Full Report

Mr Colin Mckay **05/09/1979** **Male** **Permanent**

Address

9 Waterloo Place Inverness IV1 1NB Address Type: Main address

Communication numbers

Email	colinmckay152@gmail.com
Mobile phone	07858 043 999
Telephone - home	07858 043 999

Problems

Currently Relevant Started: 08/07/2025 Ended:

Epilepsy register

Epilepsy Placed on register: 05/12/1997 Removed from register: 05/07/2007

Medical History

11/06/2026 Medical report received SAR 1 request received from patient full SAR Vision and DOCMAN records printed. Passed to CH to check / redact Ms Lois Lewis

11/06/2026 Letter received Administration Letter Access to Medical Records - request Ms Lois Lewis

10/06/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Tanya Campbell

29/05/2026 Did not attend - no reason he did later phone to say he missed bus and has rebooked. PSA raised- has 2nd test rebooked. needs PR (planned for today) if PSA rising ?sooner apt. otherwise will see him at his next apt Dr Hannah Brown

22/05/2026 Patient reviewed triage was busy and he was needing to get back to workLUTS unchanged but no worseagreed apt next week for PR- needs its own aptdescribing blood in urine- more of an orange/red tinge than frank blood. will request uss intiallycoming to get renal function checked and repeat PSA after examif worsening LUTs/unwell seek sooner reviewdiscussed b12/folate - try wihtout both and check bloods in 6m unless symptoms develop Dr Hannah Brown

13/05/2026 Result Microbiology Report NHS HIGHLAND Labs Microbiology Ms Tanya Campbell

13/05/2026 Administration NOS folic acid normal- no need to replace will let him know at planned f.u. b12 also good ?try without injections will discuss. will also arrange repeat of U+ES and PSA when I see him?raised in context of infection. will likely need PR. discuss in more detail next time Dr Hannah Brown

12/05/2026 Result Haematology Report NHS HIGHLAND Labs Haematology Ms Tanya Campbell

12/05/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Tanya Campbell

12/05/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Tanya Campbell

12/05/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Tanya Campbell

11/05/2026 Letter encounter from patient Microbiology Report NHS HIGHLAND Labs Microbiology Ms Barbara Kowal

11/05/2026 Result Microbiology Report NHS HIGHLAND Labs Microbiology Ms Tanya Campbell

11/05/2026 Medication given On thyroid medication? - None Dr Hannah Brown

11/05/2026 Result Haematology Report NHS HIGHLAND Labs Haematology Ms Tanya Campbell

11/05/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Tanya Campbell

11/05/2026 Specialised sexual health - enhanced services administration Tier 1 Claim, screening & management of asymptomatic STIs

11/05/2026 Patient reviewed has had his buvidal today. took bloodsb12 given- got it wrong way round. usually replaced before folic acid anyway. await bloodsbooked in for review with me towards end of month (sooner than usual as I'm away)female partner has UTI. he has also had mild luts past 2w. sore and small amounts. no fevers or systemic upset or change to his back pain. been at work today. samples takes and given treatmetn for UTI but also checked for STI - we both expect this may be positive. mobile utd and happy to get call. he will seek review if fevers/unwell/worsening symptomsalready getting hiv check wtih bloods. Dr Hannah Brown

11/05/2026 Intramuscular injection of vitamin B12 right arm BN G10020 3.27 Dr Hannah Brown

08/05/2026 Result Biochemistry Report NHS HIGHLAND Labs Biochemistry Ms Lynn Forbes

08/05/2026 Chronic pain review gabapentin helping back and sciatic pain. does need physio and accepts this is 'sticking plaster' and risk of addiction. however, is allowing him to work. increase dose to his previous does. if helping, stick here and add to repeats. understands must not exceed agreed dose and if stops working well - we will reduce and stop. Dr Hannah Brown

08/05/2026 Patient reviewed lots going on. was in prison for a life sentence. moved to inverness on liberation for fresh start. finding navigating life outside of prison very hard. world has completely changed. limited support. has seen cab. stable housing for now (homeless acommodation) and a job that is going well. mostly working +++. socially isolated. no drugs or alcoholdid miss buvidal this week- strongly encouraged him to re-arrange/prioritise this. no suicidal thoughts. aware of crisis nos. discussed PCMHT- can do phone apts- he feels too much going on atm but will let me know if this changesweight stable. struggled tci for bloods/b12 inj. hasn't had folic acid for months. agreed TCI monday for bloods at end of triage and aim to give b12 later in week if folic acid ok. if not, will need replaced.can also do planned bloods.FIT handed in today. will put in fridge for mondaydiscussed CXR. not much in way of chest symptoms or feeling ready to contemplate smoking cessation. in time, would be wise to get spiro etc. but not priority just now. Dr Hannah Brown

20/04/2026 Administration NOS some smoking related changes on cxr- will discuss at his planned apt /arrange spiro hb Dr Hannah Brown

15/04/2026 Result Radiology Report NHS Highland Radiology Operations Administrator Mizannur Rahman Ms Lynn Forbes

15/04/2026 Discharge report Discharge Letter NHS Highland Accident & Emergency Ms Lynn Forbes

10/04/2026 Patient reviewed .weightloss over past 2m. 2 st. unintended. eating normally. swallow ok. smokes (tobacco and cannabis)- not new). no changes to buprenoprhine. cannabis but no other recreational drugs. alcohol binge before A+E assessment a few months ago but says not been drinking regularly for a while nownew job- hotel porter. swallow ok, bowels ok no blood- mum had unusual bowel cancer syndrome but not hereditary. no headaches or abdo pain.longstanding smokers cough- no blood and no change. not sob. is getting 'dark urine' but not red coloured. pain around both renal angles/muscles overlying. not a boney spinal pain. no LUTSnever injected drugs and had bbv virus checks beforeO/E chest- loud/harse breath sounds on right lung field. abdo- no mass/tenderness. tender both renal angles but not over spine to palpationTCI for bloods- discussed checking psa/bbv screenwalk in CXR- he will attend next week and a FIT testreview apt with me to check weight/review tests.sooner if changing or worsening. went through ces features but lbp isn't overly boney sounding today.did agree to retrial of gabapentin- found it helped back pain before and impacting his work. start one tablet today, then two tomorrow then three times daily dose. must last 1m (until next apt) and must see ongoing benefit for it to continue Dr Hannah Brown

10/04/2026 Telephone encounter concerned about weight loss and back pain, ongoing for a few months now. Says other people are noticing his weight loss and commenting. Note A&E encounter in Feb - back pain following fall a few days prior. Says pain ongoing since then. Says he was also passing blood in his urine for a while afterwards. Eating as normal but loosing weight. No other focal symptoms. Given appt for further assessment this morning. Asked to bring SOU Mr John Rennie

27/02/2026 Heroin misuse - smokes Ms Tanya Campbell

26/02/2026 Letter from consultant Clinical Letter Osprey House Drug & Alcohol Recovery Ms Tanya Campbell

26/02/2026 Administration NOS Triage request for gabapentin for back pain following A&E attendance. I don't think this is a wise choice of medication for this patient. Opioids won't work as taking buprenorphine prior to planned Buvidal injection. Recent urine drug screen at Osprey House positive for morphine, cocaine, benzos. Dr Iain Macgilleeathain

25/02/2026 Letter from consultant Clinical Letter Osprey House Drug & Alcohol Recovery Ms Tanya Campbell

25/02/2026 Letter from consultant Clinical Letter Osprey House Drug & Alcohol Recovery Ms Tanya Campbell

25/02/2026 Discharge report Discharge Letter NHS Highland Accident & Emergency Ms Tanya Campbell

09/02/2026 Did not attend - no reason Mr Reejo John Paul

03/02/2026 Administration NOS MED3 emailed and posted as requested Ms Lois Lewis

03/02/2026 Telephone encounter gradually worsening general back pain across lower back and upwards to upper back/neck, has tried pcm/ibu but isq. works a s a hotel cleaner and not coping b/o pain - med3 Dr M Flugel

03/02/2026 Intramuscular injection of vitamin B12 BN: 40598 Exp: 02/2026 - L deltoid Recall due: 28/04/2026 Miss Helen Fraser (Hca)

22/12/2025 Failed encounter NOS Tried to return call re: chronic leg pain. No answer. VM left asking patient to call back. Dr Jenny Wilson

07/11/2025 Did not attend - no reason 10mins Miss Helen Fraser (Hca)

05/11/2025 Patient reviewed B12 given left deltoid (batch 40598 exp 2/26). Knows to book next appt with HCA beginning Feb 2026. Dr Iain Macgilleeathain

05/11/2025 Had a chat to patient Called pt back. he is at work AC marriot hotel and difficult to answer during shift. needs B12 injection adn askign for 7 tabs zopiclone. Agreed on condition infrequent requests. Pt to come straigth down for injection adn knows to book HCA for 12 weeks' time. Dr Iain Macgilleeathain

05/11/2025 SMS text message sent to patient Colin, this is Dr MacGilleEathain at Fairfield Medical Practice. My colleagues and I are having difficulty contacting you by phone over the past 3 days. Please call the surgery when you get this message. If you have any different phone numbers, that would also be helpful. Best wishes. Dr Iain Macgilleeathain

05/11/2025 Failed encounter NOS Returned triage call WRT work, sleep. I ntoe previous difficulties contacting patient. This morning, no ring and went to voicemail. I left a long emssage explainign who I was and that my colleagues have had difficutly dcotnacting pt over the past 2 days. Asked him to call back. I will also send SMS. Dr Iain Macgilleeathain

04/11/2025 Failed encounter NOS as before, Dr M Flugel

04/11/2025 Failed encounter NOS tried several times, ph rings for 5sec , then switches to engaged = declined, unable to leave messge but number unwithheld Dr M Flugel

03/11/2025 Failed encounter NOS struggling to sleep ---07858 043 999---MGrang briefly, cut out, no VM option Mr John Rennie

01/08/2025 Notes summary on computer Miss Helen Fraser (Hca)

01/08/2025 Patient MRE received from HB Miss Helen Fraser (Hca)

28/07/2025 Intramuscular injection of vitamin B12 to Rt deltoid. exp 2/26 Dr Erez Binot

28/07/2025 Consultation says gets b12 IM 3/12 for pernicious anemia. last injection was on the 1/5/25 and due further injection. Agered will do one now than will perscirbe a stoc that he can keep pr leave with the practice. Dr Erez Binot

11/07/2025 Letter received Administration Letter NEW PATIENT QUESTIONNAIRE Mrs Sarah Duff

11/07/2025 Letter received Administration Letter Registration Forms Mrs Sarah Duff

08/07/2025 Letter received Administration Letter Prescription Ms Lynn Forbes

08/07/2025 Letter received Administration Letter Summary Report Ms Lynn Forbes

08/07/2025 Administration NOS Medical Summary Report requested from HMP Greenock via email. Did check with Maryhill Health Centre who confirmed he is no longer a patient with them. Ms Julie Wood

08/07/2025 Consent given for communication by SMS text messaging Ms Julie Wood

08/07/2025 Patient registration Registration Forms completed on 08/07/2025. JW Ms Julie Wood

07/03/2019 Anxiety states

15/04/2014 Closed fracture of metacarpal bone(s) - R, 5th

09/01/2014 Helicobacter pylori gastrointestinal tract infection

14/11/2012 Low back pain

05/03/2012 Renal colic

05/05/2010 Fracture of ankle - L

11/08/2009 Open wound of buttock - stabbed during assault

11/08/2009 [X]Assault

22/03/2009	Hepatitis C
05/07/2007	Epilepsy resolved
24/06/2007	[X]Self inflicted injury
05/06/2006	Alcohol dependence syndrome
05/06/2006	[X]Intentional self-harm
11/08/2004	Head injury - lacerations
11/08/2004	[X]Assault - stab wound to R thigh
11/08/2004	Fracture of tibia (open) - R
20/07/2004	Drug addictn therap-methadone
05/07/2004	Aggressive behaviour towards GP staff
03/01/2001	Opioid drug dependence NOS (smoking)
05/12/1997	Epilepsy
05/12/1997	Grand mal seizure
13/01/1992	Allergic rhinitis
12/06/1988	Fracture of radius and ulna - L

Repeat Masters

Hydroxocobalamin 1mg/1ml solution for injection ampoules Until: Last issued: Number of issues: maximum 2 allowed INJECT EVERY 12 WEEKS FOR LOW VITAMIN B12

Buprenorphine 400microgram sublingual tablets sugar free Until: Last issued: Number of issues: maximum 1 allowed PRESCRIBED BY OSPREY HOUSE PRIOR TO PLANNED BUVIDAL INJECTION. SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

Acute and Repeat Issue Therapy

09/06/2026 issued Gabapentin 300mg capsules Supply: (90) capsule TAKE ONE CAPSULE THREE TIMES A DAY FOR NERVE FOR PAIN AS A TRIAL UNTIL NEXT REVIEW Notes for patient: Please make an appointment with Dr Brown or any GP of your choice to discuss if this medicine is helping your pain before this supply runs out. Thanks, Dr Northrup (09/06/2026)

11/05/2026 issued Trimethoprim 200mg tablets Supply: (14) tablet TAKE ONE TABLET TWICE A DAY FOR 7 DAYS FOR URINARY TRACT INFECTION

08/05/2026 issued Gabapentin 300mg capsules Supply: (90) capsule TAKE ONE CAPSULE THREE TIMES A DAY FOR NERVE FOR PAIN AS A TRIAL UNTIL NEXT REVIEW

10/04/2026 issued Gabapentin 100mg capsules Supply: (90) capsule TAKE ONE CAPSULE THREE TIMES A DAY FOR NERVE FOR PAIN

03/02/2026 issued Co-codamol 30mg/500mg tablets Supply: (60) tablet TAKE ONE OR TWO TABLETS UP TO FOUR TIMES A DAY SHORT TERM/ OCCASIONALLY AS REQUIRED FOR SEVERE PAIN.

03/02/2026 issued Naproxen 500mg tablets Supply: (28) tablet TAKE ONE TABLET WITH MEALS UP TO TWICE A DAY AS REQUIRED FOR PAIN, INSTEAD OF IBUPROFEN

05/11/2025 issued Zopiclone 7.5mg tablets Supply: (7) tablet 1 TABELT AT NIGHT FOR TRANSIENT INSOMNIA

28/07/2025 issued Hydroxocobalamin 1mg/1ml solution for injection ampoules Supply: (5) ampoule INJECT EVERY 12 WEEKS FOR LOW VITAMIN B12

Recall

25/05/2026	Recall on 20/07/2026 for	Ultrasound scan requested with Dr Hannah Brown	Status:Complete
10/04/2026	Recall on 03/07/2026 for	Plain X-ray requested with Dr Hannah Brown	Status:Complete
03/02/2026	Recall on 28/04/2026 for	Intramuscular injection of vitamin B12 with Miss Helen Fraser (Hca)	Status:Outstanding

Consultation

11/06/2026	Third Party Consultation	Ms Lois Lewis
11/06/2026	Administration	Ms Lois Lewis
11/06/2026	Third Party Consultation	Ms Tanya Campbell
09/06/2026	Surgery consultation	Mrs Dawn Hayes
09/06/2026	Medicine Management	Dr Apryl Northrup
09/06/2026	Other	Miss Leah Shaw
04/06/2026	Administration	Ms Lynn Forbes
04/06/2026	Third Party Consultation	Ms Tanya Campbell
29/05/2026	Other	Dr Hannah Brown
25/05/2026	Referral Letter	Dr Hannah Brown
25/05/2026	Other	Dr Hannah Brown
22/05/2026	Other	Dr Hannah Brown
22/05/2026	Other	Dr Hannah Brown
22/05/2026	Other	Dr Hannah Brown
18/05/2026	Results recording	Dr Hannah Brown
18/05/2026	Administration	Ms Marina Grant
18/05/2026	Third Party Consultation	Ms Lynn Forbes
15/05/2026	Third Party Consultation	Ms Barbara Kowal

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15/05/2026	Results recording	Dr Hannah Brown
15/05/2026	Administration	Ms Marina Grant
15/05/2026	Results recording	Dr Hannah Brown
15/05/2026	Third Party Consultation	Ms Tanya Campbell
14/05/2026	Administration	Ms Lynn Forbes
14/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Other	Dr Hannah Brown
13/05/2026	Other	Dr Hannah Brown
13/05/2026	Administration	Mrs Yvonne Brechin
13/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Results recording	Dr Hannah Brown
13/05/2026	Third Party Consultation	Ms Tanya Campbell
13/05/2026	Third Party Consultation	Ms Tanya Campbell
11/05/2026	Other	Dr Hannah Brown
08/05/2026	Other	Dr Hannah Brown
08/05/2026	Other	Dr Hannah Brown
20/04/2026	Other	Dr Hannah Brown
20/04/2026	Third Party Consultation	Ms Lynn Forbes
16/04/2026	Third Party Consultation	Ms Lynn Forbes
10/04/2026	Referral Letter	Dr Hannah Brown
10/04/2026	Other	Dr Hannah Brown
10/04/2026	Triage	Mr John Rennie
27/02/2026	Other	Ms Tanya Campbell
27/02/2026	Third Party Consultation	Ms Tanya Campbell
26/02/2026	Triage	Dr Iain Macgilleeathain
26/02/2026	Third Party Consultation	Ms Tanya Campbell
26/02/2026	Third Party Consultation	Ms Tanya Campbell
26/02/2026	Third Party Consultation	Ms Tanya Campbell
09/02/2026	Administration	Mr Reejo John Paul
03/02/2026	Administration	Ms Lois Lewis
03/02/2026	Telephone call to a patient	Dr M Flugel
03/02/2026	Surgery consultation	Miss Helen Fraser (Hca)
22/12/2025	Triage	Dr Jenny Wilson
07/11/2025	Surgery consultation	Miss Helen Fraser (Hca)
05/11/2025	Surgery consultation	Dr Iain Macgilleeathain
05/11/2025	Triage	Dr Iain Macgilleeathain
05/11/2025	Triage	Dr Iain Macgilleeathain
04/11/2025	Telephone call to a patient	Dr M Flugel
04/11/2025	Telephone call to a patient	Dr M Flugel
03/11/2025	Triage	Mr John Rennie
01/08/2025	Surgery consultation	Miss Helen Fraser (Hca)
01/08/2025	Administration	Miss Helen Fraser (Hca)
01/08/2025	Administration	Miss Helen Fraser (Hca)
28/07/2025	Other	Dr Erez Binot
11/07/2025	Third Party Consultation	Mrs Sarah Duff
11/07/2025	Third Party Consultation	Mrs Sarah Duff
09/07/2025	Third Party Consultation	Ms Lynn Forbes
09/07/2025	Third Party Consultation	Ms Lynn Forbes
08/07/2025	Administration	Ms Julie Wood

Referrals

Smoking

08/07/2025	Smoker	10 cigarettes per day	Cigarette smoker

Alcohol

08/07/2025	Life teetotaler	units per week	Teetotaller

Weight

09/06/2026	Weight: 60 kgs	BMI: 18.3	O/E - weight
22/05/2026	Weight: 60 kgs	BMI: 18.3	O/E - weight
08/05/2026	Weight: 61 kgs	BMI: 18.6	O/E - weight
10/04/2026	Weight: 61 kgs	BMI: 18.6	O/E - weight
03/02/2026	Weight: 62.8 kgs	BMI: 19.1	O/E - weight
08/07/2025	Weight: 75 kgs	BMI: 22.8	O/E - weight

Height

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08/07/2025	Height: 1.81 metres	O/E - height			
Immunisations					
10/03/2025	FLU Influenza - Seasonal	Stage: 0	Given	Routine Measure	Due 10/03/2026
14/07/2021	COVOXFORD COVID - AstraZeneca Vaxzevria	Stage: 2	Given	Routine Measure	Due
06/05/2021	COVOXFORD COVID - AstraZeneca Vaxzevria	Stage: 1	Given	Routine Measure	Due

Albumin				
11/05/2026	Serum albumin	= 40 g/L		Albumin -
Alkaline Phosphatase				
11/05/2026	Serum alkaline phosphatase electrophoresis	= 86 U/L		Alkaline Phosphatase -
Alanine Aminotransferase				
11/05/2026	Serum alanine aminotransferase level	= 11 U/L		ALT -
B12 Levels				
11/05/2026	Serum vitamin B12	= 406 ng/L		Vitamin B12 -
Bilirubin				
11/05/2026	Serum bilirubin level	= 7 umol/L		Total Bilirubin -
Calcium				
11/05/2026	Serum calcium	= 2.4 mmol/L		Calcium -
Calcium adjusted				
11/05/2026	Serum adjusted calcium concentration	= 2.38 mmol/L		Adjusted Calcium -
Serum chloride				
11/05/2026	Serum chloride	= 102 mmol/L		Chloride -
Serum creatinine				
11/05/2026	Serum creatinine	= 105 umol/L	High	Creatinine - - ***?AKI ?CKD suggest repeat***
Eosinophil count				
11/05/2026	Eosinophil count	= 0 10*9/L		Eosinophils - 10^9/L
Serum ferritin				
11/05/2026	Serum ferritin	= 89 ug/L		Ferritin -
Folate level				
11/05/2026	Serum folate	= 10.18 ug/L		Serum Folate -
Haemoglobin				
11/05/2026	Haemoglobin estimation	= 113 g/L	Low	Haemoglobin -
Mean corpuscular haemoglobin				
11/05/2026	Mean corpusc. haemoglobin(MCH)	= 29.9 pg		MCH -
MCH Hb Concentration				
11/05/2026	Mean corpusc. Hb. conc. (MCHC)	= 342 g/L		MCHC -
Mean corpuscular volume				
11/05/2026	Mean corpuscular volume (MCV)	= 87.3 fL		MCV - fl
Monocyte count				
11/05/2026	Monocyte count	= 0.6 10*9/L		Monocytes - 10^9/L
Neutrophil count				
11/05/2026	Neutrophil count	= 4.5 10*9/L		Neutrophils - 10^9/L
Platelets				
11/05/2026	Mean platelet volume	= 12.2 fL		MPV - fl
11/05/2026	Platelet count	= 259 10*9/L		Platelets - 10^9/L
Potassium				
11/05/2026	Serum potassium	= 4.1 mmol/L		Potassium -
Red blood cell count				
11/05/2026	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBCs - 10^9/L
11/05/2026	Red blood cell (RBC) count	= 3.78 10*12/L	Low	RBC - 10^12/L
Sodium				
11/05/2026	Serum sodium	= 139 mmol/L		Sodium -
Thyroid Stimulating Hormone				
11/05/2026	Serum TSH level	= 2.29 mIU/L		TSH -

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Urea - blood
11/05/2026 Serum urea level = 6.1 mmol/L Urea -

White blood count
11/05/2026 Total white cell count = 6.9 10*9/L White Cells - 10^9/L

Lymphocyte count
11/05/2026 Lymphocyte count = 1.7 10*9/L Lymphocytes - 10^9/L

Full blood count
11/05/2026 Full blood count - FBC =
----------Released from Instrument: EPU 12/05/26 at 5:48 pm; FULL BLOOD COUNT

Thyroid function
11/05/2026 Thyroid function test =
----------Released from Instrument: ADM 13/05/26 at 3:55 am; THYROID FUNCTION TESTS

Chest X-ray
08/04/2016 Chest X-ray normal

Pelvis X-ray
08/11/2022 Pelvic X-ray

Hb A1C - Diabetic control
11/05/2026 Haemoglobin A1c level - IFCC standardised = 35 mmol/mol IFCC HbA1c -
11/05/2026 Hb. A1C - diabetic control = mmol/mol
----------If screening for/diagnosing diabetes:HbA1c of 42-47 mmol/mol diagnostic of prediabetesHbA1c of 48mmol/mol or above diagnostic of T2DMFor more information and for when HbA1c is contra-indicated seeTAM guidance 'Screening and Diagnosis of Type 2 Diabetes'.Released from Instrument: EPU 12/05/26 at 8:25 pm; IFCC HBA1C

Prostate specific antigen
11/05/2026 Serum prostate specific antigen level = 3.7 ug/L High PSA -
11/05/2026 Prostate specific antigen = IU/L
----------If first PSA measurement is above age-related cut-off then adviserepeat PSA level after 4 weeks before considering referral tourology, unless the prostate is grossly abnormal.Released from Instrument: ADM 12/05/26 at 6:32 pm; PSA

C Reactive protein
11/05/2026 Serum C reactive protein level < 4 mg/L C-Reactive Protein -

Other Laboratory tests
11/05/2026 Blood haematinic levels =
----------Folate >5.38 ug/L. Highly unlikely to be folate deficient.Released from Instrument: ADM 13/05/26 at 3:55 am; HAEMATINICS
11/05/2026 Biochemical test =
----------EGFR result is consistent with mildly decreased kidney function inthe presence of other evidence of kidney disease.EGFR is calculated using an enzymatic creatinine method and CKD-EPI2009 equation. eGFR is not recommended for individuals with unstablecreatinine concentrations such as pregnant women, hospitalizedpatients and for individuals with extremes in muscle mass and dietsuch as amputees, paraplegics and body builders.Released from Instrument: ADM 12/05/26 at 6:34 pm; ROUTINE CHEMISTRY

Packed Cell Volume
11/05/2026 Haematocrit = 0.33 ratio Low HCT

Basophil count
11/05/2026 Basophil count = 0 10*9/L Basophils - 10^9/L

RBC red blood cell size
11/05/2026 Red blood cell distribution width = 13.2 % RDW -

Examination of faeces
08/05/2026 Quantitative faecal immunochemical test = qFIT - Not detected
08/05/2026 Quantitative faecal immunochemical test =
----------As of 27.02.26 the threshold for positive FIT testing has changedto >=20to reflect the change in Scottish Cancer Referral Guidelines in2025.See TAM guidance for new referral criteria.Analysed by Blood Sciences Dept, Ninewells Hospital, NHS TaysideResults entered by: HHB 15/05/26 at 4:06 pm; QFIT

SH-antigen (hepatitis B) test
11/05/2026 Hepatitis B surface antigen level = Hepatitis B surface Antigen - Not detected

Infectious titres and antibodies
11/05/2026 Neisseria gonorrhoeae nucleic acid detection assay = Neisseria gonorrhoeae DNA - NOT detected
11/05/2026 Chlamydia trachomatis nucleic acid detection assay = Chlamydia trachomatis DNA - NOT detected
11/05/2026 HIV antibody/antigen (Duo) = HIV Antigen/Antibody - Not detected

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Other Bacteriology Tests

11/05/2026 Microbiology = Validated by Gillian Kerr, Specialist Biomedical ScientistThis method has been validated by the manufacturer for urine, genitalswab, throat swab and anorectal swab ONLY. Please note, urine fromfemales is not considered to be an optimal sample type forNeisseria gonorrhoeae NAAT or Mycoplasma genitalium NAAT.If no specimen site is stated on the request form the Laboratoryreport will list it as "Not Stated" and will be presumed to besuitable for testing.This test is not currently included in UKAS accreditation scope.; STI SCREEN - ALLPLEX PCR

11/05/2026 Microbiology = Validated by Aidan Russell, Specialist Biomedical Scientist----------Please note not currently in UKAS scope, extension to scope has beenapplied for.; BBV & SYPHILIS SCREEN

Procedures, Specimens and Samples

03/06/2026 Laboratory test requested = Results .Raigmore Hospital Ultrasound Scan

22/05/2026 Blood test requested = fbc,b12 and folate i 6m 'monitoring without tablets/injections'

11/05/2026 Specimen received in laboratory = Specimen Type: - Urine

11/05/2026 Specimen received in laboratory = Specimen Type: - Serum

Glomerular Filtration Rate

11/05/2026 eGFR using creatinine (CKD-EPI) per 1.73 square metres = 73 mL/min/1.73m2 eGFR - mL/min/1.73m^2

Total patients for report 1

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-475076-PSA

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-475076-PSA
Specimen Collected: 09. 06. 2026

PSA - Blood Sample

LUTS, raised PSA and kidney function slightly off hb

Prostate Specific Antigen:	1.1	ug/L	(< 2.1)

A result within the reference range does not exclude malignancy.

Released from Instrument: ADM 11/06/26 at 8:59 am

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-475076-RCM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: **0509796095**
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-475076-RCM
Specimen Collected: 09. 06. 2026

Routine Chemistry - Blood Sample

LUTS, raised PSA and kidney function slightly off hb

Sodium	141	mmol/L		(133-146)
Potassium	4.4	mmol/L		(3.5-5.3)
Chloride	103	mmol/L		(95-108)
Urea	8.2	mmol/L	H	(2.5-7.8)
Creatinine	95	umol/L		(65-104)
eGFR	82	mL/min/1.73m^2		

EGFR result is consistent with mildly decreased kidney function in the presence of other evidence of kidney disease.

EGFR is calculated using an enzymatic creatinine method and CKD-EPI 2009 equation. eGFR is not recommended for individuals with unstable creatinine concentrations such as pregnant women, hospitalized patients and for individuals with extremes in muscle mass and diet such as amputees, paraplegics and body builders.

Released from Instrument: ADM 10/06/26 at 7:01 pm

NHS Confidential; Personal data about a patient

Outlook

Data Subject Access Request - Mr Colin James Mckay

From MMA Legal <evidence@mmalegal.co.uk>
Date Tue 02/06/2026 16:09
To gp55836-admin (Fairfield Medical Practice) <nhsh.gp55836-admin@nhs.scot>

3 attachments (5 MB)
8a07e8ea-5860-47a5-a8ab-ccfd5e1c5a46_loa.pdf; POA - Mckay - 100920.jpg; POI - Mckay 100920.jpg;

You don't often get email from evidence@mmalegal.co.uk. Learn why this is important

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Colin James Mckay
Client Reference: 100920
Client Address: 9 Waterloo Place , Inverness , IV1 1NB
Date of Birth: 05/09/1979
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

We expect a response within the statutory one calendar month period. If you require an extension, please confirm this in writing with full justification.

Please find the enclosed request.

We thank you for your assistance in this matter.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: Stok, Princes Street, Stockport SK1 1RY

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We process personal data in accordance with applicable data protection laws, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Personal information contained within this communication must be handled securely and only for its intended purpose.
Whilst we take reasonable steps to ensure the accuracy of information contained in this email, no liability is accepted for any reliance placed on its contents. Nothing in this email constitutes legal or financial advice unless expressly stated.

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Colin James Mckay
Date of Birth:	05/09/1979
Previous Names (if any):	
Current Address:	9 Waterloo Place Inverness IV1 1NB
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

- **1.1.1.** UK GDPR
- **1.1.2.** Data Protection Act 2018
- **1.1.3.** Common law confidentiality
- **1.1.4.** Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

2.1.1. An application to Redress Scotland;

2.1.2. Any review, reconsideration or appeal;

2.1.3. Evidence gathering and submission;

2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

3.1.1. Local Authorities and Councils

3.1.2. NHS Boards and GP Practices

3.1.3. Health & Social Care Partnerships

3.1.4. Integration Joint Boards

3.1.5. Religious bodies and orders

3.1.6. Residential and foster care providers

3.1.7. Education authorities and schools

3.1.8. Government departments

3.1.9. Archive services

3.1.10. Insurers holding historical liability files

3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handwritten;

3.2.2. Stored off-site by contractors;

3.2.3. Held by dissolved or reconstituted institutions;

3.2.4. Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

3.3.1. The institution has closed or restructured;

3.3.2. Records are archived or require manual retrieval;

3.3.3. Records are held by insurers or successor bodies;

3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

4.1.1. Physical and mental health records

4.1.2. Psychiatric and psychological reports

4.1.3. Therapy and counselling notes

4.1.4. CAMHS records

4.1.5. Social work and safeguarding files

4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- **5.1.1.** Criminal offence data
- **5.1.2.** Police investigation material
- **5.1.3.** Child protection investigations
- **5.1.4.** Statements and intelligence logs
- **5.1.5.** Outcome decisions

including records held by:

- **5.1.6.** Police Scotland
- **5.1.7.** Any predecessor Scottish police force
- **5.1.8.** Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

- **7.1.1.** Identify the specific statutory exemption relied upon;
- **7.1.2.** Explain how that exemption applies to the particular Record;
- **7.1.3.** Confirm why partial disclosure is not possible;
- **7.1.4.** Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

- **8.2.1.** An internal template form has not been used;
- **8.2.2.** The Authority is considered "out of date" within internal policy;
- **8.2.3.** Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

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In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Colin James McKay
Date	16/04/2026

Witness	
Name	Gemma Rawston
Address	STOK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	Gemma Rawston
Date	16/04/2026

Completion Certificate

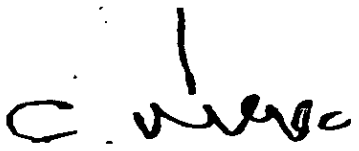
Reference ID: 8a07e8ea-5860-47a5-a8ab-ccfd5e1c5a46

Document Details

Document Name(s):	part-1, part-3, cfa, loa, fee-clarity
Total Pages:	4
Sent By:	Gemma Rawston (195.21.72.3)
Completed Date:	Apr 16, 2026 16:19:56 UTC

Signer Information

Name:	Mr Colin James Mckay
Email:	colinmckay152@gmail.com
Telephone:	07858043999
IP Address:	2a02:c7c:192f:a900:1f7f:c9c:50fe:2c0c



Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-04-16 16:15:34	System
Document link sent to client by sms	2026-04-16 16:15:34	System
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Security Verification

SHA-256 Checksum: 9e0a6604b8a5a6c46432e1de23aa1db784fecc67fc5bc402f094dcc953de7a69

This document is a legally binding record of the e-signature process.

Council Tax & Scottish Water Services Bill
Cunntas Cis na Comhairle & Uisge na h-Alba

The Highland Council
Comhairle na Gàidhealtachd

Date of Issue: 13-MAR-2026

For Period: 01 APR 2026 TO 31-MAR-2027

Reason For Issue: Annual

[redacted]
[redacted]
[redacted]
[redacted] 1NB

31300

Your reference number is 65 301532031-28
(Please quote this number if you contact us)

Pay online at www.highland.gov.uk
and select 'Make a payment Online'

The amount you must pay is: £1333.68

Your instalments are shown below and must be paid on or before the due date.

FIRST INSTALMENT DUE ON 15 APR [redacted] 1 X [redacted]
9 OTHER INSTALMENTS DUE ON 15 MAY 2026 TO 15 MAR 2027 X 133.90
INSTALMENTS TO BE PAID BY DIRECT DEBIT

Thank you for paying by Direct Debit. Your payments will continue to be collected from your bank/building society. For help and advice, please read the back of the bill.

This bill is for the property at 9 WATERLOO PLACE INVERNESS V1 1NB

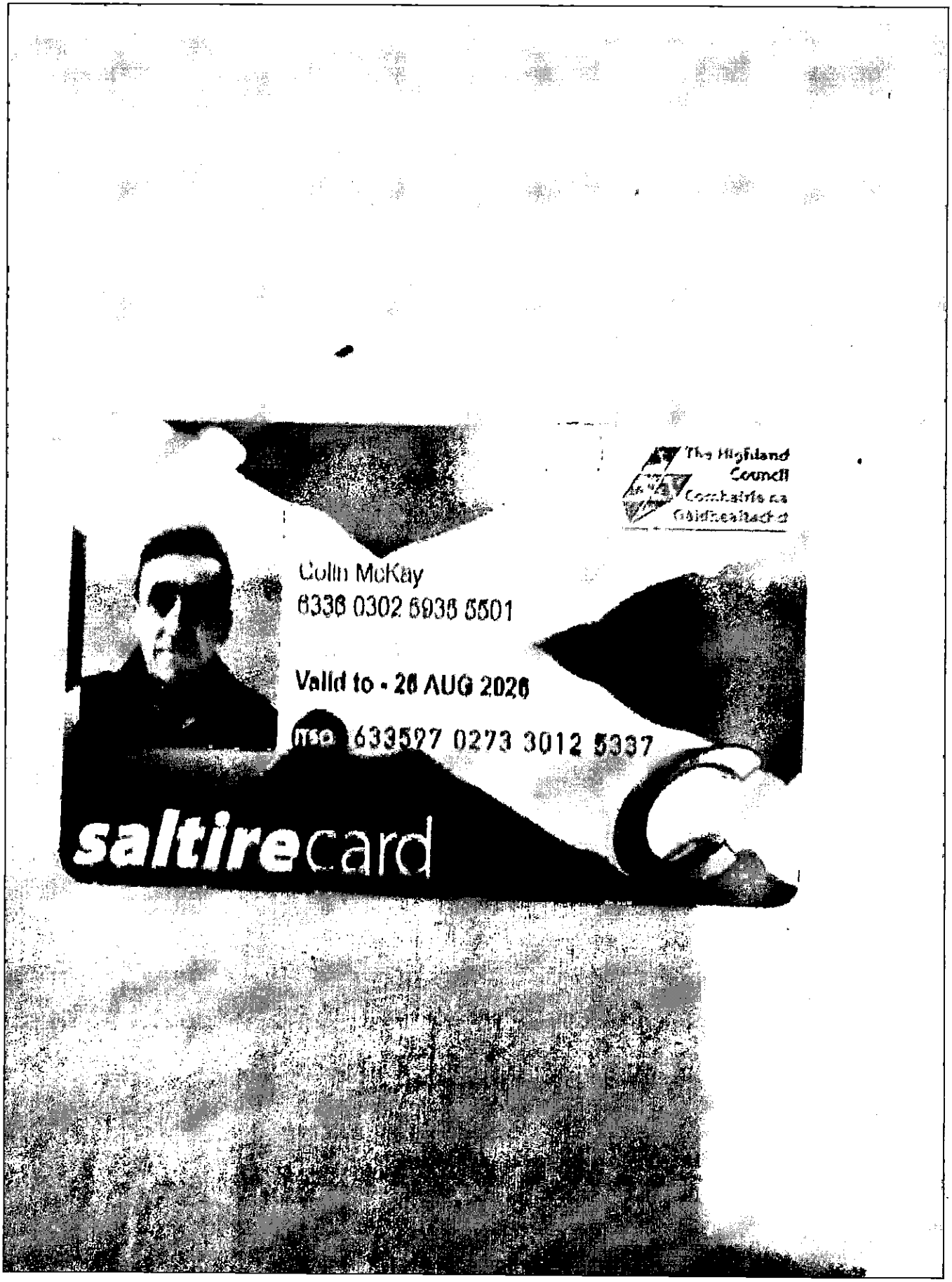
[redacted] Valuation Band D [redacted]

How we worked out your bill

Charges	From	To	£
Your annual Council Tax Charge is	01-APR-2026	31-MAR-2027	1270.88
Your annual Water Charge is	01-APR-2026	31-MAR-2027	234.85
Your annual Wastewater Charge is	01-APR-2026	31-MAR-2027	272.51
		Sub total	1778.24
Discounts/Reductions	From	To	
[redacted]	01-APR-2026	31-MAR-2027	-317.72
[redacted]	01-APR-2026	31-MAR-2027	-58.71
[redacted]	01-APR-2026	31-MAR-2027	-68.13

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NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Patient 0509796095
Mckay, Colin , 05/09/1979

Clinical Details: Bilateral renal angle pain and haematuria. USS to assess.

