enough to need knife. There were no thoughts of self harm/suicide

Impression

Improvement in mental health and in compliance with medication. We discussed the previous plan to switch to aripiprazole. I highlighted that we should get another prolactin level first.

Plan

Discuss with our pharmacist Osman regarding how to switch fully to aripiprazole;
Stop amitriptyline and fluoxetine, he is not taking these;
Physical health clinic - bloods for prolactin and ECG;
Review in 6 weeks (to match in line with depot).

Yours sincerely

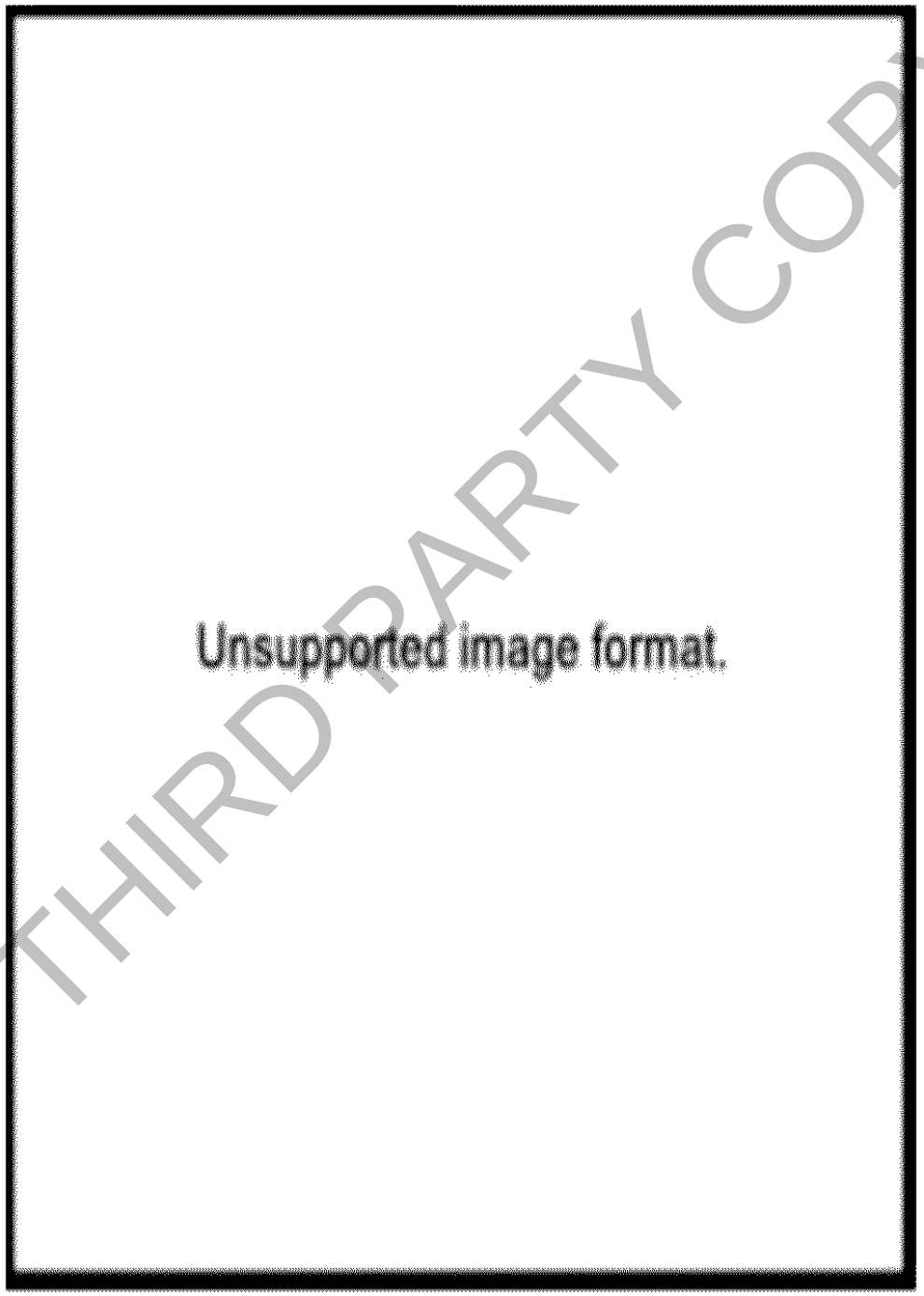
DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr Rosemary McCaffery, Consultant
GMC No: 7494320

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

PRIVATE & CONFIDENTIAL

Dr Queen
Red Wing
Clydebank Centre for Health & Care
Queens Quay
Main Avenue
Clydebank
G81 1BS

SQ

Goldenhill Community Mental Health Team

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

Clinic date: 04 June 2024

Date Typed: 13 Aug 2024
Direct Line: 0141 941 4400
Our Ref: SMcI/JC

CHI: 041 270 3297

Dear Dr Queen

RE: Alexander O'Rourke
14c Erskine View, Old Kilpatrick, Clydebank, G60 5JF

The above patient attended the Physical Health Care Clinic at the CMHT on the above date. The purpose of the attendance was for the following:

Antipsychotic Medication Monitoring ☒

Eating Disorder Monitoring ☐

ADHD Medication Monitoring ☐

Lithium Monitoring ☐

High Dose Antipsychotic Monitoring ☐

All results will be checked by medical staff at the CMHT. Any abnormalities and/or concerns that require follow-up from a Primary Care perspective will be communicated to you separately.

Routine monitoring will be followed up by the CMHT within the appropriate time frame. Please do not hesitate to contact me if you have any queries regarding the above.

Yours sincerely

Shivaun McIver
Physical Health Care Nurse for CMHT

Enc – Brief Assessment Tool.

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O'ROURKE, Alexander (Mr.) NHS GG&C Mental Health Services

O'ROURKE, Alexander (Mr.) Date of Birth: **04-Dec-1970 (53y)**

14c, Erskine View, Old Kilpatrick, Clydebank, G60 5JF

CHI Number: 041 270 3297 Usual GP: QUEEN, Scott (Dr)

Consultations

Date	Consultation Text
04-Jun-2024 15:07	Face to face consultation (Goldenhill Resource Centre) MCIVER, Shivaun (ChargeNurse)
Comment	Attendance at Physical Health Clinic:seen today at GRC Psychiatric Diagnosis:psychosisCurrent Medication:In Practice Trimbow 87 micrograms + 5 micrograms + 9 micrograms/dose Inhaler TWO PUFFS TO BE USED TWICE DAILY 30-Aug-2023 17-May-2024 In Practice Paracetamol 500 mg Tablets TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 30-Aug-2023 17-May-2024 In Practice Amitriptyline Hydrochloride 10 mg Tablets ONE TO BE TAKEN IN THE MORNING AND TWO AT NIGHT DISPENSE WEEKLY 30-Aug-2023 14-May-2024 In Practice Esomeprazole 20 mg Gastro-resistant Tablets 1 TAB TWICE DAILY DISPENSE WEEKLY 30-Aug-2023 14-May-2024 In Practice Fluoxetine Hydrochloride 20 mg Capsules ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY 30-Aug-2023 14-May-2024 In Practice Procyclidine Hydrochloride 5 mg Tablets ONE TO BE TAKEN DAILY DISPENSE WEEKLY 01-May-2024 14-May-2024 In Practice Aripiprazole 5 mg Tablets 1 TAB DAILY DISPENSE WEEKLY 01-May-2024 14-May-2024 Outwith practice Paliperidone 100 mg/1 ml pre-filled syringe Prolonged release suspension for injection TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY 14-May-2024 14-May-2024 Underlying Physical Health Conditions:prostate issues attends GP for this awaiting surgery Ongoing treatments/Investigations:noneFamily History:yes mother and brother CVD Bloods RequestedFBC ,HbA1c,Lipids,TFTs,LFTs,Bone ,Uand EsECG :due in August Lifestyle EnquirySmoking:yes around 20 roll ups per day Alcohol:occassional less that 4 untis per weekLevels of Activity:walks most days Diet:poor diet some take aways mostly Illicit Drugs:amphetamines daily 1 oz last three weeksSleep:poor due to drug misuse Bowel Function:move daily Urinary Function: currently inder investigation re prostate issuesMenstruation:NALibido:NADentist:false teeth Optician:will make appointmentEnquiry re ScreeningBowel(50-74):up to dateBreast(50-71):NACervical :NAAAA Scan (men over 65):NAASSIGN INFORMATIONBlood pressure:152/89Smoking Status:20 per day Family History of CHD/Stroke:yesPatient History of Diabetes:noPatient History of RA:noOutcomesPresentation:mildly irritable today Further Actions:OPA with Dr DaiAdvice Given:general advice re diet and exercise and drug use .Due depto but not willing to stay for this today States he will attend tomorrow Next APP:June 2025 O/E - blood pressure reading 152/89 mmHg • O/E - pulse rate 85 beats/min • O/E - weight 100 kg
Additional	Weight monitoring Current weight 100 kg equates to 15 st, 10 lb. A -13% loss from the previous reading (115.5kg, 09-May-2023). Based on the height entry (09-May-2023) a healthy weight is likely to be 59 - 79kg (9 st, 4 lb - 12 st, 6 lb) Body mass index 31.56 kg/m2 (calculation based on height entry 09-May-2023, NB prior to age 70 average height loss is 1cm per 10 years). Waist circumference 119 cm

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O'Rourke Alexander CHI: 0412703297

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
General Surgery
0141 451 6046
Hazel Ward
19/08/2024
GAS/HW
16/08/2024
19/08/2024

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Mr O'Rourke,

Thank you for attending for your CT examination. I am very pleased to be writing to let you know that the results are reassuring. There are no abnormalities associated with your bowel and the remainder of your abdomen and lungs look healthy. There was no cause evident for weight loss.
As we discussed in clinic, you have urological symptoms and have been referred to the Urology Department for this. At present we do not propose any further investigations regarding your bowel.

Yours sincerely

Graeme Smith

Consultant General, Laparoscopic & Colorectal Surgeon

Electronically Signed: Mr Graeme Smith, Consultant

cc. Dr S Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

[redacted]

Printed on 19/08/2024 10:46 by Gemma Smyth2

Page 1 of 1

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100578809
Date Dictated:
Date: 21/08/2024

PRIVATE & CONFIDENTIAL

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14c, Old Kilpatrick, Clydebank, G60 5JF

Date of Appointment: 6th August 2024

Diagnosis: **Mental and Behavioural Disorder due to multiple drug use and use of other psychotic substances**

Medication: **Paliperidone 100mg monthly depot**

Omeprazole 20mg twice daily

Aripiprazole 5mg od

Procyclidine 5mg bd

Salbutamol inhaler

Trimbow Inhaler

Treatment Recomm.: **Please INCREASE Aripiprazole to 10mg od for one week then INCREASE again to 20mg od**

Follow up: **Medical Outpatient Review - 18th September 2024**

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

I reviewed Mr O'Rourke in my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. He was due to see Dr McCaffery but due to unforeseen circumstances I saw him instead. Please see my EMiS entry below for your information.

Mr O'Rourke attended with his addictions worker.
I ended up seeing Mr O'Rouke briefly sooner than expected.
Alex states Aripiprazole has helped with the physical symptoms "whatever you gave me its really working".
Advised that the plan was to get bloods first and see if there was any need to switch.
Advised that Osman our pharmacist had given me a plan.
No change in speed use.
However Alex stating that the Paliperidone makes him lack concentration and motivation.
Would prefer to just start switch today.

Plan

Increase Aripiprazole to 10mg OD after 1 week please increase aripiprazole to 20mg OD. Maintain him on 20mg for 6 weeks after imitation of the 20mg dose and we will endeavour to give him 400mg abilify once a month. Oral aripiprazole to stop after 2 weeks post injection of depot.
Review by doctor McCaffery in 6 weeks.
Repeat prolactin.
Yours sincerely

Authorised on 05/09/2024 14:28:14 by Rosemary McCaffery.
DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr R McCaffery

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100578809
Date Dictated:
Date: 21/08/2024

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

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Salbutamol Inhaler

Trimbow Inhaler

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Follow up: **Medical Outpatient Review - 18th September 2024**

NHS Greater Glasgow and Clyde

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Repeat prolactin.
Yours sincerely

Authorised on 05/09/2024 14:28:14 by Rosemary McCaffery.
DR ZHOUDI DAI
ST4 in Psychiatry
Working under Dr R McCaffery

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10566

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

Male* ☑ Female* ☐ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Date of Birth*	04-12-1978	Address*	6C Kyle terrace castlehill Dumbarton
Title*	MR		
Surname*	O'ROURKE		
Forenames*	ALEXANDER	Postcode*	G82 5DU
Previous Surname*	NONE	Telephone #	—
email address #	alexanderorourke5@gmail.com	Mobile #	07493362149

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

Community Health Index (CHI) Number*	?	NHS Number*	?

The following information can be found on your birth certificate:

Town of Birth*	PAISLEY	Country of Birth*	Scotland
Registered district of birth (Scotland only)	Renfrewshire	Mother's maiden name	Skilling

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

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*	Name and address of previous GP Practice in UK*
HEALTH CENTER YELLOW wing Kilbowie Rd Clydebank	HEALTH Center BLUE wing Station Rd Dumbarton
Postcode*	Postcode*

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date* DD-MM-YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.
Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

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

Patient signature _____ Date DD-MM-YYYY

GMSGPR001 v5 (04-2019)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

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

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

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

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

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

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

Patient/Patient's representative signature _____ Date 04 / 4 / 2020

Representative's name (if applicable) _____

Relationship to patient (if applicable) _____

6. FOR PRACTICE USE

GP reference number _____ GP name _____

Practice code _____ Mileage (No.) Road _____ Water _____ Footpath _____

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify _____ Receptionist initials _____

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date DD / MM / YYYY

7. OFFICIAL USE ONLY

Input by _____

Checked by _____

Date DD / MM / YYYY

Practice Stamp

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Levenside Medical Practice **New Patient Medical**

Forename ALEXANDER	Surname O'ROURKE	DOB 04/12/1970
Address 6C Kyle terrace	Tel 07493367149	Mobile
castlehill Dumbarton	Email [redacted]@gmail.com	
	Allergies NONE	Occupation Road Sweeper
Post code G82 5DU	Number of Children 0	Marital Status Divorced

Next of Kin Katie O'Rourke	Forename ~~KATHERINE~~ KATIE	Surname O'ROURKE
Address 64 Dalskeith Rd	Tel	Mobile
Fergushie Park Paisley	Postcode	Relationship to you Sister

HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THIS PRACTICE Y/N

History	Patient Yes	Patient No	Family Yes	Family No
Asthma	✓		✓	
Diabetes			✓	
Epilepsy				
Hypertension				
MI				
Angina				
Stroke				
Cancer				
Hyperlipidaemia				
Vasc Disease				
Thyroid Disease				
Other				

Details

Medication

40mgs METHADONE DAILY
100 mgs Setraline DAILY
20 mgs x 2 OMEPRAZOLE DAILY
500mg 2x paracetmol DAILY
Inhalers x 2

Personal Medical History

Operations or disabilities

Smoking

Never smoked			Cigarette smoker		Cigarettes per day
Ex cigarette smoker		Cigarettes per day	Pipe smoker		oz per week
Ex Pipe smoker		oz per week	Cigars		Cigars per day
Ex rolled tobacco		oz per week	Roll-ups	1	oz per week
Ex cigar smoker		Cigars per day			

Date Stopped .....

Alcohol consumption

Units per week

Date Stopped ..... Dont Drink

Exercise

Exercise Impossible	
None	X
Light Exercise	
Heavy Exercise	
Other	

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Do you have any allergies to foods of medicines Yes/No if yes please give details
NO

Have you ever had your BLOOD PRESSURE TESTED? Yes/No
If so when? feburary Has it ever been high/low Yes/No

Measurements
Height ~~feburary~~ 5FT 10inch Waist 38 Tetanus date
Weight 16-6 BP Urinalysis

Carers
Are you a carer, do you need/have anyone who looks after your daily needs as a carer Yes/No
Do you care for anyone else?
If 'Yes' ask the receptionist for Carers support

FEMALE PATIENTS ONLY
Do you use the Pill/Sheath/Coil/Cap/Nothing?
If you take the contraceptive pill which one?
How long have you taken it for?
Are you fitted with the coil? Yes/No When was it fitted?
Have you ever had a cervical smear test? How many time?
Have you ever had a Miscarriage/Termination? Yes/No. How many
Have you ever had a hysterectomy? Yes/No When
Are you immune to Rubella (German Measles)? Yes/No

ETHNIC ORIGIN

White
- Scottish ✓
- English
- Welsh
- Northern Irish
- Irish
- Gypsy/Traveller
- Polish

Other Ethnic Group
- Arab
- Other

Asian, Asian Scottish or Asian British
- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other

African, Caribbean or Black
- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Cribbean British
- Black, Black Scottish or Black British
- Other

Do you require the services of an interpreter Yes/No

Any other white group Any mixed or ethnic group

Signed [signature] **Date** 4/11/2020

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How we communicate with you

In order to comply with the new General Data Protection Law which comes into force on the 25th of May 2018 Levenside medical practice are required to seek consent from all patients we contact by email.

I consent to receiving emails from the practice to communicate the practice newsletter and to take part in practice satisfaction surveys via survey monkey ☐ (Please ✔ to opt in)

Please note you have the right to opt out of receiving text or emails at any time, to do so please contact the practice on 01389 811844.

Print name_____

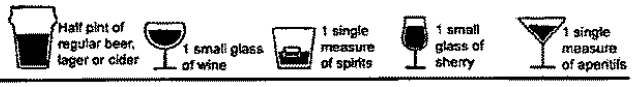
Signature _____

DOB _____

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This is one unit of alcohol...



...and each of these is more than one unit



FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.
An overall total score of 3 or more is FAST positive.

SCORE

What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

PRIVATE & CONFIDENTIAL

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

Date: 12 09 24

Direct Line: 0141 941 4400 option 1
Our Ref: RM/SOH

Dear Dr Queen

Re: Alexander O'Rourke

CHI: 0412703297

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe/change/amend
Please ignore previous request for procyclidine 2.5mg x3 daily. I had not realised he was already on procyclidine 5mg daily.
Please prescribe procyclidine 5mg bd instead.
Thank you and apologies for the inconvenience

We have informed the patient that medication could take up to 48 hours or longer to be ready.

I shall see the patient again in 4 weeks and will advise you of further changes in his/her management.

Yours sincerely

DR ROSEMARY McCAFFERY
Consultant Psychiatrist
GMC No. 4023252

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West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

PRIVATE & CONFIDENTIAL

Dr S Queen
Red Medical Practice
Clydebank Health and Care Centre

Date: 12 September 2024

Direct Line: 0141 941 4400 option 1
Our Ref: RM/SOH

CHI: 0412703297

Dear Dr Queen

Re: ALEXANDER O'ROURKE, CHI: 0412703297
14c Erskine View, Old Kilpatrick G60 5JF

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe/change/amend-

Please prescribe procyclidine 2.5mg three times daily.
Thank you

We have informed the patient that medication could take up to 48 hours or longer to be ready.

I shall see the patient again in 4 weeks and will advise you of further changes in his/her management.

Yours sincerely

DR ROSEMARY McCAFFERY
Consultant Psychiatrist
GMC No. 4023252

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100594226
Date Dictated:
Date: 16/09/2024

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14c, Old Kilpatrick, Clydebank, G60 5JF

Date of Appointment:	**11th September 2024**
Diagnosis:	**Mental and Behavioural Disorder due to multiple drug use and use of psychotropic substances**
Medication:	**Aripiprazole 20mg daily**
	Procyclidine 5mg daily
	Atorvastatin 20mg daily
	Paracetamol 2 tablets every 4-6 hours
	Trimbow Inhaler 2 puffs bd
	Esomeprazole 20mg bd
	Salbutamol Inhaler - as required
Treatment Recomm.:	**Please INCREASE Procyclidine to 5mg bd**
Follow up:	**Medical Outpatient Review - 9th October 2024**

I reviewed Mr O'Rourke as an outpatient at my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. His support worker from housing was also present. Please see my EMIS entry below for your information.

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Unhappy that he was not seen last week when he requested this. Recently Paliperidone was stopped due to raised prolactin levels. Motivation was low when on Paliperidone and tending to use drugs such as speed and cocaine to improve motivation. Some sedation after being given the depot.
Initially felt that Aripiprazole was helpful and mental health has been better. Less anxious, less panic and generally less paranoid. Would believe that people would be talking about him and judging him when attending AA meetings. Would worry that people would talk about him and could potentially harm him. Has been harmed in the past. Stabbed 10 times in 2010 and then later 5 times in 2012. Fearful and moved away from the area. Had thoughts of shooting them but was talked out of it and moved away. Feels safer in this area.
Became unwell about 5.5 years ago. Started on olanzapine but not able to take regularly - kept forgetting. Started then on Paliperidone. Helped voices and paranoia and helped slow his thinking down. Would hear voices - would hear angry, shouting voices. Nasty. Seemed real. Upsetting but not afraid of them and understood they were not real but thought at the time there was people in his house and would be scared then and would lift a knife when checking his house. Believed at one point that he was going to be murdered. No admissions as medication managed the above symptoms when started on this
Involved with CAMHs due to abuse by mum. Mum now dead.
Using drugs from the age of 10 -using solvents for 9 years and then using opioids etc. Age 26 started on heroin - smoked it. Never injected. Currently using speed. Uses daily as helps his energy levels and helps him get out of the house and will be able to be comfortable walking and will organise his house and will see friend and help him out with his 4 kids. Was going to meetings but now does via zoom. Anxious prior to meetings as worries about the social interactions but knows that this will improve.
In last 2-3 weeks has noticed that he has been shaking more. Stopped depot about 4-5 weeks ago. Has also bee having dizzy spells. Hands and head shakes. Legs don't usually shake but then pushes down on heels to stop shaking. No stiffness. Possible tremor of left hand. Can occur even when not anxious. Present most of the time. Would get shaking of head when on Paliperidone and prior to this. On 20mg of Aripiprazole and only had this for the last two weeks. No restless legs. Not sure if worse since going to the higher dose. Also dizzy spells. Never occurred before to this extent. On standing from sitting or lying. No falls. Usually sits back down. Ran out of cholesterol tablets last week. Will sort this out.
Stopped bufedal of own accord. In depot form. Stopped 8 weeks ago. No issues when last stopped this. No issues with Speed which he has been using for 10 months.
Struggles to manage oral medication even when has a dosette box.
Cannot use quetiapine as thinks he would abuse them as he has done this before.

Mental State Examination

Kempt, pleasant, speech and thought format normal. Thought content normal - no delusional beliefs, no pervasive depressive or anxious cognitions. Has some anxious

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Beth Culshaw
Chief Officer

thoughts related to being attacked in the past but not abnormal. No perceptual abnormalities. Insight fully intact.

Plan

Keep aripiprazole at 20mg and add procyclidine - dosette box due on Saturday - 2.5mg x3 daily - on checking ECS already on 5mg of procyclidine daily. Therefore request an increase to 5mg bd.
Return OPA in 4 weeks time.

Many thanks for making the above changes to his medication.

Yours sincerely

Authorised on 17/09/2024 14:27:36 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

PRIVATE & CONFIDENTIAL

Dr Queen
Red Medical Practice
Clydebank Health and Care Centre
Queens Quay
Main Avenue
CLYDEBANK G81 1BS

Date: 9 October 2024

Direct Line: 0141 941 4400 option 1
Our Ref: RM/SOH

Dear Dr Queen

Re: Alexander O'Rourke

CHI; 0412703297

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe/change/amend-

Due to start depot aripiprazole 300mg im monthly on 16/10/14. Could his aripiprazole be reduced to 15mg daily on 16/10/24 and then stopped 2 weeks later on 30/10/24?
Thank you

We have informed the patient that medication could take up to 48 hours or longer to be ready.

I shall see the patient again in 6 weeks and will advise you of further changes in his/her management.

Yours sincerely

RMC

DR ROSEMARY McCAFFERY
Consultant Psychiatrist
GMC No. 4023252

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West Dunbartonshire
Health & Social Care Partnership

Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

PRIVATE & CONFIDENTIAL

Dr S Queen
Red Medical Practice
Clydebank Health and Care Centre
Queens Quay
Main Avenue
CLYDEBANK G81 1BS

Date: 9 October 2024

Direct Line: 0141 941 4400 option 1
Our Ref: RM/SOH

Dear Dr Queen

Re: Alexander O'Rourke

CHI 0412703297

I saw the above named person in the outpatient clinic today. I shall send you a full letter outlining the diagnosis and management of this patient in due course.

In the meantime I would be grateful if you could prescribe/change/amend-
Please increase procyclidine to 5mg 3 times per day.
Thank you

We have informed the patient that medication could take up to 48 hours or longer to be ready.

I shall see the patient again in 6 weeks and will advise you of further changes in his/her management.

Yours sincerely

DR ROSEMARY McCAFFERY
Consultant Psychiatrist
GMC No. 4023252

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West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

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Dr Scott Queen
Red Wing
Clydebank Health & Care Centre
Queens Quay
Main Avenue
CLYDEBANK
G81 1BS

West Dunbartonshire Addiction Services
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

Tel: 0141 941 4400 (Option 2)

Our Ref: MF/EB
Enquiries to: Mai Ferguson
Date Dictated: 26th September 2024
Date Typed: 26th September 2024

Dear Dr Queen

Re: Alexander O'Rourke
CHI: 041 270 3297

Alex attended his final appointment at ADRS today supported by his Housing First worker. Alex reported that he has struggled to sleep over the past two nights and he was feeling emotionally stressed. Otherwise Alex appeared fresh and clean. Alex reported that he is intending to stop using speed after this Sunday. He stated that he has arrived at this decision after spending the week reflecting how his drug use has negatively affected him. He explained that he has a plan in place for the first week to engage with Alternatives day project, attend live and online meetings, he has his CA sponsor available for him by phone, he has Housing First contact and he is distancing himself from associates who are continuing to use drugs. Writer agreed that the plan was well formed and workable and encouraged Alex to use all available support sources. Alex reported that he did attempt his mindfulness exercises with mixed results but informed writer that he will continue to try it to see if he can get better outcomes. Agreed to conclude his contact at ADRS. Alex thanked writer for the time he has had to reflect on his drug using and the choices surrounding this, he agreed that it has resulted in a shift in priorities for him where he started the sessions by justifying his choice to use speed and has now arrived at the conclusion that his using is keeping his life locked in a negative spiral.

Alex last received Buvidal on 5/6/24 and has decided he no longer wishes to continue with this medication. We agreed to a 6 week intensive support period with a view to stopping amphetamine use.

Alex remains open to CMHT. If you require any further information please do not hesitate to contact me.

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NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Chief Officer: Beth Culshaw

Yours faithfully.

Mai Ferguson
Nurse Team Leader

Cc Dr Rosemary McCaffery, CMHT

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100608678
Date Dictated:
Date: 10/10/2024

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14c, Old Kilpatrick, Clydebank, G60 5JF

Date of Appointment:	**9th October 2024**
Diagnosis:	**Mental and Behavioural Disorder due to multiple drug use and use of psychotropic substances - psychotic disorder**
Medication:	**Aripiprazole 20mg daily** **Procyclidine 5mg bd** **Atorvastatin 20mg daily** **Paracetamol 2 tablets every 4-6 hours as required** **Trimbow inhaler 2puffs bd** **Esomeprazole 20mg bd**
Treatment Recomm.:	**To be stated on Aripiprazole Depot 300mg IM monthly on 16th October 2024** **Please DECREASE Aripiprazole to 15mg daily on 16th October 2024 and DISCONTINUE after two weeks as per my emailed request** **Please INCREASE Procyclidine to 5mg - three times daily**
Legal Status:	**Informal**

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Follow up: **Medical Outpatient Review - 20th November 2024**

I reviewed Mr O'Rourke at my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. Please see my EMIS entry below for your information.

Discussed possible side effects of aripiprazole - experiencing a tremor in his hands and arm and occasionally leg. No functional impact- although he needs to hold a drink with two hands. Had this with Paliperidone but worse since stopping depot. Prefers not to return to Paliperidone as caused impotence and some sedation.
However, he is now attributing the tremor to his long term amphetamine use as he has read this can cause a tremor. Aware that his amphetamine could have contaminants that may be contributing.
He has also noticed that he is stuttering in the last 2-3 weeks - just very slightly and obvious -largely he is aware of having to hesitate before he says some words.
Has been unable to stop using amphetamines. Using amphetamines 3 times a day if on his own but if with others would use more- up to 5 times per day. Uses 0.4 mg at a time. Takes just over a gram per day.
Forgetting to take aripiprazole - misses about x2/week.
No particular mental health symptoms currently. No feelings of paranoia for a few months but when this did occur he took a knife to a meeting. At this point he was anxious and fearful and overthinking everything. If someone is irritable he becomes uneasy and hypervigilant for any further attack. Uneasy if encountering crowds of people that he knows. Took a knife to a meeting because someone had said something to him via text - swore at him. When he went to the meeting this person did not say anything and he felt reassured and at the time could be reassured by others. No bizarre beliefs and no delusions.
Can feel hypervigilant for attacks since being assaulted in 2010 and 2012 - although had been physical harmed before then. Able to remember everything from the second attack. No nightmares. No flashbacks but ongoing anxiety and hypervigilance.
Often anxious - can feel anxious prior to going out but not always - more likely to occur if having to go into a crowd that he knows - like attending meetings. Can occasionally feel anxious at home if something comes into his head and he then overanalyses it. Otherwise can feel relaxed at home. Aware drug use will be contributing.
Mood okay but can be intermittently low and no suicidal thoughts, intent or plans.
No voices for more than a year. No other psychotic symptoms.
Tried to do CBT via Stepping stones. Could not complete. Saw a psychologist in 2017 - seen for approx 6 sessions whilst in prison.
Forensic - attacked a man with a meat cleaver as paranoid about him and was sentenced to prison in 2017.
Keen to start depot aripiprazole - discussed starting at a lower dose and the fact that if possible side effects worsen then it will take longer for them to resolve due to depot

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Beth Culshaw
Chief Officer

administration. He was happy to try the depot - keen as struggling to remember tablets and very keen to avoid a worsening of his paranoia due to his previous assault on another in 2017.

Mental State Examination

Kempt, pleasant. Mildly anxious looking. Not depressed. Speech and thought format normal. Thought content normal. Some recounting of past paranoid thoughts. Not of delusional intensity. Directly related to previous attacks and his reaction to them. No perceptual abnormalities and no other psychotic symptoms.

Plan

Start aripiprazole 300mg monthly rather than 400mg monthly.
Increase procyclidine to 5mg up to x 3 daily.
See in 4 weeks to review.
Yours sincerely

Authorised on 10/10/2024 15:49:09 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Main Switchboard:	0141-887-9111
Department:	Endocrinology
Contact Tel:	0141 314 6882
Enquiries to:	Irene O'Reilly - Secretary
Letter Date:	12/11/2024
Reference:	KM/EG
Dictated Date:	18/11/2024
Transcribed Date:	28/11/2024

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Attendance: Specialty - Endocrinology; Clinic - RAKMEN4-DR MITCHELL ENDO TUES PM
Date and Time of Appointment - 12/11/2024 14:45

Clinical Comments:
Diagnosis(es):-
1. Previous iatrogenic hyperprolactinaemia - now resolved.
2. Hypogonadotropic hypogonadism - normal pituitary MRI (January 2021).
3. Paranoid psychosis.
4. Recreational drug use.

I met Mr O'Rourke in the Endocrinology clinic. He tells me he is doing better. He has had his depot injection changed recently by Psychiatry and since then his erectile function has improved as has his libido. Prolactin has also come back down to normal and on check today was 370. His testosterone level (albeit in the afternoon) is low at 4.9.

He had previously had quite a significant rise in his PSA when he was started on testosterone this returned to normal on discontinuation of testosterone. He was referred to Urology in May for ongoing prostatic symptoms however, has not been seen in clinic yet.

I will arrange for morning testosterone to be checked. If it is low despite improvements in erectile function and libido, we may want to replace testosterone for bone protection reasons.

Yours sincerely

Dr Kirsten Mitchell

Consultant in Diabetes and Endocrinology

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O'Rourke Alexander CHI: 0412703297 OPCL 12/11/2024 v1

Electronically Signed: Dr Kirsten Mitchell, Consultant

cc.

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West Dunbartonshire Council

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: CB
Job ID: 100633536
Date Typed: 19/11/2024

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Alcohol Drug Recovery Service
Goldenhill Resource Centre

199 Dumbarton Road
Clydebank
G81 4XJ

0141 941 4400 EXT: Option 2
www.nhsggc.org.uk

Dear Alex,

You have referred to West Dunbartonshire Addiction Service in Clydebank.

An appointment has been arranged for you as follows:

Date:	**28 November 2024**
Time:	**10am**
With:	**Laura McGlinchey**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Laura McGlinchey
Senior Addiction Worker

NHS Greater Glasgow and Clyde

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West Dunbartonshire Council

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Authorised on 19/11/2024 11:37:23 by Typist Claire Brand, not verified by Laura McGlinchey.

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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4145 Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0670146.D
Specimen Type	Blood
Date/Time Collected	23.01.25 / 09:25
Date/Time Received	23.01.25 / 14:42
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	23.01.25 / 14:57
Details	? diabetes

Results

Full Blood Count - Authorised on 23.01.25 at 14:51

White Blood Count	+	13.8	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.44	x10^12/l	(4.50-6.50)
Haemoglobin		147	g/l	(130-180)
Haematocrit		0.448	l/l	(0.400-0.540)
Mean Cell Volume		100.9	fl	(83.0-101.0)
MCH	+	33.1	pg	(27.0-32.0)
Platelet Count		239	x10^9/l	(150-410)
Neutrophils	+	12.2	x10^9/l	(2.0-7.0)
Lymphocytes	-	0.7	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.03	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100635695
Date Dictated:
Date: 21/11/2024

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Date of Appointment:	**19th November 2024**
Diagnosis:	**Mental and Behavioural Disorder due to multiple drug use and use of psychotropic substances - psychotic disorder**
Medication:	**Aripiprazole Depot 300mg monthly** **Procyclidine 5mg - three times daily (DISCONTINUED by patient)** **Atorvastatin 20mg daily** **Esomeprazole 20mg bd** **Paracetamol 1gm four hourly as required for pain** **Salbutamol Inhaler as required** **Trimbow Inhaler - 2 puffs bd**
Treatment Recomm.:	**Please DISCONTINUE Procyclidine as per my emailed request**
Follow up:	**Medical Outpatient Review - four months** **Attending Depot Clinic** **Self-referred back to ADRS**

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

I reviewed Mr O'Rourke as an outpatient at my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. Please see my EMIS entry below for your information.

Attended with his new housing support worker Pamela.
Mood has been okay. Not depressed. Has not been feeling anxious and managing to travel outwith the area. No flashbacks, no nightmares - would usually only occur when withdrawing from drugs. Not occurred for some time. Has even managed to visit Paisley (stabbed twice in that area) and coped well with this. No voices for the last few years. Feels mental health is really good just now. No suicidal thoughts. Not carrying any weapons. Not done this since May 2024. Took for protection to a group meeting as described previously. Worries that he took a stanley knife out with him and wants to avoid hurting people.
Stopped procyclidine - felt anxious on this and so stopped it. Tremor much better since reducing amphetamines.
Has managed to reduce his amphetamine use - reduced from 6 times per day to 2-3 times per day. Has referred himself back to addictions. Due to start seeing them again - wanting to stop amphetamine use. Frustrated that he has become reliant on amphetamines to motivate him etc.
Side effects - has gained some weight. Attributed to his depot but has reduced amphetamines which will have had effects on his appetite. Dry mouth. Some muscle cramping in fingers and toes. Doing a lot of walking and occurs after that. Not related to anxiety.
Involved in a new relationship - just started at the weekend. A girlfriend from when he was 15. Speaking to her since the weekend.

Mental State Examination

Kempt, pleasant, chatty, mildly anxious. Mood euthymic otherwise. Speech and thought format normal. Thought content normal. Nil psychotic. Insight intact.

Plan

Stop procyclidine - he has discontinued this.
No change to other meds.
See in 4 months.
Yours sincerely

Authorised on 05/12/2024 11:04:22 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

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4145 Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0670154.H
Specimen Type	Blood
Date/Time Collected	23.01.25 / 09:25
Date/Time Received	23.01.25 / 14:45
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	24.01.25 / 11:57
Details	? diabetes

Results

HbA1C (IFCC) - Authorised on 24.01.25 at 11:55

HbA1c (IFCC)	+	50	mmol/mol	(20-41)

End of Report

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0670141.F
Specimen Type	Blood
Date/Time Collected	23.01.25 / 09:25
Date/Time Received	23.01.25 / 14:42
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	23.01.25 / 15:17
Details	? diabetes

Results

Glucose - Authorised on 23.01.25 at 15:15

Glucose	NA	mmol/L

Comments:
Non-fasting sample

End of Report

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GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details	
Specimen Number	M.25.5111695.R
Specimen Type	Mid Stream Urine
Date/Time Collected	04.02.25 / 14:02
Date/Time Received	04.02.25 / 20:00
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	07.02.25 / 08:57

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Jacqui Barker Order No:IS25507029
LOCATION: Red Wing Clydebank HC

RESULT: Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	R					
Trimethoprim	S					
Nitrofurantoin	S					
Gentamicin	S					

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Andrea Aird ~ QEUH MIC
Date/Time authorised: 07.02.2025 08:54
** END OF REPORT **

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0671436.M
Specimen Type	Blood
Date/Time Collected	23.01.25 / 09:25
Date/Time Received	23.01.25 / 19:42
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	24.01.25 / 09:42
Details	? diabetes

Results

Urea & Electrolytes - Authorised on 24.01.25 at 09:40

Sodium		136	mmol/L	(133-146)
Potassium		4.2	mmol/L	(3.5-5.3)
Chloride		103	mmol/L	(95-108)
Urea		5.3	mmol/L	(2.5-7.8)
Creatinine		96	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

GGT - Authorised on 24.01.25 at 09:40

Gamma-GT		39	U/L	(<70)

Liver Function Tests - Authorised on 24.01.25 at 09:40

Total Bilirubin		11	umol/L	(<20)
ALT		30	U/L	(<50)
AST		20	U/L	(<40)
Alkaline Phosphatase	+	132	U/L	(30-130)
Albumin		38	g/L	(35-50)

Lipid profile - Authorised on 24.01.25 at 09:40

Cholesterol		4.7	mmol/L	
Triglycerides		1.0	mmol/L	(0.2-2.3)
HDL Cholesterol		1.5	mmol/L	
LDL-Cholest (calc'd)		2.7	mmol/L	
VLDL-Chol (calc'd)		0.5	mmol/L	
Chol/HDL ratio		3.1		

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7535867**	Receive Date:	**25-Jan-2025 00:26**
Patient's Name:	**Alexander O'Rourke**		
Date of birth:	**4-Dec-1970 (54 years)**	Gender:	**M**
Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**	Current Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**
Return Contact No:			
Tel No:	**07551 640291**		**07551 640291**
Mobile No:			
Priority:	**within 2 hours**	Call Origin:	
Received:	**25-Jan-2025 00:26**	Calltype:	**Advice**
Advised:	**00:46**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Iman Kaddah**	Own doctor:	**Scott Queen**

CHI Number:
0412703297

NHSD details:

Receptionist:
URINARY SYMPTOMS - 1 DAY
PCC3 PCEC within 2 Hrs
Clinical summary created by: Anne Marie Craig (Call Taker Si) () [25/01/2025 00:47:10] Reason for call: URINARY SYMPTOMS - 1 DAY 25:01:2025 00:27:02 CRAIGA3.. RETURN CALLER. WAS SEEN BY GP FOR BLOOD TESTS ON THURSDAY. GP PHONED PT TODAY AND ADVISED THAT HE WAS AT RISK OF INFECTION AND PRESCRIBED ABX AND LAXATIVES... HAS BEEN UNABLE TO PASS URINE TODAY. HAS INCREASED FLUID INTAKE BUT ONLY PASSING DRIBBLES. PAIN IN LOWER ABDOMEN ON TRYING TO PASS URINE... HAS ALSO BEEN HAVING PAIN IN LOWER LEFT SIDE AND LOWER LEFT BACK WHICH IS WORSE ON COUGHING. SOMETIMES FEELS WARM AND SOMETIMES FEELS COLD. UNABLE TO PASS STOOLS FOR 4 DAYS... 25:01:2025 00:44:00 THOMSONS.. COMMENCED ABX FOR CHEST INFECTION TODAY. ONSET OF URINARY SYMPTOMS THIS

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AFTERNOON .PAIN ON PASSING URINE . ONLY PASSING SMALL AMOUNTS OF URINE. FREQUENCY. SUPRA PUBIC PAIN WORSE ON LEFT SIDE. FEVERISH. PCEC 2HRS.. Outcome: PCEC within 2 Hrs

---

Triage details:

History - **Spoke to patient, has flu on amoxicillin**
Constipation 4/7, lower abdo pain when trying to pass urine, dysuria, frequency, only dripping, abnormal urine flow, vomited once
No fever/ haematuria
PMHx: COPD/ addicted to amphetamine daily/ T2DM recently
NKDA

Diagnosis - **? prostatitis**
? urine retention

Treatment - **Declined PCEC / A&E, explained necessary to present himself to A&E if urine retention to avopid kidney faliure**
Declined PTS
Will call his partner am to take him over
WSG call 999/ attend A&E if worsening overnight

Followups:
A & E Follow Up

Clinical Codes:
1J4.. Suspected UTI

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Specsavers

1 - 3 Britannia Way , Clydebank, Dumbartonshire G81 2RZ
T 0141 951 8822 F 0141 951 8833 W specsavers.com
E specsavers.com@specsavers.com

GP
Red Wing
Clydebank Health Centre
Main Av, Queens Quay
Clydebank
G81 1BS

30 December 2024

Dear GP,

RE: Onward referral request to: GP to Manage

Mr Alexander O'Rourke

DOB : 04/12/1970 **NHS No.:**

Address: 14C Erskine View, Crown Avenue, Clydebank, G81 3AW

Telephone No.: 07551 640291

Prescription details from current sight test: 30 December 2024

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 15 May 2022
RE		-2.00	+0.50	50			6/6 -2	+ 1.75	N5	
LE		-1.75	+0.50	95			6/6 -2	+1.75	N5	

RE Intra-Ocular Pressure 16.7 mmHg	
LE Intra-Ocular Pressure 17.0 mmHg	
RE Disc Appearance	**Visual Fields**
LE Disc Appearance	

Reason for Referral: General Ophthalmology

I recently assessed Mr O'Rourke for an early eye exam, he reports worsening vision in both eyes.

Findings:

- Myopic shift both eyes
- Bilateral tortuous blood vessels of retina
- Hx of retinal haemorrhage in RE
- Early lens changes

Due to his hx of retinal haemorrhage and findings of tortous blood vessels, I would greatly appreciate if you could carry out systemic checks to investigate potential hypertension / diabetes.

Many thanks

Daniel Toland
Optometrist

Yours Sincerely,

Registered Company Clydebank Visionplus Limited Registered in England No 2956827 V A 2016.
Registered Office Forum 6 Parkway Solent Business Park Whiteley Fareham PO15 7PA
Directors A list of directors is available from the Registered Office 10.21

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0749067.P
Specimen Type	Urine
Date/Time Collected	04.02.25 / 14:02
Date/Time Received	05.02.25 / 13:04
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	07.02.25 / 15:42
Details	diabetes/?UTI

Results

Urine Albumin - Authorised on 07.02.25 at 15:38

Urine Albumin	+	187	mg/L	(<20)
U Alb/Creat Ratio	+	8.2	mg/mmol crea	(0.0-2.5)

Urine Protein - Authorised on 07.02.25 at 15:38

Urine volume (ml)		NA	mL	
Urine Creatinine		22.8	mmol/L	
Urine Protein	+	0.517	g/L	(<0.200)
Urine Protein/volume			g/volume	
U Protein:Creatinine	+	23	mg/mmol crea	(<20)

End of Report

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

West Dun Addiction Services Clydebank
GGC Mental Health

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

Alcohol and Drug Recovery Services (ADRS)
SCI Gateway Virtual Location Code

— **Hospital** and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Routine
Date of referral 13-Feb-2025 **Date sent** 13-Feb-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101035590266C Unique Care Pathway Number: 101035590266C

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Alan McCrorie		
GMC code	7548472	GP code	-
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Amphetamine abuse

Comment: Dear team. This man was brought in by his support worker today asking for diazepam and zimovane to help with anxiety of withdrawing from amphetamines. He tells me he was discharged by your service but is keen to return. A clinic letter from Rosemary McCaffrey makes it sound like he re-referred himself to your team but he is under the impression you are no longer willing to engage with him. I don't have much else to offer him in primary care and told him me or any other GP here wouldn't be issuing him any diazepam or similar drugs. For what it is worth, he seems motivated to stop the amphetamines but I understand there are likely a large number underlying factors that didn't come to the surface during my consult. He is also on a longterm anti-psychotic depot in the community and is being seen at Golden Hill next month. Would you consider seeing him again? Thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

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

Description	Comment	Date of onset	Date recorded
Suspected UTI	-	04-Feb-2025	04-Feb-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
Chest infection	-	24-Jan-2025	24-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019

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Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018

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FH: Myocardial infarct in 1st degree male relative <55 years (Brother) 11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	04-Feb-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	11-Feb-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	19-Jun-2024	18-Dec-2024
Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY	-	14-May-2024	14-May-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	04-Feb-2025
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	18-Dec-2024
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Aripiprazole Tablets 5 mg	42	42 TABLET	TAKE THREE TABLETS ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP - DISPENSE WEEKLY	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 15 mg	14	14 tablet	TAKE ONE TABLET ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 10 mg	10	10 TABLET	TWO TABLETS (20MG) DAILY FOR 5 DAYS FROM 11/10/24 - 15/10/24 .DISPENSE WEEKLY	-	25-Sep-2024	10-Oct-2024
Procyclidine			ONE TO BE TAKEN THREE		01-	

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Hydrochloride Tablets 5 mg	84	84 TABLET	TIMES DAILY - DISPENSE WEEKLY	-	May-2024	28-Oct-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
23-Jan-2025	116	77
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Current smoker:		23-Jan-2025
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023
Moderate smoker - 10-19 cigs/d:		04-Dec-2018
Alcohol consumption, 0 units/week:		04-Feb-2025
Alcohol consumption, 0 units/week:		23-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:Yes
If yes to Risk of Suicide, please give details:History of self-harm and suicidal ideation
Past history of suicide attempt:Don't Know
Risk of deliberate self harm:Yes
If yes to Risk of self harm, please give details:Prior documented episodes
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 27/01/2025

Consultant: Dr Euan McMillan

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
14C ERSKINE VIEW
Clydebank G81 3AW

Attended on: **25/01/2025 at 06:31 hrs.** Departed on: **25/01/2025 at 10:03 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
abdo pain/generally unwell

Nursing Assessment:
feeling gen unwell for 3 days complains of pain when passing urine, no bowel movement 4 days. Given laxatives and amoxicillin by GP yesterday, contacted OOGP lastnight appointment given for 1am patient states he was to tired to attend.

Investigations in ED:

1. Amylase	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Full Blood Count**
7. Urine culture		

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O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Urinary Tract Infection, Site Not Specified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Lower abdominal pain and dysuria. Bowels sluggish, but not clinically obstructed. Bloods show elevated inflammatory markers. Discharged with nitrofurantoin

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Catriona Wallace
Consultant

Copies to:
1. SP Queen (GP)
School Address:

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03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_84.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.4495619.H
Specimen Type	Faeces
Date/Time Collected	20.02.25 / 09:08
Date/Time Received	27.02.25 / 10:56
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	28.02.25 / 14:07
Details	PR Bleeding. Prev positiv...

Results

```
qFIT - Authorised on 28.02.25 at 14:02

qFIT                          <9              ug Hb/g faec      ( <9 )

Comments:
Negative qFIT result.
Refer to NHS GG&C guidelines for symptom based triage.
```

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Filename: iGPRDA_86.pdf
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Pages:

GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details	
Specimen Number	M.25.5652838.X
Specimen Type	Sputum
Date/Time Collected	19.02.25 / 12:21
Date/Time Received	20.02.25 / 09:46
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	21.02.25 / 11:52

Results

```
Report issued by NHS GG&C Microbiology South Sector
                        Enquiries 0141 354 9132
** INTERIM REPORT - Further report to Follow **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Scott Queen       Order No:I825649532
LOCATION: Red Wing Clydebank RC
-------------------------------------------------------------

CULTURE RESULT:

                                          GROWTH:
a)Haemophilus influenzae                  Isolated
b)
c)
d)
e)
f)

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Ryan Smith  MIC QEUH
Date/Time authorised: 21.02.2025  11:47
** END OF REPORT **
```

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03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_85.pdf
Extension:.tif
Pages:

GP Links Microbiology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details

Specimen Number	M.25.5652838.X
Specimen Type	Sputum
Date/Time Collected	19.02.25 / 12:21
Date/Time Received	20.02.25 / 09:46
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	23.02.25 / 12:22

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Scott Queen Order No:I825649532
LOCATION: Red Wing Clydebank HC

CULTURE RESULT:

	GROWTH:
a) Haemophilus influenzae	Isolated
b)	
c)	
d)	
e)	
f)	

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Amp/Amoxicillin	S					
Doxycycline	S					

If TB/Mycobacteria is suspected, TB culture must be specifically requested on TRAK/ICE or Microbiology form

Tests included in UKAS Accreditation (8078) Scope.

Advice for treatment of H.influenzae: Where amoxicillin, co-amoxiclav or cefuroxime is reported as sensitive & oral therapy planned, high dose to be used.

Macrolide (eg.Clarithromycin) efficacy vs H.influenzae uncertain & no clinical breakpoints exist for testing.

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

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GP Links Microbiology Report

Senders ref. no.

Authorised by: Cheryl Nicholls QEUH MIC
Date/Time authorised: 23.02.2025 12:18
** END OF REPORT **

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Additional: Scanned Document

Filename: iGPRDA_87.pdf
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Pages:

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent
Date of referral 21-Feb-2025 **Date sent** 21-Feb-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

1010356763782 Unique Care Pathway Number: 1010356763782

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Further PR bleeding, previous positive qFIT, previous poor engagement /...

Comment: Cont'd: and not scoped, re-assessment please

I am writing concerning my patient Alexander O'Rourke. This gentleman was seen by Mr Smith in the clinic in June 2024. He had originally been referred to services by his previous GP with a positive qFIT and PR bleeding back in February 2023. I believe there were unsuccessful attempts at scoping him in August and September 2023 at the Golden Jubilee due to issues with bowel prep. He was re-referred but I believe subsequently defaulted a clinic attendance with Miss Dorrance. He was eventually seen by Mr Smith in the clinic in June 2024 having had a negative qFIT along the way. He again raised concerns about the bowel prep and it was elected to undertake a CT as oppose to lower GI scope. From correspondence of August 2024 no significant abnormality was identified although the GI tract I note was unprepared.

Alexander has now reconsulted in the surgery due to further PR bleeding. He has noticed blood on wiping and also some blood dripping into the pan. He recalls similar episodes last year. He says his bowels usually open every second day and the stool consistency is usually quite soft. The blood on wiping is intermittent however he does describe passing mucus PR and this seems to be more frequent. He denies any anal pain and denies any significant abdominal pain. He denies features suggestive of tenesmus. There is no history of vomiting and no history of weight loss.

On examination apyrexial, pulse 90 regular, oxygen saturations 97%, the abdomen was obese, soft and non tender with no palpable discreet masses. On PR examination there was no obvious haemorrhoids or fissure externally, empty rectum and no masses.

I have arranged for a qFIT to be updated and also for routine bloods to be checked. Mr O'Rourke is concerned about the further PR bleeding and sounds more amenable to having lower GI investigation if felt necessary. I remain concerned that this gentleman has had a previous positive qFIT test, recurrent PR bleeding and a description of passing mucus PR but has not yet had lower GI scope. I would be grateful for your further assessment of this gentleman, although I do appreciate his engagement previously has been suboptimal. He says he now does understand the importance of engaging with the investigation process. Please find attached a summary of his past medical history and medications.
Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Bleeding PR	-	20-Feb-2025	20-Feb-2025
Acute exacerbation of chronic obstructive airways disease	-	19-Feb-2025	19-Feb-2025
Anxiety states	-	13-Feb-2025	13-Feb-2025
Suspected UTI	-	04-Feb-2025	04-Feb-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
Chest infection	-	24-Jan-2025	24-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023

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Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996

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Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Drug addiction therapy	-	13-Feb-2025	13-Feb-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	19-Feb-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	11-Feb-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	19-Jun-2024	18-Dec-2024
Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY	-	14-May-2024	14-May-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	04-Feb-2025
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	18-Dec-2024
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE	-	19-Feb-	19-Feb-

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Capsules 100 mg			TAKEN EACH DAY FOR 4 DAYS		2025	2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Aripiprazole Tablets 5 mg	42	42 TABLET	TAKE THREE TABLETS ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP - DISPENSE WEEKLY	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 15 mg	14	14 tablet	TAKE ONE TABLET ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 10 mg	10	10 TABLET	TWO TABLETS (20MG) DAILY FOR 5 DAYS FROM 11/10/24 - 15/10/24 .DISPENSE WEEKLY	-	25-Sep-2024	10-Oct-2024
Procyclidine Hydrochloride Tablets 5 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY	-	01-May-2024	28-Oct-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Alcohol consumption, 0 units/week:		04-Feb-2025

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Additional Support Needs
No known ASN requirements

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

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

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03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_83.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

— **Hospital** and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 03-Mar-2025 **Date sent** 03-Mar-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101035764812D Unique Care Pathway Number: 101035764812D

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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THIRD PARTY COPY

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Further PR bleeding, previous positive qFIT, previous poor engagement /...