Findings: Both kidneys appear normal in size and architecture. No evidence of hydronephrosis, calculi or masses.

The urinary bladder is moderately filled however, no obvious intrinsic lesions or calculi are seen within.

Conclusion: No cause for patient symptoms identified on ultrasound.

Accession Number: H203943297601
Examination Date: 03/06/2026
Examination: US Urinary Tract
Date Reported: 03/06/2026 16:38:19
Report Final by: Leona Philpott, Sonographer, HCPC RA52167

NHS Confidential: Personal data about a patient

Microbiology Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: NHSH.microbiology@nhs.scot
Tel: 01463 704206/7

NHS Highland

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: **0509796095**
DOB: 05. 09. 1979
CRN:

Microbiology Report

Report No: 26-403204-URI
Specimen Collected: 11. 05. 2026

INVESTIGATION OF URINE

dysuria but partner also has symptoms hb

Site: Urine - Midstream
Clinical Details: None
Planned antimicrobials? trimethoprim

Culture:
No growth

Results entered by: jwilt03 13/05/26 at 2:06 pm

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmoreblodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-HPM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-HPM
Specimen Collected: 11. 05. 2026

Full Blood Count - Blood Sample

weightloss ?cause hb

						10^9/L	
Hb	113	g/L	L	(130-170)	White cells	6.9	(4.0-10.0)
RBC	3.78	10^12/L	L	(4.50-5.50)	Neutrophils	4.5	(2.0-7.0)
HCT	0.330		L	(0.400-0.500)	Lymphocytes	1.7	(1.0-3.0)
MCV	87.3	fl		(83.0-101.0)	Monocytes	0.6	(0.2-1.0)
MCH	29.9	pg		(27.0-32.0)	Eosinophils	0.0	(< 0.6)
MCHC	342	g/L		(315-345)	Basophils	0.0	(< 0.2)
RDW	13.2	%		(11.6-14.0)			
Platelets	259	10^9/L		(150-410)			
MPV	12.2	fl					
NRBC	0.0	10^9/L					

Released from Instrument: EPU 12/05/26 at 5:48 pm

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-PSA

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-PSA
Specimen Collected: 11. 05. 2026

PSA - Blood Sample

weightloss ?cause hb

Prostate Specific Antigen:	3.7	ug/L	H	(< 2.1)

If first PSA measurement is above age-related cut-off then advise repeat PSA level after 4 weeks before considering referral to urology, unless the prostate is grossly abnormal.

Released from Instrument: ADM 12/05/26 at 6:32 pm

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-RCM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-RCM
Specimen Collected: 11. 05. 2026

Routine Chemistry - Blood Sample

weightloss ?cause hb

Sodium	139	mmol/L		(133-146)
Potassium	4.1	mmol/L		(3.5-5.3)
Chloride	102	mmol/L		(95-108)
Urea	6.1	mmol/L		(2.5-7.8)
Creatinine	**105**	umol/L	H	(65-104)
eGFR	73	mL/min/1.73m^2		
Bilirubin	7	umol/L		(< 21)
Alk. Phos.	86	U/L		(30-130)
ALT	11	U/L		(7-40)
Albumin	40	g/L		(32-45)
Calcium	2.40	mmol/L		(2.18-2.60)
Adjusted Calcium	2.38	mmol/L		(2.20-2.60)
CRP	< 4	mg/L		(< 10)

*****?AKI ?CKD suggest repeat*****

EGFR result is consistent with mildly decreased kidney function in the presence of other evidence of kidney disease.

EGFR is calculated using an enzymatic creatinine method and CKD-EPI 2009 equation. eGFR is not recommended for individuals with unstable

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: phsh.raigmoreblooddsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-RCM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

creatinine concentrations such as pregnant women, hospitalized patients and for individuals with extremes in muscle mass and diet such as amputees, paraplegics and body builders.

Released from Instrument: ADM 12/05/26 at 6:34 pm

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Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-A1C

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-A1C
Specimen Collected: 11. 05. 2026

IFCC Standardised HbA1c - Blood Sample

weightloss ?cause hb

IFCC HbA1c: 35 mmol/mol (< 42)

If screening for/diagnosing diabetes:
HbA1c of 42-47 mmol/mol diagnostic of prediabetes
HbA1c of 48mmol/mol or above diagnostic of T2DM
For more information and for when HbA1c is contra-indicated see TAM guidance 'Screening and Diagnosis of Type 2 Diabetes'.

Released from Instrument: EPU 12/05/26 at 8:25 pm

NHS Confidential: Personal data about a patient

Microbiology Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: NHSH.microbiology@nhs.scot
Tel: 01463 704206/7

NHS Highland

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Microbiology Report

Report No: 26-403204-ST4
Specimen Collected: 11. 05. 2026

dysuria but partner also has symptoms hb

Chlamydia trachomatis DNA : NOT detected
Neisseria gonorrhoeae DNA : NOT detected

Specimen: Urine

This method has been validated by the manufacturer for urine, genital swab, throat swab and anorectal swab ONLY. Please note, urine from females is not considered to be an optimal sample type for Neisseria gonorrhoeae NAAT or Mycoplasma genitalium NAAT.
If no specimen site is stated on the request form the Laboratory report will list it as "Not Stated" and will be presumed to be suitable for testing.

This test is not currently included in UKAS accreditation scope.

Validated by Gillian Kerr, Specialist Biomedical Scientist

NHS Confidential: Personal data about a patient

Microbiology Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: NHSH.microbiology@nhs.scot
Tel: 01463 704206/7

NHS Highland

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Microbiology Report

Report No: 26-403155-BDS
Specimen Collected: 11. 05..2026

Chemiluminescent Microparticle Immunoassay

weightloss ?cause hb

Needlestick injury?	No
Hepatitis B surface Antigen:	Not detected
HIV Antigen/Antibody:	Not detected

Specimen: Serum

Please note not currently in UKAS scope, extension to scope has been applied for.

Validated by Aidan Russell, Specialist Biomedical Scientist

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: phsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-VIM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-VIM
Specimen Collected: 11. 05. 2026

Vitamin Assays - Blood Sample

weightloss ?cause hb

Vitamin B12	406	ng/L	(> 210)
Serum Folate	10.18	ug/L	(> 5.37)
Ferritin	89	ug/L	(30-300)

Folate >5.38 ug/L. Highly unlikely to be folate deficient.

Released from Instrument: ADM 13/05/26 at 3:55 am

HIGHLAND HOSPITALS - RADIOLOGY REQUEST: Raigmore Hospital - Clinical Radiology

Type of referral:

Ultrasound

Shaded areas for department use only
INCOMPLETE CARDS WILL BE RETURNED

Appt:	at:
Appt:	at:

Date Referral Created: 25-May-2026

1010400535221
Unique Care Pathway Number: 1010400535221

Date Referral Submitted (This date is fixed at hospital end): 25-May-2026

PATIENT DETAILS

Surname	MCKAY		
Forename(s)	COLIN		
Title	MR	Sex	Male
Marital Status	Not Known		
Other Surname	-		
Date of Birth	05-Sep-1979		
CHI no.	0509796095		

Patient's address

9 WATERLOO PLACE
INVERNESS
IV1 1NB

Contact detail(s)

Home: 07858 043 999
Mobile: 07858 043 999
E-mail: colinmckay152@gmail.com

Urgency of Referral: Urgent - Suspected Cancer

Referral Type: Out Patient

0509796095

?haematuria

CHI No: 0509796095

Administrative Information

Lab results will be available	No
Patient age in years	46

Special Information

This complies to RCR guidelines?	Yes

REGISTERED GP DETAILS

Name	Dr Iain Macgilleeathain		
GMC code	7509489	GP code	79804
Practice name	Fairfield Medical Practice		
Practice code	55836		

Practice address

22A ABBAN STREET
INVERNESS
IV3 8HH

Contact number(s)

Voice: 01463713939

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Referring Location Address

Name	Dr. Hannah Brown		
GMC code	7458638	GP code	-
Referring Location	Fairfield Medical Practice (55836)		
Practice code	55836		

22a Abban Street
Inverness
IV3 8HH

Contact number(s)

Voice: 01463 713939

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description:	?haematuria
Referral Summary:	46M who is experiencing pain in both renal angles and is seeing a red tinge to his urine (MC+S/dip negative) slightly lower renal function than expected for his age. USS please to look for structural cause for haematuria

Examinations requested

USS renal tract

Examinations and Investigations

Description	Comment	Date Started
Allergies:	NO	-
Diabetes:	NO	-
High Risk:	NO	-
Pregnant:	NO	-
Mobility:	WALKING	-

Patient Measurements

Body Measurement History

Body Mass Index	Height	Weight	Date Weight Recorded
18.3	1.81	60	22-May-2026

Additional relevant information

Social circumstances

Ethnic Origin: Unavailable

Dr. Hannah Brown	**Date of referral:**	25-May-2026	**Exposure justifications:** (Radiographer/Radiologist's initials)	
Signature of referring doctor (or other professional) accepted as holograph	**Out of hours contact number**	-	**Patient ID checked:** (Radiographer/Radiologist's initials)	

I understand that there may be a risk from x-rays in pregnancy

Patient's signature .....

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-403158-THM

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: 0509796095
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-403158-THM
Specimen Collected: 11. 05. 2026

Thyroid Profile - Blood Sample

weightloss ?cause hb

TSH	2.29	mIU/L	(0.55-4.78)

On thyroid medication? None

Released from Instrument: ADM 13/05/26 at 3:55 am

NHS Confidential: Personal data about a patient

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 26-399110-FIT

DR H J BROWN
FAIRFIELD MEDICAL PRACTICE
22A ABBAN STREET
INVERNESS

COLIN MCKAY
CHI No: **0509796095**
DOB: 05. 09. 1979
CRN:

Blood Sciences Report

Report No: 26-399110-FIT
Specimen Collected: 08. 05. 2026

Quantitative Faecal Immunochemical Test

weightloss hb

qFIT: Not detected ugHb/g stool

As of 27.02.26 the threshold for positive FIT testing has changed to >=20 to reflect the change in Scottish Cancer Referral Guidelines in 2025. See TAM guidance for new referral criteria.

Analysed by Blood Sciences Dept, Ninewells Hospital, NHS Tayside

Results entered by: HHB 15/05/26 at 4:06 pm

NHS Confidential: Personal data about a patient

Radiology Report (Booking No. 39371184), Raigmore Hospital, Inverness

0509796095 Exam Date 15/04/2026
Colin Mckay (05/09/1979 Male)
9 WATERLOO PLACE Inverness Inverness-Shire IV1 1NB

Referred by GP Requestor
Referrer Unknown (Fairfield) Fairfield Medical Practice 22a Abban Street Inverness IV3 8HH

XR Chest

Radiology Report
Report Date: 20/04/2026
Patient Name: COLIN MCKAY
D.O.B: 05/09/1979
NHS No. /Unique Identifier: 0509796095
Examination Date: 15/04/2026
Examination Dated: 15/04/2026 14:50
Title \T\ Technique: XR Chest
Clinical Details: Smoker with long-standing cough. Weight loss. Crackles in the right lung field.
Findings:
No prior imaging. No cardiomegaly. Normal mediastinal contours. Flattening of the diaphragms suggestive of emphysema but no focal pulmonary abnormality. No effusion.
4ways Reporting Radiologist: Dr Nabil Hujairi - GMC 6065505 on 20/04/2026 03:21
This report is intended to be read by medically qualified professionals; any patient concerns or decisions regarding medical treatment arising from its contents should be discussed with the patient's doctor or referring clinician.
If the referring clinician has any queries regarding this report, please contact Helpline: 01442 868779
All 4ways reporting is conducted in the UK, by UK based GMC Registered Radiologists

Report uploaded by Mizannur Rahman, Operations Administrator, 4Ways
Verified on 20/04/2026 by Mizannur Rahman, Operations Administrator, 4Ways

Patient Name: MCKAY, Colin DOB: 05-Sep-1979 CHI No: 0509796095

EMERGENCY DEPARTMENT LETTER (Authorised)

NHS Highland na Gàidhealtachd

Emergency Department Raigmore
Old Perth Road
Inverness
Inverness-Shire
IV2 3UJ

Dept. Contact Details: 01463 704000

I MacGilleeathain
Fairfield Medical Practice
22a Abban Street
Inverness
Inverness
IV3 8HH

CHI Barcode: 0509796095

Date of Completion: 15-Apr-2026

Patient Demographics

Patient Name:	MCKAY, Colin	**Date Of Birth:**	05-Sep-1979
Patient Address:	9 WATERLOO PLACE Inverness Inverness-Shire IV1 1NB	**Gender:**	Male
		CHI No:	0509796095
Telephone No:	07858043999		

Admission Details

Patient Location:	Emergency Department Raigmore	**Admission Date:**	15-Apr-2026
		Admission Time:	14:01
Admission Care Provider:			
Source Of Admission:	Self referral		

Presenting Complaint

?xray

Diagnosis

Diagnosis	Site	Laterality
ED diagnosis - Diagnosis not known - Redirection - ED Nurse led policy		

Discharge Details

Discharge Type:	Discharged	**Discharge Date:**	15-Apr-2026
Discharge Destination:	Private Residence	**Discharge Time:**	14:50
Referred To:			

Notes for GP

Clinical Notes

Nil records exist

Procedures

No Procedure Results

Safety Alerts

Nil records exist

Hospital No:
CHI: 0509796095
Doc ID: 6057119
Page 1 of 2

Drug & Alcohol Recovery Service
Osprey House
Raigmore Avenue
Inverness
IV2 3DZ

01463 716888

www.nhshighland.scot.nhs.uk

NHS Highland

SENSITIVE

Dr I MacGilleeathain
Fairfield Medical Practice
22A Abban Street
Inverness
IV3 8HH

Our Ref: DMK/mmd/
Clinic Date:
Date Dictated: 25/02/2026
Date Typed: 25/02/2026

0509796095

Dear Dr MacGilleeathain

Colin McKay **DOB: 05/09/1979** **CHI: 0509796095**
9 Waterloo Place, Inverness, Inverness-Shire, IV1 1NB

I write to you in regard to the above named individual who self-referred to Osprey House on 23rd February 2026.

Following a short screening call which took place on 24th February 2026, Colin was invited to attend for an initial assessment appointment. Colin attended for initial assessment appointment today, 25th February 2026. Colin advises that has been using Heroin by way of smoking, sometimes every day, sometimes every 2nd day, for the past 6-8 weeks. Colin was seeking support to stop use of Heroin and requested to be started on opiate substitute therapy, namely Buvidal injection.

Colin advises that he first started using illicit drugs at approximately age 16. Colin advises that he was approximately aged 19 when use of substances became problematic and was approximately aged 20 when he first sought any help. Colin informed that he had previous contact with drug treatment services and had been prescribed Methadone when living in Glasgow approximately 20 years ago. Colin also disclosed to occasional use of Crack Cocaine, however advised that he had smoked this "less than a handful of times". Colin advises that treatment which helped him in the past included Methadone and 1:1 appointments.

In regards to current support, Colin advises he has support in [redacted] When asked if Colin has any current physical health problems or concerns, he advised that he had injured his back following a fall recently. Colin intended on attending Accident & Emergency department regarding this following his appointment today. Colin is currently a smoker, smoking approximately 15 cigarettes per day and has been smoking for approximately 30 years. Advice regarding smoking cessation was discussed with Colin today. He is aware he can attend any pharmacy to engage with this.

Colin advises that he is currently prescribed Co-codamol and Naproxen. He denies having any known drug sensitivities or allergies. In regards to Colin's mental health and emotional wellbeing, Colin advises that when he wakes in the morning, he looks forward to the day ahead and when asked to gauge his mood on a scale of 1 to 10, with 10 being best, Colin advised that his mood sat at 7 or 8. Colin denied having any history of self-harm or suicidal ideation. He denied having experienced any form of abuse or trauma as a child or as an adult. Colin denies having any history of intentional overdose. He also denies having any history of accidental overdose.

In regards to experiencing withdrawal symptoms, Colin advises that he has experienced "all withdrawal symptoms" including spasm, shaking, restlessness, not sleeping, sweating and he also disclosed a history of seizure. Colin advises that he has a forensic history, however has not been in Prison within the last year and does not have any current outstanding or pending charges. Colin denies having any past or current history of

domestic violence.. Colin advises that he is currently unemployed, however is due to start a new job on 22nd March 2026.

Following Colin's initial assessment appointment today, a urine drug screen was obtained which proved to be positive for Morphine, Cocaine and benzodiazepines, negative for amphetamines, Methadone and Buprenorphine. Following this, Colin was reviewed by our Unit doctor, Dr MacLean, and started on opiate substitute therapy. During review, Colin disclosed to having experienced nausea following previous use of Buprenorphine and so Colin received 8mgs Buprenorphine,sub-lingual tablets while in attendance at the unit and was asked to return on Thursday 26th February for further review prior to potential administration of Buvidal injection.

Colin has been allocated to Staff Nurse Laura MacKenzie's caseload. A keyworker appointment has been scheduled for Colin to meet with Laura on Wednesday, 4th March 2026 at 10.00am. Laura will write to you in future to further update you. If, however, you require any further information, please contact the Unit on the above number.

Yours sincerely

Donna MacKay
Drug and Alcohol Recovery Nurse
Osprey House

Authorised on 25/02/2026 17:14:52 by Donna Mackay.

Copied to: (D: Digital copy; P: Printed copy; O: Outsourced printed copy)

NHS Confidential: Personal data about a patient

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ☐ No ☑

Will you be in the area for more than 3 months? Yes ☑ No ☐

(If 'No', please complete a temporary resident form)

Male * ☑ Female * ☐

Date of birth * 5/9/79

Title * Mr

Surname * McKay

Forenames * Colin James

Previous surname * N/A

Address * 9 Waterloo place Inverness. ~~IV1 1NB~~

Postcode * IV1 1NB

Telephone # 0785 804 3999

Email address # Colin.McKay152@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 * Glasgow

Country of birth * Scotland

Registered district of birth *(Scotland only)* Maryhill

Mother's maiden name Morrison

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 * 76 Collina Street Flat 4/B Maryhill, Glasgow

Postcode * G20 8AU

Name and address of previous GP Practice in UK * Maryhill Health Centre or HMP Greenock/Inverclyde NHS

Postcode * PA16 9AJ

If you are from abroad:

Date you first came to live in the UK * NA

If previously resident in the UK, date of leaving * NA

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date * NA

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 ☐

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: C. McKay Date *: 7/7/25

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 *: 11/7/25

7. FOR OFFICIAL USE ONLY

Input by: Julie Wood

Checked by:

Date: 08-07-2025

Practice stamp
Fairfield Medical Practice
22A Abban Street
Inverness, IV3 8HH
Tel: 01463 713939

NHS Confidential: Personal data about a patient

Fairfield Medical Practice

V2018-1

NEW PATIENT QUESTIONNAIRE FOR PATIENTS >12

Surname: MCKAY **First Name(s):** Colin James
Date of Birth:

REASON FOR JOINING PRACTICE
Geographical Reasons ☐ New to area ☑ Other (please specify):

ETHNIC GROUP
White ☑ Pakistani ☐ Bangladeshi ☐ Indian ☐ Caribbean ☐ African ☐ Mixed ☐ Other ☐

IF YOUR FIRST LANGUAGE IS NOT ENGLISH, PLEASE STATE FIRST LANGUAGE:
Do you require an interpreter during appointments? **Yes** ☐ **No** ☑

DO YOU REQUIRE INFORMATION/COMMUNICATION SUPPORT? If so, please ✓ below
Blind/Some Visual Loss ☐ Deaf/Some Hearing Loss ☐ Deafblind ☐
Other (please specify):

PLEASE SPECIFY THE SUPPORT YOU NEED
British Sign Language ☐ Lip Speaker ☐ Deafblind Communicator ☐
Other (please specify):
Do you consent to us sharing your communication needs with Out Of Hours? **Yes** ☑ **No** ☐

NEXT OF KIN DETAILS **Name:** LYN MCKAY **Relationship:** SISTER
Address: 76 Calling Street, Mayhill Glasgow **Telephone Number:** 07385622880

DO YOU SUFFER ANY OF THE FOLLOWING? Yes ☐ **No** ☑ ***Please state approx. date of diagnosis***

	Stroke	Cancer	Asthma	Epilepsy	Diabetes 1	Diabetes 2	Hypothyroid
Date:							

	Heart Problems	Kidney Problems	High Blood Pressure	Lung problems (COPD)
Date:				

ARE YOU RECEIVING TREATMENT FROM ANY SECONDARY CARE DEPARTMENT? Yes ☐ **No** ☑

MEDICATION - DO YOU TAKE ANY OF THE FOLLOWING? If so, please insert the drug names below
Prescribed Medication: No
Bought Medicines:
Herbal Remedies:
LIST ANY KNOWN ALLERGIES/REACTIONS TO MEDICINES? If known state date allergy started

FAMILY HISTORY: Do any of your blood relatives have a history of the following conditions?

	✓	Please state family member(s)? i.e. mother/father/grandfather
Asthma		?
Diabetes		
High Blood Pressure		No
Stroke		
Heart Attack (under 60 years)		?
Other – Please state		

Do you smoke? Yes ☑ **No** ☐ If yes how many per day: 10 If an ex-smoker date stopped:
Would you like to be referred for help you stop smoking? Yes ☑ **No** ☐
Do you drink alcohol? Yes ☐ **No** ☑ Units per week: ☐

Weight: 165 Height: 181 Date of last Tetanus vaccine:

ARE YOU A CARER? Do you look after someone ***frail, elderly or disabled?*** (Not through work) **No** ☑
Yes ☐ If yes please state **who** you look after and the **reason:**

NHS Confidential: Personal data about a patient

FOR WOMEN ONLY:

Date of last cervical smear: _____ Type of contraception: _____

Number of pregnancies: _____ Number of children: _____

Names and date of birth of children:

Date of Birth	Sex	Name	Type of Delivery ie *caesarean/SVD*

PATIENT CONSENT FOR SMS AND E-MAIL COMMUNICATION

Home Tel. Number	Shared? (Y/N)	Mobile Tel. Number	Shared? (Y/N)
		07858043999	

E-mail Address	Shared? (Y/N)	Other Tel. Number	Shared? (Y/N)
Connorkay152@gmail.com	Y		

- I understand, agree and consent to Fairfield Medical Practice contacting me on the above detailed mobile phone number and e-mail address for appointment reminders, chronic disease management review reminders, flu vaccination clinic notifications, changes to service notifications, and health promotion information.
- I agree to advise the practice if my mobile number changes or if the phone is no longer in my possession, for example, if I lose my phone, sell it or pass it on to someone else for their use. I will notify the practice if this number becomes shared. Please note, we cannot send messages to shared mobile numbers or e-mail addresses.
- I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions – the responsibility of attending appointments or cancelling them still rests with me.
- I also confirm that I have read and will comply with the requirements outlined in the patient information leaflet.
- I understand the above and

9NdP ☑ **(✓) Tick here to CONSENT to the SMS/E-mail communication service**

9NdQ ☐ **(✓) Tick here to DECLINE to the SMS/E-mail communication service**

Patient Agreement

Zero Tolerance Policy At Fairfield Medical Practice we promote an atmosphere of mutual respect between patients, relatives and staff members, as well as ensuring the safety of all parties. We aim to treat all patients and members of the public with dignity and respect and therefore request the same in return. We have a strict ZERO tolerance policy regarding any intimidating or aggressive behavior (this includes rudeness) towards ANY of the Medical Practice Staff, clinicians or other patients, either face-to-face or over the telephone.

Non-attendance at appointments We have a practice policy for dealing with persistent non-attendance of pre-booked appointments. We will write to any patient who does not attend 30 minutes of total appointment time within a 3-month period. Failure to attend appointments or cancel appointments on time beforehand, will prevent you pre-booking appointments and could ultimately affect your registration status with Fairfield Medical Practice.

Medication Policy

Many patients registering with Fairfield Medical Practice may already be prescribed medication from other practices. The doctors of the practice retain the right to decide not to continue prescribing such medication if it is not felt to be appropriate or of benefit to the patient. All cases will be assessed on an individual basis but proof of previous prescriptions from another doctor will generally be required from the outset. This is particularly true of medications which are recognised as potentially addictive (e.g. dihydrocodeine, diazepam, temazepam) and although they MAY be continued in certain circumstances, it might be in a reducing dose. The quantity given, the dose and frequency, again, will be at the discretion of the doctor, who has to accept responsibility for any prescription signed. Under **NO** circumstances will these scripts be re-issued if lost/stolen/mislaid.

Drug/Substance Misuse

We fully understand that some patients registering with Fairfield Medical Practice have a drug/ substance misuse problem. As a practice we are happy to deal with medical problems, which may arise, in the usual way and also to support patients in accessing help for their substance misuse issues. Patients however must refer themselves to Osprey House if they wish help in dealing with their drugs/ substance misuse.

The doctors in the practice will under NO circumstances prescribe reduction programme medication such as methadone to patients, unless directed by agreement with substance misuse services.

I confirm that I have completed the questions honestly and that I have read and agree to the above statements.

SIGNED:	**DATE:**
C. McKay	7/7/25

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 B

HMP: GNK
Location: CWELL clo4

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 Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
A	[illegible]					MIRTAZAPINE	30mg	O				✓	W					
B	[illegible]					Folic Acid	5mg	O	✓				M					
C	[illegible]					Citalopram 20	1½	O	✓			✓	M					
D	4/4/22				4/4	Carvedilol HC	1½	O	✓			✓	M					
E	19/4/22				28/4	Carvedilol HC	1½	O	✓			✓	M					
F	19/4/22					Folic Acid	5mg	O	✓				M					
G	20/4/22					Sertraline	100mg	O	✓				M					
H	19/4/22					PROMETHAZINE	25mg	O				✓	W					
I	21/4/22					MIRTAZAPINE	30mg	O				✓	W					
J	11/5/22					Folic Acid	5mg	O	✓				M					
K	09/5/22					MEBEVERINE	135mg	O	✓			✓	M					
L	18/5/22					TRAZODONE	150mg	O				✓	W					
M	18/5/22					Folic Acid	5mg	O	✓				W					
N																		
O																		
P																		
Q																		
R																		
S																		
T																		

Name: COLIN MCKAY Spin No: 17345 CHI No. or DOB: 05/09/79 Drug allergies: * NKDA *

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue (COAS) S = Supervised US = Unsupervised

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: _____

HMP: CNK
Location: C WELL

SIDE A

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	Item	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
1	22/12/24				12/1/25	GABAPENTIN	300mg	PO			✓		S					
2	22/12/24	22/12/24				Hydroxyzine	25mg	IM			6pm		S		10/2/25			
3	10/2/25					HYDROXOCOBALAMIN	1mg	IM			3 monthly		S					
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	Item	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
9	22/12/24	22/12/24	10/2/25			Dermol lotion 1%	1pt	top	8.0 pm	M					23/12
10						LB									
11	10/2/25	10/2/25	10/2/25	10/2/25		ELS CREAM	Appl	TOP	PRN	M					
12	10/2/25	10/2/25	10/2/25	10/2/25		TOPICAMIND	Appl	TOP	2x week	M					
13	10/2/25	10/2/25	10/2/25			CANESTEN H-C	Appl	TOP	2x day PRN	M					
14															
15															

ONCE ONLY PRESCRIPTIONS

	Administration date	Administration time	DRUGS (including formulation)	Dose	Route	Frequency of administration	Item	Prescriber's signature	Time given	Pharmacist: Date	Pharmacist: Initials
16											
17											

Eoin McKay Spin No: 17345 CHI No. or DOB: 5/9/79 Drug allergies: NKDA

M = Monthly F = Fortnightly W = Weekly

ms-26090v1.0

Appt:	at:
Appt:	at:

HIGHLAND HOSPITALS - RADIOLOGY REQUEST: Raigmore Hospital - Clinical Radiology

Type of referral:

Plain Film-Chest

Shaded areas for department use only
INCOMPLETE CARDS WILL BE RETURNED

Date Referral Created: 10-Apr-2026

101039624018I
Unique Care Pathway Number: 101039624018I

Date Referral Submitted (This date is fixed at hospital end): 10-Apr-2026

PATIENT DETAILS

Surname	MCKAY		
Forename(s)	COLIN		
Title	MR	Sex	Male
Marital Status	Not Known		
Other Surname	-		
Date of Birth	05-Sep-1979		
CHI no.	0509796095		

Patient's address

9 WATERLOO PLACE
INVERNESS
IV1 1NB

Contact detail(s)

Home: 07858 043 999
Mobile: 07858 043 999
E-mail: colinmckay152@gmail.com

Urgency of Referral: Urgent

Referral Type: Out Patient

0509796095

CHI No: 0509796095

Administrative Information

Lab results will be available	No
Patient age in years	46

Special Information

Appointment type	Walk-In Service
This complies to RCR guidelines?	Yes

REGISTERED GP DETAILS

Name	Dr Iain Macgilleeathain		
GMC code	7509489	GP code	79804
Practice name	Fairfield Medical Practice		
Practice code	55836		

Practice address

22A ABBAN STREET
INVERNESS
IV3 8HH

Contact number(s)

Voice: 01463713939

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and

role is noted above

Name	Dr. Hannah Brown		
GMC code	7458638	GP code	-
Referring Location	Fairfield Medical Practice (55836)		
Practice code	55836		

Referring Location Address

22a Abban Street
Inverness
IV3 8HH

Contact number(s)

Voice: 01463 713939

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description:	?malignancy
Referral Summary:	46M who smokes. longstanding cough. weightloss - 2st in roughly 2 months. coarse breath sounds on right lung field. no acute change to cough. cxr ?malignancy

Examinations requested

cxr

Examinations and Investigations

Description	Comment	Date Started
Allergies:	NO	-
Diabetes:	NO	-
High Risk:	NO	-
Pregnant:	NO	-
Mobility:	WALKING	-

Patient Measurements

Body Measurement History

Body Mass Index	Height	Weight	Date Weight Recorded
18.6	1.81	61	10-Apr-2026

Additional relevant information

Social circumstances

Ethnic Origin: Unavailable

Dr. Hannah Brown	**Date of referral:**	10-Apr-2026	**Exposure justifications:** (Radiographer/Radiologist's initials)	
Signature of referring doctor (or other professional) accepted as holograph	**Out of hours contact number**	-	**Patient ID checked:** (Radiographer/Radiologist's initials)	

I understand that there may be a risk from x-rays in pregnancy

Patient's signature .....

Colin Mckay **05/09/1979** **Male** **0509796095**

Address

Flat Gb 27 Gorget Quadrant Glasgow G13 2AJ — Address Type: Home address
The Health Centre P.O. Box 19605 Greenock PA15 9ET — Address Type: Main address

Communication numbers

Telephone - home 0141 239 9682

Problems

Currently Relevant	Started: 25/04/2012	Ended:
Misuse of drugs NOS	Started: 05/07/2007	Ended:

Epilepsy register

Epilepsy Placed on register: 01/01/1995 Removed from register:

Medical History

28/05/2025 Administration Colin advised that he didn't want to come to GP appointment this morning - wanted to go to placement Dr Kathryn Clark

28/05/2025 Administration Colin is listed for GP today...Telephone call from Cwell officer Martin to ask if Colin could be relisgted for doctor on a tuesday or thursday as on placement ,advised doctor not in these days.Colin has advised he wont be attending doctor today .Made Dr Clark aware to remove from list . Ms Lynette Robertson

21/05/2025 Administration Colin listed for GP clinic today but on placement, not clear why listed - to be relisted Dr Kathryn Clark

06/05/2025 Intramuscular injection of vitamin B12 Hydroxocobalamin injection administered to left arm as per prescription. No issues raised at present. Listed for 12 weeks for next dose. States friday suits best as not on placement that day. Listed for 01.08.25. EXP 09/2026 LOT G09060 Ms Louise Story

18/03/2025 Administration Parole report completed Dr Grace Campbell

03/02/2025 Intramuscular injection of vitamin B12 IM inj left deltoid next due 28/04/25LOT RP403NE EXP: 07/2027 Ms Louise Moyse

14/11/2024 Administration Parole report completed. Dr Grace Campbell

13/11/2024 Seen by nurse Vit B12 given this evening as prescribed , post PM med round at chriswell as Colin unable to attend nurse clinic today due to being on placement. Administered by Nurse Moyse. No complaints from Colin. Sister Suzanne Connell

08/11/2024 Seen by nurse Attended nurse clinic for B12 injection, however no stock. Colin aware and will be relisted.G.Hannah also aware and stock ordered. Sister Suzanne Connell

06/11/2024 Seen by nurse currenlty on placement Ms Louise Moyse

16/10/2024 Administration Request to stop Mebeverine as no longer wants Dr Kathryn Clark

12/08/2024 Seen by nurse Hydroxcobalamin injection given Left deltoid with patient preference. BATCH FD9484 Exp 02/2026 listed for next injection 04/11/ 2024. Ms Louise Moyse

21/05/2024 Result Results Royal Infirmary of Edinburgh Microbiology Miss Susanne Kidd

21/05/2024 Result Results Royal Infirmary of Edinburgh Microbiology Miss Susanne Kidd

20/05/2024 Seen by nurse Hydroxcobalamin injection given Right deltoid with patient preference. BATCH 30225 Exp 05/2025- listed for next injection 12/8/2024. Ms Stacy Mealey

21/02/2024 Seen by nurse Hydroxcobalamin injection given in right detoid with no ill effects. Batch: 30003 Exp: 12/2024. Listed for next injection 15/5/24 Ms Anne Witherow

09/02/2024 Seen by nurse QFit and urinalysis kits given advised to give sample to nurse next week as samples will not be collected again till next week. Ms Louise Story

07/02/2024 Consultation Blood results discussed - happy to return to IM Vit B12 injectionsAsking about psychosomatic conditions. Feels heightened level of stress over past 2-3 months and effect on body. Increased stools - 3x day, after eating. No PR bleeding. no weight loss. Is eating as normal. Also pains across shoulders, stiffness. Feeling stuck - lack of progression. Has been in Chrisswell 5 years. Mood up and down. Discussed strategies to combat stress - exercise (used to exercise daily, not in recent months). Breathing exercises. Suggested discuss further with mental health.qFIT for completion. [redacted] Similar features. Looked up - very rare condition with no obvious hereditary factor. More intestinal polyps and derm manifestations but can also have vitamin deficiences. For qFit, urinalysis,ANA, TFTs, HbA1Cand then consider if refer to gastroMebeverine given for symptomatic relief Dr Kathryn Clark

31/01/2024 Seen by nurse Colin stated he would like to recommence b12 injections listed for GP already 05/02/2024 Ms Stacy Mealey

24/01/2024 Administration Listed for GP clnic but unable to see as over capacity. ?stomach issuesStill awaiting bloods. For bloods then list for GP review Dr Kathryn Clark

17/01/2024 Administration On Folic Acid now for 6 months - for FBC, U&Es, Folate, Vit B12 and Bone Dr Kathryn Clark

10/11/2023 Administration Pt request to restart Calichew. I have declined at this time as no recent Ca levels and have requested for GP to consider if appropriate to obtain a level. Ms Tracey Burton

16/08/2023 Administration Flate now at 2.5, Previously on supplements. restart folic acid. Letter sent to patient Dr Kathryn Clark

08/08/2023 Administration Parole report completed Dr Kathryn Clark

29/06/2023 Consultation Bloods obtained and sent to lab. Relisted for GP to review. Miss Kelly Joyce

26/06/2023 Seen by nurse Prescibed Vit B12 injection until recently but decided to stop. See VISION 10/2/23. Now feeling tired and lethargic. Asking if he can restart. Listed 29/6/23 for FBC, ferratin, B12, foltae, U&Es, LFTs and TFTs first. Ms Anne Witherow

22/06/2023 Psychological assessment Met with Mr McKay at 8.30am for his first contact appointment with the clinical psychology interventions service. Mr McKay appeared somewhat confused as to why he was meeting with me, as he stated that all his current stress is situational (lack of progression, being told that he will not be allowed to remain in Scotland, despite being Scottish and mother being unwell), and therefore nothing we as a service can support him with, He acknowledged that if he did not have these stressors he would be fine. Discussed how we could help him tolerate he distress however he stated that he is managing it fine, as he has come to accept his situation and recognises that there is not point in getting upset about it. In relation to his mood, given the current circumstances it is understandable that he may feel lower in mood than normal, however again stated that his current mood is not problematic for him and he continues to engage in his daily living activities. In relation to his sleep, he did state tat this was poor due to his worries, however declined any offer of support in relation to this, again stating that he believes he is handling things well. Mr McKay did not identify any treatment needs at this time and therefore will be discharged from the service. Karen Muir Mental Health Therapist Ms Karen Muir