Comment: Cont'd: and not scoped, re-assessment please

I am writing concerning my patient Alexander O'Rourke. This gentleman was seen by Mr Smith in the clinic in June 2024. He had originally been referred to services by his previous GP with a positive qFIT and PR bleeding back in February 2023. I believe there were unsuccessful attempts at scoping him in August and September 2023 at the Golden Jubilee due to issues with bowel prep. He was re-referred but I believe subsequently defaulted a clinic attendance with Miss Dorrance. He was eventually seen by Mr Smith in the clinic in June 2024 having had a negative qFIT along the way. He again raised concerns about the bowel prep and it was elected to undertake a CT as oppose to lower GI scope. From correspondence of August 2024 no significant abnormality was identified although the GI tract I note was unprepared.

Alexander has now reconsulted in the surgery due to further PR bleeding. He has noticed blood on wiping and also some blood dripping into the pan. He recalls similar episodes last year. He says his bowels usually open every second day and the stool consistency is usually quite soft. The blood on wiping is intermittent however he does describe passing mucus PR and this seems to be more frequent. He denies any anal pain and denies any significant abdominal pain. He denies features suggestive of tenesmus. There is no history of vomiting and no history of weight loss.

On examination apyrexial, pulse 90 regular, oxygen saturations 97%, the abdomen was obese, soft and non tender with no palpable discreet masses. On PR examination there was no obvious haemorrhoids or fissure externally, empty rectum and no masses.

I have arranged for a qFIT to be updated and also for routine bloods to be checked. Mr O'Rourke is concerned about the further PR bleeding and sounds more amenable to having lower GI investigation if felt necessary. I remain concerned that this gentleman has had a previous positive qFIT test, recurrent PR bleeding and a description of passing mucus PR but has not yet had lower GI scope. I would be grateful for your further assessment of this gentleman, although I do appreciate his engagement previously has been suboptimal. He says he now does understand the importance of engaging with the investigation process. Please find attached a summary of his past medical history and medications.
Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Bleeding PR	-	20-Feb-2025	20-Feb-2025
Acute exacerbation of chronic obstructive airways disease	-	19-Feb-2025	19-Feb-2025
Anxiety states	-	13-Feb-2025	13-Feb-2025
Suspected UTI	-	04-Feb-2025	04-Feb-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023

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Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

THIRD PARTY COPY

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Drug addiction therapy	-	13-Feb-2025	13-Feb-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	19-Feb-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	11-Feb-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	19-Jun-2024	18-Dec-2024
Paliperidone Prolonged release suspension for injection 100 mg/1 ml pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED ONCE MONTHLY BY CAT TEAM FOR INFO ONLY	-	14-May-2024	14-May-2024
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	18-Dec-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	04-Feb-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	19-Feb-2025	19-Feb-2025

19-

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Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Aripiprazole Tablets 5 mg	42	42 TABLET	TAKE THREE TABLETS ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP - DISPENSE WEEKLY	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 15 mg	14	14 tablet	TAKE ONE TABLET ONCE DAILY FOR 2 WEEKS FROM 16/10/24 THEN STOP	-	10-Oct-2024	10-Oct-2024
Aripiprazole Tablets 10 mg	10	10 TABLET	TWO TABLETS (20MG) DAILY FOR 5 DAYS FROM 11/10/24 - 15/10/24 .DISPENSE WEEKLY	-	25-Sep-2024	10-Oct-2024
Procyclidine Hydrochloride Tablets 5 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY	-	01-May-2024	28-Oct-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Alcohol consumption, 0 units/week:		04-Feb-2025

Clinical warnings

Additional Support Needs

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No known ASN requirements

Additional relevant information

QFIT requested?:Result available
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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Pages:

NHS Confidential- Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0902314.X
Specimen Type	Blood
Date/Time Collected	26.02.25 / 08:48
Date/Time Received	26.02.25 / 15:46
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	26.02.25 / 17:07
Details	PR Bleeding. Prev positiv...

Results

Bone Profile - Authorised on 26.02.25 at 17:04

Calcium		2.48	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.53	mmol/L	(2.20-2.60)
Phosphate		1.23	mmol/L	(0.80-1.50)
Albumin		40	g/L	(35-50)
Alkaline Phosphatase	+	171	U/L	(30-130)

Urea & Electrolytes - Authorised on 26.02.25 at 17:04

Sodium		143	mmol/L	(133-146)
Potassium		4.3	mmol/L	(3.5-5.3)
Chloride		101	mmol/L	(95-108)
Urea		7.7	mmol/L	(2.5-7.8)
Creatinine		98	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 26.02.25 at 17:04

Total Bilirubin		5	umol/L	(<20)
ALT		35	U/L	(<50)
AST		22	U/L	(<40)
Alkaline Phosphatase	+	171	U/L	(30-130)
Albumin		40	g/L	(35-50)

End of Report

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Pages:

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0936878.Q
Specimen Type	Urine
Date/Time Collected	06.03.25 / 16:45
Date/Time Received	07.03.25 / 10:46
Requested By	Dr Deborah Stenhouse
GP Practice	40046
Date/Time Reported	09.03.25 / 15:12
Details	dm up in early feb

Results

Urine Albumin - Authorised on 09.03.25 at 15:10

Urine Albumin	10	mg/L	(<20)
U Alb/Creat Ratio	2.3	mg/mmol crea	(0.0-2.5)

Urine Protein - Authorised on 09.03.25 at 15:10

Urine volume (ml)	NA	mL	
Urine Creatinine	4.4	mmol/L	
Urine Protein	0.111	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine +	25	mg/mmol crea	(<20)

End of Report

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Extension:.tif
Pages:

4145 Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0902418.Q
Specimen Type	Blood
Date/Time Collected	26.02.25 / 08:48
Date/Time Received	26.02.25 / 16:39
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	26.02.25 / 17:02
Details	PR Bleeding. Prev positiv...

Results

Full Blood Count - Authorised on 26.02.25 at 17:00

White Blood Count	+	11.0	x10^9/l	(4.0-10.0)
Red Cell Count		4.61	x10^12/l	(4.50-6.50)
Haemoglobin		150	g/l	(130-180)
Haematocrit		0.455	l/l	(0.400-0.540)
Mean Cell Volume		98.7	fl	(83.0-101.0)
MCH	+	32.5	pg	(27.0-32.0)
Platelet Count		327	x10^9/l	(150-410)
Neutrophils	+	8.3	x10^9/l	(2.0-7.0)
Lymphocytes		1.8	x10^9/l	(1.1-5.0)
Monocytes		0.7	x10^9/l	(0.2-1.0)
Eosinophils		0.15	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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Pages:

4/4/5 Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0902314.X
Specimen Type	Blood
Date/Time Collected	26.02.25 / 08:48
Date/Time Received	26.02.25 / 15:46
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	28.02.25 / 15:22
Details	PR Bleeding. Prev positiv...

Results

Protein EP & Igs - Authorised on 28.02.25 at 15:17

Total Protein		73	g/L	(60-80)
Electrophoresis		No paraprotein detected		
Paraprotein 1		NA	g/L	
Paraprotein 2		NA	g/L	
Paraprotein 3		NA	g/L	
IgG		8.4	g/L	(6.0-16.0)
IgA		2.0	g/L	(0.8-4.0)
IgM	+	2.5	g/L	(0.4-2.4)

Comments:
No paraprotein detected on electrophoresis
Mild polyclonal increase in immunoglobulin(s)
May be related to infection, inflammation or
liver disease but not specific or diagnostic.
If screening for myeloma, suggest send urine for
electrophoresis (BJP) to complete screen.

End of Report

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General Surgery - Colorectal
1053 Great Western Road
Glasgow
G12 0YN

06/03/2025

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr SP Queen

Patient Name: Alexander O'Rourke
CHI Number: 0412703297
Referral Date: 03/03/2025

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

( ) Other
X
This is a duplicate referral and Mr O'Rourke has been vetted to review by Mr Smith on the basis of the other letter. I am returning this to avoid unnecessary duplication of activity.

Yours sincerely

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Ms Helen Dorrance

User ID Helen Dorrance

SCGC Opwl Rem Ref Hosp Req V1

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Phlebotomy Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

West Dunbartonshire - Clydebank Health Centre
GGC Phlebotomy

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

Phlebotomy Service GG&C
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G141G

Email address
-

Urgency of referral Routine
Date of referral 12-Mar-2025 **Date sent** 12-Mar-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101035867471D Unique Care Pathway Number: 101035867471D

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Saranya Thangathurai		
GMC code	7589462	GP code	99999
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Referral for Phlebotomy

Reason for referral
Care type requested: Out Patient
Expected outcome: Investigate

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)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

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

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

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Filename: iGPRDA_79.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.0902314.X
Specimen Type	Blood
Date/Time Collected	26.02.25 / 08:48
Date/Time Received	26.02.25 / 15:46
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	27.02.25 / 15:37
Details	PR Bleeding. Prev positiv...

Results

GGT - Authorised on 27.02.25 at 15:33

Gamma-GT	56	U/L	(<70)

Vitamin D - Authorised on 27.02.25 at 15:34

25-OH Vitamin D	102	nmol/L

Comments:
Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.

End of Report

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Hospital use only	Clinic	Date of submission **20-Mar-2025**	Time **13:24:43**

101035951485B

ULTRASOUND REQUEST UCPN: 101035951485B MEDICAL IN CONFIDENCE

REFERRAL TO

Clinical RadiologyH1
Ultrasound

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

Golden Jubilee University National Hospital
Beardmore Street
Clydebank
G81 4HX
Telephone: 0141 951 5850

Location code D102H

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Date of birth	04-Dec-1970 **Gender** Male
CHI no.	0412703297

Patient's address
14c Erskine View
Clydebank
G81 5JF

Contact number(s)
Voice: 07551640291

REFERRING PRACTITIONER DETAILS

Name	Dr Scott Queen
GMC code	4312026 **GP code** 05703
Practice name	Red Wing - Clydebank Medical Centre (13414)
Practice code	40046

Practice address
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank

Contact number(s)
Voice: 0141 531 6475

CLINICAL DATA

Exam requested	Ultrasound: Abdomen.
Reason for exam / relevant history	Background previous alcohol and polydrug misuse. Obesity. Persisting ^ ALP. Normal Vit D and -ve Serum Electrophoresis. ? evidence fatty liver
Referral Urgency	Routine
Mobility	No assistance required

Date of referral 20-Mar-2025 **Date of creation** 20-Mar-2025

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Filename: iGPRDA_70.pdf
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Pages:

NHS Confidential: Personal data about a patient

West Glasgow Ambulatory Care Hospital: Diagnostic Imaging Report

Patient	ALEXANDER O'ROURKE	**Address**	14C ERSKINE VIEW, CROWN AVENUE, CLYDEBANK, DUNBARTONSHIRE, G81 3AW
DOB	04/12/1970	**CHI No.**	0412703297
Ref. Source	Red Wing Medical Practice	**Practice Code**	40046
Referrer	Dr Saranya Thangathurai	**Exam Date**	18/03/2025 12:57

Report Summary

Clinical History :
Could not amend last order- felt i needed include a littl emore detail. H. influenza, 3x abx, persistent cough, smoker
h. influenza, cont cough, smoker

XR Chest

XR Chest :
The cardiac and mediastinal contours are normal.
The lungs are clear.
No change from radiographs dating back to 26/01/2019.

Last verified by: 4416157 (Dr Iain Andrews)
Reported by: 4416157 (Dr Iain Andrews)

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Filename: iGPRDA_71.pdf
Extension:.tif
Pages:

4145 Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1013831.S
Specimen Type	Blood
Date/Time Collected	17.03.25 / 08:54
Date/Time Received	17.03.25 / 15:00
Requested By	Dr Sar. Thangathurai
GP Practice	40046
Date/Time Reported	17.03.25 / 15:42
Details	h. influenzae in last spu...

Results

Urea & Electrolytes - Authorised on 17.03.25 at 15:40

Sodium	137	mmol/L	(133-146)
Potassium	4.3	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Urea	5.9	mmol/L	(2.5-7.8)
Creatinine	90	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 17.03.25 at 15:40

Total Bilirubin	6	umol/L	(<20)
ALT	36	U/L	(<50)
AST	20	U/L	(<40)
Alkaline Phosphatase +	196	U/L	(30-130)
Albumin	37	g/L	(35-50)

End of Report

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NHS Confidential: Personal data about a patient

West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100699629
Date Dictated:
Date: 07/03/2025

PRIVATE & CONFIDENTIAL

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke **DOB: 04/12/1970** **CHI:** 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Date of Appointment:	**26th February 2025**
Diagnosis:	**Mental and Behavioural Disorder due to multiple drug use and use of psychotropic substances - psychotic disorder**
Medication:	**Aripiprazole Depot 300mg monthly** **Atorvastatin 20mg daily** **Esomeprazole 20mg bd** **Amitriptyline 20mg mane and 10mg nocte** **Salbutamol Inhaler as required** **Trixeo Aerosphere 2 puffs bd**
Treatment Recomm.:	**No change - will continue on Aripiprazole Depot**
Legal Status:	**Informal**
Follow up:	**Medical Outpatient Review - four months** **Also being followed up by ADRS**

I reviewed Mr O'Rourke, as an outpatient, at my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. Please see my EMIS entry below for your information.

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

OPA Face to face. Seen earlier as he decided to stop his depot aripiprazole. Due on 23/2/25
Decided to stop aripiprazole as he was gaining weight and thought aripiprazole was the cause. Other than this has found aripiprazole helpful.
Reported that he started drinking vodka a few weekends ago and then drank more alcohol and whilst intoxicated attempted to cut his throat using a bowie knife. Had had a bad day. Says that he scratched his skin. Some blood at the time but no scarring seen today. Done to relieve upset and not wishing to die at the time. Changed mind and remorseful of attempt. Has now got rid of the knife. Has not self harmed for 27 years. Had self harmed from the age of 10 to 27 - would cut self. Has never made any suicide attempts. No overdoses, no hanging attempts. No thoughts of harming himself before the above incident or since.
Still using amphetamines daily - 3 ounces per week. Still finds them okay. Feels more motivated on amphetamines and struggles to give it up. Had managed a week off at Christmas. Experienced withdrawal symptoms, including anxiety and was unable to sustain abstinence. Finds amphetamines motivating but is fed up with using drugs and keen to work on stopping amphetamines. Would like to attend counselling in the future once he has achieved abstinence from drugs.
Mood has been okay. Has regular contact with a new friend. Talks to her for hours. She lives in Fife. Not anxious, not depressed in mood. No paranoia. Not hearing any voices. Last week he had posted a comment on face book which annoyed someone who then threatened him online saying "i am going to get you". Thought of carrying a small knife to protect self but was dissuaded from doing so by the above friend. He is fully aware that he should not carry weapons and recognises that he would be at risk of hurting someone should he do so.

Past Medical History

Advises that he has just been diagnosed with diabetes. Also, recent bleeding via rectum. Occurred last year. Due to have a colonoscopy. DNA for previous appointments. Had a UTI and told he was at high risk of infections. In hospital for one day and given tablets and then had to have a further course of different antibiotics. Has had chest infections x3. Has asthma and COPD and smokes.

Mental State Examination

Kempt, calm, pleasant. Mood euthymic, speech and thought format normal. Thought content normal. No persecutory ideation, no depressive or anxious cognitions. No thoughts of self harm or suicide. No perceptual abnormalities. Insight intact.

Impression

Has a diagnosis of drug induced psychosis. No psychotic relapse since at least 2021. No

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West Dunbartonshire COUNCIL
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

symptoms of psychosis other than intermittent paranoia since that time. Paranoia has been anxiety based, exacerbated by drug use and not of delusional intensity. Ongoing antipsychotic will be reducing the risk of relapse whilst he continues to use drugs. His previous offences have been largely unrelated to any psychotic symptoms.

Plan

Advised that aripiprazole does not cause weight gain and he is happy to restart it. Only 3 days late so can start usual dose today.
He has re-engaged with addictions and has an appointment with his allocated addiction worked this afternoon. He will attend for depot then.
See in 4 months
Yours sincerely

Authorised on 12/03/2025 16:42:13 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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NHS Greater Glasgow and Clyde

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03-July-2026 KAREN_13414
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Pages:

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Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1013906.R
Specimen Type	Blood
Date/Time Collected	17.03.25 / 08:54
Date/Time Received	17.03.25 / 15:17
Requested By	Dr Sar. Thangathurai
GP Practice	40046
Date/Time Reported	17.03.25 / 15:42
Details	h. influenzae in last spu...

Results

Full Blood Count - Authorised on 17.03.25 at 15:35

White Blood Count		8.6	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.30	x10^12/l	(4.50-6.50)
Haemoglobin		141	g/l	(130-180)
Haematocrit		0.418	l/l	(0.400-0.540)
Mean Cell Volume		97.2	fl	(83.0-101.0)
MCH	+	32.8	pg	(27.0-32.0)
Platelet Count		282	x10^9/l	(150-410)
Neutrophils		6.4	x10^9/l	(2.0-7.0)
Lymphocytes		1.3	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.14	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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Pages:

GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details	
Specimen Number	M.25.5654305.G
Specimen Type	Sputum
Date/Time Collected	12.03.25 / 15:01
Date/Time Received	12.03.25 / 20:00
Requested By	Dr Sar. Thangathurai
GP Practice	40046
Date/Time Reported	14.03.25 / 10:47

Results

```
Report issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Sar. Thangathurai Order No:I825853953
LOCATION: Red Wing Clydebank HC
-------------------------------------------------------------

CULTURE RESULT: No significant growth

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

-------------------------------------------------------------
Senders ref. no.

Authorised by: Charlene Vayianos QEUH MIC
Date/Time authorised: 14.03.2025  10:42
** END OF REPORT **
```

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

— **Hospital** and **hospital address**

Hospital location code.
G135G

Email address
-

Urgency of referral	Routine		
Date of referral	07-Apr-2025	**Date sent**	07-Apr-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101036123478G Unique Care Pathway Number: 101036123478G

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Gillian McGeoch		
GMC code	4444802	GP code	07013
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: cough/ dehydration

Comment: Came alone - seen sleeping in WR whilst I was calling other patients.
"ive had a chest infection since Dec" cough. some spit. COPD. some wheeze. Feels hellish - been in bed and dragged himself here. Feels terrible.
OE sleepy ? under the influence of drugs. Admits to taking Speed every day - nil else.
Tanned (sunbeds) looks older than his years.
Large old lap scar down abdomen (2013)
OE Sats 98% P 122. Dry+++ drinking water. vomited x1 before coming. Chest - little AE and a few crackles.
No ^ WOB but Needs CXR and bloods tonight given dehydration. Friend John will take to IAU. Thank you

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Balanitis	-	19-Mar-2025	19-Mar-2025
Otitis externa NOS	-	19-Mar-2025	19-Mar-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Haemophilus influenzae infection	-	04-Mar-2025	04-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-	22-Sep-2019

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		2019	
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Serum alkaline phosphatase	(196)	19-Mar-2025	19-Mar-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset

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FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	02-Apr-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	02-Apr-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	19-Jun-2024	18-Dec-2024
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	18-Dec-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	02-Apr-2025	02-Apr-2025
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS	-	02-Apr-2025	02-Apr-2025
Acepiro Effervescent tablets 600 mg	30	30 TABLET	TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL	-	02-Apr-2025	02-Apr-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	19-Mar-2025	19-Mar-2025
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	19-Mar-2025	19-Mar-2025
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	19-Mar-2025	19-Mar-2025
Amoxicillin Capsules 500 mg	30	30 capsule	TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Doxycycline Hyclate			TWO TO BE TAKEN ON THE FIRST DAY THEN ONE		19-Feb-	19-Feb-

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Capsules 100 mg	6	6 CAPSULE	TO BE TAKEN EACH DAY FOR 4 DAYS	-	2025	2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Procyclidine Hydrochloride Tablets 5 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY	-	01-May-2024	28-Oct-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Current smoker:		23-Jan-2025
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023
Moderate smoker - 10-19 cigs/d:		04-Dec-2018
Alcohol consumption, 0 units/week:		04-Feb-2025
Alcohol consumption, 0 units/week:		23-Jan-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Contact with patient today:Face to Face
Route of Travel:Private
Social Circumstances relevant to the attendance:drug misuse

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

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

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NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7592466**	Receive Date:	**2-Apr-2025 06:18**
Patient's Name:	**Alexander O'Rourke**		
Date of birth:	**4-Dec-1970 (54 years)**	Gender:	**M**
Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**	Current Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**
Return Contact No:			
Tel No:	**07551 640291**		**07551 640291**
Mobile No:			
Priority:	**Routine**	Call Origin:	
Received:	**2-Apr-2025 06:18**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**06:34**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Scott Queen**

CHI Number:
0412703297

NHSD details:

Receptionist:
STRUGGLING WITH BREATHING 1 MONTH
NOA4 Pt advised to contact Practice within 4 Hrs - Info Only
Clinical summary created by: Charlotte Harkins (Call Taker Si) () [02/04/2025 06:34:36] Reason for call: STRUGGLING WITH BREATHING 1 MONTH 02:04:2025 06:20:26 HARKINSC1.. ONGOING CHEST INFECTION SINCE DECEMBER. STRUGGLING WITH BREATHING. GIVEN STEROIDS AND ABX. CHEST XRAY FEW WEEKS AGO. UNABLE TO SLEEP THROUGH NIGHT DUE TO COUGHING. ?COPD. GETS TREATMENT FOR COPD. YELLOW INHALER. BRINGING UP WHITE BILE. DRY THROAT... GETS MUSCLE SPASMS.. 02:04:2025 06:32:56 FERGUSONL3.. WORSENING COUGH WITH WHITE PHLEGM OVERNIGHT. BREATHING HAS BEEN GETTING WORSE OVER THE LAST 2 WEEKS. TALKING IN FULL SENTENCES. NO CYANOSIS. SPASMS IN CHEST WHEN COUGHING. OWN GP 4, IN HOURS...

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NHS Confidential: Personal data about a patient

Outcome: Pt advised to contact Practice within 4 Hrs - Info Only

Followups:
None

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Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1170347.Y
Specimen Type	Blood
Date/Time Collected	02.04.25 / 10:05
Date/Time Received	02.04.25 / 15:12
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	04.04.25 / 11:02
Details	Persisting ^ALP. Prev GT ...

Results

Alk Phos Isoenzymes - Authorised on 04.04.25 at 10:55

Alk Phos Isoenzymes	Not available			
Alkaline Phosphatase	+ 158	U/L		(30-130)
Gamma-GT	47	U/L		(<70)

Comments:
The ALP is <250 U/L so further isoenzyme analysis is not indicated

End of Report

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G135G

Email address
-

Urgency of referral Routine
Date of referral 14-Apr-2025 **Date sent** 14-Apr-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101036183996W Unique Care Pathway Number: 101036183996W

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Lyndsey Borland		
GMC code	6031022	GP code	04618
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Hyperglycaemia

Comment: Type 2 DM
Seen in A+E last week
Started metformin last week Nauseous since but also felt sick before he started PUing lots and thirsty Vomit once last night No appetite Drinking soup and water
BP 133/94 P117 reg BM 32.7 UA ketones +

Will attend with support worker after lawyers app which he is adamant he cannot miss

Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Balanitis	-	19-Mar-2025	19-Mar-2025
Otitis externa NOS	-	19-Mar-2025	19-Mar-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019

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Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Serum alkaline phosphatase	(196)	19-Mar-2025	19-Mar-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022

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FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	02-Apr-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	02-Apr-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE	-	19-Jun-2024	18-Dec-2024
Esomeprazole Gastro-resistant Tablets 20 mg	56	56 TABLET	1 TAB TWICE DAILY DISPENSE WEEKLY	-	30-Aug-2023	18-Dec-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	02-Apr-2025	02-Apr-2025
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS	-	02-Apr-2025	02-Apr-2025
Acepiro Effervescent tablets 600 mg	30	30 TABLET	TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL	-	02-Apr-2025	02-Apr-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	19-Mar-2025	19-Mar-2025
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	19-Mar-2025	19-Mar-2025
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	19-Mar-2025	19-Mar-2025
Amoxicillin Capsules 500 mg	30	30 capsule	TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY	-	19-Feb-2025	19-Feb-2025

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			FOR 4 DAYS			
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Procyclidine Hydrochloride Tablets 5 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES DAILY - DISPENSE WEEKLY	-	01-May-2024	28-Oct-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
14-Apr-2025	133	94
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85
09-May-2023	146	96

Body Measurements

Date Recorded	Height	Weight	BMI
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-
12-Aug-2019	-	-	35.11
04-Dec-2018	-	177.8	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Current smoker:		23-Jan-2025
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023
Moderate smoker - 10-19 cigs/d:		04-Dec-2018
Alcohol consumption, 0 units/week:		04-Feb-2025
Alcohol consumption, 0 units/week:		23-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Contact with patient today:Face to Face

Route of Travel:Private

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

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

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Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1170369.C
Specimen Type	Blood
Date/Time Collected	02.04.25 / 10:05
Date/Time Received	02.04.25 / 15:22
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	02.04.25 / 16:22
Details	Persisting ^ALP. Prev GT ...

Results

Bone Profile - Authorised on 02.04.25 at 16:17

Calcium		2.31	mmol/L	(2.20-2.60)
Calcium (adjusted)		2.40	mmol/L	(2.20-2.60)
Phosphate		0.89	mmol/L	(0.80-1.50)
Albumin		37	g/L	(35-50)
Alkaline Phosphatase	+	156	U/L	(30-130)

Urea & Electrolytes - Authorised on 02.04.25 at 16:17

Sodium		133	mmol/L	(133-146)
Potassium		4.0	mmol/L	(3.5-5.3)
Chloride		99	mmol/L	(95-108)
Urea		5.4	mmol/L	(2.5-7.8)
Creatinine		89	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

GGT - Authorised on 02.04.25 at 16:17

Gamma-GT		48	U/L	(<70)

Liver Function Tests - Authorised on 02.04.25 at 16:17

Total Bilirubin		5	umol/L	(<20)
ALT		32	U/L	(<50)
AST		18	U/L	(<40)
Alkaline Phosphatase	+	156	U/L	(30-130)
Albumin		37	g/L	(35-50)

End of Report

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Filename: iGPRDA_66.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1170369.C
Specimen Type	Blood
Date/Time Collected	02.04.25 / 10:05
Date/Time Received	02.04.25 / 15:22
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	02.04.25 / 16:22
Details	Persisting ^ALP. Prev GT ...

Results

Bone Profile - Authorised on 02.04.25 at 16:17

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Phosphate		0.89	mmol/L	(0.80-1.50)
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Chloride		99	mmol/L	(95-108)
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AST		18	U/L	(<40)
Alkaline Phosphatase	+	156	U/L	(30-130)
Albumin		37	g/L	(35-50)

End of Report

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 08/04/2025

Consultant: Dr Gemma McGrory

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
14C ERSKINE VIEW
Clydebank G81 3AW

Attended on: **07/04/2025 at 20:21 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
IAU - OWN KNOWN COPD LRTI, NO IMPROVEMENT WITH ANTIBIOTICS / STERIODS
P - 120 DEHYDRATED

Nursing Assessment:
LRTI - NO IMPROVEMENT WITH ABX/ STEROIDS BMS >27.8 KETONES 1.6 - PATIENT T2DM ON STEROIDS

Investigations in ED:

1. Coagulation screen	**2. CRP**	**3. Full Blood Count**
4. Urea and Electrolytes	**5. Bone Profile**	**6. LFT**
7. Glucose	**8. XR Chest**	

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Unspecified Acute Lower Respiratory Infection		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Persistent cough and short of breath since December. Had multiple courses of antibiotics - had grown H.influenzae in sputum in February. BG of T2DM and likely was suffering osmotic symptoms when course of prednisolone worsened glycaemic control, this may have left him dehydrated. CBG 27 on arrival with ketones 1.6, spontaneously came down to CBG 13 with ketones 1.1 overnight. Bloods CRP 44. CXR no consolidation. Metformin 500mg BD started. GP please to review glycaemic control and titrate further as required. To empirically complete 5 days of amoxicillin.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Thomas Lawless
Doctor

Copies to:
1. SP Queen (GP)
School Address:

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Filename: iGPRDA_62.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

O'ROURKE, Alexander (Mr)
BORN 04-Dec-1970 (54y) GENDER Male
CHI 0412703297

Request to GP to prescribe medication

Last updated by Amanda MCCAFFERTY (Amanda McCafferty) on 16-Apr-2025 11:48 (v. 1)

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Date	16-Apr-2025		
Hospital	Queen Elizabeth University Hospital	Other	—
Specialty / Service	Diabetes		
Clinic	Other	Please Specify	inpatinets

Dear Doctor

Your Patient Was Reviewed

Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: ----

Additions and Replacements

Product	Dose	Frequency	Current Regime Status	Comments
contour blue blood glucose strips	—	—	Addition	----
microlet 30g lancets	----	----	Addition	----
gluco juice/lift juice	—	—	Addition	hypo treatment

Replacements

This medication replaces which should now be stopped: ----

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

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O'ROURKE, Alexander (Mr) - 0412703297 (CHI) fb31cd7b-cfb2-47a4-881e-e419f8801919

Additional Notes / Summary

Additional Notes / Summary ----

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

Clinician Details

Name	Amanda McCafferty
ClinicianDetailsRole	Specialist Nurse
Professional Registration Number	07I1147S
Contact Details	01414522498

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Filename: iGPRDA_61.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data should be protected

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

SCOTT QUEENRed Wing Medical Practice,Clydebank Health & Care Centre,Queens Quay Main Avenue, Clydebank, G81 1BS

NHS Greater Glasgow and Clyde

Main Switchboard:
Date of Completion: 17-Apr-2025

Dear SCOTT QUEEN,

Name	CHI	DoB	Address
Alexander O'Rourke	0412703297	04-Dec-1970	14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Admitted	Type	Discharged	Destination
15-Apr-2025 12:22	IP	17-Apr-2025	

Specialty	Consultant	Ward	Telephone
Endocrinology	Livingstone	QEUH Ward 5B General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Aysha Gul (Aysha Gul - FY1) on 17 Apr 2025 13:53

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pharmacist comment	Route unspecified	Patient also on Aripiprazole depot injection every month - to continue as per pre-admission plan J.To (Pharmacist) 17/04/25					Added
Amitriptyline 10mg tablets	oral	2 tablets once daily in the morning	Yes		**Dispensing Details:** 21		Added
Amitriptyline 10mg tablets	oral	1 tablet once daily at night	Yes		**Dispensing Details:** as above		Added
Esomeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	Yes		**Dispensing Details:** 14 **Drug Details:** Prescribed once daily in hospital		Added Amended
Generic Trixeo Aerosphere 5ml/60gram/dose / 7.2micrograms/dose / 160micrograms/dose inhaler CFC free	inhalation	2 puffs twice daily	No	Patient's own drugs at home			Added Amended
Gliclazide 80mg tablets	oral	2 tablets twice daily , 160 mg twice daily morning and teatime	Yes		**Dispensing Details:** 28 **Drug Details:** NEW		Added Amended
Metformin 500mg tablets	oral	1 tablet twice daily , Morning and teatime	Yes		**Dispensing Details:** 40		Added Amended
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	2 puffs four times daily when required	No	Patient's own drugs at home			Added
Thiamine 50mg tablets	oral	1 tablet four times daily	Yes		**Dispensing Details:** 72		Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Dispensing Comments

Dispensed by Julie OReilly on 17/04/25 DCT L LEWIS 17/04/2025

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague, Alexander O'Rourke was admitted to the QEUH on the 15th of April with high blood glucose and ketones, in the context of recent steroids and amphetamine use. He was initially commenced on a variable rate insulin infusion. This has now been stopped and he has been re-started on metformin 500mg twice daily. His gliclazide has been increased to 160 mg twice daily. Mr O'Rourke has support in place in the community from the addictions team. His blood glucose has been stable on this and he is now clinically fit for discharge. Medication changes: Increased gliclazide to 160 mg (2 tablets) morning and evening. Many thanks for your ongoing care. Kind regards, Ward 5B, QEUH
Discharge Comments:	
Follow Up:	No

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

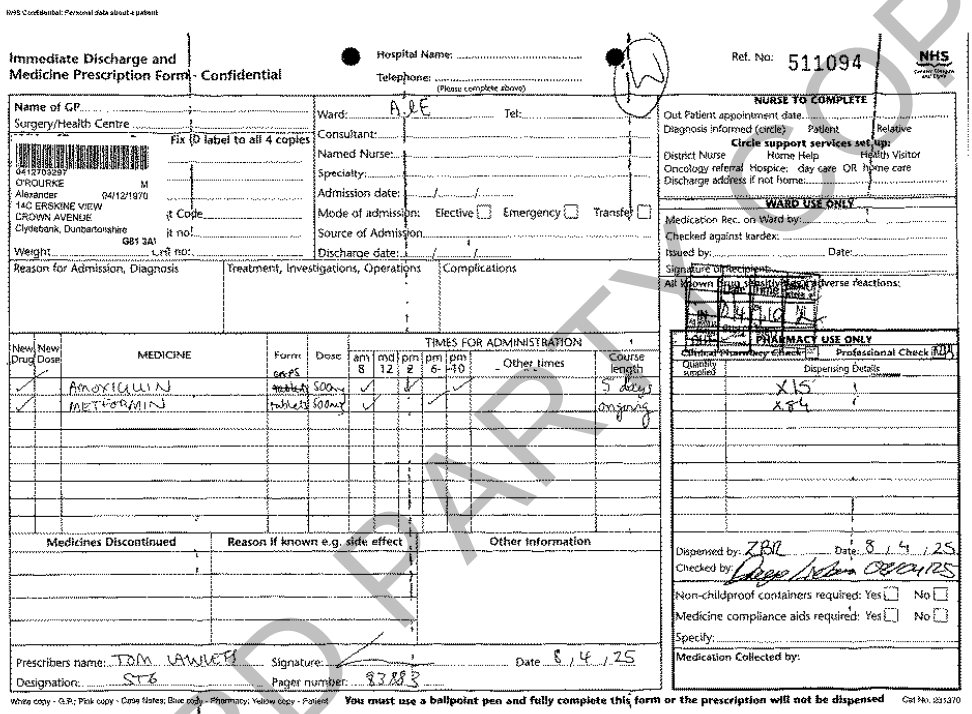
	Outpatient DSN follow up.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Aysha GUL

Prescription Review
Medications reviewed by pharmacist: Jacqueline To (Pharmacist)
Checked by: Lorraine LEWIS (Pharmacy technician)
Discharged by: Eilidh MCCALLUM (staff nurse)

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Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: .....
Telephone: .....
(Please complete above)

Ref. No: 511094

NHS

Name of GP: .....
Surgery/Health Centre .....

Fix ID label to all 4 copies

0412709297
O'ROURKE M
Alexander 04/12/1970
14C ERSKINE VIEW
CROWN AVENUE
Clydebank, Dunbartonshire
GB1 3AT

Post Code .....
Unit no: .....
Ward no: .....
Weight .....

Ward: A&E Tel: .....
Consultant: .....
Named Nurse: .....
Specialty: .....
Admission date: ../../..
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission .....
Discharge Date: ../../..

NURSE TO COMPLETE
Out Patient appointment date: .....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: .....

WARD USE ONLY
Medication Rec. on Ward by: .....
Checked against kardex: .....
Issued by: ..... Date: .....
Signature of recipient: .....
All known drug sensitivities and adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6-10	pm	Other times	Course length
✓		AMOXICILLIN	~~tablets~~ CAPS	500mg	✓		✓		✓		5 days
✓		METFORMIN	tablets	500mg	✓		✓				ongoing

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐
Quantity supplied | Dispensing Details
X15
X84

Medicines Discontinued	Reason if known e.g. side effect	Other Information

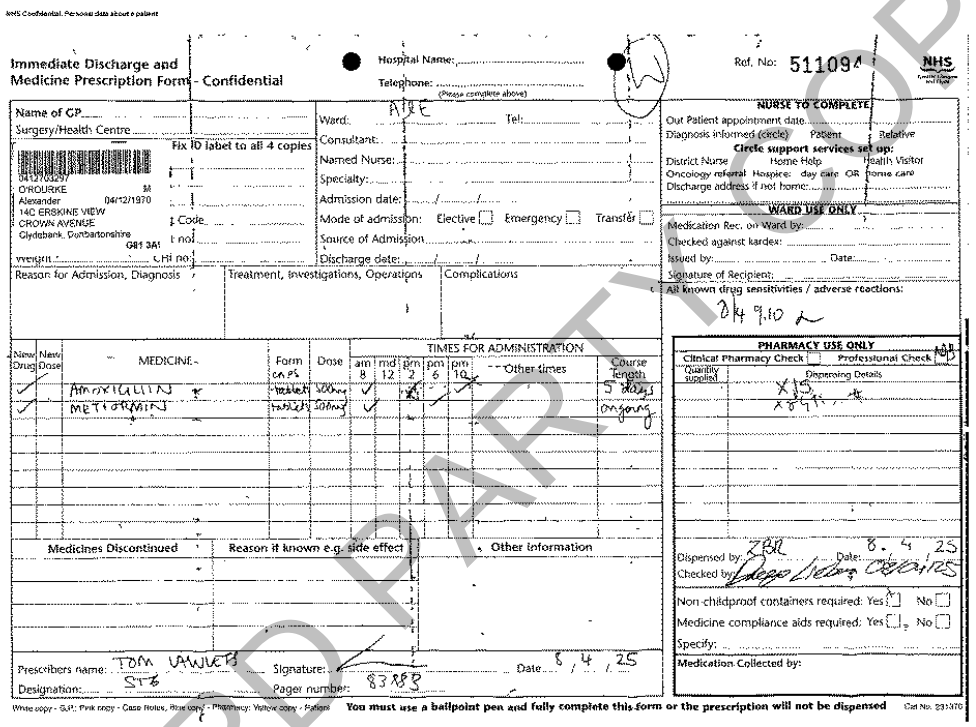
Dispensed by: ZBR Date: 8/4/25
Checked by: [signature] 8/4/25

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....
Medication Collected by: .....

Prescribers name: TOM LAWLETT Signature: [signature] Date 8/4/25
Designation: ST6 Pager number: 83883

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 221370

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NHS Confidential. Personal data about a patient

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: ..... Telephone: ..... (Please complete above)

Ref. No: 511091

NHS

Name of GP ..... Surgery/Health Centre .....

Fix ID label to all 4 copies

041270627
O'ROURKE M
Alexander 04/12/1970
14C ERSKINE VIEW
CROWN AVENUE
Clydebank, Dunbartonshire
G81 3AT
Code ..... Dist no: .....
weight ..... CHI no: .....

Ward: ATTC Tel: .....
Consultant: .....
Named Nurse: .....
Specialty: .....
Admission date: ... / ... / ...
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission .....
Discharge date: ... / ... / ...

NURSE TO COMPLETE
Out Patient appointment date .....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home: .....

WARD USE ONLY
Medication Rec. on Ward by: .....
Checked against kardex: .....
Issued by: ..... Date: .....
Signature of Recipient: .....
All known drug sensitivities / adverse reactions:
24.9.10 A

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
✓		AMOXICILLIN	tablet	500mg	✓		✓		✓		5 days
✓		METFORMIN	tablet	500mg	✓				✓		ongoing

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: TOM WALKER Signature: ..... Date: 8/4/25
Designation: ST6 Pager number: 83188

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐
Quantity supplied | Dispensing Details
X15 ASH
X84

Dispensed by: ZAL Date: 8.4.25
Checked by: Diego Vidal 08/04/25
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....
Medication Collected by: .....

White copy - GP; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed** Cat No. 231470

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

SCOTT QUEENRed Wing Medical Practice,Clydebank Health & Care Centre,Queens Quay Main Avenue, Clydebank, G81 1BS

Main Switchboard:
Date of Completion: 17-Apr-2025

Dear SCOTT QUEEN,

Name	CHI	DoB	Address
Alexander O'Rourke	0412703297	04-Dec-1970	14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Admitted	Type	Discharged	Destination
15-Apr-2025 12:22	IP	17-Apr-2025	

Specialty	Consultant	Ward	Telephone
Endocrinology	Livingstone	QEUH Ward 5B General Medicine	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Aysha Gul (Aysha Gul - FY1) on 17 Apr 2025 13:53

Discharge Medication:

Page 1 of 4

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NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Pharmacist comment	Route unspecified	Patient also on Aripiprazole depot injection every month - to continue as per pre-admission plan J.To (Pharmacist) 17/04/25					Added
Amitriptyline 10mg tablets	oral	2 tablets once daily in the morning	Yes		**Dispensing Details:** 21		Added
Amitriptyline 10mg tablets	oral	1 tablet once daily at night	Yes		**Dispensing Details:** as above		Added
Esomeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	Yes		**Dispensing Details:** 14 **Drug Details:** Prescribed once daily in hospital		Added Amended
Generic Trixeo Aerosphere 5micrograms/dose / 7.2micrograms/dose / 160micrograms/dose inhaler CFC free	inhalation	2 puffs twice daily	No	Patient's own drugs at home			Added Amended
Gliclazide 80mg tablets	oral	2 tablets twice daily , 160 mg twice daily morning and teatime	Yes		**Dispensing Details:** 28 **Drug Details:** NEW		Added Amended
Metformin 500mg tablets	oral	1 tablet twice daily , Morning and teatime	Yes		**Dispensing Details:** 40		Added Amended
Salbutamol 100micrograms/ dose dry powder inhaler (Easyhaler (salbutamol) (DE Pharmaceuticals))	inhalation	2 puffs four times daily when required	No	Patient's own drugs at home			Added
Thiamine 50mg tablets	oral	1 tablet four times daily	Yes		**Dispensing Details:** 72		Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

Dispensing Comments
Dispensed by Julie OReilly on 17/04/25 DCT L LEWIS 17/04/2025

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Colleague, Alexander O'Rourke was admitted to the QEUH on the 15th of April with high blood glucose and ketones, in the context of recent steroids and amphetamine use. He was initially commenced on a variable rate insulin infusion. This has now been stopped and he has been re-started on metformin 500mg twice daily. His gliclazide has been increased to 160 mg twice daily. Mr O'Rourke has support in place in the community from the addictions team. His blood glucose has been stable on this and he is now clinically fit for discharge. Medication changes: Increased gliclazide to 160 mg (2 tablets) morning and evening. Many thanks for your ongoing care. Kind regards, Ward 5B, QEUH
Discharge Comments:	
Follow Up:	No

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O'Rourke Alexander CHI: 0412703297 DoB: 04-Dec-1970

	Outpatient DSN follow up.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Aysha GUL

Prescription Review
Medications reviewed by pharmacist: Jacqueline To (Pharmacist)
Checked by: Lorraine LEWIS (Pharmacy technician)
Discharged by: Eilidh MCCALLUM (staff nurse)

Page 4 of 4

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O'Rourke Alexander CHI: 0412703297

Final Discharge Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Endocrinology
Contact Tel: 0141 451 6715
Enquiries to: Angela.Mceleny@nhs.scot

Letter Date: 01/05/2025
Reference: RL/AL
Dictated Date: 23/04/2025
Transcribed Date: 01/05/2025

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Admission: Specialty - Endocrinology; Ward - QEUH Ward 5B General Medicine
Consultant - Dr Rachel Livingstone; Date of Admission - 15/04/2025
Date of Discharge - 17/04/2025; Discharged to - Private Residence - no additional detail added

Clinical Comments:
This gentleman had a recent admission to the Queen Elizabeth University Hospital with hyperglycaemia in the context of recent steroids. His Gliclazide was maximised, his most recent HbA1c was 119 mmol/mol. He was given education on blood sugar monitoring by our diabetes specialist nurses and I would be grateful if his diabetes management could be monitored in primary care, with referra onto secondary care if he is not meeting his glycaemic targets. He was regularly leaving the ward in hospital and admitted to taking amphetamines whilst an inpatient. He was discharged subsequently on Metformin and Gliclazide.

Yours sincerely

Dr Rachel Livingstone

Consultant Physician

Endocrinology, Diabetes & Mineral Metabolism

Electronically Signed: Dr Rachel Livingstone, Consultant

cc.

Printed on 01/05/2025 14:06 by Anne Logan Page 1 of 1

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Urology Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology
GGC Urology

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent
Date of referral 03-Jun-2025 **Date sent** 03-Jun-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

1010366634321 Unique Care Pathway Number: 1010366634321

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Laboratory proven e-coli UTI, previous incidental

Comment: cont'd: finding of echogenic debris within central calyces right kidney on abdominal ultrasound scan, assessment please

I am writing concerning my patient Alexander O'Rourke. This gentleman recently had an ultrasound scan performed at the Golden Jubilee Hospital (please see attached report). This was an abdominal ultrasound to investigate him for potential fatty liver on account of a persistently raised Alk Phos level. The liver was indeed echobright suggestive of fatty infiltration. As an incidental finding, whilst the right kidney was normal in size, there appeared to be echogenic debris within the central calyces, the appearances were not specific but it suggests that cross sectional imaging might be appropriate. The left kidney outlines normally, the urinary bladder was underfilled and could not be fully evaluated.

Alexander was reviewed in the surgery. He denied any dysuria, haematuria, fever or Rigor's. He did say he gets occasional left sided loin discomfort at times but no right sided loin pain. He felt his flow was okay, longstanding haematuria of around once per night. No real hesitancy. This had improved from previously when he was a little stop/start at times. He denies any terminal dribbling.

On examination apyrexial, pulse 83 regular, oxygen saturations 98%, the abdomen was obese, soft, non tender with normal bowel sounds, no discreet masses, no renal angle percussion tenderness. Urinalysis trace white cells only.

A urine culture was sent off and this has slightly unexpectedly returned demonstrating an e-coli UTI, he has been commenced on a course of Nitrofurantoin for this. In view therefore of the laboratory proven UTI in the context of echogenic debris within the right kidney, I would appreciate your urgent assessment with a view to further investigation. Please find attached a summary of his past medical history and medications.
Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Urinary tract infection, site not specified	-	21-May-2025	21-May-2025
Fungal infection of skin	-	16-May-2025	16-May-2025
Non-alcoholic fatty liver	-	16-May-2025	16-May-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022

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Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

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Description	Comment	Date performed	Date recorded
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metformin Hydrochloride Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	23-Apr-2025
Gliclazide Tablets 80 mg	112	112 TABLET	TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	29-May-2025
Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	17-Apr-2025	17-Apr-2025
Contour Plus Test strips	200	200 STRIP	TO BE USED AS DIRECTED	-	16-Apr-2025	23-Apr-2025
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	21-May-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	21-May-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Jun-2024	21-May-2025
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	30-Aug-2023	18-Dec-2024
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nitrofurantoin M/R capsules 100 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS	-	21-May-2025	21-May-2025
Terbinafine Hydrochloride Cream 1 %	30	30 gram	APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS	-	16-May-2025	16-May-2025
Thiamine Tablets 50 mg	112	112 tablet	ONE TO BE TAKEN FOUR TIMES DAILY	-	23-Apr-2025	23-Apr-2025
Lift Glucose Shot Liquid	30	30 ml	USE AS DIRECTED	-	16-Apr-2025	17-Apr-2025
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	02-Apr-2025	02-Apr-2025
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS	-	02-Apr-2025	02-Apr-2025
Acepiro Effervescent tablets 600 mg	30	30 TABLET	TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL	-	02-Apr-2025	02-Apr-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	19-Mar-2025	19-Mar-2025
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	19-Mar-2025	19-Mar-2025
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	19-Mar-2025	19-Mar-2025
Amoxicillin Capsules 500 mg	30	30 capsule	TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	19-Feb-2025	19-Feb-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	17-Dec-2024	17-Dec-2024
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	17-Dec-2024	17-Dec-2024
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic

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23-May-2025	126	82
14-Apr-2025	133	94
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85

Body Measurements

Date Recorded	Height	Weight	BMI
23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 1.8 oz/wk:		23-May-2025
Alcohol consumption, 0 units/week:		23-May-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1752930.K
Specimen Type	Blood
Date/Time Collected	16.06.25 / 15:10
Date/Time Received	16.06.25 / 19:15
Requested By	Dr Sophie Hepburn
GP Practice	40046
Date/Time Reported	17.06.25 / 11:02
Details	new postural hypotension

Results

C-reactive Protein - Authorised on 17.06.25 at 10:52

C Reactive Protein	6	mg/L	(0-10)

Thyroid funct test - Authorised on 17.06.25 at 10:59

TSH	0.92	mU/L	(0.35-5.00)
Free T4	11.8	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

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Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
Dr Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Dr Lyndsey A Borland, MBChB (Dundee 2001) MRCP (UK) MRCGP, DCH, DFFP
Dr Sophie Hepburn, MBChB (Glasgow 2013), MRCGP (2019)
Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

RED WING

The Red Wing
Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

ggc.gp40046@nhs.scot

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Our Ref: SH/AS/041270

Dr Rosemary McCaffery
Consultant Psychiatrist
Goldenhill Resource Centre
199 Dumbarton Road
CLYDEBANK
G81 4XJ

26 June 2025

Dear Dr McCaffery

Mr Alexander O'Rourke
14C Erskine View, ClydebankG81 5JF
Date of Birth: 04/12/1970 **CHI: 0412703297**

I am writing regarding some advice for Mr O'Rourke. He attended the Practice today with a 4 week history of feeling dizzy on standing. He had a notable postural drop on standing with sitting blood pressure of 120/78 dropping to 100/68 when standing and he was symptomatic from this. He has recently had his annual bloods done for his type 2 diabetes and there was nothing of note in these, however, I have added on a CRP, ferritin, thyroid function and full blood count. He is taking illicit amphetamines but states this has been longstanding and has not changed how many he has been taking recently. I am aware that he is on Aripriprazole as a Depo and has been on the same dose for quite a long time but it is a listed side effect from Aripriprazole.

I am just writing for advice on whether or not you feel this could be contributing to his postural drop. I am also arranging an ECG and will act on the results as appropriate.