Colin Mckay **05/09/1979** **Male** **0509796095**

13/06/2023 Mental health admin. NOS Notes accessed for review purposes as patient has been referred to Clinical Psychology. The referral has now been accepted and the patient will be added to the waiting list for a first contact/triage assessment. Patient and referrer to be updated via letter. Ms Ashleigh Macdougall
08/06/2023 Mental health admin. NOS Referral received by Clinical Psychology Interventions Service - added to database for discussion at next referrals meeting. Mr Alec Drew
31/05/2023 Depressed lifer 20 years wiseds ,mirtazapine aso n 30 nocame off all drugs hoping pout soon but some anxieties Dr Neitu Jeyasingh
26/05/2023 Mental health assessment Mr Andrew Mctaggart
26/05/2023 Mental health review Mr McKay previouslly on MH and addictions. referal seems to be based on parole board recommendation to refer to MH.Reported that he is disolusioned with lack of progress with parole. At HMP Greenock for 4.5 years and 6 years over tarrif. Has been advised that a cannot remain in Scotland reporting he sees little progress with community based social work. also rerpots his other is ill and the last 2 home visits have been cancelled. Reports lack of sleep and poor apetite. reprots low mood. affect appears flat. Good eye contact and conversing. Concersation filled with nagativity regarding both situation and towards SPS due to delay in progression. Concerns rasied previously in Oct 2022 after took self off all medication including buvidal and antidepressant. Current situation similar however more in agreement with need for support on this occasion. Reports has no thoughts of suicide or self harm and states has not concidered using drugsOpinionExperiencing lengthy period of stressor which there is currently no resolution to, developing a sense of hopelessness. also frustration with lack of access to ill parent.Recommend to consider recommence antidepresant re consideration of restarting antidepressant. also refer to clinical psychology. Mr Andrew Mctaggart
23/05/2023 Administration #9HZ Mental Health referral received Ms Angela Dewar
10/02/2023 Consultation IM Vit B12 stopped as per patient refusal documented. For Vit B12 bloods in 6 months. Dr Kathryn Clark
08/02/2023 Seen by nurse Spoke to Colin regarding Vit B 12 injection which he has declined recently. No longer wishes to take this injection- informed choice and patient has capacity. Treatment refusal form to be signed. Asking for more Canesten HC cream for ongoing rash on arms. THis seems to have been an issue intermittently since 2012. Current prescription expired - kardex put to GP to see if more can be prescribed or if a GP appointment is required Ms Anne Witherow
18/11/2022 Consultation Pelvis x-ray result - minor degenerative changes affecting bth hips. Otherwise normal. Letter sent to patient Dr Kathryn Clark
15/11/2022 Seen by nurse Patient listed for vit b12 injection but refused. will relist Ms Stacy Mealey
08/11/2022 Consultation Seen by nurse on return from Hospital appointment for x-ray. Patient reports being advised that result would be forwarded on to health centre when ready. Ms Louise Story
02/11/2022 Administration Hospital appointment 8th November 2022 at Inverlyde Royal hospital - X Ray Dept - Pelvis AM. Third appointment. Ms Angela Dewar
02/11/2022 Patient reviewed DNA letter for pelvic xray. re-done referral. please reappoint Dr Katie Usher
20/10/2022 Drug addiction therapy Seen Colin today in links centre for review following from being off espranor for 3 weeks. He appeared to be very sleepy, eyes closing at periods, however, stated that he has had a few hours sleep in the past week or so. I advised him to take his promethazine as prescribed to try and regulate his sleep pattern which he stated he would do. I sent Colin to health centre for review and obs to be taken due to his presentation and stating he had seen GP today and call from B.McKee from chrisswell regarding presentation. Colin sttaed that he wanted to stop his work as he feels worse when he has been. He feels that he will continue to isolate himself as he stated this is the best way to get out of prison byu not being involved in any conflict among other prisoners. Colin stated he was not feeling depressed and that he has always been "the same way". Strongly denies any current thoughts of suicide or DSH. Sent to health centre for review by A.McTaggart. Miss Kylie Rodgers
20/10/2022 Drug addiction therapy Mr Andrew Mctaggart
19/10/2022 Consultation Colin not sure why listed today.Struggling with stopping espranor as discussed before. Now 3 weeks. Determined to stay off and allow body to find natural rhythms again. Obviously sleepy this morning. Insomnia is thing struggling with the most. Discussed benefit of keeping job, getting up in morning, natural light. Colin is reluctant about sleeping tablet but agreed to take promethazine for 1 week Dr Kathryn Clark
18/10/2022 Seen by nurse Colin handed back his monthly medication. States he no longer needs it. Miss Kelly Joyce
13/10/2022 Administration Hospital appointment - 26th October 2022 - Inverlyde Royal Hospital - X-Ray Dept - Pelvis AM. Ms Angela Dewar
12/10/2022 Seen by nurse Colin continues to struggle with not having any opiates but remains determined to abstain.He continues to present as argumentative but was dressed and had been out walking in the fresh air prior to our consultation. Reports minimal effect from Zopiclone. HAd discussed his situation with Dr Clark who said the only option he could be offered was to restart Espranor 2mg on alternate days for a short period of time. Colin declined this as he feels it would be a backward move. He is accepting of his situation despite his difficulties and agreed to contact staff if he feels unable to cope . Denies any thoughts of suicide or self harm and talks freely of his future, a parole hearing in 8 weeks and then eventual release at some point. Ms Anne Witherow
10/10/2022 Mental health review Met with Colin this morning in Chrisswell after medications. Concern form was raised by SPS staff regarding Colins presentation, demeanour and recent dip in mood.Present, A.Witherow, FLM S Cox, Writer and Colin around 9am this morning in Chriswell managers office.Colin presented in nightwear, mood short and at times coming across argumanetative. Colin explained that he is currently struggling from not having any opiates. He reports this is to be expected and the only way to resolve this would be to take opiates which is something Colin is not prepared to do. Colis reports he is due for Parole hearing in 8 weeks and wishes to attend stating he is well and subsance free.Colin also advised he has come off his Mirtazapine 30mg as he feels that was making him worse at the moment. Suggested this was not ideal and urged Colin to reconsider, even at a lesser dosage, however he declined this.Agreed to be signed off work for the weeks and to try some 3 days night sedation to see if this helps him, sleep and work through this.Colin on more than one occassion categorically denies any self harm or suicidal ideation. Colin will seek additional support from staff should he begin to struggle.No further action in regards to the concern form at this time.Written by N.Thornton HMP Greenock MH Nurse Mrs Nicola Thorton
05/10/2022 Administration Hospital appointment on 11th October 2022 - Inverclyde Royal Hospital - Xray Dept - Pelvis AM. Ms Angela Dewar
04/10/2022 Drug addiction therapy Seen Colin today in Chrisswell and he stated that he is finding it difficult to sleep at present, however he does not feel tempted to use illicitly or feel strung out. He reported that he expected to have a bit of a rough time as he is aware of opiates coming out his system and happy to continue with his plan to remain drug free. Discussed sleep hygiene, reducing caffiene intake, getting out for exercise, maintaing a good routine, eating a healthy,balanced diet and attending the gym when he can which he stated he would attempt to do. No current thoughts of suicide or DSH reported. Will list for 17/10/22 to review. Miss Kylie Rodgers

Colin Mckay **05/09/1979** **Male** **0509796095**

29/09/2022 Drug addiction therapy Colin stated that he would like today to be his last dose of espranor 2mg. Kardex pulled for GP to put a stop date. Will list Colin for addctions review next week to see how he is coping with stopping ORT. Advised to inform staff if he feels he is struggling which he stated he would do. No current thoughts of suicide or DSH reported. Miss Kylie Rodgers
21/09/2022 Consultation C/o ongoing long standing both hips joint pain for months now , getting worst , No H/o any injury to the area , F/H severe arthrotis with dad abd both hips were replaced. Reducing EsprenorO/E: Apyrexialk , looks comfortableWallking without any limps.Pl: For x ray Pelvis and then review in 4 weeks with results/. Dr Zahid Shah
16/09/2022 Seen by nurse C/o hip pain which is effectinh his walking and ability to work. Listed for GP 21/9/22. PAtient informed in writing. Ms Anne Witherow
15/08/2022 Intramuscular injection of vitamin B12 Seen by Nurse Vitamin B12 IM injection given - right arm. LOT: E06340 EXP: 06/23No adverse effects witnessed.Next injection due in 3months time (12 weeks) - 07/11/22 Ms Louise Moyse
06/06/2022 C/O: dry skin Seen at the nurse clinic as he has dry skin on his head. requires t-gel shampoo.ALs very dry skin on legs and arms requires E45 cream to moistrurise the skin. Ms Louise Moyse
04/05/2022 Administration Prescription Kardex / Recording Sheet HMP Shotts Kardex 28/07/2017 - 02/10/2018 13/10/2018 - 12/12/2018 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Batch 7 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Batch 6 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Batch 5 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Batch 4 Miss Amy Frensham
20/04/2022 Administration Administration Medical Records Batch 3 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Batch 2 Miss Amy Frensham
20/04/2022 Administration Administration HMP Shotts Medical Records Miss Amy Frensham
24/03/2022 Drug addiction therapy S- Colin was seen at health centre to discuss referral to reduce methadone.B- Colin is currently maintained on 30mls of methadone A- Discussed future plans as Colin would like to eventually be transferred over to espranor. Harm reduction discussed. Feels mental helth is stable. R- Plan to reduce 5mls every two weeks with a review at four weeks. Information on espranor to follow Ms Leeanne Mccrystal
04/03/2022 Seen by nurse Administred Hydroxocobalamin injection. Batch 10253. EX 10/2022 Miss Kelly Joyce
22/12/2021 [V]Explanation of medication on meth gaba 300 bd showed up in drug test as pregabalin doesnt wish to take achance so wished down to 1 at night and stop in 3/52 Dr Neitu Jeyasingh
15/12/2021 Seen by nurse COVID BOOSTERS GIVEN INTO LEFT ARM . READ CODING NOT WORKING. BATCH NoFK9712 Mr Gordon Hannah
05/11/2021 Drug addiction therapy Written in retrospect.S - Seen Collin in the Health Centre on the 4th of November 2021 at 1445 hours.B - Collin is currently on a Methadone reduction plan whereby he has managed to get to 10mls over several months.A - Presented well, appeared well kempt, good eye contact, rhythm of speech appeared in normal rates and engaged well in conversation throughout. Colin disclosed that he is struggling with his reduction as he has had a change to his current situation that he didn't feel ready to discuss just now. Colin states that he wants to titrate up to 30mls where he feels that this will keep him more stable as recently he has experienced urges to reach out for illicit drug use. Colin reports that he is feeling symptoms of withdrawal such as, sleepless nights, yawning, runny eyes and nose therefore for harm reduction purposes it was recommended that Colin should titrate up to 30mls.Risks - Strongly denies any thoughts of suicide or plans to harm himself or others.R - Writer will list Kardex for the GP on the 5th of November for titration to commence on the 6th of November. Mrs Jacqueline Hood
04/11/2021 Seen by nurse Vitamin B12 IM injection given. B/N 10253. EXP 10/2022 Miss Kelly Joyce
10/09/2021 Consultation Immunology results normal - letter sent. Vitamin B12 and folate to continue Dr Kathryn Clark
26/08/2021 Administration Checking bloods recorded. Ms Angela Dewar
20/08/2021 Vitamin B12 deficiency anaemia, unspecified Hydroxocoblamin IM inj right deltoid. EXP: 05/2022 B/N 00546. Next due on the 05/11/2021 Ms Louise Moyse
19/08/2021 Result Results Biochemistry Ms Angela Dewar
19/08/2021 Seen by nurse Bloods taken, TFTS, intrinisic factors paricell TTG and coeliac factors taken. Sent to lab Ms Lynn Alexander
18/08/2021 Consultation Review of results. Seems not to have had IM B12 for ?how long.Previous documentation of this happening and low BA12 resulted in reinstatement of B12 injections and folate supplementation.Vit B12 and folate low. Not clear if PA.For Parietal Cell and Intrinsic Factor antibodies and TTG as folate low. Restart both medications Dr Kathryn Clark
15/08/2021 Administration d/w SN Anne previous B12 def but lost to treatmentrecheck fbc, uce, lfts, b12/folate/ferritin, glucose, lipids, clacium. bone profile /Dr Senthil Dr Sutchi Senthil
14/08/2021 Seen by nurse Reports not had Vitamin B12 injection for some time. Had bloods checked in March 2020 which were checked by Dr Ahmed who saw the patient 1/4/20 to explain the results and commented he was already on Vit B 12 injections. Unable to acertain from VISION or drug kardex when hydroxycobalamin injection was last given. Will discuss with GP tomorrow and suggest bloods then GP review. Ms Anne Witherow
13/08/2021 Consultation INjury to back on 10th August. In middle of lift felt back give, popping sensation, pain lower thoracic region mid spine. Stuck in rounded position for a while but gradually easing up. Pain easing a little over past days with ibuprofen. No spinal tenderness.Continue regular NSAID and to rest from gym. Consider physio referral if ongoing problems after a couple of weeks Dr Kathryn Clark
12/08/2021 Consultation Reviewed at health centre, ongoing back pain, listed for GP tomorrow 13/08/21. Mr David Mccue
10/08/2021 Consultation Discussed with dr senthil bralinnie- plan- ibrufen 400mgs 3 times day, ice. same given, re-review tomorrow. Mr David Mccue
10/08/2021 Consultation Review health centre- injury back, stated was doing weights and heard/felt pop in back, mobilising independent. states pain 9/10- ice pack given along with pm gabapentin dose. will discuss with gp regarding pain relief overnight. Mr David Mccue
07/04/2021 Drug addiction therapy Methadone 25mls administered this morning. Colin reports that dose did not want to be reduced today and wanted this for next week. Nurse A.Witherow asked prescribed to give one off dose of 5mls for today and will asked prescriber to change kardex to 30mls to start 8/4/21. Will reduce to 25mls from next week. Ms Kirsty Byng
06/04/2021 Drug addiction therapy Situation- Seen today in Chrisswell at methadone round at approx 0830hrs on 6/4/21. Background- Currently on 30mls, has reduced from 40mls. Assessment- Colin reports no adverse effects from methadone reduction. Has felt no change to this and states he is feeling well. Colin would like to reduce to 25mls and see how he feels from this point. Advised that I would speak with prescriber and can do this from Wednesday 7/4/21. Recommendation- Redcued to 25mls- advised Colin to let us know if any adverse effects. Appears happy with this plan. Kirsty Byng Addiction nurse Ms Kirsty Byng

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23/03/2021 Consultation c/o ongoing rash on arms, stomach and thigh. States was given canesten cream for this which helped but he did not continue with treatment. O/e pinkish rash, not itchy and skin intact. Given canesten bd to apply and review asap if any further concerns. Ms Brenda Waddell

08/03/2021 Consultation Referral recieved form Colin stating he wished to start a reduction plan for his Methadone.Colin currently on 40ml and wishes to reduce 5ml every 14 days.No concerns and kardex pulled for GP. To commence 09/05/2021.Care plan and reduction plan signed by Colin Mr David Bryce

04/11/2020 Consultation c/o rash on right forearm. o/e circular looking rash on forearm, slightly red, no breaks in skin. ? fungal, try canesten cream bd and review if no improvement. Ms Brenda Waddell

04/09/2020 Consultation : Gbapentin issues, self reduction plan.Wants to reduce gabapentin dose in view to come off this . States that he was started on these for hips pain and for fits but now feels that it is time to come off these. On 400mg AM and 500mg PM, No other issues.O/E: Apyrexial , looks comfortableGait: normalPl: I reduce gabapentin to 300mg BD , for review in two weeks. Dr Zahid Shah

01/05/2020 Seen by nurse Mirtazepine reduced from 45mg nocte to 30mg by Dr Ahmed at patients request Ms Anne Witherow

01/04/2020 Consultation blood results explained already on B12 injections r/v prn Dr Raheel Ahmed

30/03/2020 Consultation : Blood results25 OH- Vit D -- <14,TFT, LFT, Testosterone and U&E -- SatisfactoryPl: Please make an appointment to see the GP Dr Zahid Shah

26/03/2020 Consultation 0945hrs -S - Attended health centre clinic appointment for bloods.B - Seen by doctor two days ago who has requested blood tests.A - Bloods obtained and sent for vitB12, vitD, FBC, TFT, LFT, U&E and testosterone.R - Listed for doctor to review results. Ms Yvonne Dominick

24/03/2020 Seen by nurse Listed for 25/03/2020 bloods need to be tqaken before 09:00 Ms Louise Moyse

20/03/2020 Drug addiction therapy low mood, no energy, poor sleep, stress ++ about contract on his head. Feels not point in life as expecting to be killed within the next 18 months (when goes to castle huntly)On mirtazapine 30mg at the noment, been o them for a while. helps with sleep a bit but mood still very low. Physically appears very pale but otherwise in good helathPLAN : Mirtazapine increase to 45mg; Blood to exclude organic cause: vitb12, vitD, FBC, TFT, LFT U+E and testosterone. Dr Dominique Van Den Meersschaut

17/03/2020 Drug addiction therapy Seen patient on 5/3/20. Spoke about various issues including methadone dose. Has since went from 20mls ot 30mls. Colin i asking for further increase in dose. Still feels he is struggling and does not feel stable. He feels if he increased a little and stabilised he will start reducing when he feels a bit better. Has been downgraded before for using subutex and MDMA- not current use and does not wan tthis to happen. Kardex put in for GP to increase to 40mls. Ms Kirsty Byng

05/03/2020 Drug addiction therapy Situation- Seen today in health centre for review/referral. Background- Requesting to speak about methadone dose/ ongoing support for mental health/addiction issues.Assessment- Colin was attacked last week [redacted] Spoke a bit about this, states he is "used to this". Attack appeared unprovoked and Colin reports that he did not fight back. Colin again spoke at length about his frustration with the prison system and the situation he is in with his co accused. He reports he constantly thinks about getting murdered and this never goes away. Currently not working and he reports the overthinking has gotten worse recently. Reports he does not feel great phsycially, skin appears very pale. Is on vitamin B12 injections for this but Colin has not been leaving his cell very often. Avoids rec, exercise and edcuation due to threats that are made against him. Reports that Parole hearing did not go well and he threw the letter from them in the bin as he knew he would have gotten a "knock back".Continuing to work with forensic psychology. Feels as if he is wasting my time by seeing him however advised that I was here to support him and help with "here and now" issues to try and help him cope a little better. Spoke about increase in methadone- would like to go to 30mls as he reports he is feeling "rough" in the morning. Shivery, wattery eyes, runny nose etc. Has been on 90mls before. Advised that I would increase to 30mls as of 6/3/20. Strongly denies any thoughts/plans of suicide/sefl harm today just feeling frustrated and stressed. Advised to keep busy and distract himself as much as possible.Recommendation- To increase methadone to 30mls. Will list for addiciton clinic to speak about methaodne/testosterone quiery. Will review in 1 minths time. Colin appeared happy with this. Ms Kirsty Byng

05/03/2020 Consultation Discussed this morning at addiction allocations meeting. To be seen by addictions nurse. Ms Kirsty Byng

28/02/2020 Patient reviewed at hospital Seen in return from Hospital injury sustained to right eye during an assult on the 27/02/20. History of previous facial injury. Alleged assault with weapon last night to right side of head. Previously fractures right anteriormaxilla and thinks this feels the same. No visible swelling, bruising or injury. Normal cranial nerveexamination and visual acuity. States all of his gums are numb bilaterally. XRs facial bones show nofracture. No injury or abnormailty detected. Ms Louise Moyse

28/02/2020 Consultation : ATSPH/o assault last night with multiple punches on the face. now feels that his Rt eye socket if broken , also taste blood in his mouth as well. states that his jaw may be broken. States that he had samilar assualt in the past in HMP Barlinnie while he broke his jaw and eye socket, was seen by max fac and had a procedure , states that it feels the same.O/E: Apyrexial , looks comfrotableGCS 15/15Swelling at the Lt lower jaw areaPl: I advised the client be assessed in A&E for ?x ray facial bone. Dr Zahid Shah

27/02/2020 Consultation Reviewed at halls- states was assaulted- not witnessed- hall staff reviewing cctv- on review- alert/orienatated, no visible injuries. states punched in eye and has fractured eye socket- states that this has happened in past numerous times and knows when disclocated. not wanting any tretament carried out, not wanting to be sent to hospital, not wanting review by gp. discussed with hall staff who states will talk to colin later tonight after cctv footage reviewed. Mr David Mccue

18/02/2020 Consultation Time 10.15 hrs location Health centreS= listed for nVit B 12 injection B= last had in October 2019 A= prescription not current so not given will ask MO to review also appears very pale and may need bloods checked Has been listed for Dr Dominique on Friday for asessmentR = ask Doc to comment Ms Jillian Scott

28/01/2020 Drug addiction therapy Written in retrospect 27/1/20. Situation- Seen in Linsk Centre for review and to speak about addiction referral. Background- Ongoing support for mental health/addiction issues. Assessment- Colin spoke mostly about his ongoing situational issues regarding his parole/ co accused. This is a big part of Colin's low mood and he struggles to not think about it. Last session we discussed to possibility of having advocacy represent thim at his Parole meeting however this couls not be possible as Colin is only allowed one representitave and this would be his lawyer. Strongly denies any thoughts/ plans of suicide/self harm in consultation. This session was mostly Colin venting his frustration and worries regarding the prison system. Spoke about his addiction referral and him wanting to reduce off his methadone. Advised Colin that it may be best to wait until he is back in Chrisswell to start reduction as it may be more destructive for him. Colin did disclose that he is feeling quite rough in the morning and it may be the wrong time for him to start reducing. Colin agreed with this and reports that he will have a think about it. He also was asking about testosterone levels and how methadone can affect this. Advised Colin that I would have to look into this as he feels it may be contributing to his low mood if his testosterone is affected. Recommendation- No change to methadone dose today. Will review in 1 months time. Colin appeared happy with this. Ms Kirsty Byng

24/01/2020 Drug addiction therapy Listed for review and referral today- could not be seen this morning due to lockup. Will write Colin a letter explaining that appointment is moved to next week. Ms Kirsty Byng

Colin Mckay **05/09/1979** **Male** **0509796095**

16/01/2020 Consultation Discussed this morning at addictions allocations meeting. To be reviewed by addiction nurse to discuss methadone reduction. Mrs Alison Black

10/01/2020 Mental health review Written in retrospect 8/1/20 due to time constraints. Situation- Colin asked a nursing member of staff if I could come to see him. Background- Ongoing support for mental health/addiction issues. Assessment- Colin appeared low in mood in consultation. He recently recieved a victim notification letter from the victims mother as Colin is due for Parole in March 2020. There are allegations made about Colin that he reports are not true as he does not speak to any of his co-accused and he deliberately avoids them.He is worried that this will prevent him for getting Parole however advised Colin that this would be investigated if the SPS thought there was any truth in this. Tried to challenge Colin's negative thinking in consultation however he was evidently upset over this letter. Strongly denies any thoughts/ plans of suicide/self harm in consultation. Colin believes that he will have to try and disprove these allegations at the Parole hearing however he understands this will be very hard and does not know how to do this. Advised Colin that advocacy may be a route to go down if he feels he is not being properly supported especially due to his situation ie having a contract on him. Spoke at length about this and Colin has given me permission to speak to the advocacy service to see if they can help him. Colin also advised me that he would speak to his lawyer. Recommendation- Will contact advocacy regarding this and will list Colin for 3 weeks time. Colin appeared happy with this. Ms Kirsty Byng

09/01/2020 Administration hospital appointment 28/01/20. Neurology - QEUH

27/12/2019 Mental health review Situation- Seen today in health centre as planned for review. Background- Ongoing support for mental health/addiction issues. Assessment- Colin reports that not much has changed since we last met. He feels his ICM didn't go great as he feels no one is listening to him regarding his situation. It was suggested that he could attend the Dick Stewart project in Glasgow when he is released however Colin has reservations about this. He feels it is too near where is co accused stay and he feels a hostel would not be good for him. Spoke about his anxiety/mood and he reports that this isn't too much of an issue at the moment. No risk illcited/reported in consultation today. Recommendation- Agreed to meet again in 3 weeks time and he would like to discuss coming down off methadone. COlin appeared happy with this. Listed for 3 weeks. Ms Kirsty Byng

23/12/2019 Administration Patient refused to attend Neurology on 23/12/2019.

20/12/2019 Third party consultation Discussed Mr McKay's first contact session with Dr Mette Kreis, Prinicpal clinical Psychologist. He has not been accepted for assessment or intervention at this time. A letter will be sent to referrer and patient informing them of same. Karen Muir, Mental Health therapist Ms Karen Muir

13/12/2019 Mental health review Discussed this morning at the MDMHT meeting - agreed to remain on caseload. Ms Alison Mctaggart

12/12/2019 Psychological assessment Met with Mr McKay at 10.30am within the link centre for his first contact session with the clinical psychology Interventions service. Mr McKay reported that he is unsure how psychology can support him as all his anxieties stem from situational circumstances which are outwith his control. He reported that he has been dealing with these stressors for 15 years and that he feel he is coping with it as best he can. stated that he had previously received support from Dr Joy Kerr, Clinical Psychologist whilst in HMP Shotts, however it was mutually agreed to end treatment as his anxiety was situational rather than mental health related. Informed Mr McKay that he would be discussed in supervision and infromed of outcome by letter. No risk of harm factors identified. Karen Muir, MEntal Health Therapist Ms Karen Muir

09/12/2019 Mental health review Written in retrospect 6/12/19 due to time constraints. Situation- Seen in Links Centre for mental health review. Background- Was on TTM for a few weeks due to suicidal ideation. Agreed at case conference to have mental health support/input. Assessment- Colin attended today, a bit better in mood, good eye contact and conversing freely. Was frsutrated and a bit upset about a meeting with his outside social worker. It appeared they had a disagreement and she had told him that she was not there to support him. Colin seemed a bit distressed about this. Asked if there was a possibility he could get another social worker however he did not think this was possible. Spoke to P. Brindley (manager) today about this as he was aware about the situation. He advised that changing social worker would be quite difficult at this stage. Due an ICM this month- writer has been invited to attend this. Looking towards the future- has a job to go to when he gets out. Due for parole next year however understand that he may get knocked back but is accepting of this. Spoke a little about his childhood- spent a lot of his time in prison and was in and out of care since age 11. Very interested in Physics and will start to study again when feeling a bit better. Stongly denies any thoughts/plans of suicide/self harm in consultation. Spoke about a potential referral to Psychology and Colin was in agreement with this. Understands not much of his situation will change and it is outwith his control however he is willing to accept the help and support that is being offered to him. Recommendation- Plan to meet again in 3 weeks time. At this session will speak about psychology referral. Colin appeared happy with this. Ms Kirsty Byng

06/12/2019 Mental health review Attended Links Centre this afternoon for review. Review to follow, stongly denies any thoughts/plans of suicide/self harm today. Ms Kirsty Byng

05/12/2019 Mental health review Spoke with Coline today at methadone round. Advised that I would ask for him to be seen at Links Centre today with myself. Colin informed me that he does not have suitable clothing as everything is still in Chrisswell. Asked if appointment could be moved onto tomorrow. Will relist for tomorrow. Ms Kirsty Byng

02/12/2019 Suicide risk assessment Situation- Case conference (11) held today in Ailsa hall with FLM J.McCormick. Background- Placed on TTM a few eeks ago due to suicidal ideation and plans. Assessment- Colin Appeared brighter today in mood. Eye contact and body language better today. Had a settled weekend and no complaints/concerns offered by staff. Colin is starting to get back into the hall routine and get reintregrated back into normal prison life. Stongly denies any thoughts/plans of suicide at present. He now sees a future for himself whereas before he did not see any future. Appears to have learned from his mistake regarding his downgrade and he does not want to be put in this position again. Colin appeared happy to come off TTM today and it was agreed wtih case conference memebers to close TTM. Have also agreed to give Colin mirtazepine back in possession now that TTM has closed. Advised that the MHT will see Colin in a few days time for extra support and he will speak with staff if any issues arise. Recommendation- TTM paperwork completed today. Agreed to close TTM and MHT will see Colin in the next few days. Colin appeared happy with this. Ms Kirsty Byng

02/12/2019 Administration Hyroxycobalamin administered to right deltoidBN807139Exp date: 05/2020Re-list 3/12. Ms Alison Mctaggart

Colin Mckay **05/09/1979** **Male** **0509796095**

29/11/2019 Suicide risk assessment Situation- Case conference (10) held today in Ailsa hall with Head of Operations F.Begg, Manager B.Brindley, RMN A.Mctaggart and myself. Background- Placed on TTM due to suicidal ideation and plans. Assessment- Deputy Governer and C/well manager had spoke with Colin yesterday and a decision has been made for Colin to spend a 6 month downgrade in Ailsa hall and will go back to C/well after this. Situation has been taken into account and a decision has been made that he stays in HMP Greenock. Colin is grateful of this and appears to be more hopeful and seeing a light at the end of the tunnel now whereas before he had no hope. Spoke with his mum on the phone and he rweports that she is very angry at him for what happened but she reports that she will hopefully be better once she knows he will be staying here, has also contacted his dad which has made him feel a bit better and is not under as much pressure now. Eye contact and body language better today, conversing freely and Colin states that he has not thoughts/plans of suicide/self harm and this was all related to going back to Shotts.He feels liek he no longer need to be monitored however it was decided that he reduces to 60 min observations in own cell with normal routine. Colin appeared happy with this. Recommendation- TTM paperwork completed. Agreed to remain on 60 min observations in own cell with normal routine. Reports that he is going to start going out for exercise and is looking forward to start studying again. Encouraged Colin to speak if he is feeling down which he feels comfortable to do. Next case conference Monday 2/12/19. Ms Kirsty Byng

29/11/2019 Mental health review Discussed this morning at MDMHT Meeting - agreed to remain on case load. Ms Alison Mctaggart

28/11/2019 Seen by nurse Colin more settled tonight. Has been given the news that he will spend a 5 month downgrade in Ailsa hall. He is happy with this and is talking more positively this evening. Next case conference for TTM tomorrow Ms Anne Witherow

28/11/2019 Administration Hospital appointment 23/12/2019. Neurology - QEUH.

27/11/2019 Suicide risk assessment Situation: TTM case conference (9) held this morning in A hall. In atteridance - Hugh McGarrigle (hall manager), David Fell (officer), Alison Black (MH Nurse); Alison McTaggart (MH Nurse), Colin (prisoner).Background: Colin has been on TTM for over 2 weeks (since 09/11/19) after being found in his cell with ligerature around his neck after dissapointing news that he will be downgraded and transferred back to HMP Shotts. Colin has continued to have suicidal thoughts since then, but has recently had some positive news that he may be able to stay at HMP Greenock.Assessment: Colin appeared flat in mood, however more chatty than previous meetings. Good eye contact maintained. Colin advised that he was feeling very tired as he had been up all night due to another prisoner banging cell door all night. Colin appeared lower in mood compared to Monday's case conference. Colin advised that this was due to speaking to his mum. He stated tha[redacted]was "going mental" at him about his recent downgrade and Colin advised that he felt he had let the whole family down over his actions. Colin advised that he has not spoken with Alan Brown yet, who will inform him whether a decision has been made in regards to whether Colin will be able to serve his downgrade in A hall at HMP Greenock. Colin stated that he has some hope in knowing that this is an option.Colin stated that he is feeling "alright" at the moment as he has some hope. He denies any suicidal thoughts at present time but states this may change if he receives bad news again.Colin advised that he would prefer to be in one cell during the day and at night. However, all staff in case conference felt it would be safer for Colin to remain on current obs in own cell during the day and obs cell at night. Colin cooperative with this decision. Recomendation: Colin will remain on TTM - 30mins obs in own cell during the day with own clothing and in safer cell at night - no access to sharps or laces.Continue access to library for reading materials, televison in own cell during the day, access to exercise and rec with prostection prisoners.Next case conference - 29th November 2019. Ms Alison Mctaggart

26/11/2019 Administration Patient refused to attend hospital on 21/11/2019 for Neurology.

25/11/2019 Suicide risk assessment Situation: TTM case conference (8) held this afternoon in A Hall. In attendance - Finlay Begg (Manager), Stevie Devlin (FLM), Paul Brindley (Manager), Kylie Rodgers (RMN), Alison McTaggart (RMN) and Colin (Prisoner).Background: Colin has been on TTM for over 2 weeks now. He was placed on TTM after he was found with ligerature around his neck. Personal/social circumstances surrounding his return to HMP Shotts which has led to impulse decisions and suicidal thoughts. Assessment: Colin appeared slightly brighter in mood today. Better eye contact than previous case conferences. Colin reports that he is feeling "alright", although has a sore back. Colin advised staff that he thinks this is due to not getting out for exercise. Hall staff reported that Colin has been eating meals over the weekend which is progress from last meeting. Colin advised that he feels better in mood as he has "some hope" after a conversation he had with Alan Brown (Chriswell Manager). He advised that Alan is trying to determine whether Colin can stay in A Hall for his downgrade. Colin advised that he does not want to get his hopes up about this though. Colin's social/personal situation has not changed and therfore he is still very anxious about going back to HMP Shotts. Colin advised that he has still not spoken to his mum. Hall staff advised that he was planning on doing this last week, however Colin reports still feeling ashamed and finding it difficult to find the courage to speak to her. He advised that he aims to do this tonight and hall staff have stated that he can use the office to do this so he has some privacy. Colin has agreed to phone his mum to initially let her know that he is ok and then progress on to telling her more about the current situation. Colin was asked about how he would feel should he be able to go back in to a normal cell. Colin was unable to give a staight answer and insisted he would do what staff wanted him to do. Case conference in agreement to allow Colin to be in a protection cell during the day and sleeping in the safer cell at night. Colin in agreement with this.Recommendation: Case conference agreed to remain on TMM 30mins obs - own cell, own clothing in protection wing. Acess to books from the library, access to exercise (with protection prisoners), no sharps or laces at any time.Safer cell at night to sleep, stronger clothing during the night.Staff to continue to encourage food and fluid.Colin has agreed to meet with mental health nurse for ongoing support .Next case conference - 27th November 2019. Ms Alison Mctaggart

22/11/2019 Suicide risk assessment Situation:TTM case conference (7) held this morning in ailsa hall along with FLM D.Russell and A.McTaggart.Background:Colin has been on TTM for 2 weeks. The situation that triggered a suicide attempt 2 weeks ago does not appear to have changed. SPS staff have reported that he has been reading in his cell and eating from him canteen however refusing meals from staff. He has also not yet spoken with his mum as does not feel ready to explain his situation to her.Assessment:Colin presented as low in mood, body language guarded, eye contact poor, very withdrawn.Colin reports that he is "alright" however the content of his conversation would suggest otherwise. Making continuous statements of hopelessness, unable to recognise anything positive in his life and feels unable to cope with going back to shotts.He stated that he "will not do anything here" however does think about suicide daily and would rather kill himself than have someone else kill him. States he has not yet been able to fully process the thought of going back to shotts as the thought of this is extremely difficult for him. Colin appeared frustrated with the case conference and stated "what do i need to say to get out of the safe cell". It was explained that the decision to remain in the safe cell is based around risk and keeping Colin safe. Unsure of Colin's intentions if he were to go back to his own cell as he seems keen for this however also states that he does not mind being in the safe cell. This comment appeared concerning to members of the case conference as unsure if he is trying to get back to his own cell in order to act on suicidal thoughts.Recommendation:Case confernece in agreement for Colin to remain on TTM.Safe cellStronger clothingNo sharps or laces30min observationsreading materials allowed in cellstaff to encourage food/fluid intake.Next case conference Monday 25th November. Mrs Alison Black

Colin Mckay **05/09/1979** **Male** **0509796095**

20/11/2019 Suicide risk assessment Situation: TTM case conference (6) held this afternoon in A Hall. In attendance - Gerry Watt (Depute Governer), Stevie Devlin (FLM), Kirsty Byng (RMN), writer and prisoner.Background: Colin placed on TTM on 09/11/19 after being found in cell with ligerature around neck after his adverse RMT on same date.Assessment: Colin was brighter in mood and communicating better today. Good eye contact maintained throughout case conference, speech was of normal rate, rythmn and tone.Colin reports that he gave permission for Denise Russell (FLM) to contact his mother to advise her of recent set back. Colin stated that he plans to phone his mum later today to inform her of exactly what has happened and the outcome as a result. Colin reports that he is feeling anxious about the phonecall as he stated he knows that it "will break their hearts".Long discussion with Colin about him accepting responsibility for his own actions and allowed Colin to speak freely about his current concerns and worries.Colin spoke again about the impact that going back to Shotts will have on his quality of life. Geryy Watt tried to reason with Colin and advise that this was because of his own actions (taking tobacco in to the prison).Colin advised that he has still not got his head around being downgraded back to Shotts. Gerry suggested continuing on present observation levels until next case conference to allow Colin time to inform [redacted] of recent events and give him time to process this.Recommendation: Remain in safer cell, on 30mins obs visual and verbal. Remain in stronger clothing in cell, allowing own clothing for case conference. Allow reading materials.Next case conference - Friday 22nd November 2019. Ms Alison Mctaggart

19/11/2019 . Consultation Telephone call from social worker cheryl reid- stating community soical worker has been in touch stating colins parents have phoned worrying that not heard anything from colin in last 2 weeks. d/w colin regarding this phone call, colin continues to state that he does not want to conact parents however happy for flm denise russel to contact them. Mr David Mccue

18/11/2019 Suicide risk assessment Situation: TTM case conference (5) held this morning in A Hall. In attendance - Denise Russell (FLM), Jim Beckett (PO in Chriswell), Kylie Rodgers (RMN), writer and prisoner. Background: Placed on TTM on 09/11/19 due to being found with ligerature around his neck after an adverse RMT on 09/11/19.Assessment: Initially Colin did not answer when asked how he was feeling. He appeared low in mood and made little eye contact. Colin had met with Gerry Watt (Depute Governer), prior to case conference and appeared dissapointed by the outcome from the meeting. Colin stated that he wanted to come off of TTM and advised that this was because he felt "better". When asked to elaborate on this, Colin stated that he just felt better and coming to terms with the decision to send him back to Shotts. Colin's appearance and body language suggested differently however. Colin queried why Jim Beckett was present at the case conference and he was advised that this was because Jim is his personal officer, to which he became argumentitive about. Colin appears frustrated by the system and continued to state that he wants to come off TTM. Colin stated that he has still not spoken with his family and that they are unaware of his downgrade. Colin was adamant that he would not inform his family and did not want staff to do this on his behalf.Colin spoke again of the issues he will face when he is transffered to Shotts. Colin appears hopeless in regards to these issues and continues to see no hope in his future.Colin agreed to show staff that he is willing to make progress to show that he can keep himself safe and be taken off of obs and put back in to own cell. Colin agreed to continue to communicate with staff. Staff suggested attending exercise, showers and doing things to keep his mind stimulated. Colin did not want puzzle books or colouring sheets and stated he will continue to read the books he has got. Declined offer to have his study books brought over. Colin stated that there is no point in studying for a degree now.All staff at case conference were all in agreement that it was not safe to take Colin off of TTM at present. Recommendation: 60mins obs during the day and 30mins obs at night. Remain in safe cell with stronger clothing.Next TTM case conference - Wednesday 20th November 2019. Ms Alison Mctaggart

15/11/2019 Suicide risk assessment Situation- Case conference (4) held this morning in Ailsa Hall along with S.Devlin (FLM), P.Brindley (manager) and myself. Background- Placed on TTM due to ligerature around his neck after adverse RMT last week. Assessment- Colin presented today as a little brighter in mood and better eye contact. Conversing with the staff freely and had a long discussion about his downgrade. Colin is finding it hard to come to terms with his downgrade. He understands he has done wrong however he cannot see a life for himself if he goes back to Shotts. He tried to argue his case with the hall staff however there is little they can do now about the situation. Colin remains in the safe cell reading a book during the day. He is conversing with staff when he needs to. There is still a strong sense of hopelessness in Colin's case. Still not eating a great deal however is eating food out of his canteen order. Still does not feel any different about the situation he is in. Although he is suicidal, he did not voice any plans or intent today although he states he has" given up" and he "can't go on anymore". Colin will still move back to Shotts however staff have advised to speak to the Govenor to get across his feelings. Recommendation- Case conference memeber agreed that since Colin has improved slightly in presentation- Colin's observations could be reduced to 30 mins. Still in safe cell with stronger clothing at all times. Staff will facilitate Colin to go to the library as reading is keeping him distracted at times. When Colin left he took food out his canteen and was a little calmer in presentation. TTM paperwork completed. Next case conference Monday 18/11/19. Ms Kirsty Byng

13/11/2019 Suicide risk assessment Sitaution: TTM case conference held this morning in A Hall. Writer, Kirsty Byng (RMN), Denise Russell (FLM), Peter Longworth (Officer), Paul Brindley (Manager) and Colin all present.Background: Colin was placed on TTM on Friday 08/11/19 due to being found in his cell with ligerature around his neck following an adverse RMT. Assessment: Colin appeared lower in mood since last case conference on Monday. Appeared very pale and tired looking, very poor eye contact and presenting as frustrated and anxious. Colin reports no changes in his mood and still voicing suicidal ideation. Colin continues to state that there is nothing to live for sue to his co-accused being after him (has a contract out for him). Staff tried to reassure Colin that he can still meet his goals, but these will just be at a different time scale for him than originally planned, due to being downgraded for tring to bring tobaco in. Colin putting up negative barriers each time he was given a solution and states that he "doesn't want to keep living the system". Staff advised Colin that he can contact his family from the office when he wants, but Colin stated he didn't want to waste staff's time. Colin continued to speak about him costing the organisation money for being in prison and that the staff don't have a real care for his safety and wellbeing as "this is just a job" to them. Staff reassured Colin that his safety was paramount to us and that we have a genuine care for his wellbeing. Colin began to get teary when asked abput [redacted] He advised that [redacted] and he feels scared to inform them of his recent downgrade. Colin again speaking about his downgrade being over a 5 year timescale. Staff again tried to reassure Colin that it will not be 5 years and there would be a possibility of it being within a year. Colin again placing negative barriers in the way. Staff advised that Colin has not been eating over the last few days. Several attempts have been made to encourage this, however Colin is refusing to eat at present.Colin has asked to be referred to the prison chaplin - SPS staff have referred.Colin denying thoughts of suicide at end of case conference, stating he was fine. Staff all in agreement that Colin's presentation did not reflect this and all agreed to remain on current 15mins obs.Recommendation: reamin on 15mins observations in safe cell. Staff will provide Colin with more books to read to help distract from negative thoughts. Colin to see prison chaplain.Staff will continue to encourage Colin to eat. Next TTM case conference - 15/11/19 (am). Ms Alison Mctaggart

12/11/2019 Administration accessed medical records to review health care appointments prior to transfer.

11/11/2019 Administration Gabapentinoid review- 26/2/19. Seen by GP 7/3/19. Neuro referral- appt 21/11 & await notes. To relist (following appt) for review & please consider relevant subsequent entries. Ms Tracey Burton

Colin Mckay **05/09/1979** **Male** **0509796095**

11/11/2019 Suicide risk assessment Situation- Case conference (3) held today in Ailsa hall along with A.Mctaggart (RMN) S.Devlin (FLM), W.Sweeney (Unit Manager), P.Brindley (Manager) and J.Marsh (Officer). Background- Placed on TTM on Friday after adverse RMT as Colin had a noose around his neck. Assessment- Colin appeared low in mood today, poor eye contact at times and closed body language. Colin is aware that he is due to be downgraded and he is finding this hard to process due to his actions last week (bringing tobacco in from placement).When Colin spoke it was evident that he has lost hope and does not see a future for him. He states that he has [redacted] and [redacted] He does not see the point in living anymore. When we asked Colin about his thoughts of suicide/self harm he states that he wants to die as he does not see any other way out. He has lost motivation and drive in his life. Staff tried to speak about how he may only be downgraded for 12 months however he currently has a hit on his head and this is a big worry for him. Was not taking medication over the weekend however is taking these now. Colin due to be tranferred to Shotts on Friday. When asked what we could do to support him - he reports that there is nothing we can do to make things better. Recommendation- Agrred with staff to remain on high 15 minute observations in safe cell with safer clothing. No sharps/shoe laces to be in cell. Agreed to support Colin by giving him books and newspapers to distract him. Advised to speak to staff if anything changes. Ms Kirsty Byng

09/11/2019 Consultation TTM Case conference.Reviewed colin at halls- appeasred low mood. pale, lethargic. communictaing well. states head was all ove the place yesterday due to been told that he would be downgraded back to shotts priosn. states does not know if he woulf have csrried out with suicde if not intervened by officers. On going concerns with safety and says has 40 k bounty on his head. Sates does not wish to further self harm or suicide. Plan- remain in safe cell, safety clothing, 15 mins obs. allowed books/newspapers to read, re review monday 11/11/19. Mr David Mccue

08/11/2019 Consultation Asked tro review colin at ailsa hall- found in cell by officer with shoe lace around neck. on review colin not wishing to commiunciate- says no injuries, wished had another 5 mins to carry out sucide attempt. neck reviewed, slight redness. plan- placed on TTM- 15 mins visual/verbal obs. safe cell, safe clothing. plan case conference tomorrow 9/11/19. Mr David Mccue

24/10/2019 Administration Hospital appointment 21/11/2019. Neurology - West Glasgow ACH.

20/09/2019 Failed encounter The client came up to the HC and opted not to see me. Please relist Dr Zahid Shah

02/09/2019 Mental health assessment WRITTEN IN RETROSPECT FROM 20/08/19.SITUATION- Seen today in health centre following referral.BACKGROUND- History of anxiety and depression, worrying about current circumstances and effects on his parole.ASSESSMENT- Colin stated he has "no enegry" and has "classic signs of depression". He states he is losing interest in things in general compared to what he used to be like. Colin states that he "has a couple of contracts on him, 30 grand" due to his previous social life and has been attacked on and off for the past 15 years while in prison as there is a prisoner who blames him for him being jailed. Discussed referral to psychology as previously discussed with mental health, however, Colin states that due to the time frame and him having previously seen them he does not with to complete the referral at present. Advised to inform mental health if he changes his mind.Colin states that he is ok at night sleeping as he can lock his door and knows no-one can get in to him. He states he tries to get to the gym, exercise and soicialising when he feels up to it. Encouraged to maintain a good routine and focus on the positives in his life at present. Colin states that he is unsure what can be done for him at present as it is situational and "no-one can change what has and will happen". Encouraged him to speak to any staff if he feels threatened, however, he states that he will end up off worse for opening his mouth and it is not worth it. Colin strongly denies any current thoughts of suicide or self harm at present. He would like to focus on getting off methadone then gabapentin at present.RECCOMMENDATION- Colin advised to inform mental health if he feels he needs any further input and if he feels he would like to engage with psychology which he stated he would do.K.Rodgers MH nurse. Ms Louise Moyse

15/08/2019 Consultation Discussed this morning at mental health allocations meeting. To be seen by mental health nurse to complete psychology referral and discuss with psychology colleagues at next weeks allocations meeting. Mrs Alison Black

12/08/2019 Consultation S- patient attended nurse clinic for an injection.B patient has pernicious anaemia.A- following injection BN- 80439, Exp 12/2019 in left deltoid..Colin asked how to be seen by mental health team.R- Mental health nurse Kirsty Byng spoke to Colin and advised him on the process of referring to mental health. Colin listed in diary for next Hydroxycobalamin in 3/12 Miss Lorraine Kiernan

23/07/2019 Drug addiction therapy Situation- Approached myself this morning at medication round. Baxkground- Currently on 8mls of methadone and on reduction plan. Assessment- Colin states that he would like to go back up to 20mls. When I asked him about this he states that he didn't think the time was right at the moment and he mentioned something about a "grant". He tells em he would feel more stable if he increased back to 20mls and then leave it at this dose for a while. Happy to increase back to 20mls however will have to do in 2 stages. Will increase to 18mls as of 24/7/19 nd then to 20mls as of 27/7/19. Reommendation- To ask GP to amend kardex as of 25/7/19 and then reivew therafter. Colin appeared happy with this. Ms Kirsty Byng

02/07/2019 Drug addiction therapy Approached myself at methadone round. Colin feeling ready to reduce again. Currently on 10mls. Would like to come down to 8mls sometime next week. Will a pick a day next week. Appears to be stable on this dose and happy to reduce further. Ms Kirsty Byng

01/05/2019 Consultation asking to get his testosterone levels checked. says his leels were low many yrs ago but then no treatments received. no problems with errections until recently. was getting morning errections, mastubating ok but recently noticed errections are not as great as they used to be in past. no urinary sx, no nocturia, no freq/urgency, no wt loss. well otherwise. on mirtazxapine, gabapentin and methadone. been on drugs all his life. lifer. tryign to coem out of methadoen as want to be sober. I had a good look at his notes on docman and coundlt fien any info about low levels of testosterone. he had low B12 in 2013/2014 but then got replacemtn and repeat levels in 2017/2018-normal. already on calcichew for low VitD in past. plan: no specific reason for testosterone levels. ? drugs repated ? MH related. pt agreed. if this gets worse then will do other bloods and testosterone both. agreed. WSG. Dr Imran Ilyas

26/04/2019 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Self Referral Form Addictions Ms Tracy Brittan

26/04/2019 Consultation Self referral requesting bloods to check testosterone levels which he says were previously low. Unable to find anly clinical details on Vision or GGC Clinical Portal regarding this. Listed to see GP 1/5/19 to discuss further Ms Anne Witherow

15/04/2019 Consultation 30min consultationWants to stop ORT..Has been on methadone for 17 years and fed up with side effects. Previously down at 10ml and struggled. Now at 15ml. Has previously been downgraded and additional years in prison. Now back in Greenock and due to start SELs. Fixed idea that wants to switch to Buprenorphine for set amount of time and detox from that within the time limit - will sign a contract.We discussed my concerns that this approach is not evidence based at being more successful, also not prison policy. My concern would be that stability is paramount if wanting to progress and this jeopardises this. Tried to talk about all aspects of recovery. States mental health good - on mirtazapine. Working in bike sheds and attending education - physics. Talked about his suggested approach simply delays struggle and will still get withdrawal symptoms. Evidence would be continue reduction in methadone. I am concerned that Colin does not have internal reources at present or mindset to stay away from illict drugs if rattling. Persistent comment was need for help when really struggling which seems to be meidcation/drug focussed. Dr Kathryn Clark

Colin Mckay **05/09/1979** **Male** **0509796095**

11/04/2019 Drug addiction therapy Discussed Colin's referral with him during methadone round in chrisswell and he stated he would like to discuss his options with a GP for coming off methadone. Listed for 15.04.2019 to discuss same. Miss Kylie Rodgers
07/03/2019 Referral for further care Referral Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mcculloch
07/03/2019 Referral for further care Referral Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mcculloch
07/03/2019 Medication review GABAPENTINOID REVIEWON SUPERVISED GABAPENTIN NO CLINCIAL INDICATION looking at vision seems to have been chasing these medicationright mid thigh old stab wound - no muscle atrophyclaims has anxiety also epilepsyno hospital letters to that effecttried to d/w btu was seen b yDr KC when he failed spot check ideally should have been taken off the drug btu as that window was losti am now having to refer him to neurology / ortho and psychiatry meantime supervisedDr Senthil Dr Sutchi Senthil
25/02/2019 Consultation Gabapentin changed to supervised and BD. Dr Kathryn Clark
23/02/2019 Administration Administration In-Possesion Medication Check . Ms Gillian Mcculloch
23/02/2019 Consultation Medication spot check. Short of 1x Gabapentin 300mg tab and 1x Mirtazepine 30mg tab. Claims to have taken the night doses early however as medication check was at approx 14.30 this was much earlier than it should have been and not in accordance with his prescription. Kardex left for GP to review 25/2/19 Ms Anne Witherow
22/02/2019 Drug addiction therapy Written in retrospect 19/02/2019. Situation- Seen in Links Centre following addiction self referral. Background- Has been on methadone for approx 12 years and currently on 30mls of methadone. Would like to start reduction plan. Assessment-Colin states he has reduced methadone before however he has been downgraded before for MDMA and subutex. First time in HMP Greenock and settling in well. States he currently has no temptation to use and would like to be off methaodne before moving on to the open estate. Colin states that he would like to reduce by 5mls a fortnight until he is at 10mls and then review again. He states he is happy for nurses to decide which day he comes down. Would like this plan to start next week. Recommendation- Will start reduction plan on Wednesday next week and redcue by 5mls per fornight. Colin happy with this plana nd aware he can pause at anytime. Ms Kirsty Byng
15/02/2019 Administration Administration Refusal to Attend Ms Gillian Mcculloch
30/01/2019 Administration Administration Referral seen 19/2/19 Ms Gillian Mcculloch
24/01/2019 Administration Administration HMP Shotts MHT assesment Mr David Wood
17/01/2019 Administration Administration HMP Greenock Registration Ms Tracy Brittan
17/01/2019 Administration Administration In Possession Medication Contract original given to patient 18/1/19 Ms Gillian Mcculloch
17/01/2019 Concerned about appearance self reports "gunshot wounds lower leg" Mr Gordon Hannah
17/01/2019 Concerned about appearance fungal type infection over whole body already on antifungal cream Mr Gordon Hannah
17/01/2019 Transfer profile form completed transfer form completed Mr Gordon Hannah
17/01/2019 Prescription by GP methadone 30mls ODMirtazapine 30mgsGabapention 300mgs TID Mr Gordon Hannah
17/01/2019 Suicide risk assessment no risk Mr Gordon Hannah
17/01/2019 No thoughts of deliberate self harm nil attempts Mr Gordon Hannah
17/01/2019 Drugs of abuse urine screening +ve for methadone Mr Gordon Hannah
17/01/2019 Misuses drugs misuses drugs over 2 years ago. Mr Gordon Hannah
17/01/2019 H/O: blackout h/o blackouts related to head injuries. Mr Gordon Hannah
17/01/2019 Suspected epilepsy tonic clonic seizures lin the past, couple of years ago. Mr Gordon Hannah
15/01/2019 Consultation Attended for medication review. Due to move to Open Estate this week, so no point in altering medication. Good luck with his next move. Dr Stephen Conroy
11/01/2019 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Prescription/ Recording Sheet Mrs Susan Hunter
18/12/2018 Mental health review Colin was seen today. Felt that he had lost some volition due to being down graded and returned to Allanton 1. as a result of this he had lost all interest in work. Felt he could not be bothered and felt that the system was holding him back from progressing. Admited that protocols had to be followed and that things always seemed to go slowly over the xmass period.Initialy colin wanted some cell down time for 2 weeks. By the end of the discussion he decided that it would be better if he returned to work as this would make the time pass quicker and he would earn some money. Advised to speak to the mental health team again if he felt the need. Entered by elizabeth gault RMN Mr David Wood
17/12/2018 Mental health assessment Clinical Letter HMP Shotts Mental Health Mrs Kirsty Burns
14/12/2018 Result Results Virology Ms J Melville
13/12/2018 Consultation Clinical review Colin on 10mls admits he is struggling on this amount and asked to go back to 30mls so he can stablise himself again does not want to risk relapse. Discussed with Dr Conroy methadone increased to 30mls Ms Dolinda Haddow
13/12/2018 Consultation Attended to discuss results - historically on IM B12 - previous B12 and folate deficieny, B12 currently 151, folate 2.4. Discussed - to restart B12 inj, also oral folate. Calcium borderline - on calcichew previously - advisable to restart this also - diet not great - has tried to improve in past without benefit. Dr Michael Coates
05/12/2018 Result Results Microbiology Ms J Melville
05/12/2018 Consultation Requesting a GP appointment re recent bloods tests. Already listed Ms Ann O'Neil
28/11/2018 Result Results Haematology Ms J Melville
28/11/2018 Result Results Biochemistry Ms J Melville
27/11/2018 HIV screening counselling Ms Margo Moyes
27/11/2018 Hepatitis C screening counselling Ms Margo Moyes
27/11/2018 Hepatitis B screening counselling Ms Margo Moyes
21/11/2018 Consultation self ref to see GP ref ongoing headaches. Mr Gordon Mcpherson
20/11/2018 Consultation patient attended TR, bloods obtained as per req form Mr Gordon Mcpherson
12/11/2018 Consultation self ref stating should have had bloods taken, apologised for missed appointment, will relist Mr Gordon Mcpherson
18/10/2018 Mental health review Case discussed at Progression RMT and Mr McKay has been approved for progression to NTE. Mr David Douglas
15/10/2018 Follow up substance misuse assessment Clinical review plans to continue with his reduction as before 2mls e ery 2 weeks stopping at 10mls. Colin plans to stay on this dose until he feels stable then he will further discuss detoxing from methadone Ms Dolinda Haddow
12/10/2018 Failed encounter failed to attend for bloods, no reason given Ms Alison Treharne
09/10/2018 Consultation self ref stating migraine, agreed 24hr bed down. Mr Gordon Mcpherson
04/10/2018 Consultation self ref rec to see GP, seen today already Mr Gordon Mcpherson

Colin Mckay **05/09/1979** **Male** **0509796095**

04/10/2018 Consultation asking me to do a full body check up for him, just want to make sure he is fine. denies any sx or may be sometimes, tummy aches or "chest pain". denies sob/sweating/fever/vomiting/urinary or bowel prob. also states he used to be on vit b12 inj in the community but not getting any more here. was also want to check about his fertility and if his semen is all good. do no have kids and a lifer, not due to be liberated for the next 16 monhs or so. on methadone , gabapentin, mirtazapine etc. o/e--looks well, bp-120/80mmhg, p-70reg, chest--clear, cvs s1s2 normal, abdo--soft, nontedner. plan: well mens clinic review done. bloods for fbc, uce, lfts, b12/folate/ferritin, glucose, lipids, clacium. review if any abnormality. adv re healthy life style in the mean time. will ask nurse to provide him leaflet about fertility. Dr Imran Ilyas

18/09/2018 Consultation declined to attend meeting with addiction caseworker: will relist. Ms Jayne Bone

18/09/2018 Administration Requesting GP app - same made for 4/10/18. Also asking for 3 nights sleepers Dr Shah has refused this. Ms Ann O'Neil

30/08/2018 Follow up substance misuse assessment Clinical review Colin now feels ready to start reducing his methadone dose. Plans to reduce by 2mls every 2 weeks, will continue to be supported during this time Ms Dolinda Haddow

15/08/2018 Administration NOS ICM information sharing Mr David Wood

02/08/2018 Consultation self ref rec requesting to had bed down reverted. discussed with health centre manager. bed down cancelled. Mr Gordon Mcpherson

01/08/2018 Self-referral complaining of upset stomach, no nurse visit requested, requesting time off work, bed down x2days granted as per protocol for infection control purposes. Ms Alison Treharne

10/07/2018 C/O - insomnia Not sleeping again, probably for good reason. First parole hearing due soon as only has 4/52 of life sentence remaining. Hoping for Top End too. Proof that there has been a contract arranged against him & he knows that he will be targetted/killed. Been to Psychology, been to MHT re sleep hygiene repeatedly. I will give him 1/52 x Zopiclone, but he is aware that this will be, at best, an occasional remedy. Dr Stephen Conroy

03/07/2018 Follow up substance misuse assessment clinical review due to reduce his methadone to 20mls at clinic this week. Colin has decided to stop at 20mls for the present will be further reviewed before any further detox Ms Dolinda Haddow

26/06/2018 Seen by triage nurse received self referral requesting GP appointment regarding insomnia. Listed for GP 10/7/18.Written by A O'Brien. Ms Ann O'Neil

13/06/2018 Consultation attended review with addiction caseworker: recovery plans discussed - support ongoing Ms Jayne Bone

03/05/2018 . Follow up substance misuse assessment Clinical revew has coped wih his recent redcution and feels stable on present dose of methadone Ms Dolinda Haddow

02/05/2018 Third party encounter Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist on the 1st of May 2018. He participated well in the session where he described his mood being relatively good and a reduced sense of hopelessness since receiving his low category. He reported his need to keep this level of category for a period of three months following which paperwork can begin to start the RMT process. We explored historical factors within a CAT framework to better understand why feeling powerless is particulalry difficult for him and has an impact on his mental state. We agreed to draw discussions around same to a conclusion at the next session and consider discahrge if his mental state remains settled, with the plan of a review session at a later date. I also explored his referral to the mental health team. He noted this was specifically in relation to obtaining medication to aid sleep, which he said he had since recevied from the GP and was therefore no longer needing liasion with psychiatry. Next session18.05.18. Dr Joy Ross

26/04/2018 Administration Dr Coates has prescribed Colin another 3 days sleepers. Doctors discretion Ms Ann O'Neil

24/04/2018 Consultation Continues to wrok with psychology. Anxious - ongoing rumination over contract that has been placed on him - related to retaliation at co-accused who recieved a 20 year sentence. Anxieties heightening cuyclicially - poor sleep. 4 day course zolpiden unhelpful previously. For short course zopiclone - advised again in context of issues unliekly to help but I am only prepared to isue a short course, advised benzodiazapi9nes would not be used in this context.Variable spit - occ flecks blood - sputum for C&S in first instance. Dr Michael Coates

20/04/2018 Consultation attended review with addiction caseworker: recovery plans discussed - support ongoing Ms Jayne Bone

20/04/2018 Third party encounter Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist on the 17/04/18. He participated well in the session. He reported to be feeling more settled and was demonstrating how he is now able to focus on short term rather than long term goals, in order to provide him with a greater sense of control of his life. He was keen to continue exploring formulation within a CAT framework. It was agreed he would be offered a further 2-3 sessions and then I would review with him what stage he is at in terms of whether he could be discharged., or passed to another member of the team for specific low intensity intervention to manage any remaining anxiety. I discussed his DNA on the 03/04/18. He said this was due to an argument he had had with a member of staff and did not reflect not wanting to engage. He wa reminded that he could cancel and rearrange sessions if he was not feeling able to attend, however, further DNA's could lead to dishcharge from the service. Next session 01/05/18. Dr Joy Ross

20/04/2018 Mental health review Shared information for ICM report. Last MHT review 9/02/18, with main problem relating to downgrading/progression issues.Referred to Clinical Psychology and has been engaging with this service since 27/02/18. Mr John Grant

10/04/2018 Self-referral self referred today asking for MO appt tobe changed from 23/4 to around 24/4. MO appt made for 24/4/18 - Letter sent back to advise of same Ms Rebecca Dyet

06/04/2018 Third party encounter Mr McKay failed to attend for appointment with Dr Joy Ross, Clinical Psychologist on the 03/04/18. He did not provide a reason for same. I will attempt to see him again on 17/04/18. I plan to discuss DNA policy with him at this next appointment. Dr Joy Ross

05/04/2018 Administration Self referral requesting a GP appointment to discuss mental health issues. Appointment on 23/04/2018. This was done on instruction of nurse practitioner Lisa Wallace. Ms Fiona Tervit

21/03/2018 Consultation attended 1-1 review with addiction caseworker: Colin advises that he continues to cope well and self manage his recovery plans. Ms Jayne Bone

09/03/2018 Third party encounter Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist. He continues to be engaged in assessment and formulation work. Using CBT framework to formulate case collaboratively with Mr McKay. Next appointment 20.03.18. Dr Joy Ross

27/02/2018 Third party encounter Mr McKay attended for appointment with Dr Joy Ross, clinical psychologist. He engaged well in first appointment, plan to meet for a further six sessions to support management of mood. assessment report available upon request. Next session 06.03.18. Dr Joy Ross

09/02/2018 Mental health review Seen on request, ongoig frustraion and impact on general mood over his progression.We discussed practical solutions, he is working on these, also on personal stress management I will discuss with GP servcies next week, Colin happy witht his outcome Mr David Wood

Colin Mckay **05/09/1979** **Male** **0509796095**

30/01/2018 Mental health review Seen on request whilst in the hall, speaking openly about his frustration with progression issues/future.Clearly passionate about his circumstances, he spoke about his emotions and the conflicts in his thinking.For further discussion wihtin MHT and with SPS colleagues Mr David Wood
22/01/2018 Administration NOS TTM case conference from concern raised, no apparent risk Mr David Wood
18/01/2018 Consultation Severe pain ongoing, no benfit from duoxetine or carbamazapine. Previous orbital fracture. Haas exhasted all other meds inc nortirptyline. Gabapentin 300mg tid max. Dr Michael Coates
10/01/2018 Follow up substance misuse assessment Clinical review requested to discuss reduction plan wishes to reduce by 5mls every 2 weeks stopping at 30mls. Discussed the advantage of staying on a prescription, will conitnue to receive support Ms Dolinda Haddow
04/01/2018 Administration Self referral requesting Dr Coates to discuss seizures and meds. Appointment on 18/01/2018. This was done on instruction of nurse practitioner A Treharne. Ms Fiona Tervit
28/12/2017 Administration Triage- My mental health is very poor waiting on seeing a appoint,ent to see phycholegise. Nurse nowel requests celldown x1 be issued- Done Ms Margo Moyes
05/12/2017 Consultation attended 1-1 meeting with addiction caseworker: drug awareness relapse prevention and recovery planning support ongoing (see health care /addiction case notes). Colin asked to speak to MH, pased on request to MH team as agreed. Support ongoing. Ms Jayne Bone
05/12/2017 Consultation As previous - looking to restart gabpentin recounts stabbing & shooting, also reporting previous eipileptiform activity. Justifying reason for over use - was in pain due to facial injury. As previous - gabapentin not restarted - advsied Carbamazapine has indications re pain and also ? epileptiform activity - states on thsi previously with ill effects - advsied this is all I would initiate today. Dr Michael Coates
30/11/2017 Mental health review Shared information for ICM report. Last contact with MHT, 6/11/17. Subsequent to this he was referred to Clinical Psychology and is awaiting an assessment. Mr John Grant
17/11/2017 Administration Triage slip received today - states needs to see DR COATES - about pain in legs and severity of the pain - Nurse Dyet request for GP app to be issued - app 5/12/17 with DR COATES - patient informed Ms Donna Macfarlane
10/11/2017 Self-referral C/o leg pain. Cdx1 granted for today. Ms Lisa Mclelland
06/11/2017 Mental health review Seen in the hall following self referral to MHT.Remains very angry about the way he was treated at top end as there is a contract on his head. Feels he was unfairly treated there and this resulted in him taking illicit drugs.Kept asking what was the point in living as he could see no positives for the future. Stated he might as well top himself but did not have the guts to do it.He also indicated he would commit suicide due to his protective factors namely his family. Stated that he was waiting to see a psychologist in Barlinnie prior to his downgrading for a positive drugs test. Refer to Clinical Psychologist. Mr John Grant
01/11/2017 Consultation : unaware of the reason for appointmentGabapentin issues. Further to the entry on 27/6/17, asking if gabapentin could be re-instated. Failed spot check and gaba stopped , States that he had been on gabapentin for 7 years for old stabing wound with ?seizures. Was given various other neuropathetic pain killers but states that these were not effective.PI: I explained the failed spot check and signed mandate for spot check failure. I also offer amitriptyline or Lodine but the client refused and left the room – disputed outcome. Dr Zahid Shah
23/10/2017 Administration Self referral informing health care that he had a seizure the other night and woke up on the floor causing him to have a lump to his face. He didn't report this at the time as he did not see the point.GP appointment on 01/11/2017 to discuss. This was done on instruction of charge nurse Elizabeth Holmes. Ms Fiona Tervit
16/10/2017 Consultation attended 1-1 meeting with addiciton caseworker: relapse prevention and recovery planning support ongoing Ms Jayne Bone
16/10/2017 Consultation S/r receievd requesting to see the GP to speak about stab wounds to legs. Will list for GP Ms Ann O'Neil
12/10/2017 Consultation Was on MORS. He denies any illicit use. recently had Duloxetine increased to 60mg & blames that. he says it must make him "comatose" at night. he takes it last.thing. On the night in question he says he took it earlier, hence the reaction. Was talking about getting gabapentin back; removed for disciplinary reasons. Dr Stephen Conroy
12/10/2017 Consultation Looking to restart gabapentin. Noted shortfall previously. States bullet injury and stabbings to leg - states seveer division of nerve and was advised that Dr's previously were going to re-instate supervised. On examination old scarring apparnet Lateral L thigh, slight bone deficit anterior pretibial region, no muscle atrophy, no hair loss. - granted there may be some disturbance of superficial cutaneous nerves. States was also prescribed gabapentin for jerking ? seizures. Again I can see no justification for this. States has ben over sedated with duloxetine - hx more in keeping with illicit drug uuse - no change to meds much to the aggrievance of patient who left consulting room abruptly. Dr Michael Coates
07/10/2017 Consultation Removed from MORS, no evidence of drug use. Fully orientated, will discuss effect of prescribed medication with MO at his next appointment. Methadone has been witheld today. Ms Elizabeth Holmes
06/10/2017 Consultation Askend to attend A1 as hall staff felt Colin was under the influence of illicit substance. Colin states he was sleeping when we arived at his cell. Temp checked 35.8 BP 107/60, pulse 67, o2 sats 97%. Rallied after 5 minutes became very verbal stating that he takes the drugs that we provide him with and this is why he is in the state he is in. Placed onto MORS and ocated in a empty cell as no obs cell available (J Horn) One hourly visual obs. CC tomorrow. Walking talking standing arguing with staff, calmed down and accepted he was going to this cell. Ms Ann O'Neil
18/09/2017 Mental health review Seen on request.Known from previous history whilst at Shotts.For discussion with team and referral GP service. Mr David Wood
14/09/2017 Consultation Medication now unsupervised - discussed with Multi DT. Appoitment can be cancelled for 21/9/17 as issue now resolved regarding supervised. Ms Ann O'Neil
05/09/2017 Self-referral Asking for MO appt regarding medication. Appt made for 21/9. etter sent to advise patient on this. Ms Rebecca Dyet
28/08/2017 Medication requested was found short by 13 tabletsof which 7 was open capsules Off theM since may seen in barlinnie as he calimed Dec injury to face & tooth ache so took additional Old bullet to right lower limb- 6 years agoin jail 22 years Thsi entence 13 yearso/e mobilising effortlesslyon methadoneNo tethering of scar dental issues sorted out tried on duloxetine 30 after declining norptryptylene Imp high risk of diversion cannot justify reinstating gabapentin 9 was allegedly on 300 qds only0 can try duloxetine 60- aware that my diofficulty with reibnstating meds wa s not just that he was short > but by so many & had opened empty capsules.declined Dr Neitu Jeyasingh
21/08/2017 Mental health review Seen in hall following submission of triage slip indicating his difficulty in dealing with [redacted] Mr John Grant

Colin Mckay **05/09/1979** **Male** **0509796095**

15/08/2017 Consultation Information sharing for RMT — Ms Elizabeth Holmes
15/08/2017 Administration info - GP app 11/8/17 reschedule to 28/8/17 - patient notified — Ms Donna Macfarlane
11/08/2017 Administration Gp app today will be rescheduled to a later date due to clinic out of time - H/C management state patient will be notified in due course. Ms Donna Macfarlane
11/08/2017 Consultation attended 1-1 meeting with addiction caseworker: relapse prevention and recovery planning support ongoing. Ms Jayne Bone
03/08/2017 Consultation In for review after downgrade from Top End. He denies any illicit use & denies any wrong doing while in Barlinnie. Not keen to go back down the road of illicit use, so decided to increase his MTD to 20. In crease to a dose that keeps him well. Advised, however, not to reduce dose to as low as 10 next time he has a chance to progress. Dr Stephen Conroy
01/08/2017 Administration prescribed nortriptyline on lardex - note on kardex from top end - duloxetine and mirtazapine - nortriptyline stopped - kardex amended to nortriptyline and mirtazapine. Dr Michael Coates
31/07/2017 Follow up substance misuse assessment Clinical review feels he would benefit from further increase in his methadone Colin is aware he has an appointment this week for addiction clinic and he can discuss any issues there Ms Dolinda Haddow
28/07/2017 Follow up substance misuse assessment Transfer back into Shotts downgrade from top end. At present on 10mls of methadone states he is struggling with this amount discussed further increase with GP methadone 20mls from tomorrow. Listed for next addiction clinic for review Ms Dolinda Haddow
27/07/2017 Admission profile form completed — Mr David Douglas
27/07/2017 Admission profile form completed Previous history of being prescribed Gabapentin but this discontinued following spot check. Mr David Douglas
27/07/2017 Prescription by GP Methadone 10mlsDuloxetine 30mg (S)Mirtazepine 30mg(S) — Mr David Douglas
27/07/2017 No apparent risk of suicide — Mr David Douglas
27/07/2017 No thoughts of deliberate self harm No history of self harm not happy with downgrade — Mr David Douglas
27/07/2017 Never injecting drug user Took most illicit drugs but never injected. — Mr David Douglas
27/07/2017 Suspected epilepsy Taking siezures in 2012 then partial siezures — Mr David Douglas
26/07/2017 Administration Psychology referral completed and handed in to the MHT today. — Ms Yvonne Darbinson
26/07/2017 Mental health assessment MDMHT: informed consent, explained, agreed and signed by Colin.Offence History:Reports a varied history of criminal offences such as car theft, assault, murder and gun crime. Currently sentenced to 14 years for murder. States that his tariff is up next year but he has no Lib date and expects to receive another 5 years for drug offences whilst in prison.Presenting Complaint:States 'my head is bursting' due to be downgraded from Letham hall to D hall, due to a failed drug test.Requesting methadone increase to reduce the risk of using in the hall.Low mood due to incarceration and states that he requested a referral to the psychologist around 7 months ago to discuss childhood issues but has not yet heard from them and would like me to chase this up for him.Mental Health History:Reports no formal diagnosis but believes that due to childhood trauma and being in prison for such a long time his mood is low.Family History of Mental Illness:None reported.Social History:Single with no children. Left school around the age of 12yrs old and moved from children's homes through to secure units and then into the prison systemMinimal alcohol use throughout history. Started smoking cannabis around the age of 12-13 and then went on to try 'every drug under the sun'. Never injected any substance. Previously on 90mls of methadone which has been reduced over the years to current level of 10mls. Current Medication:10mls methadone, 30mg mirtazapine and 30mg duloxitine.Current Medical Condition? Ongoing Investigations:No current medical condition although reports a history of taking fits. However. No fits reported in the last few years.Mental Status Examination:Presented well kempt, conversed appropriately, mood appeared on a good level. Good concentration and appeared to have good insight into why his mood is low. Highlights that his sleep pattern is poor and he has a cycle of broken sleep most nights. Also stressed that his appetite is not very good.Risk Assessment:Reports no history of self harm or suicide attempts.No current thoughts, plan or intent of self harm or suicide.States that he is currently not a risk to others and gets on well with peers. Provisional Diagnosis/ Current Problems:Low moodSupport in the Community:No prison visits received from family over the past year at own request. However, he does highlight that [redacted] on the phone. Summary:I will discuss an increase in methadone with the Dr and follow up the psychology referral. Colin was happy with this outcome. Ms Yvonne Darbinson
18/07/2017 Dental care Eased f/-. — Mr Mark Gallagher
18/07/2017 Consultation Self referral requesting appointment with Dr Meersschaut, return sent advising Dr is on holiday till 01/08/2017. Mr E Deanie
17/07/2017 Administration Referral letter recieved and forwarded on to dentist. — Ms Holly Holtby
16/07/2017 Consultation Dental referral received. — Mr E Deanie
13/07/2017 Complaints about care Written in retrospect from 11.07.17.Interviewed in relation to a complaint.Colin unhappy as he states the nurses are not always giving him his prescribed supervised medications as they cant find them in the medicine trolley. Colin states he has submitted several MHT forms and has not been seen. Colin advised he has been seen by addiction MHT previously and his recent referral has been discussed at the mental health allocation meeting. Colin advised he will be seen in due course. Colin happy with response, complaint signed off, issue resolved. Mrs Kelly Robb
12/07/2017 Consultation Seen at triage today following self referral.Patient looking for an update on previous appointment with GP on 27/6/17, States he was told GP would check back previous notes and get back to him with decision for medication.Advised I would pass this on to MO. Dr Joe Daly
11/07/2017 Dental care Scheduled for dentist but patient not seen as a "cease prisoner movements" in place and patient could not be accessed in time before session ended. Rebooked. Mr Mark Gallagher
10/07/2017 Administration Discussed at allocation meeting. Awaiting addictions/mht assessment. — Ms D Graham
06/07/2017 Administration Mental health referral received and added to database. — Mrs Margaret Millen
05/07/2017 Referral to dental service Dental referral received, acknowledgement letter sent to patient. — Mrs Margaret Millen
04/07/2017 Consultation Dental referral received. — Mr E Deanie
29/06/2017 Referred to dentist Referral Received 29/06/2017, acknowledgement letter sent to patient and added to dental list Ms Stacy Quail
27/06/2017 Consultation wishing to be re-started on gabapetin. Was stopped on 15/05 because failed spot check - see notes belowStates has taken them himself because was in severe pain from dental issues at the time. States has never been in trouble about being short of medications before and would never given them to anyone else (not bullied nor diverting)Been on nortriptyline for 1 months then with no results, changed to duloxetine 30mg on 13/06 (supervised at the moment).Advised would need to chekc notes in order to verify all of this but policy and medication contract states meds could be stopped in this case. Patient aware of this. Dr Dominique Van Den Meersschaut