Kind Regards,

Yours sincerely

Dr Sophie Hepburn

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4145 Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1752930.K
Specimen Type	Blood
Date/Time Collected	16.06.25 / 15:10
Date/Time Received	16.06.25 / 19:15
Requested By	Dr Sophie Hepburn
GP Practice	40046
Date/Time Reported	17.06.25 / 11:02
Details	new postural hypotension

Results

Serum Ferritin - Authorised on 17.06.25 at 10:59

Serum Ferritin	+	325	ug/l	(15-300)

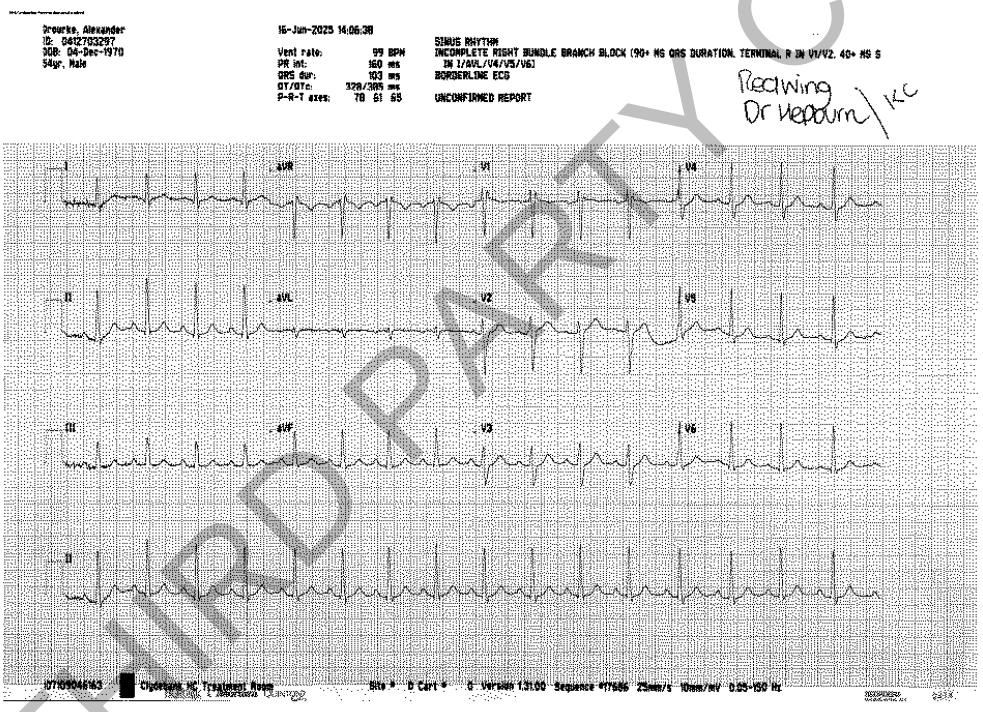
Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Report

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4/45 Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1752929.X
Specimen Type	Blood
Date/Time Collected	16.06.25 / 15:10
Date/Time Received	16.06.25 / 19:18
Requested By	Dr Sophie Hepburn
GP Practice	40046
Date/Time Reported	16.06.25 / 19:47
Details	new postural hypotension

Results

Full Blood Count - Authorised on 16.06.25 at 19:42

White Blood Count		7.3	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.35	x10^12/l	(4.50-6.50)
Haemoglobin		138	g/l	(130-180)
Haematocrit		0.412	l/l	(0.400-0.540)
Mean Cell Volume		94.7	fl	(83.0-101.0)
MCH		31.7	pg	(27.0-32.0)
Platelet Count		282	x10^9/l	(150-410)
Neutrophils		5.5	x10^9/l	(2.0-7.0)
Lymphocytes		1.3	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.15	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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4145 Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1593080.B
Specimen Type	Blood
Date/Time Collected	23.05.25 / 11:06
Date/Time Received	23.05.25 / 16:15
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	26.05.25 / 13:47
Details	diabetes

Results

HbA1C (IFCC) - Authorised on 26.05.25 at 13:43

HbA1c (IFCC)	+	83	mmol/mol	(20-41)

End of Report

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NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1594754.M
Specimen Type	Blood
Date/Time Collected	23.05.25 / 11:06
Date/Time Received	23.05.25 / 19:01
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	24.05.25 / 09:32
Details	diabetes

Results

Urea & Electrolytes - Authorised on 24.05.25 at 09:27

Sodium		140	mmol/L	(133-146)
Potassium		4.0	mmol/L	(3.5-5.3)
Chloride		107	mmol/L	(95-108)
Urea		6.5	mmol/L	(2.5-7.8)
Creatinine		97	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

GGT - Authorised on 24.05.25 at 09:27

Gamma-GT		29	U/L	(<70)

Liver Function Tests - Authorised on 24.05.25 at 09:27

Total Bilirubin		5	umol/L	(<20)
ALT		24	U/L	(<50)
AST		16	U/L	(<40)
Alkaline Phosphatase	+	139	U/L	(30-130)
Albumin		37	g/L	(35-50)

Lipid profile - Authorised on 24.05.25 at 09:27

Cholesterol	4.7	mmol/L	
Triglycerides	1.5	mmol/L	(0.2-2.3)
HDL Cholesterol	1.4	mmol/L	
LDL-Cholest (calc'd)	2.6	mmol/L	
VLDL-Chol (calc'd)	0.7	mmol/L	
Chol/HDL ratio	3.4		

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NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.1593079.G
Specimen Type	Blood
Date/Time Collected	23.05.25 / 11:06
Date/Time Received	23.05.25 / 16:14
Requested By	Jacqui Barker
GP Practice	40046
Date/Time Reported	23.05.25 / 16:57
Details	diabetes

Results

Full Blood Count - Authorised on 23.05.25 at 16:52

White Blood Count		7.0	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.22	x10^12/l	(4.50-6.50)
Haemoglobin		135	g/l	(130-180)
Haematocrit		0.400	l/l	(0.400-0.540)
Mean Cell Volume		94.8	fl	(83.0-101.0)
MCH		32.0	pg	(27.0-32.0)
Platelet Count		296	x10^9/l	(150-410)
Neutrophils		5.3	x10^9/l	(2.0-7.0)
Lymphocytes		1.1	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.11	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details	
Specimen Number	M.25.5145224.Y
Specimen Type	Mid Stream Urine
Date/Time Collected	16.05.25 / 11:42
Date/Time Received	16.05.25 / 15:22
Requested By	Dr Scott Queen
GP Practice	40046
Date/Time Reported	20.05.25 / 09:02

Results

```
Report Issued by NHS GG&C Microbiology South Sector
                          Enquiries 0141 354 9132
** FINAL REPORT **

INVESTIGATION: Urine Culture
SPECIMEN TYPE: Mid Stream Urine

CONS/GP: Dr Scott Queen       Order No:IS26425357
LOCATION: Red Wing Clydebank HC
------------------------------------------------------------

RESULT:    Growth of >100,000 cfu/ml

a) Escherichia coli
b)
c)
d)
e)
f)

         ANTIBIOTIC  a) b) c) d) e) f)
 Amp/Amoxicillin      R
 Trimethoprim         S
 Nitrofurantoin       S
 Co-amoxiclav         R
 Gentamicin           S

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

------------------------------------------------------------
Senders ref. no.

Authorised by: Samantha Kerrigan QEUH MIC
Date/Time authorised: 20.05.2025  08:59
** END OF REPORT **
```

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Gastroenterology Liver

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology - Liver and Hepatitis
GGC Gastroenterology Liver

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Routine
Date of referral 05-Jun-2025 **Date sent** 05-Jun-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101036692916Y Unique Care Pathway Number: 101036692916Y

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Fatty liver on ultrasound, indeterminate NAFLD score, assessment please

Comment: I am writing concerning my patient Alexander O'Rourke. This gentleman recently had an ultrasound performed at the Golden Jubilee (please see attached report) but essentially this demonstrated a diffusely echobright liver suggestive of fatty infiltration. No focal liver abnormality was identified. He also had an incidental finding of some echogenic debris within the calyces of the right kidney and he has been referred to Urology in respect of this. The ultrasound was arranged due to persisting elevated Alk Phos in the context of a normal Gamma GT and Vitamin D. Transaminases were normal.

On examination apyrexial, pulse 83 regular, oxygen saturations 98%, the abdomen was obese, soft with normal bowel sounds and no discreet masses, no renal angle percussion tenderness, urinalysis demonstrated trace white cells only. BMI 31.6, NAFLD score -1.02 i.e. indeterminate.

In view of this gentleman's fatty liver on ultrasound and indeterminate NAFLD score, I would appreciate your further assessment with a view to possible fibroscan etc. Please find attached a summary of his past medical history and medications.
Kind Regards,

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Urinary tract infection, site not specified	-	21-May-2025	21-May-2025
Non-alcoholic fatty liver	-	16-May-2025	16-May-2025
Fungal infection of skin	-	16-May-2025	16-May-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hypogonadotropic hypogonadism	-	09-Aug-	09-Aug-2021

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		2021	
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012

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Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gliclazide Tablets 80 mg	112	112 TABLET	TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	29-May-2025
Metformin Hydrochloride Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	23-Apr-2025
Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	17-Apr-2025	17-Apr-2025
Contour Plus Test strips	200	200 STRIP	TO BE USED AS DIRECTED	-	16-Apr-2025	23-Apr-2025
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	21-May-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	21-May-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Jun-2024	21-May-2025
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	30-Aug-2023	18-Dec-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nitrofurantoin M/R capsules	14	14 capsule	ONE TO BE TAKEN TWICE	-	21-May-	21-May-

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100 mg			A DAY FOR SEVEN DAYS		2025	2025
Terbinafine Hydrochloride Cream 1 %	30	30 gram	APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS	-	16-May-2025	16-May-2025
Thiamine Tablets 50 mg	112	112 tablet	ONE TO BE TAKEN FOUR TIMES DAILY	-	23-Apr-2025	23-Apr-2025
Lift Glucose Shot Liquid	30	30 ml	USE AS DIRECTED	-	16-Apr-2025	17-Apr-2025
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	02-Apr-2025	02-Apr-2025
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS	-	02-Apr-2025	02-Apr-2025
Acepiro Effervescent tablets 600 mg	30	30 TABLET	TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL	-	02-Apr-2025	02-Apr-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	19-Mar-2025	19-Mar-2025
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	19-Mar-2025	19-Mar-2025
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	19-Mar-2025	19-Mar-2025
Amoxicillin Capsules 500 mg	30	30 capsule	TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	19-Feb-2025	19-Feb-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
23-May-2025	126	82
14-Apr-2025	133	94
19-Feb-2025	132	70
23-Jan-2025	116	77
02-May-2024	142	85

Body Measurements

Date Recorded	Height	Weight	BMI
23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-

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21-Dec-2020 - 102.2 -

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 1.8 oz/wk:		23-May-2025
Alcohol consumption, 0 units/week:		23-May-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Medical
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

Hospital and **hospital address**

Hospital location code.
G135G

Email address
-

Urgency of referral	Routine		
Date of referral	30-Jun-2025	**Date sent**	30-Jun-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

1010369258770

Unique Care Pathway Number: 1010369258770

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Worsening Dizziness/Presyncopa epsiodes. Postural drop./

Comment: I note SH consultation below and also OOH correspondnce of 28/06. Recurring severe light headedness, Ocurring mainly when standing. No LOC. but form OOK slip vision can go " Black" for a few seconds and sounds presyncopal. T3DM diagnosed Jan 25- maintained metformin and Gliclazide. Attends Psych Goldenhill re " metal and behaviousral disorder due to multiple drug use and use of psychotropic sunstances". Maintained depot Aripiprazole. Alos on AMT. Also under ADRS FU. Evidence of postural drop whe seen by SH and she was going wo write to Psych re ro ensure they didn't feel Psych medication implenmented ? Autonopnic neuropathy also considered. Was E+D OK. Mentioned couls be forgetful re PM bmeds. ECG SE c incomplete RBBB. Cureently cutting back gradually on Amphetamine Currently around 1 gram pre day in divided doses/ Working c drug worker. No longer on Bupenorphine. No alcohol or other drugs currently. No CPs No palpitations. PPK had advised ED if further severe episodes. Yesterday and today multiple further presyncopal episodes, loses vision. No actual LOC but fell into a fridge. Worse shorly after standing having to grab onto objects. Feels symptoms getting worse. Bit of a cough past few says. No sputum no haemoptysis.

Apyrexial. 108reg, SpO2 97%, BP 116/75 102/65(erect)(HR ^ 130) HS 1+2+0. Chest-> harsh BS lower zones. Occasional Exp rhonchi. Abdo Obese. SNT BS+. No calf tenderness or swelling. No ankle oedema.

Imp. Worsening presyncopal symptoms c associated visual sx. Postural drop. ^ frequency and severity. ? cause. Needs hospital assessment. Referred medical receiving QEUH. Happy to see and assess IAU QEUH.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
[D]Dizziness	-	30-Jun-2025	30-Jun-2025
Postural hypotension	-	13-Jun-2025	13-Jun-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021

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Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016

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Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gliclazide M/R tablets 60 mg	56	56 tablet	2 TABS DAILY	-	17-Jun-2025	17-Jun-2025
Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	17-Apr-2025	17-Apr-2025
Contour Plus Test strips	200	200 STRIP	TO BE USED AS DIRECTED	-	16-Apr-2025	23-Apr-2025
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	13-Jun-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 tablet	TAKE TWO IN MORNING AND ONE AT NIGHT	-	17-Dec-2024	17-Jun-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	19-Jun-2024	21-May-2025
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY	-	30-Aug-2023	18-Dec-2024
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metformin Hydrochloride M/R tablets 1 gram	56	56 tablet	TWO TO BE TAKEN EACH DAY WITH FOOD	-	17-Jun-2025	17-Jun-2025
Nitrofurantoin M/R capsules 100 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS	-	21-May-2025	21-May-2025

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Terbinafine Hydrochloride Cream 1 %	30	30 gram	APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS	-	16-May-2025	16-May-2025
Gliclazide Tablets 80 mg	112	112 TABLET	TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	29-May-2025
Metformin Hydrochloride Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	23-Apr-2025
Thiamine Tablets 50 mg	112	112 tablet	ONE TO BE TAKEN FOUR TIMES DAILY	-	23-Apr-2025	23-Apr-2025
Lift Glucose Shot Liquid	30	30 ml	USE AS DIRECTED	-	16-Apr-2025	17-Apr-2025
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	02-Apr-2025	02-Apr-2025
Doxycycline Hyclate Capsules 100 mg	8	8 capsule	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 6 DAYS	-	02-Apr-2025	02-Apr-2025
Acepiro Effervescent tablets 600 mg	30	30 TABLET	TAKE ONE A DAY FOR MUCOUS - ONE MONTH TRIAL	-	02-Apr-2025	02-Apr-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	19-Mar-2025	19-Mar-2025
Flucloxacillin Capsules 500 mg	20	20 CAPSULE	ONE TO BE TAKEN FOUR TIMES A DAY FOR 5 DAYS	-	19-Mar-2025	19-Mar-2025
Clotrimazole Cream 1 %	20	20 GRAM	APPLY TWO TO THREE TIMES DAILY	-	19-Mar-2025	19-Mar-2025
Amoxicillin Capsules 500 mg	30	30 capsule	TWO TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	04-Mar-2025	04-Mar-2025
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	19-Feb-2025	19-Feb-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	19-Feb-2025	19-Feb-2025
Trimethoprim Tablets 200 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 7 DAYS	-	04-Feb-2025	04-Feb-2025
Easychamber Spacer device	1	1 device	USE AS DIRECTED	-	04-Feb-2025	04-Feb-2025
Macrogol Compound Oral Powder (sachets) NPF Sugar Free	30	30 sachet	ONE TO BE TAKEN TWICE A DAY PRN	-	24-Jan-2025	24-Jan-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	24-Jan-2025	24-Jan-2025
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 dose	TWO PUFFS TO BE USED TWICE DAILY	-	30-Aug-2023	23-Jan-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
13-Jun-2025	120	78
23-May-2025	126	82
14-Apr-2025	133	94
19-Feb-2025	132	70
23-Jan-2025	116	77

Body Measurements

Date Recorded	Height	Weight	BMI

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23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-
21-Dec-2020	-	102.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 1.8 oz/wk:		23-May-2025
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Current smoker:		23-Jan-2025
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023
Moderate smoker - 10-19 cigs/d:		04-Dec-2018
Alcohol consumption, 0 units/week:		23-May-2025
Alcohol consumption, 0 units/week:		04-Feb-2025
Alcohol consumption, 0 units/week:		23-Jan-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Contact with patient today:Face to Face
Route of Travel:Private
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7667732**	Receive Date:	**28-Jun-2025 15:13**
Patient's Name:	**Alexander O'Rourke**		
Date of birth:	**4-Dec-1970 (54 years)**	Gender:	**M**
Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**	Current Address:	**14C Erskine View Crown Avenue Clydebank G81 3AW**
Return Contact No:			
Tel No:	**07551 640291**		**07551 640291**
Mobile No:			
Priority:	**within 4 hours**	Call Origin:	
Received:	**28-Jun-2025 15:13**	Calltype:	**Advice**
Advised:	**15:47**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:	**David Beggan**	Own doctor:	**Scott Queen**

CHI Number:
0412703297

Reported Condition:
TAKING DIZZY SPELLS 7 WEEKS

NHSD details:

Received By - Triage	**Tracey Dunbar (Call Taker Si) ()**
Start Time - Triage	**28-Jun-2025 15:13**
End Time -	**28-Jun-2025 15:48**

Clinical Summary -

Clinical summary created by: Tracey Dunbar (Call Taker Si) ()
[28/06/2025 16:48:04]
Reason for call: TAKING DIZZY SPELLS 7 WEEKS
28:06:2025 15:16:10 DUNBART.. HAS BEEN SEEN BY THE DOCTOR TWO WEEKS AGO. ALSO SEEN LAST WEEK. BLOODS WERE TAKING AND THEY CAME BACK FINE. TOOK A TURN LAST NIGHT AND TOOK ONE TODAY. RECENBTLY DIAGNSED WITH

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DIABETES. HAD BEEN IN HOSPITAL. BLOOD SUGAR LEVEL TAKEN AND THEY ARE 7.5... DURING ROUTING ADVISED IS FEELING REALLY HOT. LIKE A HOT FLUSH. IS LYING ON COUCH. ADVISED USES AMPHETAMINE DRUGSFOR 18 MONTHS ON A DAILY BASIS. USES 4G PER DAY...
28:06:2025 15:45:14 MCNAIRD.. ONGOING DIZZYNESS FOR 7 WEEKS, LAST NIGHT HAD EPISODE WHERE DIZZYNESS CAME AND PATIENT HAD TO HOLD ONTO FRIDGE TO PREVENT COLLAPSE, EPISODES OF VISION GOING BLACK WHICH IS.. LASTING A FEW SECONDS AND THEN RESOLVES. HAD BLOODS CHECKED AT GP WHICH CAME BACK NORMAL, RECENTLY DIAGNOSED WITH TYPE 2 DIABETIES 3 MONTHS AGO- CAPILLARY BLOOD GLUCOSE.. HAS BEEN STABLE. CAN STILL MOBILISE, FAST NEGATIVE, NO CONFUSION, NO HEADACHE, NO NAUSEA/VOMITTING. DOES TAKE ANPHETAMINES FOR 18 MONTHS CURRENTLY REDUCING USAGE WITH HELP OF CAT TEAM. OUTCOME- PCEC 4 HOURS..
Outcome: PCEC within 4 Hrs

Questions

- **Algorithm: DECISION SUPPORT**

  Keyword 1
  [X] Dizziness

  Have you been outside Europe in the last 21 days?
  --NO

  Do you have fever?
  --NO

  Keyword selected
  [X] DIZZINESS

  Is this call from a Nursing or Care Home?
  --NO

  Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
  --NO

  Algorithm:

  Select the descriptor of the keyword that defines the callers complaint:

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(Select one)
[X] Fainting

Do you have dizziness or faintness so marked you cannot stand at all e.g. walk to the toilet
--NO

Do they respond to verbal commands or questions: Select one.
[X] None of these

Do you have 1) Cold clammy skin to touch now or 2) Widespread flushing of the skin?
--NO

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended interim endpoint:
[X] Clinical issue

Do you want to add a clinical supervisor
--YES

Clinical supervisor name
[X] McNair Debbi MCNAIRD Ayrshire and Arran

Recommended Interim Endpoint
[X] KW Priority 2

SMS code
[X] 01

SMS code
[X] 89

SMS code
[X] 12

SMS code
[X] 07

Disposition Contact GP Practice within 4 Hours (ASAP)

Final Triage Details:

Triage **28-Jun-2025 18:15**

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Start -

Triage Finish - **28-Jun-2025 18:31**

Consulting Clinician - **Beggan,David(401)**

History - **7 week history of dizzy episodes, very short lived, accompanied by vision goig black(lasts 3-4 seconds at most), episodes occur when standing, no loc, no chest pain, one episode today at 2pm, ate and drank today, own GP been investigating, recent bloods done 16th june normal, hba1c in march was 83, also reducing use of amphetamines which may be contributing, other than bit warm feels ok at present, tells me was postural drop with own GP when last checked**

discussed options, he'll rest, push fluids tonight, agreed he'll follow up with own GP next week, advised if further episodes over weekend especially if increase in frequency/severity to go to nearest a&e

Followups:
GP Follow Up

Clinical Codes Summary (All Consultations):

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O'Rourke Alexander CHI: 0412703297

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 01/07/2025

Consultant: Dr Angus Stirling

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
14C ERSKINE VIEW
Clydebank G81 3AW

Attended on: **30/06/2025 at 18:12 hrs.** Departed on: **01/07/2025 at 13:18 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
lau own- saw gp 13/6/25 pre syncopal +postural drop, ecg showed rbbb. over weeke nd symptoms worse and now has blurred vision, no cp. hx psych drug induced ps ychosis prev + known to addiction Alcohol + cocaine still used amphetamine

Nursing Assessment:
worsening headache with blurred vision and dizziness when standing ?postural drop patient states vision goes black fell into fridge denies loc

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. ESR**	**9. HbA1c**
10. Cortisol	**11. Magnesium**	**12. XR Chest**

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O'Rourke Alexander CHI: 0412703297

Diagnosis:

Diagnosis	Side	Site
Hypotension due to Drugs		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Dear Doctor, This gentleman presented with what sound like hypotensive episodes on a background of a significant drop in amphetamine usage in the community. He had stable BP + cortisol and lying and standing. Kind regards, James Carne

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
James Carne
Doctor

Copies to:
1. SP Queen (GP)
School Address:

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NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
01/07/2025

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS
Dear Dr SP Queen

Re Patient
Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
G81 3AW

CHI Number:**0412703297**

Consultant: **Nurse Aileen Murray**

Specialty: **Urology**

Date and time: **01/07/2025, at 09:00**

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Dean McMahon

Referral Management Centre South/Clyde
User ID Catherine Rough

SCGC Op DNA Removal to GP V1

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100773738
Date Dictated:
Date: 08/07/2025

PRIVATE & CONFIDENTIAL

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I was due to review Mr O'Rourke, as an outpatient, at my Medical Outpatient Clinic at Goldenhill Resource Centre on 1st July 2025. However, he cancelled his appointment a few weeks previously. I will send him out a further appointment.

Thank you very much for your letter regarding postural hypotension. I appreciate that you have arranged further investigations but have requested that his Aripiprazole medication be reviewed as a possible cause.

Postural Hypotension is noted to occur commonly with Aripiprazole. However, it is less frequent with Aripiprazole than some of the other anti-psychotic medication. Additionally, he is already on the lower than standard dose. He is on 300mg IM monthly as opposed to 400mg.

Whilst his Aripiprazole may be a contributor his amphetamine use is likely to be more problematic.

NHS Greater Glasgow and Clyde

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

On reviewing his EMIS notes he has been seen by Addiction Services within the Queen Elizabeth University Hospital. He has been admitted there due to worsening headaches with blurred vision and postural drop. He reports using 1gm-1.5gm of speed daily. He was seen in April 2025 and was using 7gms of amphetamine daily. He does seem to be varying his use more than he has reported to you.

I will send him out a further appointment and by that time I will be able to review the outcome of his investigations at QEUH.

Thank you for bringing the above to my attention.

Yours sincerely

Authorised on 10/07/2025 16:05:12 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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NHS Greater Glasgow and Clyde

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.2690494.H
Specimen Type	Blood
Date/Time Collected	10.11.25 / 09:39
Date/Time Received	10.11.25 / 19:03
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	12.11.25 / 12:07
Details	switched form MR to stand...

Results

HbA1C (IFCC) - Authorised on 12.11.25 at 12:04

HbA1c (IFCC)	+	43	mmol/mol	(20-41)

End of Report

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

— **Hospital** and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Urgent - Suspected Cancer Frequent Diarrhoea
Date of referral 08-Oct-2025 **Date sent** 08-Oct-2025

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101037882665Z Unique Care Pathway Number: 101037882665Z

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Julia Clarkson		
GMC code	7460721	GP code	00329
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Change in Bowel Habit, Diarrhoea for several weeks

Comment: Dear Colleagues,
I would be grateful for your assessment for further investigations for this 54 year old gentleman who presents with looser stools and a change in bowel habit for several weeks. He used to open his bowels once a day and it was soft formed stool. Now he is moving three times a day and every stool is loose for the past month. He states this morning he went thirteen times. He denies any blood in the stools, no abdominal pain, not vomiting or weight lose. He states that the takes Speed daily and the CAT team are aware of this. He intends to got to Detox at the end of the month. He is on Metformin for which he has started months ago and has had no side effects.

On examination he was apyrexial, abdomen was soft, non tender with no masses. Bowel sounds were positive. Rectal exam revealed a skin tag at 12 o'clock. Normal rectal walls. No perianal disease. No masses or blood. Empty rectum. I've arranged for bloods and a Q Fit and patient will hand this in the next day or two. However given his change in bowel habit to diarrhoea for over a month, I'd be grateful for your consideration of further investigations for this patient. I will update you if the Q Fit is raised.
Many thanks for your specialist care.
Yours sincerely

Dr Julia Clarkson

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Acute lower respiratory tract infection	-	07-Oct-2025	07-Oct-2025
Diarrhoea	-	07-Oct-2025	07-Oct-2025
Upper respiratory infection NOS	-	03-Oct-2025	03-Oct-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022

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Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computed tomography of kidneys	Normal	06-Aug-2025	06-Aug-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019

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Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gliclazide M/R tablets 60 mg	56	56 TABLET	2 TABS DAILY DISPENSE WEEKLY	-	17-Jun-2025	23-Sep-2025
Metformin Hydrochloride M/R tablets 1 gram	56	56 TABLET	TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY	-	17-Jun-2025	23-Sep-2025
Thiamine Tablets 50 mg	112	112 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY	-	23-Apr-2025	23-Sep-2025
Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	17-Apr-2025	17-Apr-2025
Contour Plus Test strips	200	200 STRIP	TO BE USED AS DIRECTED	-	16-Apr-2025	23-Apr-2025
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	07-Oct-2025
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY	-	17-Dec-2024	23-Sep-2025
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	19-Jun-2024	23-Sep-2025
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	02-Apr-2025
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	11-Feb-2025
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	30-Aug-2023	23-Sep-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS	-	07-Oct-2025	07-Oct-2025
Nystatin Oral suspension 100,000 units/ml	30	30 ML	USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED	-	07-Oct-2025	07-Oct-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	07-Oct-2025	07-Oct-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	03-Oct-2025	03-Oct-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS	-	23-Sep-2025	23-Sep-2025
Nitrofurantoin M/R capsules 100 mg	14	14 capsule	ONE TO BE TAKEN TWICE A DAY FOR SEVEN DAYS	-	21-May-2025	21-May-2025
Terbinafine Hydrochloride Cream 1 %	30	30 gram	APPLY THINLY TWICE A DAY AS DIRECTED FOR 2 WEEKS	-	16-May-2025	16-May-2025
Metformin Hydrochloride Tablets 500 mg	56	56 TABLET	ONE TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	23-Apr-2025
Gliclazide Tablets 80 mg	112	112 TABLET	TWO TO BE TAKEN TWICE DAILY MORNING AND TEATIME	-	23-Apr-2025	29-May-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
13-Jun-2025	120	78

Body Measurements

Date Recorded	Height	Weight	BMI
23-May-2025	177	99	31.6

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Rolls own cigarettes, 1.8 oz/wk:		23-May-2025
Alcohol consumption, 0 units/week:		23-May-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information

Pt unable to perform/no access to QFIT and concerning symptoms (as per Key messages)::true
I feel that this patient would tolerate colonoscopy::Yes
Abdominal examination performed:Yes - Normal
Rectal examination performed:Yes - Normal
QFIT Result:Patient unable to perform/no access
Does this patient have Iron Deficiency Anaemia?:No
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
Performance Status::0 - Fully active, able to carry on all pre-disease performance without restriction
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes

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Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

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03-July-2026 KAREN_13414
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Filename: iGPRDA_40.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Main Switchboard:	0141 211 3000
Department:	Urology
Contact Tel:	0141 211 0041
Enquiries to:	Jackie Macleod
Letter Date:	22/08/2025
Reference:	DH/JM
Dictated Date:	14/08/2025
Transcribed Date:	22/08/2025

Dear Mr O'Rourke,

Dr Queen had referred you at the beginning on June as he had organised an ultrasound scan of your kidneys which suggested there was some debris within part of the right kidney. In order to further evaluate this we got a CT scan organised.

I am pleased to say that the CT scan shows that the kidneys look reassuringly normal. It may be that the debris which was seen was related to a urine infection which had been treated, and certainly there was no persistent abnormality.

The scan is very reassuring, however we will still be arranging to see you at outpatients to further assess things, to try to see if there is any underlying cause making you more prone to urine infections.

Kind regards,

Mr David Hendry

Consultant Urological Surgeon

Electronically Signed:

cc. Dr S P Queen
Red Wing Medical Practice, Clydebank Health & Care Centre:
Queens Quay, Main Avenue:
CLYDEBANK G81 1BS

Printed on 22/08/2025 13:37 by Jackie MacLeod

Page 1 of 1

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Filename: iGPRDA_29.pdf
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Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.5241333.P
Specimen Type	Faeces
Date/Time Collected	10.10.25 / 09:32
Date/Time Received	13.10.25 / 10:26
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	14.10.25 / 12:57
Details	cough and weeks of diarrh...

Results

QFIT - Authorised on 14.10.25 at 12:55

qFIT	<9	ug Hb/g faec	(0-9)

Comments:
Negative qFIT result.
Refer to NHSGGC guidance for further information.

End of Report

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Pages:

NHS Confidential: Personal data about a patient

O'Rourke Alexander CHI: 0412703297

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Main Switchboard:	0141 201 1100
Department:	General Surgery
Contact Tel:	kelly.judge@nhs.scot
Enquiries to:	0141 451 6043
Letter Date:	20/11/2025
Reference:	AA/MR
Dictated Date:	11/11/2025
Transcribed Date:	19/11/2025

Dear O'Rourke,

You failed to attend for your appointment this morning. I am assuming your failure to attend is due to confusion over the date and time of your appointment. I am therefore sending you another appointment to attend my clinic, but if your symptoms have resolved and you do not wish to be seen at my clinic then kindly contact my secretary on the number above and we can cancel your appointment.

Accept my kindest regards.

Yours sincerely,

Mr Ahmed Alani

Consultant Surgeon

Electronically Signed: Mr Ahmed Alani, Consultant

cc. gp

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Printed on 20/11/2025 08:41 by Zahra Khan2 Page 1 of 1

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Pages:

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.2544314.Y
Specimen Type	Blood
Date/Time Collected	10.10.25 / 09:17
Date/Time Received	10.10.25 / 15:56
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	10.10.25 / 17:02
Details	cough and weeks of diarrh...

Results

Full Blood Count - Authorised on 10.10.25 at 16:23

White Blood Count		9.0	x10^9/l	(4.0-10.0)
Red Cell Count	-	4.38	x10^12/l	(4.50-6.50)
Haemoglobin		138	g/l	(130-180)
Haematocrit		0.416	l/l	(0.400-0.540)
Mean Cell Volume		95.0	fl	(83.0-101.0)
MCH		31.5	pg	(27.0-32.0)
Platelet Count		383	x10^9/l	(150-410)
Neutrophils		5.7	x10^9/l	(2.0-7.0)
Lymphocytes		2.1	x10^9/l	(1.1-5.0)
Monocytes	+	1.1	x10^9/l	(0.2-1.0)
Eosinophils		0.06	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

ESR - Authorised on 10.10.25 at 17:00

ESR	+	15	mm/hr	(0-12)

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

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Pages:

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Blood Sciences Immunology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B.25.3659746.K
Specimen Type	Blood
Date/Time Collected	10.10.25 / 09:17
Date/Time Received	10.10.25 / 15:45
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	13.10.25 / 17:32
Details	cough and weeks of diarr....

Results

I Coeliac Serol (Dx) - Authorised on 13.10.25 at 17:27

TTG Ab (IgA)	1.2	U/mL	(0.0-7.0)

Comments:
IgA TTG Ab = IgA Tissue Transglutaminase Ab.
Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.
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
IgA coeliac serology has reduced sensitivity if total IgA <0.2g/l

End of Report

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Specsavers

1 - 3 Britannia Way , Clydebank, Dumbartonshire G81 2RZ
T 0141 951 8822 W specsavers.com

GP
Red Wing
Clydebank Health Centre
Main Av, Queens Quay
Clydebank
G81 1BS

15 October 2025

Dear GP,

RE: Onward referral request to: GP to Manage

Mr Alexander O'Rourke

DOB : 04/12/1970 **NHS No.:**

Address: 14C Erskine View, Crown Avenue, Clydebank, G81 3AW

Telephone No.: 07551 640291

Prescription details from current sight test: 15 October 2025

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 30 April 2025
RE							6/7.5 -2		N5	6/6
LE							6/7.5		N5	6/6

RE Intra-Ocular Pressure mmHg	
LE Intra-Ocular Pressure mmHg	
RE Disc Appearance	**Visual Fields**
LE Disc Appearance	

Reason for Referral: Diabetic Ophthalmology

I recently examined Mr O'Rourke due to reports of worsening distance vision for last 2/12. He reports he has struggled taking his metformin medication due to size of the pills for the same amount of time.

Findings:
Bilateral myopic shift
No signs of diabetic retinopathy

I suspect above refractive change is directly linked to his diabetic levels and not taking his medication. He reports his medication is changing this week. I would appreicate if you could monitor his levels during this period to confirm control. I plan to review him in 6/52
Many thanks,

Yours Sincerely,

DANIEL TOLAND
OPTOMETRIST

Registered Company Clydebank Visionplus Limited Registered in England No 2958827
Registered Office Forum 6 Parkway Solent Business Park Whiteley Fareham PO15 7PA
Directors A list of directors is available from the Registered Office 10.23

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Blood Sciences Biochemistry Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	B,25.2544319.V
Specimen Type	Blood
Date/Time Collected	10.10.25 / 09:17
Date/Time Received	10.10.25 / 15:54
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	10.10.25 / 16:22
Details	cough and weeks of diarrh...

Results

C-reactive Protein - Authorised on 10.10.25 at 16:20

C Reactive Protein		6	mg/L	(0-10)

Urea & Electrolytes - Authorised on 10.10.25 at 16:20

Sodium		142	mmol/L	(133-146)
Potassium		4.1	mmol/L	(3.5-5.3)
Chloride	+	109	mmol/L	(95-108)
Urea		6.4	mmol/L	(2.5-7.8)
Creatinine		82	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 10.10.25 at 16:20

Total Bilirubin		6	umol/L	(<20)
ALT		41	U/L	(<50)
AST		19	U/L	(<40)
Alkaline Phosphatase		111	U/L	(30-130)
Albumin		36	g/L	(35-50)

End of Report

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SMI
Job ID: 100803422
Date Dictated:
Date Typed: 27/08/2025

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Alcohol Drug Recovery Service
Goldenhill Resource Centre

199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 2
www.nhsggc.org.uk

Dear Alexander O'Rourke,

A follow up appointment has been made for you to be seen as follows:

Date:	**Friday, 5 September 2025**
Time:	**2.00pm**
Appointment with:	**Craig Robertson**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Yours sincerely

Craig Robertson
Addiction Worker

Authorised on 27/08/2025 11:33:44 by Typist Shona MacInnes, on behalf of Craig Robertson.

(D) Dr SP Queen
Red Wing Medical Practice

NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 1 of 2 27/08/2025

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 2 of 2 27/08/2025

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NHS Confidential: Personal data about a patient

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow G51 4TF
Contact Telephone Number, Referral Management Centre: 0800 592087

16/10/2025

Patient:	Alexander O'Rourke
Address:	14C ERSKINE VIEW
	CROWN AVENUE
	Clydebank G81 3AW
CHI Number:	0412703297
Date of Ref:	08/10/2025
Urgency:	URGENT - SUSPECTED CANCER
Specialty:	General Surgery
Hospital:	Queen Elizabeth University Hospital

Dear Dr J Clarkson

Thank-you for your USC referral of the above patient. This referral has been triaged based on your patient's statistical risk of cancer and clinical information provided. This patient has been vetted for an Urgent Suspicion of Cancer Clinic Appointment. We aim to provide a date within 4 weeks. We are working hard to reduce waiting lists for all patients. Your patient remains at USC priority on the waiting list. If their clinical information changes, please submit an updated USC referral indicating what has changed.

Regards,

Referral Management Centre GGC

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Filename: iGPRDA_35.pdf
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Pages:

NHS Confidential- Personal data about a patient

Virology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14c Erskine View Clydebank CLYDEBANK DUNBARTO G81 5JF

Specimen Details

Specimen Number	V.25.2035408.W
Specimen Type	THROAT SWAB
Date/Time Collected	07.10.25 / 09:46
Date/Time Received	08.10.25 / 09:14
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	08.10.25 / 15:28
Details	cough despite abx ? viral...

Results

2019 NCoV - Authorised on 08.10.25 at 15:22

2019 NCoV	Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR specimens after one week.
Not UKAS Accredited
This is a THROAT SWAB sample.

End of Report

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100812185
Date Dictated:
Date: 09/09/2025

PRIVATE & CONFIDENTIAL

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I was due to review Alexander at my Medical Outpatient Clinic at Goldenhill Resource Centre on 5th September 2025. Unfortunately he failed to attend for this scheduled appointment and made no contact with the Resource Centre.

Later that day he did attend the Resource Centre for a different appointment and stated to my secretary that he expected to receive a telephone call to remind him about his appointment. Unfortunately this is a service that we cannot provide.

A further appointment will be sent to him in due course.

Yours sincerely

Authorised on 12/09/2025 14:29:51 by Jalileh (MH Goldenhill) Jubrail.
DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

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GP Links Microbiology Report

Patient Details	
Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Address	14c Erskine View Clydebank G81 5JF

Specimen Details	
Specimen Number	M.25.1219754.E
Specimen Type	Sputum
Date/Time Collected	10.10.25 / 09:31
Date/Time Received	10.10.25 / 15:57
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	11.10.25 / 10:27

Results

```
Report issued by NHS GG&C Microbiology North Sector
                          Enquiries 0141 201 8551
** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Julia Clarkson     Order No:IS27729987
LOCATION: Red Wing Clydebank HC
------------------------------------------------------------

CULTURE RESULT: No significant growth

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

Microbiology guidance/contact/eReferral details here:
https://rightdecisions.scot.nhs.uk/ggc-microbiology/

Tests included in UKAS Accreditation (8078) Scope.

------------------------------------------------------------
Senders ref. no.

Authorised by: Kirsty Keenan
Date/Time authorised: 11.10.2025  10:22
** END OF REPORT **
```

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100812181
Date Dictated:
Date: 09/09/2025

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Alexander O'Rourke,

Re: Alexander O'Rourke **DOB: 04/12/1970** **CHI:** 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I am sorry that you were unable to attend our scheduled appointment at Goldenhill Resource Centre on 5th September 2025. I have arranged another appointment for you on Friday 31st October 2025 at 10.30am. Please note that my secretary is unable to telephone you to remind you of this appointment as this is not something that we offer.

I look forward to seeing you at the end of October.

Yours sincerely

Authorised on 12/09/2025 14:29:18 by Jalileh (MH Goldenhill) Jubrail.
DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

NHS Greater Glasgow and Clyde

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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Virology Report

Patient Details

Surname	O'ROURKE
Forename	ALEXANDER
CHI	0412703297
Date of birth	04.12.1970
Sex	Male
Address	14C ERSKINE VIEW CROWN AVENUE CLYDEBANK DUNBARTO G81 3AW

Specimen Details

Specimen Number	V,25.2035408.W
Specimen Type	THROAT SWAB
Date/Time Collected	07.10.25 / 09:46
Date/Time Received	08.10.25 / 09:14
Requested By	Dr Julia Clarkson
GP Practice	40046
Date/Time Reported	08.10.25 / 16:13
Details	cough despite abx ? viral...

Results

Respiratory virus - Authorised by MCIME on 08.10.25 at 16:08

```
Influenza A virus  :        Detected at low level
Influenza B virus  :        Not detected by PCR
RSV                :        Not detected by PCR
Adenovirus         :        Request DECLINED by laboratory
M. pneumoniae      :        Request DECLINED by laboratory

Comments:
Unable to type Flu A haemagglutinin due to low viral load
This is a THROAT SWAB sample.
```

End of Report

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: CB
Job ID: 100821276
Date Typed: 24/09/2025

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Alcohol Drug Recovery Service
Goldenhill Resource Centre

199 Dumbarton Road
Clydebank
G81 4XJ

0141 941 4400 EXT: Option 2
www.nhsggc.org.uk

Dear Alexander O'Rourke,

An appointment has been made for you to be seen as follows:

Date:	**1 October 2025**
Time:	**1:30pm**
With:	**Craig Robertson**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Yours sincerely

Craig Robertson
Addiction Worker

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Authorised on 24/09/2025 13:07:13 by Typist Claire Brand, not verified by Craig Robertson.

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100849703
Date Dictated:
Date: 10/11/2025

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I was due to review Mr O'Rourke at my Medical Outpatient Clinic at Goldenhill Resource Centre on 31st October 2025. Unfortunately he failed to attend. This is the second appointment that he has failed to attend. I have written to Mr O'Rourke stressing the importance of him attending for our appointments. He will be sent another appointment in due course and hopefully he will attend.

Yours sincerely

Authorised on 21/11/2025 14:17:06 by Jalileh (MH Goldenhill) Jubrai.
DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

NHS Greater Glasgow and Clyde

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100849691
Date Dictated:
Date: 10/11/2025

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Alexander O'Rourke,

Re: Alexander O'Rourke **DOB: 04/12/1970** **CHI:** 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I am sorry that you did not attend our scheduled appointment on 31st October 2025 at Goldenhill Resource Centre. Unfortunately this is the second appointment with myself that you have not attended.

It is really important that we have these appointments to review your mental health and the medications prescribed for it. **You are currently on an injection medication that requires regular psychiatry review. I therefore stress that you attend your next appointment, so we can continue this medication.**

Yours sincerely

Authorised on 21/11/2025 14:16:13 by Jalileh (MH Goldenhill) Jubrai.
DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

NHS Greater Glasgow and Clyde

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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CHI: 0412703297 Page 2 of 2 10/11/2025

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal
GGC Colorectal

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent
Date of referral 03-Mar-2026 **Date sent** 03-Mar-2026

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

1010392350250 Unique Care Pathway Number: 1010392350250

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Julia Clarkson		
GMC code	7460721	GP code	00329
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Chronic diarrhoea

Comment: I wish to update you on this 55 year old gentleman who was referred to yourselves as an USOC referral on 8 October for a change in bowel habit with diarrhoea. He was reviewed in clinic on 4 December by Dr Neil McDowall for his chronic diarrhoea and PR bleeding. He was noted to have haemorrhoids on clinical exam. He has an addition to amphetamines and previously taking cocaine and heroin. He denies any alcohol intake. He is on Metformin. Given the fact he has no evidence of iron deficiency anaemia with a negative qFIT, it was advised unlikely to have significant pathology and so a Category 3B colonoscopy for chronic diarrhoea was arranged. We have issued Fybogel and Loperamide as per your advice from clinic.

Many thanks for your letter from 20 January advising that he has not confirmed the appointment for the colonoscopy. We have discussed this with him and he was struggling with his addiction and did not feel he was able to attend the colonoscopy. However he states he would like a re-referral for the colonoscopy as he understands the seriousness of the investigation. His qFIT was <9 in February 2025 and <9 in October 2025 and I have asked for this to be repeated. Mr O'Rourke states his symptoms are as before - diarrhoea once a day for the past year. He denies any vomiting or weight loss. One episode of bleeding recently from the back passage when moving his bowels was fresh red blood. He denies any alcohol. He denies any abdominal pain.

I would be grateful for a further appointment for this gentleman for his colonoscopy given the one year history of diarrhoea, loose stools and PR bleeding with known haemorrhoids. I have asked for a repeat qFIT and will update you if this is raised.

Many thanks for your specialist care.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Epididymo-orchitis	-	19-Feb-2026	19-Feb-2026
Dizziness symptom	-	04-Feb-2026	04-Feb-2026
Diabetes mellitus NOS with ophthalmic manifestation	-	15-Oct-2025	15-Oct-2025
Myopathy due to endocrine disease EC	Bilat - myopic shift.	15-Oct-2025	15-Oct-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
Influenza	A	08-Jan-2025	08-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022

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Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

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Description	Comment	Date performed	Date recorded
Computed tomography of kidneys	Normal	06-Aug-2025	06-Aug-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	30-Dec-2025	19-Jan-2026
Metformin Hydrochloride Tablets 1 gram	56	56 tablet	TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY	-	14-Oct-2025	13-Feb-2026
Gliclazide M/R tablets 60 mg	56	56 TABLET	2 TABS DAILY DISPENSE WEEKLY	-	17-Jun-2025	13-Feb-2026
Thiamine Tablets 50 mg	112	112 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY	-	23-Apr-2025	13-Feb-2026
Glucorx Lancets Sterile Single-Use 0.31 mm/30 gauge	200	200 LANCET	TO BE USED AS DIRECTED	-	17-Apr-2025	17-Apr-2025
Contour Plus Test strips	200	200 STRIP	TO BE USED AS DIRECTED	-	16-Apr-2025	23-Apr-2025
Aripiprazole Powder And Solvent For Prolonged-Release Suspension For Injection 400 mg pre-filled syringe	0.001	0.001 pre-filled disposable injection	TO BE INJECTED MONTHLY FOR INFO ONLY GIVEN BY GHRC (300MG)	-	02-Apr-2025	02-Apr-2025
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	23-Feb-2026
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY	-	17-Dec-2024	13-Feb-2026
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	19-Jun-2024	13-Feb-2026
			TWO TO BE TAKEN EVERY FOUR TO SIX		30-	15-

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Paracetamol Tablets 500 mg	112	112 tablet	HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	Aug-2023	Dec-2025
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	26-Feb-2026
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	30-Aug-2023	13-Feb-2026

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	28	28 capsule	1 CAP BD	-	19-Feb-2026	19-Feb-2026
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS	-	20-Jan-2026	20-Jan-2026
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR A FURTHER 4 DAYS	-	07-Oct-2025	07-Oct-2025
Nystatin Oral suspension 100,000 units/ml	30	30 ML	USE 1ML IN THE MOUTH FOUR TIMES DAILY AFTER FOOD FOR 7 DAYS CONTINUED FOR 48 HOURS AFTER LESIONS HEALED	-	07-Oct-2025	07-Oct-2025
Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	07-Oct-2025	07-Oct-2025
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	03-Oct-2025	03-Oct-2025
Otomize Spray	1	1 SPRAY	ONE SPRAY INTO AFFECTED EAR (S) THREE TIMES A DAY FOR 7 DAYS	-	23-Sep-2025	23-Sep-2025
Metformin Hydrochloride M/R tablets 1 gram	56	56 TABLET	TWO TO BE TAKEN EACH DAY WITH FOOD DISPENSE WEEKLY	-	17-Jun-2025	23-Sep-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Feb-2026	128	90
10-Nov-2025	112	80
13-Jun-2025	120	78
23-May-2025	126	82
14-Apr-2025	133	94

Body Measurements

Date Recorded	Height	Weight	BMI
10-Nov-2025	177	99	31.6
23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 12 Cigarettes/day:		10-Nov-2025
Alcohol consumption, 0 units/week:		10-Nov-2025

Clinical warnings

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Additional Support Needs
No known ASN requirements

Additional relevant information
QFIT Result:<10
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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O'Rourke Alexander CHI: 0412703297

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Main Switchboard:	0141 201 1100
Department:	General Surgery
Contact Tel:	0141 451 6003
Enquiries to:	Danielle Allan
Letter Date:	04/12/2025
Reference:	NM/MB
Dictated Date:	04/12/2025
Transcribed Date:	18/12/2025

Dear Dr. SP Queen,

Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297
14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW

Attendance: Specialty - General Surgery; Clinic - SUOSGS7S201D-MR O SHAPTER GEN SURG THUR AM WEEKS 1 2 4 AND 5
Date and Time of Appointment - 04/12/2025 10:05

Clinical Comments:
I saw this gentleman in clinic today, who is having ongoing issues with chronic diarrhoea and pr bleeding. He does have haemorrhoids on clinical examination and I note multiple qFITs of less than 9.

The patient is an addict and takes Amphetamines daily. He previously took cocaine, crack cocaine and heroin which he smoked, he has never injected. He smokes about 20 roll ups per day. He denies any alcohol intake.

He is a type 2 diabetic and was started on Metformin and Gliclazide earlier this year. His HbA1c went from 119 to 43 which is a significant improvement. However, both these drugs particularly Metformin can cause diarrhoea. He feels it may of coincided with the timing of his onset of diarrhoea.

He has no evidence of iron deficiency anaemia and with a negative qFIT he is unlikely to have significant pathology. However, I have booked him for a category 3b colonoscopy with chronic ongoing diarrhoea although I suspect this is most likely related to substance misuse and his diabetic medication.

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In the meantime I have asked him to bulk his stool up with fibre drinks, Fybogel and increase fruit and vegetable intake which he does not take any of. He is sometimes caught short in the morning and it may be an idea to take a Loperamide or two capsules before he goes to bed.

Yours sincerely

Dr Neil McDowall

ST7 - General Surgery

Electronically Signed: Dr Neil McDowall, Doctor

cc.

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Our Ref: SMI
Job ID: 100866648
Date: 04/12/2025

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

West Dunbartonshire Addiction Services
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA
01389 812018 EXT: Option 3
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Mr O'Rourke attended the Service on 16 November 2025 for a physical review for consideration for rehab, due to ongoing amphetamine use, currently using 15-20g daily.

I encouraged him to make an appointment with your practice regarding his current inhaler control as he states he is using his Trixeo aerosphere inhaler 4-5 times daily due to increased episodes of shortness of breath. I suspect this may be in relation to episodes of anxiety. He also continues to have episodes of dizziness, and I am aware your practice referred him to hospital in June this year due to similar symptoms, and the hospital felt this was related to his illicit drug use. Lifestyle advice was provided and worsening advice discussed, so he may discuss this with your practice if he does make an appointment.

Yours sincerely

Gemma Docherty
Advanced Nurse Practitioner
West Dunbartonshire Addiction Service
Dumbarton Joint Hospital
Cardross Road
Dumbarton
G82 5JA

Authorised on 05/12/2025 10:21:33 by Gemma Docherty.

(P) Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

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NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
20/01/2026

Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr SP Queen NH

Re Patient:

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
G81 3AW

CHI Number: **0412703297**

Speciality: **General Surgery**

It would appear from our records that one of the following applies:

- **Your patient has not responded to our recent letters inviting them to arrange an appointment.**
- **Your patient has indicated that they no longer require an appointment.**
- **Your patient has refused two reasonable offers of appointment.**

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with the NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

User ID Kayleigh Paulley

SCGC Opwt Removal to GP V1

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100898137
Date Dictated:
Date: 30/01/2026

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

I was due to review Mr O'Rourke at my Medical Outpatient Clinic at Goldenhill Resource Centre on 23rd January 2026. Unfortunately yet again he failed to attend and made no contact with the Resource Centre. This is the third appointment with myself that he has failed to attend. On looking back in his case notes he has not been seen by a medic since February 2025. He will be sent another appointment.

Yours sincerely

Authorised on 13/02/2026 17:25:15 by Jalileh (MH Goldenhill) Jubrai.

DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 1 of 1 30/01/2026

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Our Ref: Phlebotomy
Job ID: 100913043

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

CTAC
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

01415316337 EXT: 36328

www.nhsggc.org.uk

Date: 24/02/2026

Return of Care

Dear Dr Queen

Patient Name: Alexander O'Rourke **CHI: 0412703297**

The above patient unfortunately failed to attend the Treatment Room for their care (Bloods).

Please be advised that we return this patient to your care but would be happy to see the above patient should they wish to make another appointment.

Yours sincerely

Chloe McCartney
HCSW

If phoning or visiting, please ask for the Treatment Room Service, Telephone Number -

Authorised on 24/02/2026 12:16:35 by Chloe McCartney.

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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: Emis
Job ID: 100929375
Date Dictated: 20/03/2026
Date: 20/03/2026

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
01419414400 EXT: 01419414400
www.nhsggc.org.uk

Dear Alexander O'Rourke

The letter is to inform you that your depot was due on **18/3/26**, unfortunately we have been unsuccessful in our attempts to contact you. If you could attend for this as soon as possible, alternatively you can call us on 0141 941 4400 to discuss further.

If you have already attended by receipt, please disregard this letter.

In the event you require urgent support for your mental health, please contact one of the below services.

Service Contact Details	
Goldenhill RC (Monday to Friday: 9am to 8pm Saturday, Sunday, and Public Holidays: 9am to 5pm)	Tele: 0141 941 4400
NHS 24 Mental Health Services (24 hours, 7 days)	Tele: 111

NHS Greater Glasgow and Clyde

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Breathing Space (Monday to Thursday, 6pm to 2am Friday 6pm to Monday 6am)	Tele: 0800 83 85 87
Samaritans (24 hours, 7 days)	Tele: 116 123
Emergency Services (24 hours, 7 days)	Tele: 101/999

We look forward to hearing from you.

Yours sincerely

Iain Pearson
Band 6 Community Mental Health Nurse

Authorised on 20/03/2026 08:56:32 by Typist Iain Pearson (Typist), on behalf of Iain Pearson (Author).

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

— **Hospital** and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent
Date of referral 27-Apr-2026 **Date sent** 27-Apr-2026

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101039769619Q Unique Care Pathway Number: 101039769619Q

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr. Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Background of amphetamine misuse and psychiatric history, recurring syncopal episodes/...

Comment: Cont'd: recent admission with chest pain, abnormal ECG, urgent assessment please

I am writing concerning my patient Alexander O'Rourke. This gentleman has a background that includes previous Iatrogenic hyperprolactinaemia, hypogonadotrophic hypogonadism, paranoid psychosis and ongoing recreational drug misuse. He has Type 2 diabetes and COPD and remains on a Depo via CMHT He continues to heavily abuse amphetamines up to 12g per day but denies any other illicit drug use or alcohol. Alexander consulted in late March due to a syncopal episode he had had a few days prior. He started to feel sick and thought he was going to vomit and then had "a dry boke". He didn't actually vomit but passed out and recalls coming round on the floor. He thinks he was unconscious just for a few seconds, there was no tongue biting or incontinence and no prolonged confusion. There was no preceding chest pain, palpitations or headache. He did mention that he thinks he has now had 3-4 episodes of similar syncope over the preceding few months. On one occasion he stood up quite quickly when standing in the kitchen, felt lightheaded and passed out. Again only seconds and no seizure markers. Another episode he recalls occurred when he stood up quite quickly, again no seizure markers. No associated headaches, chest pain, palpitations on any occasion. He denied any exertional chest pains.