Colin Mckay **05/09/1979** **Male** **0509796095**

27/06/2017 Dental care 3 X 2 ml ligno 6148 04/18 extracted 13, and 23 PEA. Fitted f/- immediate with care advice given. For review and adjustment nv. Mr Mark Gallagher
26/06/2017 Administration Mental healthDiscussed at allocation meeting, referred to addiction mental health for further assessment, routine, first referral. Ms Nicole Morrison
26/06/2017 Administration MHT referral received, logged onto database Ms Stacy Quail
26/06/2017 Administration Mental HealthMHT referral received regarding psychology input, assessed previously by G Docherty and referred onto Lifelink Counselling, not psychology, will clarify appointment for this. On the form Colin states that "I really am thinking about whether I want to go on with this life sentence or take the easy way out". Passed to Hall Nurse J Carson to assess for any risk of suicide or self harm. MHT Referral to be discussed at allocation meeting. Ms Nicole Morrison
25/06/2017 Consultation seen today at medicine round advised received m.h.t. referral and that he was also listed for m.o. 27/06/2017 no thoughts of self harm at this time Ms J Carson
25/06/2017 Administration m.h.t. referral submitted today Ms J Carson
22/06/2017 Administration Self referral form submitted to MHT, Colin has requested to see a psychologist. Mrs Nicola Earaker
21/06/2017 Administration NOS Dental appointment sent to patient for 27/06/2017. Mrs Margaret Millen
21/06/2017 Consultation Self referral recieved. Colin has a medication issue. Had failed a spot check and was removed off medication, Colin states these were for epilepsy although previous entries reports it was for leg pain. Have listed for MO to review this. Miss Alison Rodger
19/06/2017 Administration Mental healthDiscussed at allocation meeting, issues surrounding testing positive for Subutex, not mental health related, letter sent to Colin advising him to discuss with SPS staff as they had requested the test. Ms Nicole Morrison
19/06/2017 Administration MHT referral received, logged onto database Ms Stacy Quail
16/06/2017 Complaints about care Pt interviewed following submission of feedback form. Pt states he has not signed an In Possession Medication Contract, unhappy that the GP changed his medications due to medications being spot checked and he did not have the correct amount. Docman has a signed In Possession Medication Contract dated 12/5/2016. Pt shown a copy of this, pt very disgruntled left interview stating I was stupid and he would escalate this to his lawyer. Ms Jacqueline Carrigan
16/06/2017 Administration self referral recieved and submitted for MHT. Miss Gillian Logie
13/06/2017 Administration Spoke to clinical manager J. Carrigan regarding patient.Informed manager that patient intends to put in a complaint form regarding in possession medication Ms Christine Campbell
13/06/2017 Administration The in possession medication contract avaliable on docman was signed 12/5/16 by Colin. Ms Christine Campbell
13/06/2017 Medication requested multiple times has been approaching asking for his gabapentin in the past has been short of his gabapentin a few times and has been decided he will not be getting itc/o burning pain over right shin lower third and right hipwants gabapentin o/e no muscle atrophy , no motor symptoms, gait normalable to go to gym all the timesays the wound sustained 13yrs ago no acute evidence of any neuropathy he also states he has not signed a medication contract form requested s/n CCampbell to inform the clinical manager and find a copy of his contract signedtrial of duloxetineDr Senthil Dr Sutchi Senthil
12/06/2017 Follow up substance misuse assessment ; Met with client 1-1 who informs that he has recently provided a positive drug test but is adamant that he did not take anything, Client appeared anxious and began running through different scenarios as to how this could have happened, calmed client down and he agreed he should await outcome, harm reduction and tolerance advice given continue monthly support. Mr Robert Watson
08/06/2017 Administration Self referral recieved requesting MO appointment to discuss medication. Listed for MO clinic 13/6/17. Appointment slip given to patient. Miss Gillian Logie
06/06/2017 Drugs of abuse urine screening POSITIVE for Methadone AND Buprenorphine. Ms M Findlay
06/06/2017 Drugs of abuse urine screening BUPRENORPHINE POSITIVE Miss Gemma Scott
06/06/2017 Drug addiction therapy Telephone call from hall officer informing writer that Colin had failed an MDT for buprenorphine. At the suspicion that Colin is positive for buprenorphine he has been listed to be urine tested prior to being given his methadone this afternoon. Colin to be called to the health centre for urine test. Miss Gemma Scott
06/06/2017 Dental care Try p/-, Master imp for fit nv Mr Mark Gallagher
30/05/2017 Dental care Scheduled for dentist but pt not seen due to late start to clinic. Re appointed. Mr Mark Gallagher
30/05/2017 Administration NOS Dental appointment letter sent to patient for 06/06/2017. Mrs Margaret Millen
29/05/2017 Consultation Seen this morning following submission of self referral form complaining of pain and unhappy about current medication.Spoke to Colin as to why his medications were stopped, see previous entries. Advised Colin the GP would not restart gabapentin as there is no clinical indication for same. Colin unhappy with reply. Advised Colin to give his new analgesia time to work. Mrs Kelly Robb
27/05/2017 Consultation Spoke with patient at nursing station regarding complaints forms.Patient unwilling to sign off any complaints, states he will be getting money out of the NHS due to neglect./Further stated he will not be signing anything off again as this is how NHS gets away with thing.Will pass complaint forms to nurse in charge. Ms Christine Campbell
23/05/2017 Dental care Bite f/- immediate shade a3.5 for try master imps nv. Mr Mark Gallagher
18/05/2017 Consultation Face to face review: explained my discontinuation of gabapentin. Note shortfall of gabapentin 13 caps. also spot check form comments on empty gabapentin capsules found in cell . was prescribed gabapentin for generalised leg pains. I could not identify a definative neuropathic element.IMP: no indication to restart gabapentin. alternative analgesia prescribed. patient expressed disatisfaction. Dr Joe Daly
17/05/2017 Administration NOS Dental appointment letter sent to patient, appointment date 23/05/2017. Mrs Margaret Millen
15/05/2017 Consultation Below noted, mirtazepine switched to supervised, gabapentin sopped. If patient wishes to discuss then he should self refer. Dr Joe Daly
14/05/2017 Administration Spot check carried out today. On wed 10/5/17 patient received:28 x gabapentin 300mg7 x mirtazepine 30mgSpot check Mirtazepine present and correct with 3 tabs.However only 7 empty Gabapentine capsules in cell.Shortfall of 13 capsules.Patient requested appointment with GP to discuss failed spot check.Appointment given for 18/5/17 Ms Christine Campbell
10/05/2017 Follow up substance misuse assessment ; No issues or concerns re misuse of substances and appeared to be in better frame of mind compared to previous meeting. States he has had the opportunity to use illicit drugs but has no desire to do so. Stills feels frustrated with regards to his downgrade as he is still unsure if and when he will return to top end. He has spoke to his personel officer and may be on an RMT soon which which would have an outcome for him. Continue Support. Mr Robert Watson

Colin Mckay **05/09/1979** **Male** **0509796095**

08/05/2017 Complaints about care Pt interviewed following submission of complaint form. Unhappy with in possession medications states he is missing medication. No evidence to suggest pt is missing medications. Advised that I can arrange for medications to be dispensed supervised but pt declined. Pt appears angry but think this is due to being downgraded by SPS. Pt advised that I have arranged for medications to be synchronised- given a two day supply of Mirtazepine today as per prescription. Due all weekly medications on Wednesday hall nurse to order. No further issues. Ms Jacqueline Carrigan

03/05/2017 Mental health assessment Written in retrospectSeen during addictions clinic - 25/4/17. Colin stated he "doesnt know whats happening" in relation to his "downgrade" to shotts. He reports he will consequently have another 6 years on to his sentence. Colin then reported he feels very guilty for what he had done, however didnt explain what he had done. Colin then reported he is feeling scared as "there is a bounty on my head". Colin ststed he is due to see a psychologist and was put on the list by nurse G. Docherty, however he has not heard anything back yet. Requested writer to check. Will check his appointment. No other issues or concerns voiced during meeting. Explained if Colin required any extra support to complete a self referral form and a member of the nursing team will visit. Agreed with same. Ms Stephanie Hutchison

26/04/2017 Drug addiction therapy Seen today during addictions/ mental health clinic. Notes to follow. Ms Stephanie Hutchison

20/04/2017 Administration Discussed at MDMHT meeting 13/4/2017. Discharged from addiction/mht caseload. Hall staff report anti-establishment and dismissive Ms V Purdie

19/04/2017 Administration Discussed at allocation meeting. Ongoing support from addictions mht. Ms D Graham

13/04/2017 Consultation He is serving life sentance he is on Mirtazepine 15mg asking to increase as it is not helping him agreed Mirtazepine 30mg KB Dr Khoda Buksh

12/04/2017 Administration Gp has been made for him to discuss possible increase in AD . Referral has been placed for Life link to help with his breavement issues. Colin has now been taken off current caseload and transfer of care to HAll nurse SH. Mr Geraldine Doherty

12/04/2017 Mental health assessment DATE OF ASSESSMENT- 06/4/17Colin has consented to being discussed at MHDTM by given written confirmation to same.OFFENCE HISTORY -Colin has been in and out of custody since an earlier age for car theft followed by Ram Raids for money to help feed his illicit drug use. He then progressed into selling drugs which further led to him committing murder which is his current sentence. He is due to appear to the Parole board.DESCRIPTION OF PRESENTING COMPLAINT/PROBLEM.Colin reports to be at times of low mood and he can over think problems whereby he will pre-determine the outcome. He also struggles with bereavement mainly in relation to [redacted] MENTAL HEALTH HISTORY-Denies any previous history FAMILY HISTORY OF MENTAL HEALTH-[redacted] but unable to say why however he has [redacted] ??? SOCIAL HISTORY [redacted] . Colin became a drug dealer as again he witnessed "hash "being sold from his home and eventually he would dabble in illicit drug use. He was placed into children homes to deal with his behaviour as a child and he did not complete his education. He has never had a job. [redacted] He has yet to deal with the bereavement and at times he will try to block it out by using illicit drugs.CURRENT MEDICATION - Methadone 10mls, Mitrazipine 15mg and Gabapentin 300mg CURRENT MEDICAL CONDITIONS/ ONGOING INVESTIGATIONSVitamin B12 ???MENTAL HEALTH EXAMINATION.Colin can at times appear to be a clean and well kempt man and he can present as being distressed at times as he was been asked questions for the assessment. Throughout the assessment he appeared to be jovially at times. He has very good insight to problems and can manage them most of the time. His mood can fluctuate at times whereby he rated it as 6, but he is aware that this is due to his lifestyle and he is not overly concerned about it. He reports having poor appetite and sleep. No issues with his memory at he is able to state day, date and place. No evidence of distraction by hallucinations at this time. RISK ASSESSMENTDenies any thought of DSH or suicide at this time and he has previous history in 2003 whereby he put a gun to his mouth but didn't pull the trigger and no history of DSH. Denies any risk to others.SUPPORT IN THE COMMUNITY [redacted] MENTAL HEALTH CARE PLAN PROBLEM- Bereavement and Risky Behaviour 1.Referral to Lifelink to address bereavement issues.2.Addictions/Mental Health to continue to monitor once six weekly.3.Review medication with the view of getting an increase on his AD4.Transfer of care to Hall nurse if Colin requires further support for same. Mr Geraldine Doherty

12/04/2017 Self-referral Mental health referral received and logged onto database. Mrs Margaret Millen

11/04/2017 Consultation seen tonight following m.h.t. referral states he is frustrated at not seeing anyone from m.h.t. feels he is being blanked he denies any thoughts of self harm or suicide i have told him i will speak to addictions/mht tomorrow and will speak with him again tomorrow no concerns at this time Ms J Carson

11/04/2017 Dental care Imps f/- immediate acrylic for bite blocks NV Mr Mark Gallagher

23/03/2017 Complaints about care seen in hall. C/O not recieving CIP on time. Have arragned for medication to be synchronised. Offered medication supervised but declined this. Issue resolved Ms Mary Mitchell

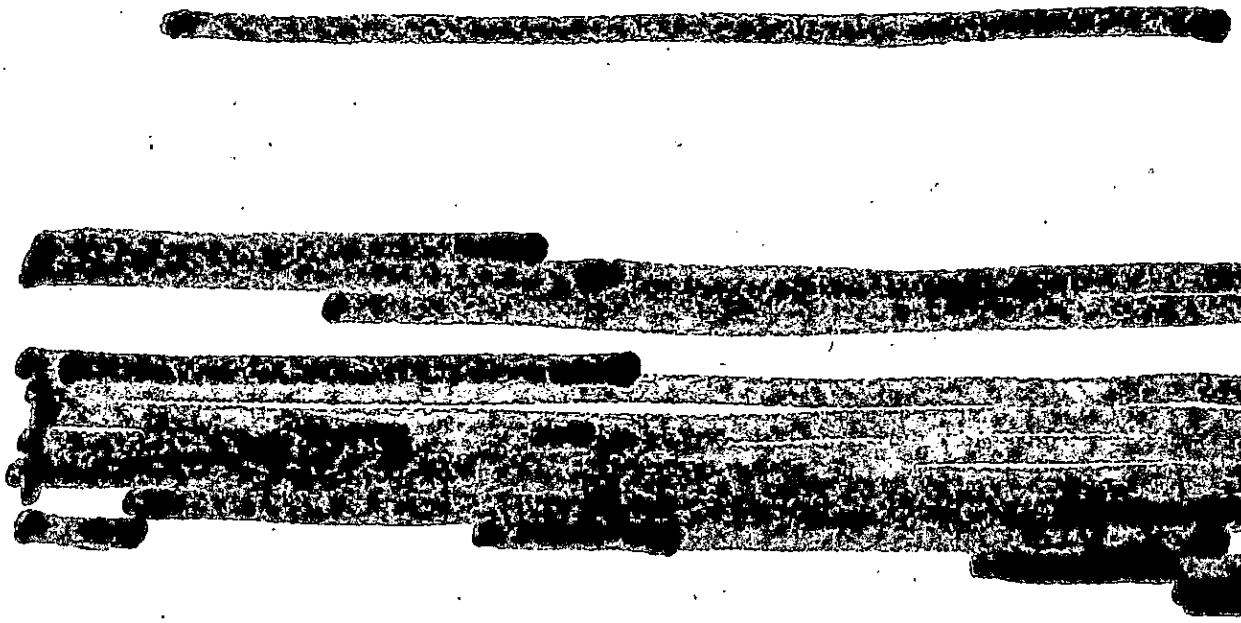
22/03/2017 Consultation Seen Colin to discuss his referrals for MH and he is now keen to have this completed even though he had previously declined same. He was advised that this will be dealt with at the next available clinic to which he accepted. Denies any thoughts of DSH or Suicide at this time. Mr Geraldine Doherty

21/03/2017 Consultation doing well clinically no complaints recent bloods including B12/Folate level normal explained r/v prn Dr Raheel Ahmed

14/03/2017 Result Results Haematology Ms Alison Rodger

13/03/2017 Follow up substance misuse assessment Met with client who states that his circumstances have now changed and he will be returning to a long term establishment shortly. Would not divulge what has happened but did state that it was not drug related. Presented as being quite low but stated that he has no cravings towards illicit drug or thoughts of self-harm/suicide. Stated that he is unsure if he wants to continue with support but he agreed it could just be the way he is currently feeling. Provided motivational input, harm reduction and tolerance reiterated. Mr Robert Watson

13/03/2017 Administration Discussed at allocation meeting, ongoing input from addiction mental health team, routine referral. Ms Nicole Morrison



Colin Mckay **05/09/1979** **Male** **0509796095**

08/03/2017 Administration NOS MHT Referral received by admin from MHT nurse. Patient added to waiting list and referral returned to MHT nurses Ms Marion Davidson
07/03/2017 Consultation See entry re antidepressants. Wishes mirtazerpine 15mg. No current thoughts of self harm but situational low mood secondary to being downgraded. Also FH issues. Not eating - but BMI 20. Dr Grace Campbell
07/03/2017 Consultation Bloods taken as requested. Listed for MO clinic. 21/03/17 for results. Ms Lorna Gibson
07/03/2017 Complaints about care Interviewed in relation to complaint. Advised issues with missing dental appointments due to health centre runners is due to SPS staff not NHs staff. Already listed for GP clinic today. Miss Claire Hill
06/03/2017 Self-referral reveived for Dentist, recorded on spreadsheet and acknowledgment sent to patient Ms Marion Davidson
03/03/2017 Administration Clinic arranged for 02-03-17 moved to 07-03-17. Patient notified.
02/03/2017 Administration dental referral received and submitted to dentist Ms Susan O'Neill
01/03/2017 Consultation asked by pharmacy to review Kx regarding AD switch. Cautious cross-tapering recommended when change from mirtazapine to citalopram. AND patient on methadone so citalopram should not be started.Patient listed for next available clinic to discuss switch to other AD (fluoxetine, paroxetine, duloxetine or venlafaxine for instance) Dr.Dominique Van Den Meersschaut
01/03/2017 Administration Sandra McNally (SPS Officer) requesting if further dental appt has been made for Colin, informed her that a new appointment had been allocated and he will be notified accordingly. Also advised by Marion Davidson t(Admin) that she passed above info to hall staff yesterday following a telephone call. Ms A Queen
01/03/2017 Administration Attempted to see Colin in the Hall but was advised by Hall staff that he was at education. Nursing staff requested that Hall officers inform Colin that staff were in to see him and they agreed. Plan - Relist for clinic on return from AL. Mr Geraldine Doherty
28/02/2017 Body Mass Index 20. Dr Abolaji Badejo
28/02/2017 Consultation Asking for anti-depressant switch. Mirtazepine switched to Citalopram. Dr Abolaji Badejo
28/02/2017 Administration Relisted due to time restraints. Ms Donna Marr
28/02/2017 Dental care Scheduled for dentist but pt is attending court has gone to education Mr Mark Gallagher
28/02/2017 Administration NOS Appointment slip sent to patient on 22/02/17 with dental appointment 28/02/17 Ms Marion Davidson
24/02/2017 Administration Patient was at education and did not attend for blood test to be taken.Relisted for next clinic.Sent a reminder note. Ms S Agbomeirlee
24/02/2017 Administration Listed for GP clinic 1/3/2017 as per Dr Daly request Ms L Boardman
24/02/2017 Consultation ATR kardex re ? AD switch needed following 16/2/17.From review of notes not clear, thus I recommend a further GP appt to review MH...nurse informed. Dr Joe Daly
21/02/2017 Consultation Colin has been relisted for venous vbloods for fbc/u&e/lft/tft/vitb12 folate/ folic acid and ferratin. This is due to an emergency in the h/c and time overran. I have written to him and asked him to stay off work on the date. Ms Gillian Mcnally
16/02/2017 Consultation He is on Mirtazepine asking to change to cetalopram he was before agreed he said he is loosing wt today his wt 64.6kg last Wt 77.6kg on 04,11,2015 he has lost some wt He was diagnosed Anaemia in the past asking nutritional drink he has good appetite eating well It will be better if bloods rechecked Fbc,U&E,Lft,Tft< B12,Folic acid, Ferritin and review Kb Dr Khoda Buksh
15/02/2017 Mental health assessment Colin has declined to have his Mental Health assessment completed at this time as he reports that he is not ready at this time. He however has requested that he be relisted for same and nursing staff have agreed to this. He at this time appeared to be bright in presentation and his mood was reactive. Denies any thoughts of DSH or suicide at this time. Plan relist at nex available clinic. Mr Geraldine Doherty
14/02/2017 Consultation Patient seen following submission of self referral form. Colin concerned as states he has no appetite and concerned regarding his weight loss. He has requested to discuss his concerns with the GP rather than be prescribed anything at this time. Weight 66.4kg today.Listed for MO clinic on 16.02.17 and advised of same. Mrs Kelly Robb
13/02/2017 Administration Attempt to see at nurse triage today, however patient at MDT meeting Ms Christine Campbell
13/02/2017 Consultation Examination. Pt c/o broken denture. No pain. Soft tissues: palate red and white, pt wears denture 24hrs. Teeth charted. 13, 23 and 45 unrestorable. Discussed upper immediate full denture with pt. Treatment plan: review palate, provide f/- immediate, extractions, BPE and sp, restorations. NV review palate only, pt advised. Miss Evelyn Inglis
12/02/2017 Consultation Spot checked medication in hall. Passed spot check no discrepancy in mirtazapine or Gabapentin. Miss Claire Hill
09/02/2017 Substance misuse assessment ; met with client following self referral, life prisoner who has served thirteen years to date, back in closed conditions after providing positive drug test.Currently on substitute script (methadone) low dose and indicated that he will come off it soon, given what has just happened challenged client on this. States that he was not positive for opiates and is adamant that he does not have a drug habit and what happened was a one off bad decision on his part. Stated that when he was first downgraded he felt as if he was in a very dark place and was very disappointed with himself, now that he has had his adverse he feels more upbeat and is focusing on sentence progression. Displayed motivation to focus on behaviour change and sentence progression. Continue support. Mr Robert Watson
08/02/2017 Mental health assessment Briefly seen Colin as per previous entry. He was advised by nursing staff GD that he is already on caseload and there is no need for more referrals as we had previously discussed 3/2/17. He informed staff that is anxious about his downgrade and keen to have the required assessments completed nursing staff empathised with him and he now has Hope. He engaged well with good eye contact , denies any thoughts of DSH or suicide at this time . In agreement with him he will be listed for clinic to complete MH and also he has been referred to CC for addictions. Mr Geraldine Doherty
07/02/2017 Consultation Consultation - Colin requested to see author following chance encounter within the hall this duty. Colin reported to be feeling low in mood following confirmation of downgrade from Letham hall to D hall. Initially appeared animated with poor eye contact maintained during commencment of engagement, however became relaxed in manner as time progressed, and appropriate eye contact observed. Denied any thoughts or intent of self harm or suicide stating 'I couldnt do that now'. Colin reports that he is keen to engage with Nurse Doherty to discuss current issues. Advised that would make Nurse Doherty aware. Colin also keen to engage with Mental Health services - psychology and Lifelink. Advised that in first instance Colin must generate a referrel in order to discuss with Nurse Doherty and if appropriate such referrels can be generated. Colin appeared accepting of same. Ms Alina Pool

Colin Mckay **05/09/1979** **Male** **0509796095**

07/02/2017 Consultation letter sent to Officer Gilmour Please could you provide qualifications: Jacek Oczkowski, General PractitionerGMC 6130663I am a general practioner with the above qualifications. As part of my role I carry out a medical practice within the West of Scotland prison establishments.On 21 December 2016 I examined a patient PIN 17345 who attended at the NHS within Barlinie Prison. I was advised by the patient that he had been kicked on the face by another prisoner. I examined the patient and found that the patient had facial pain to the right side of his face and jaw area.I referred the patient to the Accident and Emergency Department who then referred the patient onto the Queen Elizabeth University Hospital.I can confirm from the hospital notes that the patient was examined at the Maxillary department of the Queen Elizabeth University Hospital and found to have right sided peri orbital ecchymosis. No facial asymmetry is noted and a right sided anterior maxillary fracture has been recorded . There are no significant or cosmetic defects.I can confirm that these notes are held on the patients record .The above is with reference to patient we discussed over the phoneBest RegardsJacek Oczkowski Dr Jacek Oczkowski
06/02/2017 Administration Discussed at allocation meeting. Routine first referral. Addictions/MHT assessment. Ms D Graham
06/02/2017 Administration NOS MHT Referral received by admin from MHT nurse. Patient added to waiting list and referral returned to MHT nurses Ms Marion Davidson
03/02/2017 Administration Seen Colin about his recent referrals and he informed nursing staff that he was asked due to his recent downgrade . He was further informed that he can transfer care to addiction hall nurse but declined so he was advised he will be relisted for next available clinic to which he accepted. He was aslo requesting his CIP and he was told that this amy come to him today and he was accepting of same . No further management issues at this time. Mr Geraldine Doherty
03/02/2017 Administration referral forwarded to mental health team and addictions as requested Ms L Boardman
01/02/2017 Mental health assessment telephone call from Hall staff requesting that nursing staff see Colin. Colin reports that he should be at his meeting tomorrow and he wanted to speak to nursing staff for support. He conversed well with good eye contact but at times appeared to be flat and on occasions he was jovial .on discussing his mood he states that due to the possibilty of a "downgrade back into the main hall" this was the main factor in his change of mood. He denies any thoughts of DSH or suicide at this time. He is currently on 30mg Mitrazipine for low mood in agreement with colin will discuss a possible change of medication and complete a MH assessment update. Mr Geraldine Doherty
27/01/2017 Mental health review Briefly seen Colin to discuss his outcome for apparently taking illicit drugs in Letham Hall. He reports that the meeting did not take place and may be next week. He appears to be bright presentation and conversed well . He denies any thoughts of DSH or suicide at this time. No futher management issues noted at this time. Plan - Continue with 1/1 support and review in due course. Mr Geraldine Doherty
24/01/2017 Mental health review Written in retrospect- Briefly seen Colin in Hall as it appears that he has been transferred to another Hall due to possibly being at risk see previous entry. Colin appeared to be unhappy wiith the move and he feels that he should not have to be downgraded due to his behaviour as he felt in was at a turning point in his life. He however reports that he is more than happy to see what the outcome will be on Thursday for same. He enagaged well throughout the meeting and had good eye contact . No management issues at this time. Plan - to review after Thursday at next available clinic. Mr Geraldine Doherty
24/01/2017 Administration Dental referral received passed to dental nurse for triage and appointment Ms Stacy Quail
19/01/2017 Consultation Seg ROund. patient sates has no issues. Dr Dominique Van Den Meersschaut
19/01/2017 Consultation Case conference, denies any thoughts or intensions of suicide or self harm at this time. Mood low due to present situation, concerned that he may be down graded. Alert and orientated and no signs of been under the influence of illicit substance. Remain on hourly observations and next case conference arranged for 22/01/2017. Mr J Morrison
19/01/2017 Drug addiction therapy Telephone call to SRU manager Brian McCluskey. Colin has been placed at risk and on 'talk to me'. Advised by SRU manager that he was placed at risk by Tony Brown, Moira Manson and Iain McKenzie. Advised that Colin had been found to have urine sample secreted on his body. Unsure at this time if Colin requires to be placed on a management plan. Informed Kelly Robb of same and informed that hall nurse will complete case conference this morning and assess if Colin needs to be placed on management plan. PLANMethadone will be with held at this time until assessment has been completed and case conference held by hall nurse. Miss Gemma Scott
10/01/2017 Administration Dental referral received by admin Mrs Anne Marie Muir Muir
09/01/2017 Administration dental referral received. same passed to dental services Ms Mary Mitchell
06/01/2017 Consultation With refernce to Police request and patinet disclosure I contacted Polcie as on 04/01/2017 and provided information as on 04/01/2017 and 21/12/2016 Dr Jacek Oczkowski
04/01/2017 Consultation received a request to call Officer Amanda Gilmor with reference to authorisation for disclosure of medical records of the patient with reference to his assult to faceNOted on Maxillofacial letter On examination there was obvious resolving right sided peri orbital ecchymosis but apart from this no facial assymetrya right sided anterior maxillary fracture. There was no significant displacement or cosmetic defect.obvious facial asymmetry.tel/ 0141 532 4636 Officer not present Dr Jacek Oczkowski
22/12/2016 Consultation Phone call from police scotland for disclosure of medical details regarding recent injury.Mandate with consent signed by patient.I advised them that pt was transferred to AE due to pain over jaw and swelling on 21/12/16. From portal - was t/f to QEUH Max fac for review. No letter of discharge on portal so unable to inform them of official outcome at present. I advised they can phone maxfac secretaries to ask for d/c letter to be typed. Dr Katie Aird
21/12/2016 Consultation Seen on return from hospital was sent out to GRI than transfereredto the QEUH who he said stated his check bone was fractured but there was no further treatment anticipated as the bone had not moved. States at this time he has no thoughts of suicide or self harm. Ms Marion Orr
21/12/2016 Consultation Kicked to face in the evening 2 days ago.No loss of cosciousness,no nasal bleedingpain and swelling in the area of zygomatous - rightable to open mouth and move lower jaw sidewaysinner side of lower lip - 2 cutsnose NADon methadone 10 mlgabapentin 300 mg QDSmirtazapine 30 mg nocteplan AE refeṛal Dr Jacek Oczkowski
20/12/2016 Consultation Reviewed Mr McKay this evening following complaints of headache observations stable BP 108/58. Pulse 68. Pupils reacting size 3. Has now taken paracetamol for headache. Adviced to continue drinking fluids. Is in the doctors diary to be seen tomorrow. Mrs Angela Scott
20/12/2016 Consultation Was asked to review Mr McKay this afternoon following complaints of facial pain following assault last night. Right side of face appears very swollen having difficulty opening and closing mouth. ? fracture to mandible/cheek. Will ask doctor to review. Mrs Angela Scott
19/12/2016 Consultation Involved in an altercation with another prisoner. Small cut to bottom left corner of lip. No other injuries evident. No injuries reported. Mrs Angela Scott

Colin Mckay **05/09/1979** **Male** **0509796095**

15/12/2016 Drug addiction maintenance therapy - methadone Spoke to Colin briefly at hatch as he has just been downgraded and that I would see him in th hall. Colin says he is coping ok and doesnt want to be seen today.Will revew regularly. Ms Caitriona Cassidy

25/11/2016 Mental health review Seen Colin to discuss how he was coping and he reports to be doing alot better and this was evident in his appearance as he appeasred to be brighter in mood. No further management issues raised at this time. Plan - review in due course. Mr Geraldine Doherty

03/11/2016 Drug addiction maintenance therapy - methadone Reviwewed Cloin as self referral received. Continues to present with low mood. Colin says 'he has had enough of this place' and is very frustrated as he has so far been in the top end for 18 months. Says he feels in the dark about his sentence progression as unaware when his placement will happen.Advised Colin to stay calm and positive as these matters are procedural and out of his hands.States he is unable to conentrate and has stopped reading - just lies in his cell without engaging with other people.Colin says he is coping but presents as very low.Very keen to continue reducing as is coping well with reduction in spite of difficulties in hall. Agreed to continue reducing by 2ml 04/11 and 2ml 18/11.Review regularly. Ms Caitriona Cassidy

31/10/2016 Drug addiction therapy Seen Colin for further support as he states that he is struggling with some personal problems and it is pulling at him. Discussed ways on how Colin should deal with this and he reports that he found this helpful. He was advised to contact nursing staff if he requires further input before next review. Plan - Review in two weeks. Mr Geraldine Doherty

28/10/2016 Administration Nurse referral fprwarded to addictions as requested. Ms Katie Bell

02/09/2016 Ongoing review Seen Colin for 1/1 support as he at times appeared to be low. He reports to be doing ok and he discussed personel issues with his life and he is managing them . No thoughts of DSH or suicide at this time. Plan - Review in due coure for 1/1 support . Mr Geraldine Doherty

31/08/2016 Drug addiction maintenance therapy - methadone Reviwed at addictions clinic. Colin presented at meeting with low mood and states he is finding his sentence difficult - trying to keep busy with reading. Stable on current dose of methadone and keen to get news of his placement. No other issues rasied Ms Caitriona Cassidy

20/07/2016 Drug addiction maintenance therapy - methadone Reviewed at clinic. States he is stable and happy to stay on current dose. No other issues. Review regularly. Ms Caitriona Cassidy

15/07/2016 Administration Unable to see Colin today due to staff constraints however he will be relisted and he has been advised of same. Mr Geraldine Doherty

16/06/2016 Drug addiction maintenance therapy - methadone Self referral. Colin states he is feeling moderate withdrawls - runny noise, slightly sweaty. States he is coping ok with these symptoms. Therefore he is happy to stay at 12mls methadone presently. Presented at meeting with low mood - states he is feeling apathetic and ruminating about his past. Had a discusison about his criminal past and his plans for the future. States he is keeping busy with reading widely. Review regularly. Ms Caitriona Cassidy

14/06/2016 Administration Referral recieved for addictions services. Ms Lorna Gibson

08/06/2016 Drug addiction maintenance therapy - methadone Reviewed at addictions. States he is coping well with reduction. On substitute script for 12 years. Drug habit started in prison and states this has kept him away from heroin.Enjoys job as passmen in Letham.Describes good family support outside and is feeling positive about life outside and work opportunities.Review regularly. Ms Caitriona Cassidy

03/06/2016 Ongoing review Seen Colin to discuss how he is coping with his reduction plan and h ereports he is doing ok with same. Continued 1-1 support with him as he spoke about his childhood. Plan continue with 1-1 support and see in 2 weeks. Mr Geraldine Doherty

11/05/2016 Consultation query re B12 injectionsPlanFBC, B12, folic acid Dr Jacek Oczkowski

11/05/2016 Consultation Chest Xray NADpain at the left side reducing Dr Jacek Oczkowski

05/05/2016 Drugs of abuse urine screening +ve for Methadone Mr Geraldine Doherty

05/05/2016 Ongoing review In was requesting to have his X ray results and also he advised nursing staff that he is meant be have B12 injections. Plan - make GP appointment to discuss the above Mr Geraldine Doherty

05/05/2016 Ongoing review Seen Colin to review his methadone reduction plan. He had suggested to have his Methadone reduced a further 2mls every fortnight till he reaches 12mls. Plan dip test and review once he reaches 12mls to which he agreed. Mr Geraldine Doherty

10/04/2016 Administration attempted to see Colin but he was unavailable at this time as he was due at hospital. Will relist Mr Geraldine Doherty

06/04/2016 Administration Xray card recieved from gp, in diary to attend gri - xray on 08/04/2016 at t.t.s. in diary. Dr Awfa Paulina

06/04/2016 Rib pain long hx of left rib pain form injury years ago a week ago fell and landed on his left side worried if he has caused any damageon ibuprofen which helpso/e looks wellchest looks barrel shaoed, no swelling , no contusiongood a/e no added soundssome pain over left rib eating wellnot sobimp ?sprainwants XR agreedDr SEnthil Dr Sutchi Senthil

30/03/2016 Consultation self referral recieved for c/o pain to left side of rib cage. Patient seen in Letham Hall nurse clinic. Patient states he was sparring with his mate and took a knock to his rib cage where he has old injurys from car accident 14 years ago. Requesting analgesia and MO review. Will ask MO to prescribe pain relief and listed for MO clinic next week 6/4/16. Miss Gillian Logie

16/02/2016 Ongoing review Seen Colin today to discuss his plan for a reduction in his Methadone. He previously reports that he managed to reduce it to 20mls but relapsed as he struggled with the withdrawals. Plan to reduce to 20mls but this time 2mls have to be taken off once a fortnight to he reaches this goal. He is aware of possible relapse and he is keen to change . Will review in due course and he is also aware to contact nursoing staff if he appears to be struggling with the withdrawals. Mr Geraldine Doherty

16/02/2016 Drugs of abuse urine screening +ve for Methadone only. Mr Geraldine Doherty

17/11/2015 Dental care Pt scheduled for dentist but is patient refused Mr Mark Gallagher

10/11/2015 Dental care Pt scheduled for dentist but route called before pt could be brought over. Rebooked Mr Mark Gallagher

10/11/2015 Consultation blood obtained and sent to labs. Miss Claire Hill

06/11/2015 Consultation Unable to complete Letham Hall addiction clinic today as SPS had closed the hall for cell searches, have re-arranged clinic for 13/11/2015. Miss Jemma Young