On examination apyrexial, pulse 90 regular, blood pressure 125/81 and 122/85 erect, oxygen saturations 98%, heart sounds 1+2+0, the chest was clear with good air entry bilaterally, no evidence of DVT or calf swelling, pupils equal and reactive, a full range of eye movement, cranial nerves intact, Romberg's negative. An ECG was performed. This demonstrated sinus tachycardia at a rate of 103 with premature atrial complexes and incomplete right bundle branch block. There appeared to be a wide deep Q-wave in 3 and minor T-wave inversion in AVF. There was no ST-elevation. The changes appeared new compared to an ECG of 30/6/2025. Given his recurrent syncope and new ECG changes, he was referred to Medical Receiving. The patient says he did attend but there was a long wait and elected not to wait to be seen. He did however attend hospital from 8-9 April due to chest pain. We do not yet have an IDL and we are chasing this. Bloods were satisfactory, troponin was negative. An ECG demonstrated sinus tachycardia at a rate of 102 and there seemed to be resolution of the previous Q-waves ? technical issue/spurious. I gather from the handwritten hospital notes it was felt that he had amphetamine induced chest pain.

In view of this gentleman's recurring syncope and recent admission with chest pain in the context of ongoing amphetamine misuse, I would appreciate your specialist assessment. Please find attached a summary of his past medical history and medications.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Syncope symptom	-	31-Mar-2026	31-Mar-2026
Diabetes mellitus NOS with ophthalmic manifestation	-	15-Oct-2025	15-Oct-2025
Myopathy due to endocrine disease EC	Bilat - myopic shift.	15-Oct-2025	15-Oct-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
Influenza	A	08-Jan-2025	08-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023

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Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
H/O crack cocaine misuse	-	01-Aug-2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009

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Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computed tomography of kidneys	Normal	06-Aug-2025	06-Aug-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024
Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Asthma	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN TWICE DAILY WITH MEALS	-	22-Apr-2026	22-Apr-2026
Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	30-Dec-2025	19-Jan-2026
Gliclazide M/R tablets 60 mg	56	56 TABLET	2 TABS DAILY DISPENSE WEEKLY	-	17-Jun-2025	01-Apr-2026
Thiamine Tablets 50 mg	112	112 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY	-	23-Apr-2025	01-Apr-2026
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	21-Apr-2026
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY	-	17-Dec-2024	01-Apr-2026
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	19-Jun-2024	01-Apr-2026
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	15-Dec-2025
Salbutamol Dry Powder Inhaler			ONE OR TWO DOSES		30-	21-Apr-

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100 micrograms/actuation	1	1 INHALER	TO BE INHALED WHEN REQUIRED	-	Aug-2023	2026
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	30-Aug-2023	01-Apr-2026

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Doxycycline Hyclate Capsules 100 mg	28	28 capsule	1 CAP BD	-	19-Feb-2026	19-Feb-2026
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS	-	20-Jan-2026	20-Jan-2026
Metformin Hydrochloride Tablets 1 gram	56	56 tablet	TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY	-	14-Oct-2025	01-Apr-2026

Blood Pressure

Date Recorded	Systolic	Diastolic
04-Feb-2026	128	90
10-Nov-2025	112	80
13-Jun-2025	120	78
23-May-2025	126	82
14-Apr-2025	133	94

Body Measurements

Date Recorded	Height	Weight	BMI
10-Nov-2025	177	99	31.6
23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 12 Cigarettes/day:		10-Nov-2025
Alcohol consumption, 0 units/week:		10-Nov-2025

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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Our Ref: SOH
Job ID: 100915736
Date Dictated:
Date Typed: 27/02/2026

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Thank you for your letter dated 9th February regarding the above named gentleman. Mr O'Rourke will be given another appointment and I will make a note to discuss anxiety with him.

He did attend our Depot Clinic on 18th February with one of our CPNs who did try and explore anxiety with him however Alex declined further questions.

I am very grateful for your care of him and hopefully he will be more open when we meet in the future.

Yours sincerely

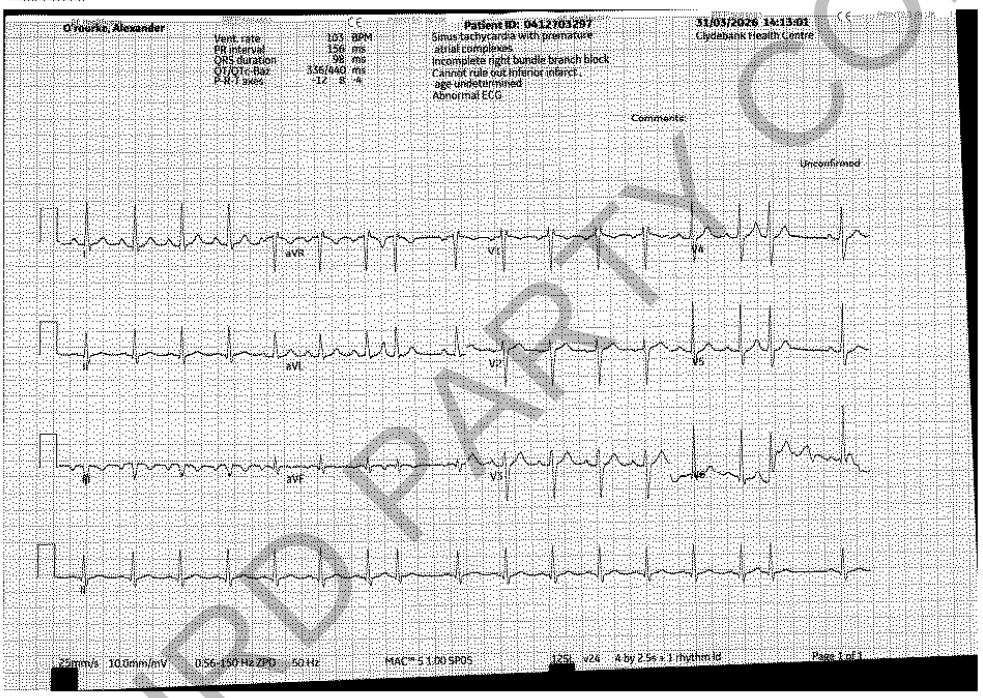
Authorised on 20/03/2026 16:16:56 by Jalileh (MH Goldenhill) Jubrai.

DR JALILEH JUBRAIL
ST4 in General Adult Psychiatry

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NHS Confidential: Personal data about a patient

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Contact Telephone Number, Endoscopy Department: 0141 201 3682

31/03/2026

Patient: Alexander O'Rourke
Address: 14C ERSKINE VIEW
CROWN AVENUE
Clydebank G81 3AW
CHI Number: 0412703297
Date of Ref: 03/03/2026
Urgency: URGENT
Specialty: General Surgery
Hospital: Gartnavel General Hospital

Dear Dr J Clarkson

Thank-you for your referral of the above patient. This referral has been triaged based on your patient's statistical risk of serious colorectal disease. From the qFIT and clinical information you have provided for this patient, they have a risk of serious colorectal disease of less than 1%. In keeping with NHSGGC guidance, their referral has been processed as Urgent and they have been put on the waiting list for a category 3B colonoscopy. Category 3B procedures can take longer to date. Whilst we are working hard to reduce waiting lists for all patients, categorisation allows us to investigate those patients with the highest risk of serious colorectal disease sooner.

If your patient's symptoms or clinical information changes, please repeat qFIT and follow NHS GGC guidance based on results with a further referral if recommended. This information will allow re-calculation of disease risk and escalation to a higher referral urgency and category scope if needed.

You may be receiving this letter as a result of a referral made within secondary care for colorectal investigation, please note your patient has been added to the waiting list as per above.

Regards,

Endoscopy Service GGC

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West Dunbartonshire Council

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: Emis
Job ID: 100929446
Date Dictated:
Date Typed: 20/03/2026

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Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Mental Health
Goldenhill Resource Centre

199 Dumbarton Road
Clydebank

G81 4XJ
01419414400 EXT: 01419414400
www.nhsggc.org.uk

Dear Alexander O'Rourke,

Arrangements have been made for you to be seen on:

Date:	**22/4/25**
Time:	**11.45**
Appointment with:	**Depot Clinic**
Location:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will be noted on an enclosed page.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Iain Pearson
Band 6 Community Mental Health Nurse

NHS Greater Glasgow and Clyde

CHI: 0412703297 Page 1 of 2 20/03/2026

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West Dunbartonshire COUNCIL

West Dunbartonshire
Health & Social Care Partnership

Beth Culshaw
Chief Officer

Authorised on 20/03/2026 09:46:48 by Typist Iain Pearson (Typist), on behalf of Iain Pearson (Author).

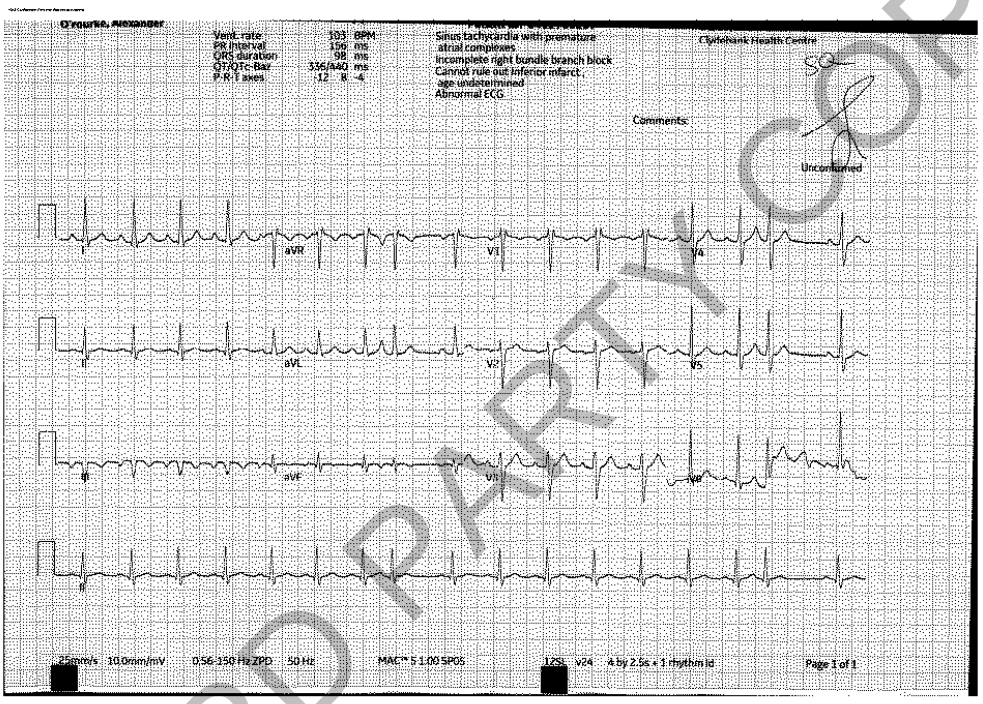
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Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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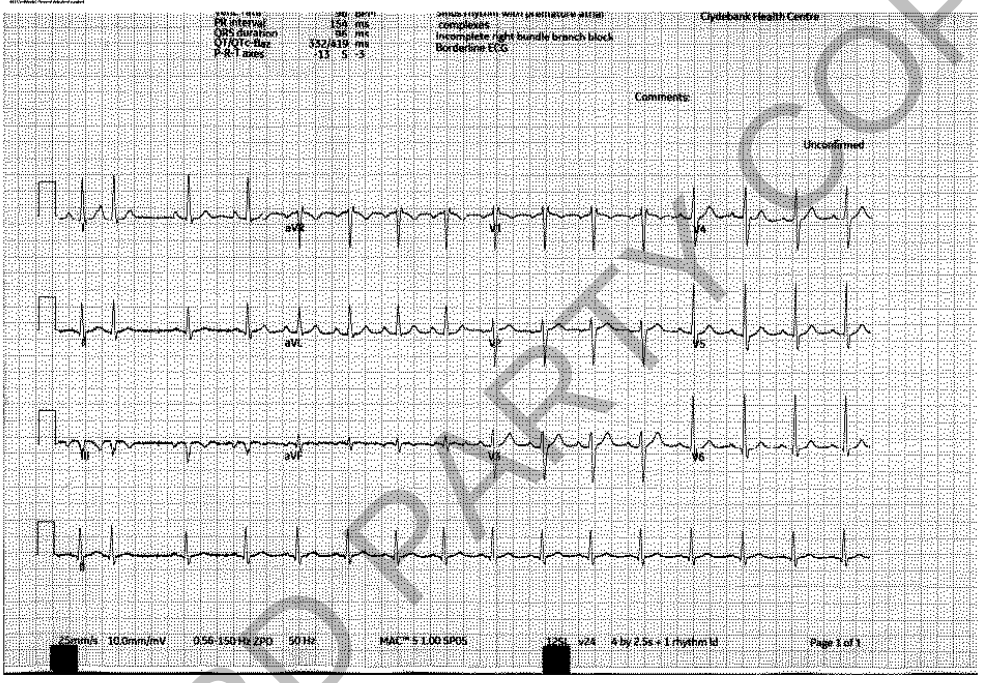
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NHS Confidential: Personal data about a patient

CASTLE CRAIG

Release of Confidential Information

Confidential Information Release for the Castle Health Group

Patient Name	Patient Email	Date of Birth
Alexander O'ROURKE	alexanderorourke123@gmail.com	04/12/1970

I Alexander hereby authorise Castle Health Group to request relevant Confidential Information from AND provide relevant Confidential Information to the following healthcare professionals and/or other personal relationships before, during and after treatment.

I agree that Confidential Information is shared with my insurer, if applicable.

Castle Health Group treats any personal information with great care and confidentiality. Please click here to see our privacy policy, which details how Castle Health manages personal information. Castle Health Group may share my Confidential Information with Castle Craig Hospital, Smarmore Castle Clinic, CATCH Recovery Limited and Stockholms Beroendeklinik AB to enable them to complete patient treatment and I expressly give my permission to this.

CATCH Recovery, Smarmore Castle Clinic, Castle Craig Hospital and Stockholms Beroendeklinik AB are all members of the Castle Health Group.

I understand that I may revoke this authorisation at any time upon written notice to Castle Health Group by emailing help@castlehealth.eu. I acknowledge that such revocation will only be effective on any future confidential information requested, but such revocation does not effect the receipt of any Confidential Information prior to the receipt of the written revocation request. I acknowledge and agree that the receipt of any Confidential Information prior to any written revocation request was lawful and remains so and acknowledge that Castle Health Group has already acted in reliance upon this authorisation when in receipt of any Confidential Information under those circumstances.

GP / Doctor Name	GP / Doctor Surgery Name & Address
Doctor Queen	CLYDEBANK HEALTH & CENTRE, Queens key Main Avenue G81 1BS, Clydebank, United Kingdom

GP / Doctor Surgery Email	GP / Doctor Surgery Phone Number

Other Contacts

Full Name	Nature of Relationship	Email	Phone	Next Of Kin?	Referred You?
David O'Rourke	Other Family Member		07488338332	No	

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Signature

Alex O'Rourke

Date
15/04/2026

Click the button below to submit.

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CASTLE CRAIG

Castle Craig Hospital
Blyth Bridge,
West Linton,
Scotland.
EH46 7DH.

Phone: 01721 722763
Email: info@castlecraig.co.uk

Date: 15/04/2026

Patient Name: Alexander O'ROURKE

DOB: 04/12/1970

RE: URGENT REQUEST FOR MEDICAL INFORMATION

To whom it may concern,

The above patient of your practice has requested admission to Castle Craig Hospital.

We have the patient's permission to contact you to request the release of medical information. We would be grateful to receive any of the following medical information:

- A patient summary,
- List of current prescriptions,
- All recent blood test results including Hepatitis B, C and HIV,
- Any recent hospital discharge letters.

If the patient has a complicated medical history or mental health concerns we may need to request additional information to assist our assessment and care of the patient.

Please email the information as soon as possible to internaladmissions@castlecraig.co.uk and if you have any questions you are welcome to call our admissions department on 01721 620001.

Thank you in advance for prioritising this request. Receipt of this information will facilitate a rapid admission for the patient to Castle Craig Hospital.

Yours sincerely

Dr. Peter McCann, MBBS, MSc, MRCPsych
GMC: 7411446
Medical Director, Castle Craig Hospital

Directors: Peter J McCann, MA; Dr Margaret McCann, MB, Bch, BAO; Dr Michael G McCann, MD, MA, DIH, MFOM; Dominic McCann, MA (Hons); Victoria McCann, BA, MSc; Daniel Gouws, MBA, CIMA, Dip.Bus.Man.

Castle Craig Hospital Limited, Registered in Scotland, SC108534; Registered Office: 1 Rutland Court, Edinburgh, EH3 8EY.

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100949181
Date Dictated: 17/04/2026
Date: 22/04/2026

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Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank

G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr Queen,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Date of Appointment:	**14th April 2026**
Diagnosis:	**Drug Induced Psychosis** **Dependence on Substances - amphetamines**
Any ongoing concerns re risk:	
Current medication:	**Aripiprazole 300mg monthly** **Esomeprazole 20mg daily** **Atorvastatin 20mg daily** **Amitriptyline 20mg mane and 10mg nocte** **Thiamine 50mg four times daily** **Gliclazide 120mg M/R daily** **Metformin Hydrochloride 2gm daily** **Trixeo Inhaler - 2 puffs bd** **Salbutamol Inhaler - 1-2 puffs as required**
Recommendation to GP:	**No change**
Mental Health act status and if on T2 or T3:	**Informal**

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Follow up:	Medical Outpatient Review - four months

I reviewed Mr O'Rourke, as an outpatient, at my Medical Outpatient Clinic at Goldenhill Resource Centre on the above date. Please see my EMIS entry below for your information.

Last attended one year ago.
Feeling anxious after sitting in the waiting room. Becomes anxious when sitting too long. Attributes to amphetamine use. Started months ago.
Remains anxious and wary when out. He was threatened about 18months ago on facebook. More uneasy when out since then. Wary but not actually thinking he will be attacked. Will take precautions - going a different way to meetings. Does not carry weapons anymore to protect self. Not done this for months.
If in his house he feels okay. Feels calm.
No low mood. Has occasional thoughts of suicide when he is trying to stop his drugs. Tends to overthink things then and can have suicidal thoughts. He will contact others when he feels this way and finds the support very helpful. Just thoughts and has no plans or intent. Never tempted to act on thoughts and always reaches out for help.
No psychotic symptoms. Has tried to stop aripiprazole depot by delaying taking it for up to 8 days but realises that he start to feel less good and so restarts it.
Using 12-14mg of amphetamines - base - mixed with glucose-daily. Now replaced by Brain which is pure amphetamine - 2g per day. However, will likely run out and return to amphetamine base.
Had a telephone appointment with Castlecraig this morning, and he may have a rehab place soon.
Recently in QEUH due to collapsing. Has collapsed x3 in the last few months. Preceded by dizziness. ECG showed abnormalties and GP advised that he attend QEUH. He was unable to tolerate waiting in ED and left but then returned last week and was admitted for one night due to chest pains.
Physical - Diabetes type 2, COPD and may have had an MI but unable to clarify from clinical portal.

Mental State Examination

Kempt, pleasant, tremulous, mildly anxious, not low in mood. Speech and thought format normal. Thought content - some anxious cognitions in keeping with chronic hypervigilance secondary to past attacks. Nil psychotic. Nil abnormal.

Plan

No change to medication.
On entering rehab he may need to change to oral aripiprazole. Find out equivalent dose from pharmacy.

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West Dunbartonshire Council

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

See in 4 months or post rehab.
Yours sincerely

Authorised on 27/04/2026 12:37:35 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100956124
Date Dictated: 29/04/2026
Date Typed: 01/05/2026

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Dr SP Queen
Castlecraig Hospital
Clydebank Health & Care Centre
West Linton
Clydebank
G81 1BS

Mental Health
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ
0141 941 4400 EXT: Option 1
www.nhsggc.org.uk

Dear Dr McCann,

Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297
Address: 14C Erskine View Crown Avenue, Clydebank, G81 3AW

Last Outpatient Appointment:	**14th February 2026**
Last Depot Administration:	**24th April 2026**
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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Trixeo Inhaler 2 puffs bd
Salbutamol Inhaler 1-2 puffs as required

I am a Consultant Psychiatrist involved in the care of Mr O'Rourke within Goldenhill Resource Centre Community Mental Health Team. I understand that you have requested information on his diagnosis and for my views on any reduction of his antipsychotic while in Castlecraig Hospital.

Mr O'Rourke's diagnoses are as above.

Mr O'Rourke has been under my care since December 2023. Throughout that time he has not experienced any psychotic symptoms. He will experience periods of paranoid thinking, but these are in keeping with anxiety and are not delusional beliefs. Notably he has continued to use amphetamines throughout the time that I have known him. However, the potential for the amphetamines causing psychosis have been ameliorated by his continued administration of Aripiprazole Depot. As he has persistently used amphetamines I have been unable to trial him off of the Aripiprazole Depot. I would not anticipate until he had a fairly prolonged period in community without resorting to drug use.

It may be helpful for you to be aware of his past psychiatric history. He attended CAMHS as a twelve year old child. He was diagnosed as having Conduct Disorder and Antisocial Behaviour and Polysubstance Use. He was self-cutting at that time.

He was assaulted in 2008 at the age of thirty-eight. He was stabbed and had a number of Post Traumatic Stress Disorder symptoms at that time. These worsened when he was again stabbed in 2012. He was using drugs and alcohol to deal with his anxiety about being assaulted.

Around that time he was admitted to Prison. Whilst in Prison he was diagnosed as having Psychosis. We do not have any details about this episode of illness.

From 2014 he was followed up by Consultant Psychiatrist, Dr Puri within Riverview Resource Centre in Dumbarton. At that point he was hearing voices in the second person. These were shouting and of external location, although he was able to determine that they were not real. He tended to be worse when he was stressed and in a busy environment. He did not have any delusional beliefs. He had a knife under his pillow for protection but denied carrying weapons outside. He was on Olanzapine at that time. His compliance was limited, and he was continuing to use drugs.

He has a possible further episode of psychosis in 2021. He was noted to be paranoid about a friend and carried a knife at that point. He was also using amphetamines and he

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West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

was worried that he would attack somebody else. He was seen urgently at the time but he was not admitted.

He has a significant forensic history. He had forty-five previous convictions in 2014 related to RTAs, Breech of Peace and theft. He has had several custodial sentences largely for breaking and entering. He also attacked somebody with a meat cleaver. The circumstances of this is not clear. He was diagnosed as having anxiety at that time by a Psychiatrist. He was not found to be psychotic. He was drinking to excess. He went to Prison and stabbed someone in Prison with a plastic knife. The knife snapped. He had stabbed this person as he thought he was being taken advantaged of. There is no information as to whether he was mentally unwell at that particular time.

Given the limited information about his past episodes of psychosis and the fact that he has carried weapons when he has been psychotic it may be advisable for him to remain on his current dose of Aripiprazole medication until he has a period of stability within the community.

Should you be unable to prescribe the depot Aripiprazole within your facility then Mr O'Rourke's depot medication could be converted to oral Aripiprazole.

I am happy to provide you with further information should you require this.

Yours sincerely

Authorised on 05/05/2026 13:24:33 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
Dr Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Dr Lyndsey A Borland, MBChB (Dundee 2001) MRCP (UK) MRCGP, DCH, DFFP
Dr Sophie Hepburn, MBChB (Glasgow 2013), MRCGP (2019)
Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

RED WING

The Red Wing
Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

ggc.gp40046@nhs.scot

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Our Ref: JC/AS/041270

Private & confidential
Mr Alexander O'Rourke
14C Erskine View
CLYDEBANK
G81 5JF

5 May 2026

Dear Mr O'Rourke

I write to you as I have received a "did not attend" letter from General Surgeons after referring you to their service for diarrhoea and change of bowel habit. I wish to write to you as you were given an appointment with myself on 28 April to further review your symptoms and offer a further referral to the Colorectal Surgeons. I note you were unable to attend this appointment.

I would like to encourage you to make an appointment with the GP so that we can further refer you to the Colorectal Surgeons if you still have symptoms. I have not referred you again until you are seen by a GP to update your symptoms and examination. If you have any queries, please contact us and arrange a further appointment with myself or any other GP of your choice.

Many thanks,

Yours sincerely

Dr Julia Clarkson

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West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: SOH
Job ID: 100956124
Date Dictated: 29/04/2026
Date Typed: 01/05/2026

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Dr SP Queen
Castlecraig Hospital
Clydebank Health & Care Centre
West Linton
Clydebank
G81 1BS

Mental Health
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199 Dumbarton Road
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G81 4XJ
0141 941 4400 EXT: Option 1
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West Dunbartonshire COUNCIL

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Trixeo Inhaler 2 puffs bd
Salbutamol Inhaler 1-2 puffs as required

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West Dunbartonshire Health & Social Care Partnership

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Chief Officer

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Yours sincerely

Authorised on 05/05/2026 13:24:33 by Rosemary McCaffery.
DR ROSEMARY McCAFFERY
Consultant Psychiatrist

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Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

Hospital and **hospital address**

Hospital location code.
G516H

Email address
-

Urgency of referral Urgent on urgent WL, addendum to previous referral
Date of referral 02-Jun-2026 **Date sent** 02-Jun-2026

PATIENT DETAILS

Surname	O'Rourke
Forename(s)	Alexander
Title	Mr
Sex	Male
Date of birth	04-Dec-1970
CHI no.	0412703297
Area of Residence	-

Patient's address

14c Erskine View
Clydebank
G81 5JF

Contact number(s)

Voice: 07551640291
E-mail: alexanderorourke123@gmail.com

101040142446V Unique Care Pathway Number: 101040142446V

REGISTERED GP DETAILS

Name	Dr Scott Queen		
GMC code	4312026	GP code	05703
Practice name	Red Wing - Clydebank Medical Centre (13414)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

REFERRING GP DETAILS

Name	Dr Finlay Hutchison (GPST1)		
GMC code	7834979	GP code	-
Practice name	Red Wing Medical Practice (40046)		
Practice code	40046		

Practice address

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

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CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: syncope

Comment: Dear colleague

Please see attached initial referral by my colleague Dr Queen - this letter is to provide an update to the original referral. Mr O'Rourke is a 55 yr old man who is on the waiting list for urgent cardio review following a syncopal episode in March.