04/11/2015 Consultation Feeling unwell for years, deteriorated for past 6 months. No bloods results noted (last 1 year ago but not available).Patient reported not able to eat prison food.No diarrhoea or vomiting.no neurological symptomsweight 77.6 kg (previous weight 82.6 kg - 01/05/2015)/abdomen NADCRT < 1 sec.PlanFBC, iron, folic acidglucoseHba1CLFTUETft Dr Jacek Oczkowski

30/10/2015 Consultation self referral requesting to see the doctor complaining of feeling lethargic and lack of energey.. Already listed for doctors appointment on 4/11/2015 Ms L Boardman

29/10/2015 Administration referral recieved. listed for doctor's clinic on 4.11.2015. Ms Lorna Gibson

23/10/2015 Consultation Patient attended h/c for VitB12 injection. Same administered uneventfully into right arm. Mrs Kelly Robb

Colin Mckay **05/09/1979** **Male** **0509796095**

23/10/2015 Administration self referral received,patient states he has not had his vitamin b12 injection for several months. On checking his kardex he has not had injection since it was prescribed in may 2015. Have asked health centre nurse to get patient down to H/C to administer injection. Miss Claire Hill

23/10/2015 Follow up substance misuse assessment Patient did not attend the first drop in addiction clinic within Letham Hall to discuss substitute prescribing. Next clinic in 2/52. All patients within Letham Hall have received a letter advising them that the Letham Hall Addiction clinic will now operate as a drop-in every two weeks. Miss Jemma Young

08/10/2015 Dental care Scheduled for dentist but route called and pt not brought over. Mr Mark Gallagher

04/09/2015 Consultation Telephone call from Letham hall staff advising that patient never received his course in packet last night, will pass this information to health care assistant Elaine McKenna who is dispensing course in packet medication this evening. Miss Jemma Young

22/07/2015 Consultation Patient reported his mirtazapine is with a good effect and no side effects.Planto continue with mirtazapien Dr Jacek Oczkowski

20/07/2015 Drug addiction therapy Seen in Interventions Hall, routine follow up. Currently 30mls mehtadone. No evidence withdrawal; denies recent illicit drug use. Motivated for period of stability at this time. Attended Special Escorted Leave last week, positive outing to parents house. Looking forward for 2nd next week - to shopping centre. Offered no concerns at this time. Self referral procesds advised, no shceudled follow up at this time. Ms Clair Fair

15/07/2015 Consultation definately feels the benifit of change of AD. still looks a bit low. denies thoughts of self harm or suicide. Increase dose and continue. Dr Joe Daly

14/07/2015 Consultation Listed for doctors clinic tomorrow as requested. Possibly to review antidepressant. Mr J Morrison

01/07/2015 Consultation listed for antidepressant review. no effect on mood yet as only started about 1/52 ago but had better sleep. Was relisted too early to assess effect of treatment. Dr Dominique Van Den Meersschaut

24/06/2015 Consultation review anti-depressants. not feeling any better after 4/52 on sertraline 50mg. Hx of being on citalopram but not indiacted as on methadone as well. was doing OK on mirtazapine in the past (sone years back).Switch to this nand review in 4/52 Dr Dominique Van Den Meersschaut

12/06/2015 Consultation Seen in Letham Hall following self referral indicating that he is not happy with sertraline as he was told that it does not have a sedative effect. Listed for doctor to review. Mr J Morrison

10/06/2015 Administration .Administration Letter Referral Miss Lyndsay Jamieson

10/06/2015 Consultation returned BECKS depression scale, score of 39 : severe depression. Dr Dominique Van Den Meersschaut

08/06/2015 Drug addiction therapy Seen in Interventions Hall, routine review - methadone. Currently Px 30mls methadone. Previously 90mls, reduced to 20mls, with recent increase of 10mls to 30mls. Been in establishment 5/6wks. Work party - recycling. External work placement due approx 1yr. States no issues with current dose methadone. No evidence withdrawals, denies recent illicit drug use. No cravings. PLAN: No change to plan or care. Routine review. Ms Clair Fair

03/06/2015 Consultation worries, anxiety and lack of sleep realting to ucoming release. no drive nor apetite, poor sleep, feeling depressed.discussed possible antidepresant meds (side effect, delayed effect etc) and tmt. wishes to start on medication. review in 4/52 Dr Dominique Van Den Meersschaut

03/06/2015 Consultation Seen in hall following submission of self referral, complaining of flu like symptoms. Indicates blocked nose and aches and pains. Advised to take plenty fluids, hot drinks and paracetamol 4-6 hourly. Mr J Morrison

01/06/2015 Administration nurse referral about sleeping problems already been given advice sheet listed for m.o. wed 3/06/2015 Ms J Carson

29/05/2015 Consultation Seen in Letham Hall at nurse clinic as he had requested Vit B injection on self referral form. As documented below he has had injection earlier today and listed for future treatment. Mr J Morrison

29/05/2015 Consultation neo-cytamen injection given and listed in diary for 12 weeks Ms L Mccrindle

18/05/2015 Child attention deficit disorder nurse referral for sleep probelems sent sleep advice leaflet Ms J Carson

08/05/2015 Consultation seen in letham hall clinic following self refferal colin is currently on 20mls of methadone, states he is struggling since recent transfer from shotts, feels unsettled, feels there is a large voume of drugs in barlinnioe and temptation is high, colin is very awarew of what he risksif caught using illicit drugs, very keen to remain drug free, discussed increasing methadone at this time colin keen for this plan to increase 10mls and review in next letham hall clinic. Ms Stacey Kavanagh

07/05/2015 Consultation Self referral passed to addications. Mr J Morrison

01/05/2015 Consultation T/F Shotts h/o MH issues ..drug induced , obs--ok good eye contact , no suicdal ideations plan act book signed , kardex done as before Dr Raheel Ahmed

01/05/2015 Transfer of care trensfer from Shotts, kardex received from Shotts Miss Sharine Lawson

01/05/2015 [V]Other specified administrative encounter K.Allen Miss Sharine Lawson

01/05/2015 Transfer profile form completed Miss Sharine Lawson

01/05/2015 Prescription by GP METHADONE 20MLLAST HAD TODAYgabapentin 900mg daily Miss Sharine Lawson

01/05/2015 No apparent risk of suicide Miss Sharine Lawson

01/05/2015 No thoughts of deliberate self harm Miss Sharine Lawson

27/04/2015 Follow up substance misuse assessment Seen today in hall remains stable on 20mls no planned change meantime Ms Dolinda Haddow

12/02/2015 Failed encounter refused to attend for Vit B 12 injection Ms Susan Gilbert

10/02/2015 Consultation Vit B 12 injection given Ms Susan Gilbert

09/02/2015 Failed encounter REFUSED to attend for Vit B12 injection.Relisted for tomorrow and lettered to advise importance of injections. Ms Nicole Mcclymont

06/02/2015 Consultation Vit B 12 injection given Ms Susan Gilbert

04/02/2015 Consultation Brought to health centre this am for nurse treatment at 0830am no kardex available as still in Allanton hall. Spoke with Colin to advise of situation he said he would "leave injection" advised I will relist as he said he will not be coming back today?. Ms Lisa Mclelland

02/02/2015 Consultation Vit B 12 injection given Ms Susan Gilbert

29/01/2015 Chest pain known smoker2 weeks ago had right side chest painno traumano sputumno feverpt states pain has eased off nowo/e apyrexial pr 76 chest clear , good a/e , tympanic to percussion, good a/e no adde soundsno tendneress imp nil acute ?musculoskeletal pain which has resolved without anyinterventionno medical intervention Dr Senthil . Dr Suchitra Senthil

19/01/2015 Computer record Discharge/Summary Letter HMP Shotts physo discharge Ms Lauren Scott

Colin Mckay **05/09/1979** **Male** **0509796095**

19/01/2015 Result Results HMP Shotts Haematology Results Ms Lauren Scott
15/01/2015 Consultation Physio Note Pt refused to attend for Ax. nil reason supplied - Discharge from W/L G McGeoch B6 Mr Gerard Mcgeoch
14/01/2015 Self-referral Seen today with regards to sore chest and shortness of breath, as well as a tingling feeling down his right arm. On assessment pt did not seem breathless, saturations at 98% therefore not concerned at the moment. Advice given to keep and eye on this. For the pain in right side of upper chest, advised to take paracetamol at the moment as it does not sound as though it is central chest pain. Pt does not attend gym and does not feel he has hurt it. Appointment has been made to see the MO with regards to this and his tingling sensation in arm. BP-102/64, HR-57, Sats-98%, Temp-95.6 Farenheit. Note-BP normally low therefore not concerned at the moment. Ms Stephanie Clark
31/12/2014 Self-referral c/o having muscular abdo pain following strenuous unfamiliar exercise. Discussed with physio who gave advice to reduce amount of repetitions to rest for next few days 1/7 cell down Ms Susan Gilbert
26/11/2014 Mental health review Shared information for ICM report. No contact with MHT since 27/08/13. Mr John Grant
11/11/2014 Follow up substance misuse assessment Seen in hall for routine review reduction plan discussed and documented in care plan Ms Dolinda Haddow
22/10/2014 Consultation Written for Nurse S Black . S/R requesting cell down due to toenail removal. Already has 4 day cell down Ms Ann O'Neil
21/10/2014 Consultation Self referral form received, cell down x4 days due to toe nail removal and unable to wear work shoes. Ms Karen Reid
10/10/2014 Follow up substance misuse assessment Seen in hall routine review reduction plan discussed for near future Ms Dolinda Haddow
10/10/2014 Consultation (1) for Vit B12 level result Now normalized (307 --- see report) , on vit b 12 suppliment : feels fine . Pl: cyanocobalamine stopped , deitry advice given , please repeat viot 12 level in 3 months.also pain at the L sole area ,says that it is some time touch to touch the floor esp in the AM for the last one week , gets better during the day , no swelling , no redness . no h/o injury. currenlty on methadone 30mg .o/e: FROM at L foot , mild tenderness at the sole ?planter fasiatis Pl: suggested naproxen /ibugel ,opted to observe , r/v if needed. Dr Z Shah
07/10/2014 Result Results HMP Shotts Haematology Results Ms Lauren Scott
25/09/2014 Consultation Seen in the health centre treatment room, Blood taken for Vit B12 as instructed by the doctor. No issues. Ms Karen Reid
23/09/2014 Consultation Self referral form received, asking for a doctor appointment due to issue with foot and ankle. Reply sent to explain appointment on the 10th October. Ms Karen Reid
27/08/2014 Consultation S- reports that pain episodes are ISQ. C/o stiffness in the morning and eases quickly with being active. I/M pain episodes in WB with nil pattern.Doing HEP x 5 P/DO- normal gait on entry Passive left hip PROM - pain free Resisted HIP flexion 5/5 Ext 5/5 ER 4/5Palpn- Nil tender at the groin /HipR/V HEP improved technique - poor stability with LungesA-lateral hip weakness remains RX - RV and correct Sqauts, Lunges SKB Hip flexor stretch and adductor stretch Advice to continue with working out in the Gym and request an ex programme from the PT!P- R/v 2/52 ? DC Gerry McGeoch B6 Mr Gerard Mcgeoch
21/08/2014 Summary clinical document Clinical Letter HMP Shotts Physiotherapy Ms Lauren Mcelung
13/08/2014 Consultation for blood resultsFBC,LFT,bone chemistry ,iron studies and floic acid normal. Low Vit B12 level . Pl: dietry advice given , script issued for suppliment , please recheck vit B12 level in 6 week and r/v with the results . Dr Z Shah
04/08/2014 Consultation S/R received requesting the doctor to discuss having ball joint in his hip shaved. Also requesting to know about results. Already listed for the doctor. Ms Ann O'Neil
13/07/2014 Consultation Colin spoke to myself today about Gabapentin. Voiced crushing 600mg tablets to take these.Voiced opening up capsules and pouring powder into mouth.Voiced chewing empty capsules to hide evidence. Explained doing this as can not swallow large tablets.I explained not taking this medication in correct mannor. Due to being on methadone taking medication in this method has the protention to highten the effects of methadone. Ms Karen Reid
08/07/2014 Result Results Wishaw General Haematology See results Ms Florence Casserly
04/07/2014 Result Results Wishaw General Biochemistry See results Ms Florence Casserly
03/07/2014 Result Results Wishaw General Haematology See results Ms Florence Casserly
03/07/2014 Result Results Wishaw General Biochemistry See results Ms Florence Casserly
02/07/2014 Consultation S.R. again requesting medication to be changed to lower dose capsules already spoke to K Reid will discuss with her re outcome. Ms Susan Gilbert
29/06/2014 Consultation Written in retrospect - Evening Friday 27th June. Colin approached treatment room and asked myself to speak to the doctor on his behalf on Monday. Colin expalined he feels he an not swallow Gabapentin 600mg tablets as too large and would prefer the prescription to be delivered all in 300mg capsules. He voiced he finds it easier to take by opening the capsules and empting the powder into his mouth then chewing the capsules so no evidence of capsules around his cell. I have explained at length the reasons this is not the correct method of administering and reason the powder in capsules. Colin appeared more concerned I ask for 300mg capsules as his prescription. Will speak to the doctor Monday over my concerns. Ms Karen Reid
19/06/2014 Letter encounter from patient Referral Letter HMP Shotts Letter from Prisoner See referral Ms Florence Casserly
17/06/2014 Consultation triage received requesting that instead of getting 1x 600mg tablet he gets 3 x 200mg. I have written to prisoner explaining that we only dispense what we are given from pharmacy. Ms Elaine Rogerson
16/06/2014 Consultation on gabapentin for stabbing leg pain worse at nighttrial increased dose reminded responsibilitiesmed checkworried about bone health - 2 x fractures slight trauma no FH OP etcpoor dietcheck FBC LFT B12 folate Ca alb Vit D Mg phosphate fe studies ferritinrev 6-8 weekssend Vit d leaflet Dr Haley Harris
02/06/2014 Follow up substance misuse assessment Seen in hall reduction plan discussed all information in care plan Ms Dolinda Haddow
19/05/2014 Consultation Self referral slip received - requesting second opinion as DR Shah changed medication. Listed for nin urgent MO appt re same. Listed for physio as requested also. Ms Nicole Mcclymont
15/05/2014 Consultation (1) fro x ray report explained ,has been seen by ortho (see letter) doing well , no residual problem.(2) asking if his gabapentrin dose could be up at the night time as feel pain at old stabbing scar at upeer R thigh area . known to have these for years . on gaba 300mg tds .and diclofenac 50mg tdso/e: old scar noitced ,healthy looking ,comfortable .walking with out any limp .pl: advised to stop diclofenac and script issued for naproxen 250mg tds , continue the gaba as same dose .r/v if needed. Dr Z Shah
14/05/2014 Letter from consultant Clinical Letter Wishaw General Orthopaedics See letter from Consultant Ms Florence Casserly

Colin Mckay **05/09/1979** **Male** **0509796095**

02/05/2014 Consultation Approached nursing staff this evening in hall and voiced concerns regarding an ingrown toenail. Seen in the treatment room in allanton level one. On examination left foot great toe very red and appeared to have pressure to right side of toe causing Colin some discomfort.I have explained at length about massaging the skin at right hand side of great toe when coming out the shower as the skin soft. I have explained this will help relieve pressure. I have listed Colin to see the chiropidist and advised him if any puss or other issues and fells toe getting worse to please inform nursing staff for treatment. Ms Karen Reid

28/04/2014 Result Results Wishaw General X-Ray Miss Karen Davies

25/04/2014 Consultation S/r received requesting to speak to the doctor re 2 deep stab wounds in his leg that are burning hot. Listed for the same. Also requesting to come off Zanrac as he doesnt require them any more. Ms Ann O'Neil

23/04/2014 Letter from consultant Clinical Letter Wishaw General Accident Emergency See emergency discharge summary Ms Florence Casserly

21/04/2014 Letter from consultant Clinical Letter Wishaw General Cardiology See letter Ms Florence Casserly

15/04/2014 Hand fracture - metacarpal bone Right Ms Elaine Inglis

15/04/2014 Consultation triage received, asking about x-ray, see entry 11.4.14. Prisoner informed appointment has been made, awaiting escort Ms Elaine Rogerson

11/04/2014 Consultation Self referral received requesting to go for xray as stated by Dr Shaz (see notes 4/4/14). Same discussed with sps manager who states he will need to wait and go with G4s as this needs to be booked in. Ms Ann O'Neil

11/04/2014 Consultation Triage received requesting to now go for xray for hand. Have passed to MO to make decision Ms Elaine Rogerson

08/04/2014 Consultation S.R. requesting a cell down this was confirmed by the doctor of Friday the 4th 2/7 granted Ms Susan Gilbert

05/04/2014 Consultation Diclofenic supplied to Colin as px'd on Cardex. States he will wait until next week to see how his hand is.. Ms Ann O'Neil

04/04/2014 Consultation r/v of the injury of the R hand while doing sparing with boxing bag , sustained injury to the R hand , was swollen and bruised , swelling got down but still unable to make a fist .o/e: reduced ROM at the wrist and CMJs of the R hand with bruising .Imp : # less likely Pl: I advised x ray of the wrist but the client want to use pain killler and see if he gets better , r/v next week if needed, Dr Z Shah

27/03/2014 Consultation Self referral slip received - sore throat - seen in health centre re same. O/E Right hand side of throat swollen and white spots evident. Been taking paracetemol and ibuprofen but not helping. Finiding it hard to swallow. No fever as listed. Discussed same with MO - kx given to px antibiotic. Ms Nicole Mcclymont

26/03/2014 Consultation Self referral form, seen this morning and Colin voiced had a sore throat, I have sent advice to explain to take paracetamol and drink plenty fluids and should return to normal in a few days. No antibiotics for a sore throat, may be able to buy throat sweets himself. Ms Karen Reid

24/03/2014 Computer summary updated Ms Elaine Inglis

22/03/2014 Consultation 16.55seen following an altercation no injuries and no complaints Ms Susan Gilbert

12/03/2014 Consultation S/R recieved requesting soothelip for dry cracked lips. Will ask the doctor to px same. Ms Ann O'Neil

10/03/2014 Consultation Self referral slip received - chest pain - seen in hall re same. patient advised he is awaiting hospital appointment - checked on return to HC and referral has been made by MO on 10/1/14. No chest pain at the moment so unable to assess. Advised to let nurses know if pain returns . Observations taken as charted O2sats 98%. Ms Nicole Mcclymont

06/03/2014 Consultation post triple therpy result has completed the course in the last week one Jan. 2014 .still has off and heart burn ,on ranitidine and methadone . I advised PPI for few weeks , the client not interested .Still waiting for cardiology appt. Dr Z Shah

20/02/2014 Consultation Self referral form received, seen in the health centre, Colin feeling weak and unwell. Awaiting doctor on the 6th March. Colin appears to have lost weight, weight charted. Cell down given x1.week. Ms Karen Reid

18/02/2014 Consultation Self referral slip received- previous h.pylori ?cardiac referral & ?withdrawal symptoms - listed to see MO to discuss same and Advised addictions nurse about withdrawal sypmtoms. Ms Nicole Mcclymont

18/02/2014 Result Results Wishaw General Biochemistry Miss Karen Davies

05/02/2014 Consultation Bloods taken as requested (Fasting lipids & glucose) Ms Elaine Rogerson

29/01/2014 Consultation self referral complaining of having pain in stomach already been treated for H.Pylori and awaiting cardiac referral. T35.7 both lungs sounds normal. Granted a 2/7 cell down will discuss issue with MO and Dolinda as he feels as if he "rattling" Ms Susan Gilbert

23/01/2014 Consultation self referral slip received - asking why he has not been taken to hospital yet. Letter sent back to patient to advise he has been referred to hospital as per below. Ms Nicole Mcclymont

22/01/2014 Result Results Wishaw General Microbiology Miss Karen Davies

15/01/2014 Administration HP positive - triple therapynote to pt Dr Haley Harris

14/01/2014 Result Results HMP Shotts ECG Miss Karen Davies

13/01/2014 Result Results HMP Shotts ECG Miss Karen Davies

13/01/2014 Administration 2nd ECG QTC improved 465antlat T wave inversion persitsAlready referred to Cardio Dr Haley Harris

10/01/2014 Consultation 2nd ECG taken - will pass to doctor Harris for R/V Ms Ann O'Neil

08/01/2014 Consultation burning epigastric pain a bit improved on ranitidine although vomiting for last 3 days no diarrhoea ? viral bug as infectious contacts - drinking ok BP 111/60 HR 70 looks wellstill getting left axilla and ant CP at rest - abn ECG ant lat ischaemia and prolonged QTC 4888 on 40ml methadoneHS puresmokingFH IHDPLAN:1 refer cardio2. repeat ECG and look for old ECG3. arrange for chol and glucose in next month4. safety net advice given5. reduce methadone - I will dw dolinda6. speak to cardio re medication and ask to review faxed ECG Dr Haley Harris

08/01/2014 Consultation Seen at treatments today for H/pylori blood to be taken. Same obtained. ECG also taken- put to doctor for review. C/d x1 day issued as he is feeling sick. Ms Ann O'Neil

12/12/2013 Consultation few yeards diff swallowing fluids and food no dysphagia now getting burning feeling behind stemum when laying down and epigastric discomfort no change bowels no blood no palor no wt loss no FH of note except IHD still smokingworried as devloping left ant chest and arm pit pain non externtional and related to heartburn sxno prev HPOE well wt 86 BP 106/71 hs pure chest clear no neck masses abdo soft mild epigastric tenderness no obv masses although slight fullness epigastric areaBS presentIMP : GORDP: HP testing trial ranitidinerev 1 month and feel abdo again and check for red flagsECG Dr Haley Harris

04/12/2013 Administration NOS ICM information sharing Mr David Wood

04/12/2013 Consultation Seen in the hall, received self referral form. Patient voiced having heartburn but gaviscon not helping as not sleeping due to same. Asking for today off. Observation checked. Cell down x1 day only. Sample bottle given as referral; stated diahorrea but patient voiced this has stopped. Ms Karen Reid

27/11/2013 Patient reviewed Patient feels having heartburn issuedoctor appointment given for 12th Dec.Adviced continue with gaviscon meantime. Ms Karen Reid

Colin Mckay **05/09/1979** **Male** **0509796095**

27/11/2013 Avoids even trivial exercise Ms Karen Reid
20/11/2013 Consultation Seen at triage, written in retrospect.complaining of pain on left side of chest, sharp but not radiating. Colour good, no sweating. No difference when breathing in/out. No cough, no sputum. Observations as charted. Smoker 10-15 a day.Advice to take gaviscon & paracetamol. Will speak to mo when return to the health centre. Spoke with mo regarding same, mo has no concerns at present. Ms Nicola Morton
06/11/2013 Administration seizure diary - 6 events in last month - jerking arm or leg causing bottle to fall or patient to fall over, on BKG daily minor jerking in limbs no LOC no TB - on gabapentin 300mg tds which he states for 'epilepsy' and helps with stab wound paindeclines further appt with neuro - leave things as they are for nowsafety net advice giventhe questionof epilepsy still remains in some ddioubt I thinkproblems swallowing food and liquids for 'months' smoker no dysphagia no haorseness no reflux no wt loss night sweats etcexam:NAD - pt not concerned no red flags - offered trial PPI/corsodyl declined - rev PRN red flags discussed Dr Haley Harris
25/09/2013 Consultation long discussuion re gabapentinunclar if started for back/sciatica pain or 'presumed epilepsy'states no LOC recently but still getting jerks and falling down with no impaired consciousness - asking for inc in gabapentin to cover thisno clearly dcunmented or witnessed saiezuresadvised to keep diary and rev in 6 weeksalso CO diff swallowing no red flags - longstanding rev next time Dr Haley Harris
19/09/2013 Drug addiction maintenance therapy - methadone Dr Stephen Conroy
19/09/2013 Orthopaedic exam. - NAD Dr Stephen Conroy
19/09/2013 O/E - CNS examination normal Dr Stephen Conroy
19/09/2013 Examination of abdomen Normal Dr Stephen Conroy
19/09/2013 Concerned about appearance Looks well Dr Stephen Conroy
19/09/2013 Medication satisfactory Dr Stephen Conroy
19/09/2013 Other specified drug dependence in remission Dr Stephen Conroy
19/09/2013 Opioid dependence in remission Dr Stephen Conroy
19/09/2013 Initial substance misuse assessment Dr Stephen Conroy
11/09/2013 Result Results Wishaw General Biochemistry Ms Lauren Mcclung
10/09/2013 Consultation Seen at triage, wanting time off work due to mental health problem. Spoke to david douglas who adviced me to tell him to continue going to work and time off was not the answer. Colin not happy about this & states that he feels like when at work he could be violent to someone as he is not in the right frame of mind just now to be there. Adviced will speak to mht again. No further issues Ms Nicola Morton
06/09/2013 Third party encounter Referred by MHT - persistent low mood, conscience bothered by things he has done, lots of enemies and does not see the future being any different when he gets out. Currently reducing his methadone and hoping to be off by Christmas. Very flat but also very sedated (also on gabapentin), irritated rather than tearful, not evidence of thought disorder though he is being tormented by nightmares and flashbacks of thigns he has done. Will be moving towards pre-release soon so changes are coming. Medication options discussed - not hugely keen on antidepressants atm and I agree in view of fact that he has h/o epilepsy and is already on meds. Encouraged to work with MHT to work through issues and can ask to be seen again if he wishes. CH Ms Nicola Morton
04/09/2013 Consultation Bloods taken as requested Ms Elaine Rogerson
02/09/2013 Result Results University Hospital Crosshouse Biochemistry Ms Elaine Ward
02/09/2013 Result Results University Hospital Crosshouse Biochemistry Ms Elaine Ward
27/08/2013 Mental health review Seen in hall following receipt of a self referral requesting a cell down until he gets his "head sorted out". C/o being unable to sleep properly and when he does get to sleep experiences traumatic nightmares. Advised that the GP would not prescribe sleepers. He then suggested amitriptyline as he had been prescribed this in the past. Also having difficulty controlling his temper which has led him to remaining behind his door to avoid any conflicting situations. Cell down for 1 week and appointment for GP. Mr John Grant
27/08/2013 Mental health review Seen by Dr Travers, Consultant Forensic Psychiatrist 23/08/13. No evidence of mentasl illness. No thoughts of self harm/suicide. Will review if required Mr John Grant
21/08/2013 Consultation Blood obtained for u+e, lft and tft Ms Ann O'Neil
14/08/2013 Mental health review Continuing to have mental health issues. C/D for 1/52. Mr John Grant
07/08/2013 Mental health review Seen for review purposes. Remains much as before. Still to be discussed with psychiatrist. Mr John Grant
06/08/2013 Mental health review Seen in Health Centre, 5/08/13, following Nurse Practitioner referral. Stated his mental health was suffering due to the contracts for his death arranged by his co-accused. Due to go to top end soon but does not feel he can go due to the threats to his life. Continually looking over his shoulder and this has also affected his ability to manage his own anger, albeit he has attempted to change his behaviour over the years of his imprisonment. Review medication and discuss with psychiatrist. Mr John Grant
05/08/2013 Consultation self referral complaining of having something wrong with his head. On talking to him his problems are not medical after discussion requesting to be referred to the MHT. MHN J Grant contacted who attended. Ms Susan Gilbert
18/07/2013 Administration NOS kardex - gabapentin for rev next gp appt please Dr Haley Harris
22/06/2013 Result Results Wishaw General Biochemistry Ms Lauren Mcclung
19/06/2013 Consultation Self referral form received, seen in the hall. Prisoner feels steroids causing abdomonal pain. Cell down given for x3days. Ms Karen Reid
17/06/2013 Consultation Seen in hall for Addiction review further information in care plan Ms Dolinda Haddow
12/06/2013 Consultation Brought to health centre, on examination appears to have bells palsy to right side. Examined by Dr Harris who agrees. Prescribed Prednisolone 40mg for 10 days and Lacrilube ointment. Also given eye pads for at night. Refused to wear during day. Ms Elaine Rogerson
29/05/2013 Result Results Wishaw General Biochemistry Ms Carly Drummee
29/05/2013 Result Results Wishaw General Biochemistry Ms Carly Drummee
27/05/2013 Result Results Wishaw General Haematology Ms Donna Macfarlane
20/05/2013 Consultation bloods taken as requested by MO Ms Susan Gilbert
15/05/2013 Consultation heated discussion about gabapentinEEG suggests no evidence epilpsy 2008 and that AED should be stoppedpt reports last 'seizure' 6 weeks ago - no recollection no witness - putting in for fork lift truck course - advised not sensible if ongoing symptomsstates better on gabapentinwants to drive on lihebration (5y) circular discussion about daignosis of epilepsy and treatmentadvised no changes to meds today - for UE LFT TFTrev prn Dr Haley Harris
13/02/2013 Consultation r/v of medicationon gabapentrin 300mg tds .(decreased from 600 mg tds) methadone 60mg od . on gaba as per his back pain sec. to minor compression fracture at lower lumber vertebrea (see MRI reprot) , also for his epilepsy (see notes). doing well with both .pl: I explained the s/e of the medication ,advised him to make a plan for reduction and stopping of the medication . further r/v of medication in april 2013 . Dr Z Shah

Colin Mckay **05/09/1979** **Male** **0509796095**

05/02/2013 Consultation Addictions Care plan discussed and signed Ms Dolinda Haddow
22/01/2013 Consultation triage received asking for light duties and cell down until seen by LAB on thurs. On reading consultations by MO , light duties is not a medical decision, and he is fit to work, on checking report from hospital. Ms Elaine Rogerson
16/01/2013 Third party encounter CT scan results discussed no disc prolapse or stenosis prev mnor compression fracture - PT analgesia onlydiscussed skin - looks like seborrhoeic dermatitis on face neck - tried selsun and top creams no betternot itchyswitch to ketoconazole shampoo, dermol and trimovaterev if no betterstop antihistamineDR HJ HARRIS Ms Gilllian Henderson
14/01/2013 Administration kardex revgabapentin and hydroxyzineroutine rev and discuss MRI findingsDR HJ HARRIS Ms Gilllian Henderson
10/01/2013 Letter from consultant Clinical Letter Royal Infirmary of Edinburgh Orthopaedics Vivienne Boyd See letter from Dept of Trauma Orthopaedic Surgery Ms Florence Casserly
09/01/2013 Consultation States creams recently prescribed are not working and he would like to see the doctor to see what other options are available. Ms Ann O'Neil
13/12/2012 Consultation ICM data recorded Mr David Wood
05/12/2012 Medically fit to attend hospital appointment been to physio / hospital appointments > Sattes had MRI back for renal calculi. Physio orto goig to look at images. Explained role of excecise / posture/ core muscle strengthening & being at work & learning to live with pain as long as no serious pathology found 7 how MRI has no role unless red flags anywaY & client to work with PTI/ persist with ecercise/ weight loss & managing prn flares as opposed to any further changes to medication Negotiated with client . C/d max 406 weesk to enable him to mentally get reaady to get back to work & use the time as an opportunity to look forward .Client accepts > Hospital MRI report to be chased please Dr Neitu Jeyasingh
27/11/2012 Ringworm itraconazole helpped finshed at 14/11. had for 4/52. creams no benefit plan 200 mg od x 1/52 with topical Dr Neitu Jeyasingh
15/11/2012 Consultation Further to yesterdays MO consultation, has appointment with Orthopeadics next week, to have follow up MO appointment after this to discuss fitness for work/care management Mr David Wood
14/11/2012 Low back pain ongoing for 3 years. No Red flags in custody for 8.5 years last worksed sa a passman 1 yaer ago Perth had no flexibility with light duties . So was signed off work Now wants to satyy sick >, No medical marker in notes CHronic lopwer back ache with no radiculopathy or red flags Tells me he has an appointment for review shortly Been referred to Lothian s otho nnChat re management of LBA ith no red flags . back to mainstram w hen not in flare chase hospital appointment No ratyionale for inxcreasing meds Dr Neitu Jeyasingh
09/11/2012 Consultation request to seemo re previous medical marker for "bad back" , already has appt for 14/11. Mr Peter Harkness
06/11/2012 Consultation self referral requesting to speak to the doctor re increase in medication listed for the 14/11/12 Ms Susan Gilbert
30/10/2012 Consultation Skin much betterContinuer Itrconazole 100 mg x 14 more days Dr Munuswamy Sethuraman
03/10/2012 Consultation Fungal Rash all over the Body Had this 8 weeks - Looks like Pitryiasis versHydroxyzine 25 mg BD - Itraconazole 100 mg x 21 -Selsubn shampooReview 4 weeks Dr Munuswamy Sethuraman
28/09/2012 Consultation Triage received reqyesting mo appt re dry skin . Advised it was ringworm by kilmarnock mo. Listed for same - mo appt 3/10 Ms Lisa Mclelland
19/09/2012 Consultation Addictions seen in hall today methadone agreement discussed and signed Ms Dolinda Haddow
13/09/2012 Computer record GP System Report HMP Shotts Dr Ahmed Ms Donna Macfarlane
13/09/2012 Administration seen by doctor Ahmed today - see notes Ms Donna Macfarlane
12/09/2012 Seen by co-operative doctor Admission from Kilmarnock to D hall. On methadone, and gabapentin has rash all over body using Daktacort. States has no psychiatric history although SPS notes have extensive entries from all MHT team members. No other issues or concerns. Ms Susan Gilbert
12/09/2012 Transfer profile form completed Ms Susan Gilbert
12/09/2012 Other misc. therapy NOS Waiting orthopaedic appointment but has been moving jail Ms Susan Gilbert
12/09/2012 Prescription by GP Gabapentin Methadone 60mls Ms Susan Gilbert
12/09/2012 No apparent risk of suicide Ms Susan Gilbert
12/09/2012 No thoughts of deliberate self harm Ms Susan Gilbert
12/09/2012 Misuses drugs On methadone no illicit drug use recently Ms Susan Gilbert
12/09/2012 Seen by dentist Perth prison 2+yrs ago Ms Susan Gilbert
12/09/2012 Concerned about appearance Has a possible dermatological rash over most of his body Ms Susan Gilbert
12/09/2012 Suspected epilepsy has had previous fits diagnosed approx 1996 had last a few years ago. On no medication meantime epilepsy settled Ms Susan Gilbert
10/09/2012 Prescription event monitoring Administration Letter Kardex Ms Vickie Burns
09/09/2012 Prescription event monitoring Administration Letter Prescription/ Recording Sheet Ms Vickie Burns
08/09/2012 Atopic dermatitis/eczema eczema with fungal infection daktacort Dr Awfa Paulina
08/09/2012 [D]Rash and other nonspecific skin eruption NOS attended triage with superficial skin rash. Round itchy patches.Asked supervisor to isolate in single cell meantime until seen by G.P. 8/9/12 Ms Karen Smith
31/08/2012 Medication requested no med kardex found at night meds.Refer to GP am.Wing PCO informed. Ms Karen Smith
20/08/2012 C/O: a rash attended nurse clinic requesting further dermol cream for rash. same dealt with Ms Mechelle Mcgill
12/07/2012 Administration physio appt please- Sciatica for 1 year, had been referred to Ortho in Saughton but transferred here first. ? needs physio back pain service Dr Paul Dunlop
07/07/2012 Prescription event monitoring Administration Letter Prescription/ Recording Sheet Ms Vickie Burns
05/07/2012 Sciatica says didn't put app in to see me (at end of consultation) but seemed happy to discuss problems prior to this- I note was referred for Ortho opinion in Saughton but transferred here before saw them- wanting increase in Gabapentin- told no. Says ongoing sciatica affecting Lt leg to foot, pain > 1 year now. Refer back pain service. Disgruntled about Gabapentin and fact was "called" here for no reason- continued to shout in holding cell after finished. Dr Paul Dunlop
25/06/2012 Administration for bloods - Bone profile Dr Paul Church
25/06/2012 Consultation asking re calcium supplements. poor diet and worried re brittle bone. advised can check calcium levels. also asking for inc in gabapentin for leg pains. clinically well. Declined request. Dr Paul Church
06/06/2012 Consultation asking to incraese his gabapentin to 1200mg as before ....request denied ..no clinical indication for it plan r/v prn Dr Raheel Ahmed
05/06/2012 Prescription event monitoring Administration Letter Prescription/ Recording Sheet Ms Vickie Burns
21/05/2012 Consultation seen on 18th ,no new complaint.....dont know why he is called ...?????????????? Dr Raheel Ahmed

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20/05/2012	Prescription event monitoring Administration Letter Kardex	Ms Vickie Burns
18/05/2012	Consultation asking to change his medication ,was on gabapentin for epileptic fits ,o/e nil to note plan gabapentin started 300mg xbd ...explained the risks r/v prn Dr Raheel Ahmed	
14/05/2012	Consultation Reviewed at BBV clinic , known HCV Ab +ve but HCV PCR -ve , declined repeat testing as feels no risk factors for exposure to BBV's Ms Marjory Cameron	
14/03/2012	Letter encounter from patient Clinical Letter HMP Edinburgh Physicalcare Records	Ms Gillian Rankin
05/03/2012	Renal colic	Ms Elaine Inglis
10/05/2010	Fracture of ankle Weber B.	
28/04/2010	Overdose of drug Unknown substances.	
17/06/2009	Notes summary on computer	Dr A Robertson Left (Ad)
22/03/2009	Chronic viral hepatitis C	
18/09/2007	Referral to mental health team	Dr G Boyle (Ad)
15/08/2007	Mental health review	Ms Nicole Morrison
25/07/2007	Mental health review	Ms Nicole Morrison
16/07/2007	Referral to mental health team	Dr G Boyle (Ad)
10/07/2007	Seen in GP's surgery On hunger strike states no eaten for 6 days, refusal of food chart being completed by hall staff. Commenced on daily observations and weights. No loss of weight since transfer to barlinnie noted. Ms N Mcmichael	
05/07/2007	Misuse of drugs NOS	Mr E Deanie
05/07/2007	Epilepsy resolved	Mr E Deanie
05/07/2007	Notes summary on computer	Mr E Deanie
21/06/2005	Closed reduction of fracture of tibia and or fibula	
01/01/1998	Dermatitis NOS	
01/01/1995	Epilepsy	

Repeat Masters

Acute and Repeat Issue Therapy

18/05/2017	issued	Nortriptyline 10mg tablets	Supply: (7) tablet	NOCT
15/07/2015	issued	Mirtazapine 30mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY AT NIGHT
24/06/2015	issued	Mirtazapine 15mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY AT NIGHT
03/06/2015	issued	Sertraline 50mg tablets	Supply: (28) tablet	1 TABLET ONCE A DAY

Recall

Consultation

28/05/2025	Surgery consultation	Dr Kathryn Clark
28/05/2025	Triage	Ms Lynette Robertson
21/05/2025	Surgery consultation	Dr Kathryn Clark
06/05/2025	Triage	Ms Louise Story
18/03/2025	Triage	Dr Grace Campbell
10/03/2025	Triage	Ms Louise Moyse
03/02/2025	Triage	Ms Louise Moyse
14/11/2024	Triage	Dr Grace Campbell
13/11/2024	Triage	Sister Suzanne Connell
08/11/2024	Triage	Sister Suzanne Connell
06/11/2024	Triage	Ms Louise Moyse
16/10/2024	Surgery consultation	Dr Kathryn Clark
12/08/2024	Triage	Mr Gordon Hannah
12/08/2024	Triage	Ms Louise Moyse
21/05/2024	Third Party Consultation	Miss Susanne Kidd
21/05/2024	Third Party Consultation	Miss Susanne Kidd
20/05/2024	Triage	Ms Stacy Mealey
22/02/2024	Results recording	Dr Hmp Greenock
21/02/2024	Triage	Ms Anne Witherow
12/02/2024	Surgery consultation	Dr Kathryn Clark
12/02/2024	Results recording	Dr Hmp Greenock
10/02/2024	Results recording	Dr Hmp Greenock
09/02/2024	Triage	Ms Louise Story
07/02/2024	Surgery consultation	Dr Kathryn Clark
03/02/2024	Results recording	Dr Hmp Greenock
31/01/2024	Triage	Ms Stacy Mealey
29/01/2024	Surgery consultation	Dr Kathryn Clark
26/01/2024	Results recording	Dr Hmp Greenock
26/01/2024	Results recording	Dr Hmp Greenock
26/01/2024	Results recording	Dr Hmp Greenock
25/01/2024	Triage	Ms Louise Story
24/01/2024	Surgery consultation	Dr Kathryn Clark
17/01/2024	Surgery consultation	Dr Kathryn Clark
10/11/2023	Administration	Ms Tracey Burton
21/08/2023	Results recording	Dr Hmp Greenock
20/08/2023	Results recording	Dr Hmp Greenock
20/08/2023	Results recording	Dr Hmp Greenock
20/08/2023	Results recording	Dr Hmp Greenock
16/08/2023	Surgery consultation	Dr Kathryn Clark
14/08/2023	Triage	Ms Louise Story

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08/08/2023	Surgery consultation	Dr Kathryn Clark
30/06/2023	Clinic	Dr Neitu Jeyasingh
30/06/2023	Results recording	Dr Hmp Greenock
30/06/2023	Results recording	Dr Hmp Greenock
30/06/2023	Results recording	Dr Hmp Greenock
29/06/2023	Triage	Miss Kelly Joyce
26/06/2023	Triage	Ms Anne Witherow
22/06/2023	Triage	Ms Karen Muir
13/06/2023	Administration	Ms Ashleigh Macdougall
08/06/2023	Administration	Mr Alec Drew
07/06/2023	Triage	Mr Andrew Mctaggart
31/05/2023	Triage	Mr Andrew Mctaggart
31/05/2023	Clinic	Dr Neitu Jeyasingh
30/05/2023	Triage	Mr Andrew Mctaggart
26/05/2023	Triage	Mr Andrew Mctaggart
23/05/2023	Administration	Ms Angela Dewar
10/02/2023	Surgery consultation	Dr Kathryn Clark
08/02/2023	Triage	Ms Anne Witherow
18/11/2022	Surgery consultation	Dr Kathryn Clark
15/11/2022	Triage	Ms Stacy Mealey
08/11/2022	Triage	Ms Louise Story
02/11/2022	Administration	Ms Angela Dewar
02/11/2022	Triage	Dr Katie Usher
20/10/2022	Triage	Miss Kylie Rodgers
20/10/2022	Triage	Mr Andrew Mctaggart
19/10/2022	Surgery consultation	Dr Kathryn Clark
18/10/2022	Triage	Miss Kelly Joyce
13/10/2022	Administration	Ms Angela Dewar
12/10/2022	Triage	Ms Anne Witherow
10/10/2022	Triage	Mrs Nicola Thorton
05/10/2022	Administration	Ms Angela Dewar
04/10/2022	Triage	Miss Kylie Rodgers
29/09/2022	Triage	Miss Kylie Rodgers
26/09/2022	Triage	Ms Louise Moyse
26/09/2022	Triage	Ms Louise Moyse
21/09/2022	Clinic	Dr Zahid Shah
16/09/2022	Triage	Ms Anne Witherow
15/08/2022	Triage	Ms Louise Moyse
19/07/2022	Triage	Mr Andrew Mctaggart
05/07/2022	Triage	Mrs Nicola Thorton
05/07/2022	Triage	Mrs Nicola Thorton
06/06/2022	Triage	Ms Louise Moyse
27/05/2022	Triage	Mrs Nicola Thorton
27/05/2022	Triage	Ms Holly Holtby
04/05/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
20/04/2022	Third Party Consultation	Miss Amy Frensham
24/03/2022	Triage	Ms Leeanne Mccrystal
04/03/2022	Triage	Miss Kelly Joyce
04/03/2022	Medicine Management	Ms Alison Gillanders
22/12/2021	Clinic	Dr Neitu Jeyasingh
15/12/2021	Triage	Mr Gordon Hannah
05/11/2021	Triage	Mrs Jacqueline Hood
04/11/2021	Triage	Miss Kelly Joyce
10/09/2021	Surgery consultation	Dr Kathryn Clark
01/09/2021	Results recording	Dr Hmp Greenock
26/08/2021	Administration	Ms Angela Dewar
25/08/2021	Results recording	Dr Hmp Greenock
20/08/2021	Triage	Ms Louise Moyse
19/08/2021	Results recording	Dr Hmp Greenock
19/08/2021	Third Party Consultation	Ms Angela Dewar
19/08/2021	Triage	Ms Lynn Alexander
18/08/2021	Surgery consultation	Dr Kathryn Clark
17/08/2021	Results recording	Dr Hmp Greenock
17/08/2021	Results recording	Dr Hmp Greenock
17/08/2021	Results recording	Dr Hmp Greenock
17/08/2021	Results recording	Dr Hmp Greenock
17/08/2021	Triage	Ms Louise Moyse
15/08/2021	Administration	Dr Sutchi Senthil
14/08/2021	Triage	Ms Anne Witherow
13/08/2021	Surgery consultation	Dr Kathryn Clark

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12/08/2021	Surgery consultation	Mr David Mccue
10/08/2021	Surgery consultation	Mr David Mccue
14/07/2021	Triage	Ms Louise Moyse
06/05/2021	Surgery consultation	Ms Kirsty Byng
07/04/2021	Surgery consultation	Ms Kirsty Byng
06/04/2021	Surgery consultation	Ms Kirsty Byng
23/03/2021	Clinic	Ms Brenda Waddell
09/03/2021	Triage	Mr David Bryce
08/03/2021	Triage	Mr David Bryce
16/11/2020	Surgery consultation	Mr David Mccue
04/11/2020	Clinic	Ms Brenda Waddell
23/10/2020	Triage	Mr Gordon Hannah
12/10/2020	Surgery consultation	Mr David Mccue
04/09/2020	Clinic	Dr Zahid Shah
18/08/2020	Triage	Ms Mary Tran
01/05/2020	Triage	Ms Anne Witherow
01/04/2020	Triage	Dr Raheel Ahmed
30/03/2020	Clinic	Dr Zahid Shah
26/03/2020	Clinic	Ms Yvonne Dominick
24/03/2020	Triage	Ms Louise Moyse
21/03/2020	Surgery consultation	Mr David Mccue
20/03/2020	Surgery consultation	Dr Dominique Van Den Meersschaut
17/03/2020	Surgery consultation	Mr David Mccue
05/03/2020	Surgery consultation	Ms Kirsty Byng
05/03/2020	Surgery consultation	Ms Kirsty Byng
29/02/2020	Surgery consultation	Mr David Mccue
28/02/2020	Triage	Ms Louise Moyse
28/02/2020	Clinic	Dr Zahid Shah
27/02/2020	Surgery consultation	Mr David Mccue
18/02/2020	Triage	Ms Jillian Scott
28/01/2020	Administration	Dr Sutchi Senthil
28/01/2020	Surgery consultation	Ms Kirsty Byng
24/01/2020	Surgery consultation	Ms Kirsty Byng
16/01/2020	Clinic	Mrs Alison Black
10/01/2020	Surgery consultation	Ms Kirsty Byng
09/01/2020	Administration	Miss Jade Borland
27/12/2019	Surgery consultation	Ms Kirsty Byng
23/12/2019	Administration	Miss Jade Borland
20/12/2019	Triage	Ms Karen Muir
18/12/2019	Triage	Ms Alison Mctaggart
13/12/2019	Triage	Ms Alison Mctaggart
12/12/2019	Triage	Ms Karen Muir
11/12/2019	Triage	Ms Mary Tran
11/12/2019	Clinic	Mrs Alison Black
09/12/2019	Surgery consultation	Ms Kirsty Byng
06/12/2019	Surgery consultation	Ms Kirsty Byng
05/12/2019	Surgery consultation	Ms Kirsty Byng
04/12/2019	Triage	Ms Alison Mctaggart
02/12/2019	Surgery consultation	Ms Kirsty Byng
02/12/2019	Triage	Ms Alison Mctaggart
29/11/2019	Surgery consultation	Ms Kirsty Byng
29/11/2019	Triage	Ms Alison Mctaggart
28/11/2019	Triage	Ms Anne Witherow
28/11/2019	Administration	Miss Jade Borland
27/11/2019	Triage	Ms Alison Mctaggart
26/11/2019	Administration	Miss Jade Borland
25/11/2019	Triage	Ms Alison Mctaggart
22/11/2019	Triage	Ms Louise Moyse
21/11/2019	Clinic	Miss Lorraine Kiernan
20/11/2019	Triage	Ms Alison Mctaggart
19/11/2019	Surgery consultation	Mr David Mccue
18/11/2019	Triage	Ms Alison Mctaggart
15/11/2019	Surgery consultation	Ms Kirsty Byng
13/11/2019	Triage	Ms Alison Mctaggart
12/11/2019	Administration	Miss Jade Borland
11/11/2019	Administration	Ms Tracey Burton
11/11/2019	Surgery consultation	Ms Kirsty Byng
09/11/2019	Surgery consultation	Mr David Mccue
08/11/2019	Surgery consultation	Mr David Mccue
06/11/2019	Triage	Mr David Bryce
24/10/2019	Administration	Miss Jade Borland
20/09/2019	Clinic	Dr Zahid Shah
02/09/2019	Triage	Ms Louise Moyse
20/08/2019	Surgery consultation	Mr David Mccue
15/08/2019	Triage	Mrs Alison Black
12/08/2019	Clinic	Miss Lorraine Kiernan

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23/07/2019	Surgery consultation	Ms Kirsty Byng
02/07/2019	Surgery consultation	Ms Kirsty Byng
01/05/2019	Triage	Dr Imran Ilyas
26/04/2019	Third Party Consultation	Ms Tracy Brittan
26/04/2019	Triage	Ms Anne Witherow
15/04/2019	Surgery consultation	Dr Kathryn Clark
11/04/2019	Triage	Miss Kylie Rodgers
11/03/2019	Triage	Ms Suzanne Taylor
07/03/2019	Third Party Consultation	Ms Gillian Mcculloch
07/03/2019	Third Party Consultation	Ms Gillian Mcculloch
07/03/2019	Surgery consultation	Dr Sutchi Senthil
28/02/2019	Administration	Dr Sutchi Senthil
26/02/2019	Administration	Ms Tracey Burton
25/02/2019	Surgery consultation	Dr Kathryn Clark
23/02/2019	Third Party Consultation	Ms Gillian Mcculloch
23/02/2019	Triage	Ms Anne Witherow
22/02/2019	Surgery consultation	Ms Kirsty Byng
15/02/2019	Third Party Consultation	Ms Gillian Mcculloch
10/02/2019	Surgery consultation	Mr David Mccue
30/01/2019	Third Party Consultation	Ms Gillian Mcculloch
24/01/2019	Third Party Consultation	Mr David Wood
17/01/2019	Third Party Consultation	Ms Tracy Brittan
17/01/2019	Third Party Consultation	Ms Gillian Mcculloch
17/01/2019	Triage	Mr Gordon Hannah
17/01/2019	Clinic	Ms Yvonne Dominick
15/01/2019	Surgery consultation	Dr Stephen Conroy
11/01/2019	Third Party Consultation	Mrs Susan Hunter
31/12/2018	Triage	Mr Kevin Maciver
18/12/2018	Triage	Mr David Wood
17/12/2018	Third Party Consultation	Mrs Kirsty Burns
14/12/2018	Third Party Consultation	Ms J Melville
13/12/2018	Other	Ms Dolinda Haddow
13/12/2018	Surgery consultation	Dr Michael Coates
05/12/2018	Third Party Consultation	Ms J Melville
05/12/2018	Triage	Ms Ann O'Neil
28/11/2018	Third Party Consultation	Ms J Melville
28/11/2018	Third Party Consultation	Ms J Melville
27/11/2018	Surgery consultation	Ms Margo Moyes
22/11/2018	Other	Ms Dolinda Haddow
21/11/2018	Triage	Mr Gordon Mcpherson
20/11/2018	Triage	Mr Gordon Mcpherson
14/11/2018	Surgery consultation	Ms Jayne Bone
12/11/2018	Triage	Mr Gordon Mcpherson
07/11/2018	Surgery consultation	Ms Jayne Bone
18/10/2018	Triage	Mr David Douglas
15/10/2018	Other	Ms Dolinda Haddow
12/10/2018	Surgery consultation	Ms Alison Treharne
09/10/2018	Triage	Mr Gordon Mcpherson
04/10/2018	Triage	Ms Ann O'Neil
04/10/2018	Triage	Mr Gordon Mcpherson
04/10/2018	Triage	Dr Imran Ilyas
18/09/2018	Triage	Ms Ann O'Neil
18/09/2018	Triage	Ms Ann O'Neil
30/08/2018	Other	Ms Dolinda Haddow
15/08/2018	Administration	Mr David Wood
02/08/2018	Triage	Mr Gordon Mcpherson
01/08/2018	Surgery consultation	Ms Alison Treharne
10/07/2018	Surgery consultation	Dr Stephen Conroy
04/07/2018	Other	Ms Dolinda Haddow
26/06/2018	Triage	Ms Ann O'Neil
03/05/2018	Other	Ms Dolinda Haddow
02/05/2018	Surgery consultation	Dr Joy Ross
26/04/2018	Triage	Ms Ann O'Neil
24/04/2018	Surgery consultation	Dr Michael Coates
20/04/2018	Surgery consultation	Dr Joy Ross
20/04/2018	Other	Mr John Grant
10/04/2018	Triage	Ms Rebecca Dyet
06/04/2018	Surgery consultation	Dr Joy Ross
05/04/2018	Administration	Ms Fiona Tervit
09/03/2018	Surgery consultation	Dr Joy Ross
27/02/2018	Surgery consultation	Dr Joy Ross
09/02/2018	Triage	Mr David Wood
30/01/2018	Triage	Mr David Wood
22/01/2018	Administration	Mr David Wood
18/01/2018	Surgery consultation	Dr Michael Coates
10/01/2018	Other	Ms Dolinda Haddow

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04/01/2018	Administration	Ms Fiona Tervit
28/12/2017	Surgery consultation	Ms Margo Moyes
06/12/2017	Surgery consultation	Ms Jayne Bone
05/12/2017	Surgery consultation	Ms Jayne Bone
05/12/2017	Surgery consultation	Dr Michael Coates
30/11/2017	Other	Mr John Grant
17/11/2017	Triage	Ms Donna Macfarlane
10/11/2017	Triage	Ms Lisa Mclelland
06/11/2017	Other	Mr John Grant
01/11/2017	Clinic	Dr Zahid Shah
25/10/2017	Administration	Mr Paul Horn
23/10/2017	Administration	Ms Fiona Tervit
16/10/2017	Triage	Ms Ann O'Neil
12/10/2017	Surgery consultation	Dr Stephen Conroy
12/10/2017	Surgery consultation	Dr Michael Coates
07/10/2017	Other	Ms Elizabeth Holmes
06/10/2017	Triage	Ms Ann O'Neil
18/09/2017	Triage	Mr David Wood
14/09/2017	Triage	Ms Ann O'Neil
05/09/2017	Triage	Ms Rebecca Dyet
28/08/2017	Surgery consultation	Dr Neitu Jeyasingh
21/08/2017	Other	Mr John Grant
15/08/2017	Other	Ms Elizabeth Holmes
15/08/2017	Triage	Ms Donna Macfarlane
11/08/2017	Triage	Ms Donna Macfarlane
11/08/2017	Surgery consultation	Ms Jayne Bone
03/08/2017	Surgery consultation	Dr Stephen Conroy
01/08/2017	Surgery consultation	Dr Michael Coates
31/07/2017	Other	Ms Dolinda Haddow
28/07/2017	Other	Ms Dolinda Haddow
27/07/2017	Triage	Mr David Douglas
27/07/2017	Triage	Ms Yvonne Darbinson
26/07/2017	Triage	Ms Yvonne Darbinson
26/07/2017	Triage	Ms Yvonne Darbinson
26/07/2017	Administration	Ms A Queen
18/07/2017	Surgery consultation	Mr Mark Gallagher
18/07/2017	Clinic	Mr E Deanie
17/07/2017	Administration	Ms A Queen
17/07/2017	Triage	Ms Holly Holtby
16/07/2017	Clinic	Mr E Deanie
13/07/2017	Triage	Mrs Kelly Robb
12/07/2017	Surgery consultation	Ms Christine Campbell
12/07/2017	Surgery consultation	Dr Joe Daly
12/07/2017	Surgery consultation	Ms Christine Campbell
11/07/2017	Surgery consultation	Mr Mark Gallagher
10/07/2017	Clinic	Ms D Graham
06/07/2017	Triage	Mrs Margaret Millen
05/07/2017	Triage	Mrs Margaret Millen
04/07/2017	Clinic	Mr E Deanie
29/06/2017	Administration	Ms Stacy Quail
27/06/2017	Surgery consultation	Dr Dominique Van Den Meersschaut
27/06/2017	Surgery consultation	Mr Mark Gallagher
26/06/2017	Clinic	Ms J Carson
26/06/2017	Clinic	Ms Nicole Morrison
26/06/2017	Administration	Ms Stacy Quail
26/06/2017	Clinic	Ms Nicole Morrison
25/06/2017	Clinic	Ms J Carson
22/06/2017	Triage	Mrs Nicola Earaker
21/06/2017	Triage	Mrs Margaret Millen
21/06/2017	Triage	Ms Alison Rodger
19/06/2017	Clinic	Ms Nicole Morrison
19/06/2017	Administration	Ms Stacy Quail
16/06/2017	Triage	Ms Jacqueline Carrigan
16/06/2017	Triage	Ms Christine Campbell
16/06/2017	Triage	Miss Gillian Logie
13/06/2017	Triage	Mr Craig Smith
13/06/2017	Triage	Ms Christine Campbell
13/06/2017	Surgery consultation	Dr Sutchi Senthil
12/06/2017	Triage	Mr Robert Watson
08/06/2017	Triage	Miss Gillian Logie
07/06/2017	Triage	Ms Martina Arendarikova
06/06/2017	Clinic	Ms M Findlay
06/06/2017	Triage	Miss Gemma Scott
06/06/2017	Surgery consultation	Mr Mark Gallagher
30/05/2017	Surgery consultation	Mr Mark Gallagher
30/05/2017	Triage	Mrs Margaret Millen

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29/05/2017	Triage	Mrs Kelly Robb
27/05/2017	Triage	Ms Christine Campbell
25/05/2017	Triage	Ms Mary Mitchell
23/05/2017	Surgery consultation	Mr Mark Gallagher
18/05/2017	Surgery consultation	Dr Joe Daly
18/05/2017	Surgery consultation	Dr Joe Daly
18/05/2017	Surgery consultation	Dr Joe Daly
18/05/2017	Surgery consultation	Dr Joe Daly
17/05/2017	Triage	Mrs Margaret Millen
15/05/2017	Surgery consultation	Dr Joe Daly
14/05/2017	Triage	Ms Christine Campbell
10/05/2017	Triage	Mr Robert Watson
08/05/2017	Triage	Ms Jacqueline Carrigan
03/05/2017	Triage	Ms Stephanie Hutchison
03/05/2017	Triage	Ms Stephanie Hutchison
26/04/2017	Triage	Ms Stephanie Hutchison
20/04/2017	Clinic	Ms V Purdie
19/04/2017	Clinic	Ms D Graham
13/04/2017	Triage	Dr Khoda Buksh
13/04/2017	Triage	Dr Khoda Buksh
13/04/2017	Clinic	Ms V Purdie
12/04/2017	Triage	Mr Geraldine Doherty
12/04/2017	Triage	Mrs Margaret Millen
11/04/2017	Clinic	Ms J Carson
11/04/2017	Surgery consultation	Mr Mark Gallagher
28/03/2017	Administration	Ms A Queen
27/03/2017	Administration	Ms A Queen
24/03/2017	Triage	Ms Mary Mitchell
22/03/2017	Triage	Mr Geraldine Doherty
21/03/2017	Triage	Dr Raheel Ahmed
21/03/2017	Triage	Mr Geraldine Doherty
14/03/2017	Third Party Consultation	Ms Alison Rodger
13/03/2017	Triage	Mr Robert Watson
13/03/2017	Clinic	Ms Nicole Morrison
08/03/2017	Administration	Ms Marion Davidson
07/03/2017	Surgery consultation	Dr Grace Campbell
07/03/2017	Triage	Ms Lorna Gibson
07/03/2017	Triage	Miss Claire Hill
07/03/2017	Triage	Miss Claire Hill
06/03/2017	Administration	Ms Marion Davidson
03/03/2017	Administration	Ms Jenny Hammall
02/03/2017	Clinic	Ms Susan O'Neill
01/03/2017	Surgery consultation	Dr Dominique Van Den Meersschaut
01/03/2017	Administration	Ms A Queen
01/03/2017	Triage	Mr Geraldine Doherty
28/02/2017	Triage	Dr Abolaji Badejo
28/02/2017	Surgery consultation	Dr Joe Daly
28/02/2017	Surgery consultation	Dr Joe Daly
28/02/2017	Triage	Ms Donna Marr
28/02/2017	Surgery consultation	Mr Mark Gallagher
28/02/2017	Administration	Ms Marion Davidson
28/02/2017	Clinic	Ms Gillian Mcnally
24/02/2017	Triage	Ms S Agbomeirlee
24/02/2017	Triage	Ms S Agbomeirlee
24/02/2017	Clinic	Ms L Boardman
24/02/2017	Surgery consultation	Dr Joe Daly
21/02/2017	Clinic	Ms Gillian Mcnally
21/02/2017	Clinic	Ms Gillian Mcnally
17/02/2017	Triage	Ms Christine Campbell
17/02/2017	Triage	Mr Geraldine Doherty
16/02/2017	Triage	Dr Khoda Buksh
16/02/2017	Triage	Dr Khoda Buksh
15/02/2017	Triage	Mr Geraldine Doherty
14/02/2017	Triage	Mrs Kelly Robb
13/02/2017	Triage	Ms Christine Campbell
13/02/2017	Surgery consultation	Miss Evelyn Inglis
12/02/2017	Triage	Miss Claire Hill
09/02/2017	Triage	Mr Robert Watson
08/02/2017	Triage	Mr Geraldine Doherty
07/02/2017	Triage	Ms Alina Pool
07/02/2017	Triage	Dr Jacek Oczkowski
07/02/2017	Triage	Dr Jacek Oczkowski
06/02/2017	Clinic	Ms D Graham
06/02/2017	Administration	Ms Marion Davidson
03/02/2017	Triage	Mr Geraldine Doherty
03/02/2017	Clinic	Ms L Boardman

Colin Mckay **05/09/1979 Male 0509796095**

01/02/2017	Triage	Mr Geraldine Doherty
27/01/2017	Triage	Mr Geraldine Doherty
24/01/2017	Triage	Mr Geraldine Doherty
24/01/2017	Administration	Ms Stacy Quail
23/01/2017	Triage	Mr Geraldine Doherty
19/01/2017	Surgery consultation	Dr Dominique Van Den Meersschaut
19/01/2017	Clinic	Mr J Morrison
19/01/2017	Triage	Miss Gemma Scott
10/01/2017	Triage	Mrs Anne Marie Muir Muir
09/01/2017	Triage	Ms Mary Mitchell
06/01/2017	Triage	Dr Jacek Oczkowski
05/01/2017	Triage	Mrs Anne Marie Muir Muir
05/01/2017	Triage	Mrs Anne Marie Muir Muir
04/01/2017	Triage	Dr Jacek Oczkowski
04/01/2017	Surgery consultation	Dr Joe Daly
22/12/2016	Triage	Dr Katie Aird
21/12/2016	Triage	Ms Christine Campbell
21/12/2016	Triage	Dr Jacek Oczkowski
20/12/2016	Triage	Ms S Agbomeirlee
20/12/2016	Triage	Mrs Angela Scott
20/12/2016	Triage	Mrs Angela Scott
19/12/2016	Triage	Mrs Angela Scott
15/12/2016	Clinic	Ms Caitriona Cassidy
25/11/2016	Triage	Mr Geraldine Doherty
03/11/2016	Clinic	Ms Caitriona Cassidy
31/10/2016	Triage	Mr Geraldine Doherty
28/10/2016	Clinic	Ms Katie Bell
02/09/2016	Triage	Mr Geraldine Doherty
31/08/2016	Clinic	Ms Caitriona Cassidy
20/07/2016	Clinic	Ms Caitriona Cassidy
15/07/2016	Triage	Mr Geraldine Doherty
16/06/2016	Clinic	Ms Caitriona Cassidy
14/06/2016	Surgery consultation	Dr Joe Daly
14/06/2016	Triage	Ms Lorna Gibson
08/06/2016	Clinic	Ms Caitriona Cassidy
03/06/2016	Triage	Mr Geraldine Doherty
11/05/2016	Triage	Dr Jacek Oczkowski
05/05/2016	Triage	Mr Geraldine Doherty
10/04/2016	Triage	Mr Geraldine Doherty
06/04/2016	Administration	Miss Chloe Mcgowan
06/04/2016	Surgery consultation	Dr Sutchi Senthil
30/03/2016	Triage	Miss Gillian Logie
04/03/2016	Triage	Mr Geraldine Doherty
16/02/2016	Triage	Mr Geraldine Doherty
17/11/2015	Surgery consultation	Mr Mark Gallagher
10/11/2015	Surgery consultation	Mr Mark Gallagher
10/11/2015	Triage	Miss Claire Hill
10/11/2015	Triage	Miss Claire Hill
06/11/2015	Triage	Miss Jemma Young
04/11/2015	Triage	Dr Jacek Oczkowski
30/10/2015	Clinic	Ms L Boardman
29/10/2015	Triage	Ms Lorna Gibson
23/10/2015	Triage	Mrs Kelly Robb
23/10/2015	Triage	Miss Claire Hill
23/10/2015	Triage	Miss Jemma Young
08/10/2015	Surgery consultation	Mr Mark Gallagher
04/09/2015	Triage	Miss Jemma Young
22/07/2015	Triage	Dr Jacek Oczkowski
20/07/2015	Triage	Ms Clair Fair
15/07/2015	Surgery consultation	Dr Joe Daly
15/07/2015	Surgery consultation	Dr Joe Daly
14/07/2015	Clinic	Mr J Morrison
01/07/2015	Surgery consultation	Dr Dominique Van Den Meersschaut
24/06/2015	Surgery consultation	Dr Dominique Van Den Meersschaut
12/06/2015	Clinic	Mr J Morrison
10/06/2015	Third Party Consultation	Miss Lyndsay Jamieson
10/06/2015	Surgery consultation	Dr Dominique Van Den Meersschaut
08/06/2015	Triage	Ms Clair Fair
03/06/2015	Results recording	Dr Haley Harris
03/06/2015	Surgery consultation	Dr Dominique Van Den Meersschaut
03/06/2015	Clinic	Mr J Morrison
01/06/2015	Clinic	Ms J Carson
29/05/2015	Clinic	Mr J Morrison
29/05/2015	Clinic	Ms L Mccrindle
18/05/2015	Clinic	Ms J Carson
08/05/2015	Clinic	Ms Stacey Kavanagh

Colin Mckay **05/09/1979 Male 0509796095**

07/05/2015	Clinic	Mr J Morrison
01/05/2015	Triage	Dr Raheel Ahmed
01/05/2015	Triage	Miss Sharine Lawson
27/04/2015	Other	Ms Dolinda Haddow
10/04/2015	Administration	Mr Paul Horn
31/03/2015	Results recording	Dr Haley Harris
30/03/2015	Results recording	Dr Haley Harris
12/02/2015	Clinic	Ms Susan Gilbert
10/02/2015	Clinic	Ms Susan Gilbert
09/02/2015	Triage	Ms Nicole Mcclymont
06/02/2015	Clinic	Ms Susan Gilbert
04/02/2015	Triage	Ms Lisa Mclelland
02/02/2015	Clinic	Ms Susan Gilbert
29/01/2015	Surgery consultation	Dr Suchitra Senthil
19/01/2015	Third Party Consultation	Ms Lauren Scott
19/01/2015	Third Party Consultation	Ms Lauren Scott
15/01/2015	Administration	Mr Gerard Mcgeoch
15/01/2015	Administration	Mr Gerard Mcgeoch
14/01/2015	Surgery consultation	Ms Stephanie Clark
12/01/2015	Administration	Dr Suchitra Senthil
06/01/2015	Results recording	Dr Awfa Paulina
06/01/2015	Triage	Ms Nicole Mcclymont
31/12/2014	Triage	Ms Susan Gilbert
26/11/2014	Other	Mr John Grant
11/11/2014	Other	Ms Dolinda Haddow
22/10/2014	Triage	Ms Ann O'Neil
21/10/2014	Surgery consultation	Ms Karen Reid
10/10/2014	Other	Ms Dolinda Haddow
10/10/2014	Surgery consultation	Dr Z Shah
07/10/2014	Third Party Consultation	Ms Lauren Scott
01/10/2014	Triage	Ms Nicole Mcclymont
29/09/2014	Results recording	Dr Haley Harris
25/09/2014	Surgery consultation	Ms Karen Reid
23/09/2014	Surgery consultation	Ms Karen Reid
03/09/2014	Results recording	Dr Haley Harris
03/09/2014	Results recording	Dr Haley Harris
27/08/2014	Administration	Mr Gerard Mcgeoch
21/08/2014	Third Party Consultation	Ms Lauren Mcclung
13/08/2014	Surgery consultation	Dr Z Shah
04/08/2014	Triage	Ms Ann O'Neil
13/07/2014	Surgery consultation	Ms Karen Reid
08/07/2014	Third Party Consultation	Ms Florence Casserly
04/07/2014	Third Party Consultation	Ms Florence Casserly
03/07/2014	Third Party Consultation	Ms Florence Casserly
03/07/2014	Third Party Consultation	Ms Florence Casserly
02/07/2014	Triage	Ms Susan Gilbert
29/06/2014	Surgery consultation	Ms Karen Reid
19/06/2014	Third Party Consultation	Ms Florence Casserly
17/06/2014	Triage	Ms Elaine Rogerson
17/06/2014	Triage	Ms Nicole Mcclymont
16/06/2014	Surgery consultation	Dr Haley Harris
02/06/2014	Other	Ms Dolinda Haddow
19/05/2014	Triage	Ms Nicole Mcclymont
15/05/2014	Surgery consultation	Dr Z Shah
14/05/2014	Third Party Consultation	Ms Florence Casserly
02/05/2014	Surgery consultation	Ms Karen Reid
30/04/2014	Administration	Ms Elaine Inglis
28/04/2014	Third Party Consultation	Miss Karen Davies
25/04/2014	Triage	Ms Ann O'Neil
23/04/2014	Third Party Consultation	Ms Florence Casserly
21/04/2014	Third Party Consultation	Ms Florence Casserly
15/04/2014	Triage	Ms Elaine Rogerson
11/04/2014	Triage	Ms Ann O'Neil
11/04/2014	Triage	Ms Elaine Rogerson
08/04/2014	Triage	Ms Susan Gilbert
05/04/2014	Triage	Ms Ann O'Neil
04/04/2014	Surgery consultation	Dr Z Shah
27/03/2014	Triage	Ms Nicole Mcclymont
26/03/2014	Surgery consultation	Ms Karen Reid
24/03/2014	Administration	Ms Elaine Inglis
23/03/2014	Triage	Ms Susan Gilbert
12/03/2014	Triage	Ms Ann O'Neil
10/03/2014	Triage	Ms Nicole Mcclymont
06/03/2014	Surgery consultation	Dr Z Shah
20/02/2014	Surgery consultation	Ms Karen Reid
18/02/2014	Triage	Ms Nicole Mcclymont

Colin Mckay **05/09/1979** **Male** **0509796095**

18/02/2014	Third Party Consultation	Miss Karen Davies
05/02/2014	Clinic	Ms Elaine Rogerson
29/01/2014	Triage	Ms Susan Gilbert
23/01/2014	Triage	Ms Lisa Mclelland
23/01/2014	Triage	Ms Nicole Mcclymont
22/01/2014	Third Party Consultation	Miss Karen Davies
15/01/2014	Surgery consultation	Dr Haley Harris
14/01/2014	Third Party Consultation	Miss Karen Davies
13/01/2014	Third Party Consultation	Miss Karen Davies
13/01/2014	Administration	Dr Haley Harris
10/01/2014	Triage	Ms Ann O'Neil
10/01/2014	Administration	Ms Florence Casserly
08/01/2014	Surgery consultation	Dr Haley Harris
08/01/2014	Triage	Ms Ann O'Neil
12/12/2013	Triage	Ms Ann O'Neil
12/12/2013	Surgery consultation	Dr Haley Harris
04/12/2013	Administration	Mr David Wood
04/12/2013	Surgery consultation	Ms Karen Reid
27/11/2013	Surgery consultation	Ms Karen Reid
20/11/2013	Triage	Ms Nicola Morton
06/11/2013	Surgery consultation	Dr Haley Harris
25/09/2013	Surgery consultation	Dr Haley Harris
19/09/2013	Surgery consultation	Dr Stephen Conroy
11/09/2013	Third Party Consultation	Ms Lauren Mcclung
10/09/2013	Triage	Ms Nicola Morton
06/09/2013	Triage	Ms Nicola Morton
04/09/2013	Results recording	Dr Haley Harris
04/09/2013	Triage	Ms Elaine Rogerson
02/09/2013	Third Party Consultation	Ms Elaine Ward
02/09/2013	Third Party Consultation	Ms Elaine Ward
27/08/2013	Clinic	Mr John Grant
27/08/2013	Other	Mr John Grant
21/08/2013	Results recording	Dr Haley Harris
21/08/2013	Triage	Ms Ann O'Neil
14/08/2013	Clinic	Mr John Grant
07/08/2013	Other	Mr John Grant
06/08/2013	Other	Mr John Grant
05/08/2013	Triage	Ms Susan Gilbert
18/07/2013	Administration	Dr Haley Harris
01/07/2013	Third Party Consultation	Ms Carly Drummee
22/06/2013	Third Party Consultation	Ms Lauren Mcclung
19/06/2013	Surgery consultation	Ms Karen Reid
17/06/2013	Other	Ms Dolinda Haddow
12/06/2013	Triage	Ms Nicole Mcclymont
12/06/2013	Administration	Ms Lauren Mcclung
29/05/2013	Third Party Consultation	Ms Carly Drummee
29/05/2013	Third Party Consultation	Ms Carly Drummee
27/05/2013	Third Party Consultation	Ms Donna Macfarlane
20/05/2013	Clinic	Ms Susan Gilbert
15/05/2013	Surgery consultation	Dr Haley Harris
13/02/2013	Surgery consultation	Dr Z Shah
05/02/2013	Other	Ms Dolinda Haddow
22/01/2013	Triage	Ms Elaine Rogerson
16/01/2013	Surgery consultation	Ms Gilllian Henderson
14/01/2013	Administration	Ms Gilllian Henderson
10/01/2013	Third Party Consultation	Ms Florence Casserly
09/01/2013	Triage	Ms Ann O'Neil
13/12/2012	Administration	Mr David Wood
05/12/2012	Surgery consultation	Dr Neitu Jeyasingh
27/11/2012	Surgery consultation	Dr Neitu Jeyasingh
15/11/2012	Other	Mr David Wood
14/11/2012	Surgery consultation	Dr Neitu Jeyasingh
09/11/2012	Triage	Mr Peter Harkness
06/11/2012	Triage	Ms Susan Gilbert
30/10/2012	Surgery consultation	Dr Munuswamy Sethuraman
03/10/2012	Surgery consultation	Dr Munuswamy Sethuraman
28/09/2012	Triage	Ms Lisa Mclelland
19/09/2012	Other	Ms Dolinda Haddow
13/09/2012	Third Party Consultation	Ms Donna Macfarlane
13/09/2012	Triage	Ms Donna Macfarlane
12/09/2012	Other	Ms Susan Gilbert
10/09/2012	Third Party Consultation	Ms Vickie Burns
09/09/2012	Third Party Consultation	Ms Vickie Burns
08/09/2012	Surgery consultation	Dr Awfa Paulina
08/09/2012	Triage	Ms Karen Smith
31/08/2012	Administration	Ms Karen Smith