Mr O'Rourke attended today having had another collapse episode occur 3 weeks ago when walking from the living room to the toilet. He describes walking through and then waking up on the floor what he suspects was seconds later having hit his shoulder off the wall. He denies preceding chest pain/palps/presyncope. He denies incontinence or tongue bite and was not post ictal or confused at all after. He got up off the floor and continued his day. He did not want to go to hospital so did not tell anyone it happened. Mr O'Rourke continued to take up to 12g of amphetamines daily and is now taking large quantities of street pregabalin.

on review today HR 80, sats 98%, pulse regular, BP 138/80 chest wheezy in keeping with IECOPD which he is being treated for currently. PEARL, CN grossly intact.

I have advised Mr O'Rourke to seek medical attention urgently if these continue to happen. I appreciate that he is on the urgent waiting list but wished to let you know that the episodes have continued to occur.

Many thanks
Finlay Hutchison
GPST1

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Diabetes mellitus NOS with ophthalmic manifestation	-	15-Oct-2025	15-Oct-2025
Myopathy due to endocrine disease EC	Bilat - myopic shift.	15-Oct-2025	15-Oct-2025
Diabetes mellitus with ketoacidosis	-	15-Apr-2025	15-Apr-2025
[X]Intent self harm by sharp object occ resident instit'n	-	07-Mar-2025	07-Mar-2025
Type 2 diabetes mellitus	-	27-Jan-2025	27-Jan-2025
Urinary tract infection, site not specified NOS	-	25-Jan-2025	25-Jan-2025
Influenza	A	08-Jan-2025	08-Jan-2025
[V]Drug use	Multiple	06-Dec-2023	06-Dec-2023
Cocaine dependence, unspecified	-	20-Sep-2023	20-Sep-2023
Haematemesis	-	28-Aug-2023	28-Aug-2023
Coronavirus infection	-	03-Apr-2023	03-Apr-2023
Anxiety with depression	-	18-Nov-2022	18-Nov-2022
Suicidal ideation	-	29-Aug-2022	29-Aug-2022
		01-Aug-	

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H/O crack cocaine misuse	-	2022	01-Aug-2022
Essential and other specified forms of tremor	Dystonic/essential phenotype - upper limbs	05-Feb-2022	05-Feb-2022
Closed fracture of great toe (Right)	-	09-Dec-2021	09-Dec-2021
Hyperprolactinaemia	igatrogenic	09-Aug-2021	09-Aug-2021
Hypogonadotropic hypogonadism	-	09-Aug-2021	09-Aug-2021
Nondependent amphetamine or other psychostimulant abuse	-	26-Feb-2021	26-Feb-2021
Chronic obstructive pulmonary disease	-	01-Dec-2020	01-Dec-2020
Acute exacerbation of asthma	-	22-Sep-2019	22-Sep-2019
Non-organic psychosis NOS	-	25-Mar-2019	25-Mar-2019
Prison record	Various sentences	06-Dec-2018	06-Dec-2018
Nondependent cocaine abuse	-	03-Dec-2018	03-Dec-2018
History of abuse	Physical - mother	15-Aug-2017	15-Aug-2017
Alcohol dependence syndrome	-	04-Aug-2017	04-Aug-2017
Olecranon bursitis (Left)	-	26-Apr-2017	26-Apr-2017
H/O benzodiazepine misuse	-	23-Nov-2016	23-Nov-2016
Asthma	-	18-Jun-2015	18-Jun-2015
Death of mother	-	01-Feb-2015	01-Feb-2015
[X]Men & behav disorder multiple drug use/psychoactive subst	-	03-Sep-2014	03-Sep-2014
H/O: deliberate self harm	-	25-Jul-2014	25-Jul-2014
Lost custody of children	-	18-Jun-2014	18-Jun-2014
Child lives with mother	-	18-Jun-2014	18-Jun-2014
Incisional hernia NOS	-	18-Nov-2013	18-Nov-2013
[X]Assault by sharp object	-	19-Mar-2012	19-Mar-2012
[X]Assault by sharp object	-	01-Jan-2010	01-Jan-2010
Alcohol problem drinking	-	11-May-2009	11-May-2009
Closed fracture thumb proximal phalanx (Right)	-	04-May-2009	04-May-2009
Nondependent cannabis abuse NOS	-	20-Aug-1998	20-Aug-1998
[X]Heroin addiction	-	01-Jan-1996	01-Jan-1996
Ulnar nerve injury (Right)	Ulnar digital nerve	01-Jan-1984	01-Jan-1984

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computed tomography of kidneys	Normal	06-Aug-2025	06-Aug-2025
CT of thorax, abdomen and pelvis	Nil bowel, abdoment & lungs	08-Jul-2024	08-Jul-2024

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Magnetic resonance imaging of head	? small vessel disease	11-Nov-2021	11-Nov-2021
Magnetic resonance imaging	Pituitary - normal	04-Feb-2021	04-Feb-2021
ECG: sinus bradycardia	-	27-Nov-2019	27-Nov-2019
Exercise tolerance test normal	-	27-Nov-2019	27-Nov-2019
Primary repair of incisional hernia	-	09-Nov-2016	09-Nov-2016
Other operations on colon	Oversewing of (L) gastro-colic vessel	19-Mar-2012	19-Mar-2012
Exploratory laparotomy	-	19-Mar-2012	19-Mar-2012
Debridement and irrigation of joint	(L) elbow	19-Mar-2012	19-Mar-2012
Drug addictn therap-methadone	-	03-Apr-1997	03-Apr-1997
Bilateral orchidopexy	-	26-Sep-1983	26-Sep-1983

Family conditions (All priorities)

Description	Date of Onset
FH: Parkinsonism (Mother)	05-Jul-2022
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Ischaemic heart dis. <60 (Brother,Mother)	04-Dec-2018
FH: Asthma	04-Dec-2018
FH: Myocardial infarct in 1st degree male relative <55 years (Brother)	11-Dec-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metformin Hydrochloride Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN TWICE DAILY WITH MEALS	-	22-Apr-2026	28-May-2026
Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	30-Dec-2025	19-Jan-2026
Gliclazide M/R tablets 60 mg	56	56 TABLET	2 TABS DAILY DISPENSE WEEKLY	-	17-Jun-2025	28-May-2026
Thiamine Tablets 50 mg	112	112 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY DISPENSE WEEKLY	-	23-Apr-2025	28-May-2026
Trixeo Aerosphere Pressurised Inhaler 5 microgram + 7.2 microgram + 160 microgram/dose	120	120 dose	2 Puffs morning and night	-	04-Feb-2025	02-Jun-2026
Amitriptyline Hydrochloride Tablets 10 mg	84	84 TABLET	TAKE TWO IN MORNING AND ONE AT NIGHT DISPENSE WEEKLY	-	17-Dec-2024	28-May-2026
Atorvastatin Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	19-Jun-2024	28-May-2026
Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED	-	30-Aug-2023	21-Apr-2026
Paracetamol Tablets 500 mg	112	112 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	30-Aug-2023	15-Dec-2025
Esomeprazole Gastro-resistant Tablets 20 mg	28	28 TABLET	ONE TO BE TAKEN DAILY DISPENSE WEEKLY	-	30-Aug-2023	28-May-2026

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	15	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS	-	02-Jun-2026	02-Jun-2026

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Prednisolone Tablets 5 mg	30	30 tablet	6 DAILY IN MORNING FOR 5 DAYS	-	02-Jun-2026	02-Jun-2026
Doxycycline Hyclate Capsules 100 mg	28	28 capsule	1 CAP BD	-	19-Feb-2026	19-Feb-2026
Loperamide Hydrochloride Capsules 2 mg	30	30 CAPSULE	ONE OR TWO CAPSULES BEFORE BED IF REQUIRED FOR DIARRHOEA AS PER SURGEONS	-	20-Jan-2026	20-Jan-2026
Metformin Hydrochloride Tablets 1 gram	56	56 tablet	TWO TO BE TAKEN EACH DAY AFTER FOOD DISP WEEKLY	-	14-Oct-2025	01-Apr-2026

Blood Pressure

Date Recorded	Systolic	Diastolic
02-Jun-2026	138	80
04-Feb-2026	128	90
10-Nov-2025	112	80
13-Jun-2025	120	78
23-May-2025	126	82

Body Measurements

Date Recorded	Height	Weight	BMI
10-Nov-2025	177	99	31.6
23-May-2025	177	99	31.6
16-May-2025	177	99	31.6
23-Jan-2025	178.5	104	32.64
02-May-2024	-	102	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 12 Cigarettes/day:		10-Nov-2025
Rolls own cigarettes, 1.8 oz/wk:		23-May-2025
Rolls own cigarettes, 2.8 oz/wk:		23-Jan-2025
Current smoker:		23-Jan-2025
Cigarette smoker, 20 Cigarettes/day:		06-Jun-2023
Alcohol consumption, 0 units/week:		10-Nov-2025
Alcohol consumption, 0 units/week:		23-May-2025
Alcohol consumption, 0 units/week:		04-Feb-2025
Alcohol consumption, 0 units/week:		23-Jan-2025

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

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

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Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Cardiology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

04/06/2026

Dr
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Dear Dr
CHI Number: 0412703297
Patient Name: Alexander O'Rourke
Referral Date: 03/06/2026

Advice Response to recent Referral:

He remains on the Urgent waiting list but, even if this has been cardiogenic syncope, the underlying cause for it is almost certainly going to be his continued illicit drug use.
An urgent cardiolgy review is not going to fix that. Efforts would be best directed at addressing his substance abuse and addiction issues.

Yours Sincerely

Dr Damien Collison

User ID: Damien Collison

OP Advice Letter

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Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

Imaging Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

Dr Finlay Hutchison (GPST)
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Tel: 0141 211 3116
Date: 30-Jun-2026
CHI No: 0412703297
Hosp Ref: G504H
Page No: **Page 1 of 1**

Dear Dr Finlay Hutchison (GPST),

The following radiology request has been **RETURNED** for the reason below.

Patient: Mr Alexander O'Rourke
Date of birth: 04-Dec-1970
CHI No: 0412703297
Date of Request: 02-Jun-2026

Examination(s) Requested: XR Chest

Reason for Returning
Referral rejected no presentation within 28 days. All Plain Film requests are valid for 4 weeks as agreed by Ross McDuff Clinical Director. After this period clinical reassessment is required

In many cases additional information is all that is required. Can you please therefore review this patient and either submit another referral form, giving additional information or contact a Consultant Radiologist for guidance.

Yours sincerely

Diagnostics Administrator

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Scanned Document
03-July-2026 KAREN_13414
Additional: Scanned Document

Filename: iGPRDA_2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

West Dunbartonshire Council
West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Our Ref: CB
Job ID: 100999757
Date Dictated:
Date Typed: 02/07/2026

PRIVATE & CONFIDENTIAL

Alexander O'Rourke
14C Erskine View Crown Avenue
Clydebank
G81 3AW

Alcohol Drug Recovery Service
Goldenhill Resource Centre
199 Dumbarton Road
Clydebank
G81 4XJ

0141 941 4400 EXT: Option 2
www.nhsggc.org.uk

Dear Alexander O'Rourke

An appointment has been made for you to be seen as follows:

Date:	**8 July 2026**
Time:	**11:30am**
With:	**Craig Robertson**
Venue:	**Goldenhill Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Yours sincerely

Craig Robertson
Addiction Worker

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NHS Greater Glasgow and Clyde

CHI: 0412703297

02/07/2026

NHS Confidential: Personal data about a patient

West Dunbartonshire Council

West Dunbartonshire Health & Social Care Partnership

Beth Culshaw
Chief Officer

Authorised on 02/07/2026 13:58:04 by Typist Claire Brand, not verified by Craig Robertson.

(D) Dr SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

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NHS Greater Glasgow and Clyde

CHI: 0412703297

02/07/2026

EMIS attachment reference code
05-May-2026 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to patient
Filename: O'Rourke, Alexander 2026 05 05.doc
Extension:.tif
Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
Dr Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Dr Lyndsey A Borland, MBChB (Dundee 2001) MRCP (UK) MRCGP, DCH, DFFP
Dr Sophie Hepburn, MBChB (Glasgow 2013), MRCGP (2019)
Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

RED WING

The Red Wing
Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

ggc.gp40046@nhs.scot

Our Ref: JC/AS/041270

Private & confidential
Mr Alexander O'Rourke
14C Erskine View
CLYDEBANK
G81 5JF

5 May 2026

Dear Mr O'Rourke

I write to you as I have received a "did not attend" letter from General Surgeons after referring you to their service for diarrhoea and change of bowel habit. I wish to write to you as you were given an appointment with myself on 28 April to further review your symptoms and offer a further referral to the Colorectal Surgeons. I note you were unable to attend this appointment.

I would like to encourage you to make an appointment with the GP so that we can further refer you to the Colorectal Surgeons if you still have symptoms. I have not referred you again until you are seen by a GP to update your symptoms and examination. If you have any queries, please contact us and arrange a further appointment with myself or any other GP of your choice.

Many thanks,

Yours sincerely

Dr Julia Clarkson

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EMIS attachment reference code
02-Apr-2026 Ms Ariane Murphy (AEM)
Additional:EMIS attachment reference code
action
Filename: action .doc
Extension:.tif
Pages:

Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK), MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Lyndsey A Borland, MRCGP, DCH, DFFP

Practice Manager:
Karen McElwee

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THIRD PARTY COPY

Mr Alexander O'Rourke
14c Erskine View
Clydebank
Glasgow
G81 5JF

03 July 2026

Dear Mr O'Rourke

We have been unsuccessful in contacting you by telephone.

Our GP has received correspondence from the Endoscopy department at Gartnavel and they have requested that you complete another qFIT (stool) sample. I have enclosed the qFIT and would appreciate if you could hand this into the Red Wing reception desk at your earliest convenience.

If you have any queries regarding this please phone 0141 531 6475 and ask for the Action Filing Receptionist.

If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

EMIS attachment reference code
03-Mar-2026 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to patient
Filename: O'Rourke, Alexander 2026 03 03.doc
Extension:.tif
Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
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Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

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Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

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Our Ref: JC/AS/041270

Private & confidential
Mr Alexander O'Rourke
14C Erskine View
CLYDEBANK
G81 5JF

3 March 2026

Dear Mr O'Rourke

I was sorry that you were not able to attend your face to face appointment with myself on 2 March to review your diarrhoea. I would be grateful if you could re-arrange a face to face appointment with myself or any GP of your choice to review your diarrhoea and your symptoms. Please could I encourage you to hand in a further stool sample to ensure there is no blood in the stools. As agreed, I will write to the Colorectal Surgeons to ask for a further colonoscopy and please report any new symptoms such as abdominal pain, weight loss, any blood in the stools.

I would encourage you to please book a further appointment with the GP to review your diarrhoea and see if we are able to change your Metformin to a long acting preparation which may help the diarrhoea symptoms. An appointment with a GP is important, as we discussed the reason for the referral is to exclude any rare causes of change in bowel habit such as cancer of the bowel, and so it is important for further review and investigations to ensure we are able to investigate this thoroughly.

In the meantime I hope that the Addictions Team were able to book you into rehab and hopefully I will see you in the GP surgery soon.

Many thanks,

Yours sincerely

Dr Julia Clarkson

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EMIS attachment reference code
09-Feb-2026 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to goldenhill

Filename: O'Rourke, Alexander 2026 02 09.doc
Extension:.tif
Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
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Our Ref: SQ/AS/041270

Dr Rosemary McCaffery
Consultant Psychiatrist
Goldenhill Resource Centre
199 Dumbarton Road
CLYDEBANK G81

9 February 2026

Dear Dr McCaffery

Mr Alexander O'Rourke
14C Erskine View, Clydebank G81 5JF
Date of Birth: 04/12/1970 **CHI: 0412703297**

I am writing really just to update you on our patient Alexander O'Rourke. This gentleman remains open to CMHT on account of "mental and behavioural disorder due to multiple drug use and use of psychotropic substances – psychotic disorder". Alexander also remains open to the Addictions Team. He had had previous issues with dizziness and postural hypotension which were felt likely related to his ongoing drug misuse. Alexander was seen recently in the surgery as he was increasingly struggling with anxiety and again described a degree of dizziness. He remains on Aripiprazole Depot injection and also on Amitriptyline. He is no longer on Buprenorphine. From the correspondence we hold it looks like he has DNA'd recent Psychiatry clinic appointments. He had a physical health review by ADRS in November and at that stage he had heavy ongoing amphetamine misuse. He had been using his inhaler more for breathlessness but the ANP felt it was more likely anxiety episodes. He is awaiting a Category 3 colonoscopy for altered bowel habit and PR bleeding (known haemorrhoids and negative qFITs. As mentioned above he had been seen in July in ED due to postural dizziness and visual blurring. It was felt secondary to amphetamine use – rapid reduction in the use. His BP was stable as was lying and standing blood pressures and a cortisol was within the reference range at the time it was taken. Alexander tells me that he has been struggling significantly with anxiety and also to a lesser extent with some lightheadedness symptoms. He has cut back significantly on his amphetamines over the past 10 days or so from 22g daily to around 9g daily. He denies any alcohol use and denies other drug use apart from a one off episode of cocaine use around a week ago when he couldn't source any amphetamine. He denies any illicit opiate use.

Over the past week or so he has been feeling increasingly anxious, his mood has become more variable and low at times. He has had fleeting suicidal thoughts but no clear plan. He continues to try and attend Zoom meetings with Cocaine Anonymous. He uses music as a form of distraction and takes his headphones everywhere with him. He says he has been attending reliably for the Depot but admits he has missed clinic appointments and is due to the see the CAT Team next week. He has been feeling lightheaded at times, no loss of consciousness or syncope, he can feel slightly breathless but this is worse when his anxiety flares up. No cough, sputum, haemoptysis or chest pains, he denies any palpitations. He has only been requiring to use his inhaler BD. /…

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Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
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Dr Sophie Hepburn, MBChB (Glasgow 2013), MRCGP (2019)
Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

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The Red Wing
Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

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The CAT Team letter previously highlighted increased use but again it was felt to be due to anxiety. He is struggling increasingly with anxiety symptoms recently as mentioned.

On examination apyrexial, pulse 92 regular, blood pressure 125/86, oxygen saturations 97%, heart sounds 1+2+0, no respiratory distress, the chest was clear, reasonable air entry bilaterally, no creps or rhonchi, no calf swelling or tenderness, no ankle oedema. He was casually dressed but well presented, he was clearly anxious but appropriate with no evidence of thought disorder and he was not responding to unseen stimuli.

I suspect his symptoms relate to a rapid reduction in his amphetamine and he tells me that his drugs worker has advised him to hold off any further rapid reduction at present. He is aware he can contact his worker at Goldenhill Psychiatry also but has not done so. He was keen that I write to yourself to highlight the fact he is struggling a bit recently with increased anxiety symptoms and has also been experiencing some suicidal thoughts. He has missed a number of psychiatry appointments and I would be grateful if arrangements could be made to review him in the near future. I have given him worsening advice.

Kind Regards,

Yours sincerely

Dr Scott Queen

c.c. Community Addictions Team

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EMIS attachment reference code
09-Feb-2026 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to community addictions team
Filename: O'Rourke, Alexander 2026 02 09.doc
Extension:.tif
Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
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Practice Manager: Karen McElwee

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Queens Quay Main Avenue
CLYDEBANK G81 1BS

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ggc.gp40046@nhs.scot

Our Ref: SQ/AS/04121970

Community Addictions Team
199 Dumbarton Road
CLYDEBANK G81

9 February 2026

Dear Colleague

Mr Alexander O'Rourke
14C Erskine View, Clydebank G81 5JF
Date of Birth: 04/12/1970 **CHI: 0412703297**

I am writing concerning my patient Alexander O'Rourke who attends your service on account of ongoing amphetamine misuse with a history of previous polydrug misuse. He is also open to Psychiatry. I believe he has recently been significantly and rapidly reducing his amphetamine daily use which has I think led to a deterioration in his mental health and also some physical symptoms. I know that he has discussed this with yourself and has been advised to hold off further reduction at present and I believe he has further review planned in the near future. He was seen recently in the surgery. Please see attached letter to his Psychiatrist, Dr McCafferty, for information and update.

I hope this is helpful.

Kind Regards,

Yours sincerely

Dr Scott Queen

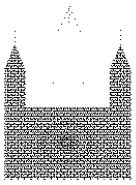
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EMIS attachment reference code
19-Dec-2025 Mr Kevin Carlton (KC2)
Additional:EMIS attachment reference code
action filing
Filename: action filing.doc
Extension:.tif
Pages:

Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK), MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Lyndsey A Borland, MRCGP, DCH, DFFP

Practice Manager:
Karen McElwee



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Clydebank Health & Care Centre
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CLYDEBANK G81 1BS

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Mr Alexander O'Rourke
14c Erskine View
Clydebank
Glasgow
G81 5JF

03 July 2026

Dear Mr O'Rourke

We have been unsuccessful in contacting you by telephone to arrange a routine review of your inhalers with the practice nurse. Please contact us to schedule this.

If you have any queries regarding this please phone 0141 531 6475 and ask for the Action Filing Receptionist.

If you have changed your telephone number, please let us know in order to update our records.

Yours sincerely

The Red Wing

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EMIS attachment reference code
26-Jun-2025 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to goldenhill
Filename: O'Rourke, Alexander 2025 06 26.doc
Extension:.tif
Pages:

Dr Gillian J. McGeoch, MBChB (Glasgow 1997), DRCOG (2001), MRCGP (2002)
Dr Scott P. Queen, MBChB (Glasgow 1996), AFRCS (Ed), MRCP (UK), MRCGP (date), DRCOG
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Dr Emma Newhouse, BSc (Hons), MBChB (Glasgow 2010), MRCGP, DCH, DRCOG
Practice Manager: Karen McElwee

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Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475

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Our Ref: SH/AS/041270

Dr Rosemary McCaffery
Consultant Psychiatrist
Goldenhill Resource Centre
199 Dumbarton Road
CLYDEBANK
G81 4XJ

26 June 2025

Dear Dr McCaffery

Mr Alexander O'Rourke
14C Erskine View, ClydebankG81 5JF
Date of Birth: 04/12/1970 **CHI: 0412703297**

I am writing regarding some advice for Mr O'Rourke. He attended the Practice today with a 4 week history of feeling dizzy on standing. He had a notable postural drop on standing with sitting blood pressure of 120/78 dropping to 100/68 when standing and he was symptomatic from this. He has recently had his annual bloods done for his type 2 diabetes and there was nothing of note in these, however, I have added on a CRP, ferritin, thyroid function and full blood count. He is taking illicit amphetamines but states this has been longstanding and has not changed how many he has been taking recently. I am aware that he is on Aripriprazole as a Depo and has been on the same dose for quite a long time but it is a listed side effect from Aripriprazole.

I am just writing for advice on whether or not you feel this could be contributing to his postural drop. I am also arranging an ECG and will act on the results as appropriate.

Kind Regards,

Yours sincerely

Dr Sophie Hepburn

Pre-Diabetic Recall Letter
12-Nov-2024 Ms Karen McElwee (KAREN_13414)
Additional: Pre-Diabetic Recall Letter

Filename: PRE-DIABETES.doc
Extension:.tif
Pages:

Mr Alexander O'Rourke

14c Erskine View

Old Kilpatrick

Glasgow

G81 5JF

03 July 2026

Dear Mr O'Rourke

You have previously been diagnosed with **Pre-diabetes** (this used to be call Impaired Fasting Glucose or Impaired Glucose Tolerance).

This means that your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed with Type 2 diabetes. Having high blood glucose levels can increase your risk of developing Type 2 diabetes, and other health complications. Between 5-10% of people with Pre-diabetes go on to develop Type 2 diabetes each year. It is important that we check your blood sugar levels yearly.

Please make an appointment with our Phlebotolmist. You do not need to fast for this test.

Around 80% of cases of Type 2 diabetes could be delayed or prevented through lifestyle changes. Eating a healthy balanced diet, low in sugar, fat and salt and high in fruit and vegetables, as well as being physically active is the best way to reduce the risk.

If you want to find out more please ask to be referred to our Diabetic Specialist Nurse, who runs an information session all about Pre-diabetes. This will give lots of good information about delaying or preventing Type 2 diabetes.

Regards

The RedWing Medical Practice

THIRD PARTY COPY

EMIS attachment reference code
07-Nov-2023 Ms Allison McAllister (ALLISONS_13414)
Additional:EMIS attachment reference code
letter to patient
Filename: O'Rourke, Alexander 2023 11 07.doc
Extension:.tif
Pages:

Gillian J. McGeoch, DRCOG, MRCGP
Scott P. Queen, AFRCS (Ed), MRCP (UK), MRCGP, DRCOG
Deborah Stenhouse, MRCP (UK), MRCGP, DRCOG
Lyndsey A Borland, MRCGP, DCH, DFFP

Practice Manager:
Karen McElwee

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Clydebank Health & Care Centre
Queens Quay Main Avenue
CLYDEBANK G81 1BS

Tel: 0141 531 6475/6477

ggc.gp40046@nhs.scot

Our Ref: GJMCG/AS/041270

Private & Confidential
Mr Alexander O'Rourke
14C Erskine View
Crown Avenue
CLYDEBANK
G81 3AW

7 November 2023

Dear Mr O'Rourke

We received a letter from the General Surgeons to say that you had indicated that you didn't wish an appointment after referral for a change in bowel habit. You were referred by a Dr Lee Thomas, a GP Locum at your previous surgery in Dumbarton in February 2023. This was because you had complained of blood in the stool and a test that they had checked called a qFIT had come back positive. This suggested urgent referral.

It is important to have this investigated. Please contact us at the surgery. It may be that a clinic letter has gone to the wrong address. If you have ongoing symptoms please get in touch to discuss this further so that we can re-refer you to the hospital.

Yours sincerely

Dr Gillian J McGeoch

THIRD PARTY COPY

EMIS attachment reference code
22-Sept-2023 Mrs Nicola Hales (NJ)
Additional:EMIS attachment reference code
missed hosp appt
Filename: missed hosp appt .doc
Extension:.tif
Pages:

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RED WING

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Private & Confidential
Mr Alexander O'Rourke
14c Erskine View
Crown Ave
Clydebank
G81 3AW

22 September 2023

Dear Mr O'Rourke

We have been unsuccessful in contact you by telephone in order to discuss as missed hospital appointment.

Please could you contact the Red Wing in order to update your telephone number and to discuss whether a new referral is required.

We look forward to hearing from you.

Yours sincerely

Red Wing

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