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20/08/2012	Triage	Ms Mechelle Mcgill
08/08/2012	Third Party Consultation	Ms Vickie Burns
12/07/2012	Surgery consultation	Dr Paul Dunlop
07/07/2012	Third Party Consultation	Ms Vickie Burns
05/07/2012	Surgery consultation	Dr Paul Dunlop
03/07/2012	Clinic	Ms Carmen Gower
25/06/2012	Surgery consultation	Dr Paul Church
25/06/2012	Surgery consultation	Dr Paul Church
06/06/2012	Surgery consultation	Dr Raheel Ahmed
05/06/2012	Third Party Consultation	Ms Vickie Burns
30/05/2012	Administration	Ms Ruth Mcmurdo
21/05/2012	Surgery consultation	Dr Raheel Ahmed
20/05/2012	Third Party Consultation	Ms Vickie Burns
18/05/2012	Surgery consultation	Dr Raheel Ahmed
14/05/2012	Surgery consultation	Ms Marjory Cameron
14/03/2012	Third Party Consultation	Ms Gillian Rankin
17/06/2009	Other	Dr A Robertson Left (Ad)
15/06/2009	Other	Dr A Robertson Left (Ad)
18/09/2007	Other	Dr G Boyle (Ad)
15/08/2007	Other	Ms Nicole Morrison
25/07/2007	Other	Ms Nicole Morrison
16/07/2007	Other	Dr G Boyle (Ad)
10/07/2007	Other	Ms N Mcmichael
05/07/2007	Other	Mr E Deanie
20/12/2005	Other	Mr E Deanie
20/02/2005	Other	Mr E Deanie

Blood pressure

27/07/2017 14:50.00	BP 111/82 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
01/05/2015 15:06.00	BP 102/65 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
10/03/2014 12:44.00	BP 106/74 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
04/12/2013 10:53.00	BP 109/74 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
27/11/2013 11:32.00	BP 103/78 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
20/11/2013 11:54.00	BP 114/70 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	
19/09/2013 15:16.00	BP 94/70 taken Sitting	Cuff: Standard	recall due:	O/E - blood pressure reading	

Referrals

10/01/2014 Refer for Letter sent to consultant at Wishaw General Hospital department of General Surgery with UBRN:N by:

Smoking

17/01/2019	Smoker	cigarettes per day	User of electronic cigarette	Mr Gordon Hannah
27/07/2017	Smoker	cigarettes per day	Light smoker - 1-9 cigs/day	Mr David Douglas
01/05/2015	Smoker	cigarettes per day	Moderate smoker - 10-19 cigs/d	Miss Sharine Lawson
27/11/2013	Smoker	cigarettes per day	Cigarette smoker	Ms Karen Reid
12/09/2012	Smoker	cigarettes per day	Moderate smoker - 10-19 cigs/d	Ms Susan Gilbert

Alcohol

27/07/2017	Current drinker	units per week	Alcohol intake within recommended sensible limits	Mr David Douglas
27/11/2013	Life teetotaler	units per week	Teetotaller	Ms Karen Reid
19/09/2013	Ex-drinker	units per week	Stopped drinking alcohol	Dr Stephen Conroy

Weight

09/02/2024	Weight: 73.6 kgs	BMI: 22.2	O/E - weight
07/02/2024	Weight: 75.4 kgs	BMI: 22.7	O/E - weight
25/01/2024	Weight: 72.3 kgs	BMI: 21.8	O/E - weight
20/10/2022	Weight: 74 kgs	BMI: 22.3	O/E - weight
15/08/2022	Weight: 78.5 kgs	BMI: 23.6	O/E - weight
27/07/2017	Weight: 69 kgs	BMI: 21.2	O/E - weight
01/05/2015	Weight: 82.6 kgs	BMI: 25.4	O/E - weight

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20/02/2014	Weight: 81 kgs	BMI: 24.9	O/E - weight	
19/09/2013	Weight: 85 kgs	BMI:	O/E - weight	
12/09/2012	Weight: 83 kgs	BMI:	O/E - weight	
10/07/2007	Weight: 64 kgs	BMI: 19.6	O/E - weight	

Height

15/08/2022	Height: 1.82 metres	O/E - height	Ms Louise Moyse
27/07/2017	Height: 1.82 metres	O/E - height	Mr David Douglas
19/09/2013	Height: 1.803 metres	O/E - height	Dr Stephen Conroy

Immunisations

10/03/2025	FLU	Stage: 1	Given	Routine Measure	Due 10/03/2026	Batch: lot: 3040807 LOT: 04/2025
Ms Louise Moyse						
14/07/2021	COVOXFORD	Stage: 2	Given	Routine Measure	Due	Batch: PW40041
Ms Louise Moyse						
06/05/2021	COVOXFORD	Stage: 1	Given	Routine Measure	Due 03/06/2021	Batch: PW40041
Ms Kirsty Byng						
15/06/2009	HEPAMONO	Stage: 1	Given		Due	DATE_RECORDED=17/06/2009
Dr A Robertson Left (Ad)						
20/12/2005	HEPATITIS_B	Stage: 1	Given		Due	DATE_RECORDED=05/07/2007
Mr E Deanie						
20/02/2005	HEPATITIS_B	Stage: 1	Given		Due	DATE_RECORDED=05/07/2007
Mr E Deanie						

Albumin

25/01/2024	Serum albumin	= 44 g/L	Albumin -
25/01/2024	Serum albumin	= 44 g/L	Albumin -
29/06/2023	Serum albumin	= 38 g/L	Albumin -
17/08/2021	Serum albumin	= 36 g/L	Albumin -
17/08/2021	Serum albumin	= 36 g/L	Albumin -
20/11/2018	Serum albumin	= 43 g/L	
20/11/2018	Serum albumin	= 43 g/L	
17/06/2014	Serum albumin	= 42 g/L	
17/06/2014	Serum albumin	= 42 g/L	
21/08/2013	Serum albumin	= 50 g/L	

Alkaline Phosphatase

25/01/2024	Serum alkaline phosphatase	= 75 U/L	Alkaline Phosphatase - U/L
25/01/2024	Serum alkaline phosphatase	= 75 U/L	Alkaline Phosphatase - U/L
29/06/2023	Serum alkaline phosphatase	= 67 U/L	Alkaline Phosphatase - U/L
17/08/2021	Serum alkaline phosphatase	= 107 U/L	Alkaline Phosphatase - U/L
17/08/2021	Serum alkaline phosphatase	= 107 U/L	Alkaline Phosphatase - U/L
20/11/2018	Serum alkaline phosphatase	= 65 U/L	U/L
17/06/2014	Serum alkaline phosphatase	= 94 U/L	U/L
21/08/2013	Serum alkaline phosphatase	= 92 U/L	U/L

Alanine Aminotransferase

25/01/2024	ALT/SGPT serum level	= 11 U/L	ALT - U/L
29/06/2023	ALT/SGPT serum level	= 16 U/L	ALT - U/L
17/08/2021	ALT/SGPT serum level	= 14 U/L	ALT - U/L
20/11/2018	Serum alanine aminotransferase level	= 11 U/L	serum alanine aminotransferase level -
U/L			
17/06/2014	Serum alanine aminotransferase level	= 12 U/L	serum alanine aminotransferase level -
U/L			
21/08/2013	Serum alanine aminotransferase level	= 12 U/L	serum alanine aminotransferase level -
U/L			

Aspartate Aminotransferase

25/01/2024	AST serum level	= 15 U/L	AST - U/L
29/06/2023	AST serum level	= 37 U/L	AST - U/L
17/08/2021	AST serum level	= 22 U/L	AST - U/L

B12 Levels

25/01/2024	Serum vitamin B12	= 173 ng/L	Abnormal	Serum Vitamin B12 - ng/l
14/08/2023	Serum vitamin B12	= 232 ng/L		Serum Vitamin B12 - ng/l
29/06/2023	Serum vitamin B12	= 213 ng/L		Serum Vitamin B12 - ng/l
17/08/2021	Serum vitamin B12	= 187 ng/L	Abnormal	Serum Vitamin B12 - ng/l
20/11/2018	Serum vitamin B12	= 151.1 pg/mL	Below low reference	
limit				
12/01/2015	Serum vitamin B12	= 97.9 umol/L		was on B12 supplement now low
levels againrestart Dr Senthil				
06/01/2015	Serum vitamin B12	= 97.9 pg/mL	Below low reference	
limit				
25/09/2014	Serum vitamin B12	= 317.6 pg/mL		
17/06/2014	Serum vitamin B12	= 100.7 pg/mL	Below low reference	
limit				

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Bilirubin

25/01/2024	Serum total bilirubin level	= 6 umol/L		Total Bilirubin -
29/06/2023	Serum total bilirubin level	= 5 umol/L		Total Bilirubin -
17/08/2021	Serum total bilirubin level	= 8 umol/L		Total Bilirubin -
20/11/2018	Serum bilirubin level	= umol/L		<3
17/06/2014	Serum bilirubin level	= 4 umol/L		
21/08/2013	Serum bilirubin level	= 7 umol/L		

Calcium

25/01/2024	Serum calcium	= 2.39 mmol/L		Calcium -
17/08/2021	Serum calcium	= 2.2 mmol/L		Calcium -
20/11/2018	Serum calcium	= mmol/L		<none>
17/06/2014	Serum calcium	= mmol/L		<none>

Calcium adjusted

25/01/2024	Corrected serum calcium level	= 2.38 mmol/L		Calcium (adjusted) -
17/08/2021	Corrected serum calcium level	= 2.25 mmol/L		Calcium (adjusted) -
20/11/2018	Corrected serum calcium level	= 2.19 mmol/L	Below low reference	
limit				
17/06/2014	Corrected serum calcium level	= 2.25 mmol/L		

Serum chloride

25/01/2024	Serum chloride	= 107 mmol/L		Chloride -
29/06/2023	Serum chloride	= 106 mmol/L		Chloride -
17/08/2021	Serum chloride	= 101 mmol/L		Chloride -
20/11/2018	Serum chloride	= 99 mmol/L		
04/09/2013	Serum chloride	= 102 mmol/L		
21/08/2013	Serum chloride	= 103 mmol/L		

Serum cholesterol

17/08/2021	Serum cholesterol	= 4.7 mmol/L		Cholesterol -
20/11/2018	Serum cholesterol	= 4.2 mmol/L		
05/02/2014	Serum cholesterol	= 5.2 mmol/L	Above high reference	
limit				

Serum creatinine

25/01/2024	Serum creatinine	= 95 umol/L		Creatinine -
29/06/2023	Serum creatinine	= 90 umol/L		Creatinine -
17/08/2021	Serum creatinine	= 112 umol/L		Creatinine -
20/11/2018	Serum creatinine	= 96 umol/L		
04/09/2013	Serum creatinine	= 89 umol/L		
21/08/2013	Serum creatinine	= 92 umol/L		

Eosinophil count

25/01/2024	Eosinophil count	= 0.04 10*9/L		Eosinophils - x10^9/l
29/06/2023	Eosinophil count	= 0.06 10*9/L		Eosinophils - x10^9/l
17/08/2021	Eosinophil count	= 0.09 10*9/L		Eosinophils - x10^9/l
20/11/2018	Eosinophil count	= 0.2 10*9/L		x10^9/L
17/06/2014	Eosinophil count	= 0.1 10*9/L		x10^9/L

Serum iron tests

17/06/2014	Serum iron level	= 14 umol/L		
17/06/2014	Serum iron level	= umol/L		<none>

Serum ferritin

14/08/2023	Serum ferritin	= 71 ug/L		Serum Ferritin - ug/l
14/08/2023	Serum ferritin	= ug/L		Males 15-300 (<15 iron deficiency

)Females 15-200 (<15 iron deficiency)15-50 intermediate result. Consider iron deficiencyin anaemic patients, older patients and thosewith inflammatory disease.; Serum Ferritin

29/06/2023	Serum ferritin	= 70 ug/L		Serum Ferritin - ug/l
29/06/2023	Serum ferritin	= ug/L		Males 15-300 (<15 iron deficiency

)Females 15-200 (<15 iron deficiency)15-50 intermediate result. Consider iron deficiencyin anaemic patients, older patients and thosewith inflammatory disease.; Serum Ferritin

17/08/2021	Serum ferritin	= 156 ug/L		Serum Ferritin - ug/l
17/08/2021	Serum ferritin	= ug/L		Males 15-300 (<15 iron deficiency

)Females 15-200 (<15 iron deficiency)15-50 intermediate result. Consider iron deficiencyin anaemic patients, older patients and thosewith inflammatory disease.; Serum Ferritin

20/11/2018	Serum ferritin	= 81.6 ng/mL		

Folate level

25/01/2024	Serum folate	> 20 ug/L	Abnormal	Serum Folate - ug/l
14/08/2023	Serum folate	= 2.5 ug/L	Abnormal	Serum Folate - ug/l
29/06/2023	Serum folate	= 3.3 ug/L		Serum Folate - ug/l
17/08/2021	Serum folate	= 2 ug/L	Abnormal	Serum Folate - ug/l
20/11/2018	Serum folate	= 2.4 ng/mL	Below low reference	
limit				
06/01/2015	Serum folate	= 5.1 ng/mL		

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25/09/2014	Serum folate	= 6.9 ng/mL		
17/06/2014	Serum folate	= 5.5 ng/mL		

Haemoglobin

25/01/2024	Haemoglobin estimation	= 156 g/L		Haemoglobin - g/l
29/06/2023	Haemoglobin estimation	= 137 g/L		Haemoglobin - g/l
17/08/2021	Haemoglobin estimation	= 136 g/L		Haemoglobin - g/l
20/11/2018	Haemoglobin estimation	= 14.3 g/dL		
17/06/2014	Haemoglobin estimation	= 14.2 g/dL		

High Density Lipoprotein

17/08/2021	Serum HDL cholesterol level	= 1.1 mmol/L		HDL Cholesterol -
20/11/2018	Serum HDL cholesterol level	= 1.09 mmol/L		
05/02/2014	Serum HDL cholesterol level	= 1.03 mmol/L		

Low Density Lipoprotein

17/08/2021	Calculated LDL cholesterol level	= 3.1 mmol/L		LDL-Cholest (calc'd) -
20/11/2018	Serum LDL cholesterol level	= 2.6 mmol/L		
05/02/2014	Serum LDL cholesterol level	= 3.8 mmol/L	Above high reference limit	

Mean corpuscular haemoglobin

25/01/2024	Mean corpusc. haemoglobin(MCH)	= 30.2 pg		MCH -
29/06/2023	Mean corpusc. haemoglobin(MCH)	= 30.2 pg		MCH -
17/08/2021	Mean corpusc. haemoglobin(MCH)	= 31.4 pg		MCH -
20/11/2018	Mean corpusc. haemoglobin(MCH)	= 31 pg		
17/06/2014	Mean corpusc. haemoglobin(MCH)	= 32 pg		

MCH Hb Concentration

20/11/2018	Mean corpusc. Hb. conc. (MCHC)	= 33.2 g/dL		
17/06/2014	Mean corpusc. Hb. conc. (MCHC)	= 33.5 g/dL		

Mean corpuscular volume

25/01/2024	Mean corpuscular volume (MCV)	= 86.7 fL		Mean Cell Volume - fl
29/06/2023	Mean corpuscular volume (MCV)	= 91 fL		Mean Cell Volume - fl
17/08/2021	Mean corpuscular volume (MCV)	= 92.6 fL		Mean Cell Volume - fl
20/11/2018	Mean corpuscular volume (MCV)	= 93.3 fL		
17/06/2014	Mean corpuscular volume (MCV)	= 95.5 fL		

Monocyte count

25/01/2024	Monocyte count	= 0.3 10*9/L		Monocytes - x10^9/l
29/06/2023	Monocyte count	= 0.3 10*9/L		Monocytes - x10^9/l
17/08/2021	Monocyte count	= 0.2 10*9/L		Monocytes - x10^9/l
20/11/2018	Monocyte count	= 0.3 10*9/L		x10^9/L
17/06/2014	Monocyte count	= 0.3 10*9/L		x10^9/L

Neutrophil count

25/01/2024	Neutrophil count	= 3.2 10*9/L		Neutrophils - x10^9/l
29/06/2023	Neutrophil count	= 2.6 10*9/L		Neutrophils - x10^9/l
17/08/2021	Neutrophil count	= 1.5 10*9/L	Abnormal	Neutrophils - x10^9/l
20/11/2018	Neutrophil count	= 2.3 10*9/L		x10^9/L
17/06/2014	Neutrophil count	= 1.5 10*9/L	Below low reference limit x10^9/L	

Serum Inorganic Phosphate

25/01/2024	Serum inorganic phosphate	= 0.88 mmol/L		Phosphate -
17/08/2021	Serum inorganic phosphate	= 0.97 mmol/L		Phosphate -
17/06/2014	Serum inorganic phosphate	= 1.02 mmol/L		

Platelets

25/01/2024	Platelet count	= 328 10*9/L		Platelet Count - x10^9/l
29/06/2023	Platelet count	= 276 10*9/L		Platelet Count - x10^9/l
17/08/2021	Platelet count	= 239 10*9/L		Platelet Count - x10^9/l
20/11/2018	Platelet count	= 279 10*9/L		x10^9/L
17/06/2014	Platelet count	= 313 10*9/L		x10^9/L

Potassium

25/01/2024	Serum potassium	= 4 mmol/L		Potassium -
29/06/2023	Serum potassium	= 4 mmol/L		Potassium -
17/08/2021	Serum potassium	= 4.3 mmol/L		Potassium -
20/11/2018	Serum potassium	= 4.6 mmol/L		
04/09/2013	Serum potassium	= 3.9 mmol/L		
21/08/2013	Serum potassium	= 5.4 mmol/L	Above high reference limit	

Red blood cell count

25/01/2024	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
25/01/2024	Red blood cell (RBC) count	= 5.17 10*-2		Red Cell Count - x10^12/l
29/06/2023	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
29/06/2023	Red blood cell (RBC) count	= 4.54 10*-2		Red Cell Count - x10^12/l

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17/08/2021	Nucleated red blood cell count	= 0 10*9/L		Nucleated RBC - x10^9/l
17/08/2021	Red blood cell (RBC) count	= 4.33 10*-2	Abnormal	Red Cell Count - x10^12/l
20/11/2018	Nucleated red blood cell count	= 0 10*9/L		x10^9/L
20/11/2018	Red blood cell (RBC) count	= 4.62 10*12/L		x10^12/L
17/06/2014	Red blood cell (RBC) count	= 4.44 10*12/L	Below low reference	

limit x10^12/L

Sodium

25/01/2024	Serum sodium	= 142 mmol/L		Sodium -
29/06/2023	Serum sodium	= 142 mmol/L		Sodium -
17/08/2021	Serum sodium	= 138 mmol/L		Sodium -
20/11/2018	Serum sodium	= 141 mmol/L		
04/09/2013	Serum sodium	= 138 mmol/L		
21/08/2013	Serum sodium	= 141 mmol/L		

Triodothyronine

09/02/2024	Serum total T3 level	= nmol/L		Total T3
29/06/2023	Serum total T3 level	= nmol/L		Total T3
19/08/2021	Serum total T3 level	= nmol/L		Total T3

Triglycerides

17/08/2021	Serum triglycerides	= 1 mmol/L		Triglycerides -
20/11/2018	Serum triglycerides	= 1.2 mmol/L		
05/02/2014	Serum triglycerides	= 0.78 mmol/L		

Thyroid Stimulating Hormone

09/02/2024	Serum TSH level	= 2.09 mU/L		TSH - mU/L
29/06/2023	Serum TSH level	= 1.67 mU/L		TSH - mU/L
19/08/2021	Serum TSH level	= 1.34 mU/L		TSH - mU/L
21/08/2013	Serum TSH level	= 4.38 mU/L		mU/L

Urea - blood

25/01/2024	Serum urea level	= 7.4 mmol/L		Urea -
29/06/2023	Serum urea level	= 6.1 mmol/L		Urea -
17/08/2021	Serum urea level	= 6.2 mmol/L		Urea -
20/11/2018	Serum urea level	= 5.1 mmol/L		
04/09/2013	Serum urea level	= 3.7 mmol/L		
21/08/2013	Serum urea level	= 3.7 mmol/L		

Very low density lipoprotein

17/08/2021	Serum VLDL cholesterol level	= 0.5 mmol/L		VLDL-Chol (calc'd) -

White blood count

25/01/2024	Total white cell count	= 5.2 10*9/L		White Blood Count - x10^9/l
29/06/2023	Total white cell count	= 4.9 10*9/L		White Blood Count - x10^9/l
17/08/2021	Total white cell count	= 3.6 10*9/L	Abnormal	White Blood Count - x10^9/l
20/11/2018	Total white blood count	= 5.4 10*9/L		x10^9/L
17/06/2014	Total white blood count	= 4.7 10*9/L		x10^9/L

Lymphocyte count

25/01/2024	Lymphocyte count	= 1.6 10*9/L		Lymphocytes - x10^9/l
29/06/2023	Lymphocyte count	= 1.8 10*9/L		Lymphocytes - x10^9/l
17/08/2021	Lymphocyte count	= 1.7 10*9/L		Lymphocytes - x10^9/l
20/11/2018	Lymphocyte count	= 2.6 10*9/L		x10^9/L
17/06/2014	Lymphocyte count	= 2.7 10*9/L		x10^9/L

B12 & Folate level

20/11/2018	B12/folate level	=	<none>
06/01/2015	B12/folate level	=	<none>
25/09/2014	B12/folate level	=	<none>
17/06/2014	B12/folate level	=	<none>

Blood glucose

17/08/2021	Plasma glucose level	= 4.3 mmol/L	Glucose -
17/08/2021	Blood sugar result	= mmol/L	4.6mmol within normal range
20/11/2018	Plasma glucose level	= 4.6 mmol/L	
20/11/2018	Plasma glucose level	= mmol/L	Reference Range quoted for Glucose is

based on a fasting sample.

05/02/2014	Plasma glucose level	= 5 mmol/L	
05/02/2014	Plasma glucose level	= mmol/L	Reference Range quoted for Glucose is

based on a fasting sample.

Blood lipids

20/11/2018	Serum lipids	=	<none>
05/02/2014	Serum lipids	=	<none>

Bone studies

25/01/2024	Bone profile	=	Bone Profile
17/08/2021	Bone profile	=	Bone Profile

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Full blood count

25/01/2024	Full blood count - FBC	=	Full Blood Count
29/06/2023	Full blood count - FBC	=	Full Blood Count
17/08/2021	Full blood count - FBC	=	Full Blood Count
20/11/2018	Full blood count - FBC	=	B12 and Folate results to follow
17/06/2014	Full blood count - FBC	=	<none>

Liver Function tests

25/01/2024	Liver function test	=	Liver Function Tests
29/06/2023	Liver function test	=	Liver Function Tests
17/08/2021	Liver function test	=	Liver Function Tests
20/11/2018	Liver function test	=	<none>
17/06/2014	Liver function test	=	<none>
21/08/2013	Liver function test	=	<none>

Mid-stream specimen of urine

12/06/2013	MSU sent to lab.		urine sample sent to lab for testing

Thyroid function

09/02/2024	Thyroid function test	=	Thyroid funct test
29/06/2023	Thyroid function test	=	Thyroid funct test
19/08/2021	Thyroid function test	=	Thyroid funct test
21/08/2013	Thyroid hormone tests	=	<none>

Urea and Electrolytes

25/01/2024	Urea and electrolytes	=	Urea & Electrolytes
29/06/2023	Urea and electrolytes	=	Urea & Electrolytes
17/08/2021	Urea and electrolytes	=	Urea & Electrolytes
20/11/2018	Urea and electrolytes	=	<none>
04/09/2013	Urea and electrolytes	=	<none>
21/08/2013	Urea and electrolytes	=	<none>

Hb A1C - Diabetic control

09/02/2024	Haemoglobin A1c level - IFCC standardised	= 35 mmol/mol	HbA1c (IFCC) -

Immunisation consent

10/03/2025	Full consent for immunisation Full consent full consent given for the flu vaccine.	Ms Louise Moyse
26/09/2022	No consent for any immunisat. No consent o consent given for Covid booster or FLU	Ms Louise Moyse
14/07/2021	Full consent for immunisation Full consent SARS-CoV-2 immunisation full consent gien	Ms Louise Moyse
06/05/2021	Full consent for immunisation SARS-CoV-2 immunisation full consent given for 1st vaccination	Ms Kirsty Byng

Absence of condition

17/01/2019	No known allergies of	nil known	Mr Gordon Hannah
27/07/2017	No known allergies of		Mr David Douglas
01/05/2015	No known allergies of		Miss Sharine Lawson
12/09/2012	No known allergies of		Ms Susan Gilbert

Other Laboratory tests

30/06/2023	Lab. test result normal	=	
17/08/2021	Lipid fractionation	=	Lipid profile
20/11/2018	Haematology	=	Note low Serum Folate - there is

haemolysis in the sample, therefore the reported result maybe falsely elevated.

06/01/2015	Haematology	=	Please note the reference range for

Haematinic Assays has changed

06/01/2015	Serum ferritin	= 121.3 ng/mL	
06/01/2015	Serum ferritin	=	<none>
17/06/2014	Transferrin saturation index	= 26 %	%
17/06/2014	Haematology	=	Please note the reference range for

Haematinic Assays has changed

17/06/2014	Serum ferritin	= 79.8 ng/mL	
17/06/2014	Serum ferritin	=	<none>

Last fit

12/09/2012 Recorded: 12/09/2012 Last fit 2010
Ms Susan Gilbert

Heart examination

19/09/2013 Exam. of cardiovascular system Normal Rhythm: Size/Failure: Sounds
Dr Stephen Conroy

Pulse (CVS/BP)

27/07/2017	O/E - pulse rate 68 beats/min	Mr David Douglas
01/05/2015	O/E - pulse rate 62 beats/min	Miss Sharine Lawson
10/03/2014	O/E - pulse rate 58 beats/min	Ms Nicole Mcclymont
04/12/2013	O/E - pulse rate 79 beats/min	Ms Karen Reid
27/11/2013	O/E - pulse rate 71 beats/min	Ms Karen Reid
20/11/2013	O/E - pulse rate 63 beats/min	Ms Nicola Morton
19/09/2013	O/E - pulse rate 84 beats/min	Dr Stephen Conroy

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Occupation

27/05/2022 Nurses Seen by Nurse Vitamin B12 IM injection given - left arm. B/N 10253 EXP: 10/22No adverse effects witnessed.Next injection due in 3months time (12 weeks) - 19/08/22 Mrs Nicola Thorton

03/07/2012 Practice nurse Requested bloods taken. Ms Carmen Gower

Packed Cell Volume

25/01/2024	Haematocrit	= 0.448 L/L	l/l
29/06/2023	Haematocrit	= 0.413 L/L	l/l
17/08/2021	Haematocrit	= 0.401 L/L	l/l
20/11/2018	Haematocrit	= 0.431 L/L	
17/06/2014	Haematocrit	= 0.424 L/L	

Basophil count

25/01/2024	Basophil count	= 0.1 10*9/L	Basophils - x10^9/l
29/06/2023	Basophil count	= 0 10*9/L	Basophils - x10^9/l
17/08/2021	Basophil count	= 0 10*9/L	Basophils - x10^9/l
20/11/2018	Basophil count	= 0 10*9/L	x10^9/L
17/06/2014	Basophil count	= 0 10*9/L	x10^9/L

RBC red blood cell size

20/11/2018	Red blood cell distribution width	= 13.4 %	
17/06/2014	Red blood cell distribution width	= 13.9 %	%

SH-antigen (hepatitis B) test

13/12/2018 SH-antigen negative =

HIV Test

13/12/2018 HIV negative =

Infectious titres and antibodies

13/12/2018	Hepatitis C antibody test negative	=	
27/11/2018	Neisseria gonorrhoeae polymerase chain reaction	=	Neisseria gonorrhoeae PCR - Negative
27/11/2018	Chlamydia trachomatis polymerase chain reaction	=	Chlamydia trachomatis PCR - Negative
27/11/2018	Chlamydia trachomatis polymerase chain reaction	=	Chlamydia trachomatis PCR
27/11/2018	Hepatitis C antibody test	=	
08/01/2014	Helicobacter pylori antibody level	=	Helicobacter pylori IgG - POSITIVE
08/01/2014	Helicobacter pylori antibody level	=	<none>

Serum bicarbonate

20/11/2018	Serum bicarbonate	= 27 mmol/L	
04/09/2013	Serum bicarbonate	= 27 mmol/L	
21/08/2013	Serum bicarbonate	= 29 mmol/L	

Blood trace elements/vitamins

17/06/2014 Serum vitamin D = pmol/L Vitamin D insufficiency. At risk of secondary hyperparathyroidism. See clinical guidance on Firstport

17/06/2014 Serum magnesium level = 0.99 mmol/L

HDL/LDL Ratio

17/08/2021	Serum cholesterol/HDL ratio	= 4.3 ratio	Chol/HDL ratio
20/11/2018	Total cholesterol:HDL ratio	= 3.9 ratio	Total Cholesterol: HDL ratio
05/02/2014	Total cholesterol:HDL ratio	= 5 ratio	Total Cholesterol: HDL ratio

Urine Biochemistry

17/01/2019	Urine methadone	=	
07/06/2017	Urine methadone	=	positive
17/06/2014	Urine cortisol level	= 28 nmol/L	25 Hydroxy Vitamin D (Immunoassay)

Free Thyroxine

09/02/2024	Serum free T4 level	= 15.9 pmol/L	Free T4 -
29/06/2023	Serum free T4 level	= 12.8 pmol/L	Free T4 -
19/08/2021	Serum free T4 level	= 14.2 pmol/L	Free T4 -
21/08/2013	Free T4 level	= 16.7 pmol/L	

Respiratory Rate

27/11/2013	O/E - rate of respiration	= 16 /minute	
19/09/2013	O/E - rate of respiration	= 10 /minute	

Temperature

27/03/2014	O/E - temperature level	= 35.7 degC	
10/03/2014	O/E - temperature level	= 35.5 degC	
27/11/2013	O/E - temperature level	= 36.6 degC	

Other autoantibodies

09/02/2024 Autoantibody titres = ANA result is negative.; I ANA/Centromere Abs

25/01/2024 Tissue transglutaminase IgA level = 0.3 U/mL TTG Ab (IgA) -

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25/01/2024 Anti-tissue transglutaminase level = 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 theperson was eating gluten at least twice a day for previous 6 weeksIf known to have coeliac disease,this negative result suggests adherence to gluten free diet.IgA coeliac serology has reduced sensitivity if total IgA <0.2g/l ; I Coeliac Serology
19/08/2021 Intrinsic factor antibody = 2.1 TBA Intrinsic Factor Ab - Units
19/08/2021 Intrinsic factor antibody = Ref range: 0-20=Negative, 20.1-24.9=Equivocal, >24.9=Positive; I Intrinsic factor Q
19/08/2021 Tissue transglutaminase IgA level = 0.4 U/mL TTG Ab (IgA) -
19/08/2021 Anti-tissue transglutaminase level = 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 theperson was eating gluten at least twice a day for previous 6 weeksIf known to have coeliac disease,this negative result suggests adherence to gluten free diet.; I Coeliac Serology

Other Bacteriology Tests

27/11/2018 HIV screening test =

Enzymes/Specific proteins

17/06/2014 Serum transferrin = 2.4 g/L

Immunology Screening Tests

09/02/2024 Nuclear autoantibody screening test = ANA result - Negative
27/11/2018 Hepatitis B screening test =

Procedures, Specimens and Samples

12/02/2024 Patient informed - test result = Bloods normal. ?ANA doneAwaiting urinalysis and qFIT
09/02/2024 Blood sample taken = bloods obtained and sent for testing
29/01/2024 Patient informed - test result = Folate levels high - on replacementVitamin B12 a little low. Had been on B12 injections but declined late 2022 and signed refusal slip. Letter sent to inform levels low again. For MO review
25/01/2024 Blood sample taken = Blood sample obtained as per GP request.
24/01/2024 Blood test requested = FBC; U&Es, LFTs; Folate; Bone; Vit B12; Coeliac Screen
14/08/2023 Blood sample taken = Blood sample obtained as per GP request.
17/08/2021 Blood test requested = Bloods taken as per vision entry 15/08/2021 . Sent to haematolgy
20/11/2018 Fasting blood test due = Fasting Status - ?
06/01/2015 Blood sample -> Lab NOS Vit B12
17/06/2014 Blood sample -> Lab NOS FBCLFTB12FolateFerritonIron StudiesPhosphateMagneiumVit DCalcium
05/02/2014 Fasting blood test due Fasting Status - ?

Repeat Medication Review

04/03/2022 Medication review vitB12 injection due Due: 04/03/2023 Complete: 04/03/2022 by: Ms Alison Gillanders Next review: 04/03/2023 . Ms Alison Gillanders
26/02/2019 Medication review Gabapentinoid review- Convicted- Chrisswell EDL? Prescribed gabapentin. Unclear who or when commenced but pre 5/2012. Pt stated for epilepsy- DNA neurology 2/2002- EEG on 15/5/13 entry states no evidence of epilepsy. Cannot see any further ref to neuro/epilepsy. Stopped by 9/2012. Pt then states prescribed for various issues inc. leg pain sciatica 6/11/13 for wound pain secondary to stabbing. Stopped on several occasions and pt repeatedly seeking recommencement and refusal/denial of other therapy. Note duloxetine nortriptyline cbz tried for a short period- refer to kardex Docman 11/1/19. Pt was seeking caps to allow opening for easier swallow- pts own admission. Recommended not appropriate on several occasions. Please refer to Vision entry 13/6/17. Restarted in HMP Shotts following 'exhaustion' of options end 17 start 18. Failed spot check 5/17 & discontinued (passed 2/17)- no other mention apart form failed spot check 23/02/19. Assessed and switched to BD supervised. Given the ongoing review this highlights inequity of approach taken in such situations on other GG&C PHC sites. Sources used Vision Docman & Clinical Portal. TB Pharmacist Due: 26/02/2020 by: Ms Tracey Burton Ms Tracey Burton
08/08/2012 Medication monitoring Due: 08/08/2013 by: Ms Vickie Burns Ms Vickie Burns

Glomerular Filtration Rate

25/01/2024 GFR calculated abbreviated MDRD > 60 mL/min Estimated GFR - ml/min
29/06/2023 GFR calculated abbreviated MDRD > 60 mL/min Estimated GFR - ml/min
17/08/2021 GFR calculated abbreviated MDRD > 60 mL/min Estimated GFR - ml/min
20/11/2018 GFR calculated abbreviated MDRD = mL/min Estimated EGFR - >59
04/09/2013 GFR calculated abbreviated MDRD = mL/min Estimated EGFR - >59
21/08/2013 GFR calculated abbreviated MDRD = mL/min Estimated EGFR - >59
21/08/2013 GFR calculated abbreviated MDRD = mL/min Estimated EGFR - >59

Other Lab Result Information

08/01/2014 Comment note = Comment - H.pylori serology is unsuitable to determine whether the patient has cleared the infection as IgG levels can remain high for many months after treatment. Please send a stool sample for H.pylori faecal antigen testing to determine whether this is a current active infection or residual antibodies from a previous infection.

Total patients for report 1

NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

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Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHI: 0509795196 / **D.O.B:** 05/09/1979	**Tel:** 0131 536 3373 Internal 633373
Patient: MCAULEY, CHRISTOPHER **Sex:** Male	
Report to: Cons Not Known	**Date Taken:** 20/05/2024
	Time Taken: u/k
Address: Addiewell Prison	**Date Received:** 21/05/2024
	Time Received: 11:32
Sending Laboratory Reference Number:	**Date Reported:** 21/05/2024

Laboratory Number: MS305329P **Specimen:** Clotted Blood

Anti-HBc Antibody Index:	2.30	Index		
Antibody to Hepatitis B core :	NEGATIVE	(Index >1.00)		
Hepatitis C Antibody Index:	0.04			
Antibody to Hepatitis C Virus :	NEGATIVE	(Index <0.90)		
HIV Ag/Ab COMBO:	0.22			
HIV Antigen/Antibody COMBO assay:	NEGATIVE	(Index <1.00)		

Authorised by: Background Authorisation for Dr K E Templeton

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

Date: 9 2 24

Name: 0509796095 MCKAY COLIN 05/09/1979 M DATE: 09/02/2024 TIME: 09:54 Dr HMP Greenock NHS Greater Glasg

0509796095 MCKAY COLIN 05/09/1979 M DATE: 09/02/2024 TIME: 09:54 Dr HMP Greenock NHS Greater Glasg

Number

Location: Clwell

Blood Results ☑

Urine Results ☐

Ultrasound/X-Ray ☐

Hospital Letter ☐

Other ☐

No treatment required ☐

Treatment as already issued ☐

You have been listed to be seen by the Medical Officer ☐

Bloods all normal

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

CHI: 0509796095 05/09/1979 M
MCKAY, COLIN
The Health C,P.O. Box 19605,PA15 9ET a.
01412399682
Dr HMP Greenock, XX33523
NHS Greater Glasgow & Clyd, Practice:
25/01/2024 11:44

Date: _____

Name: _____

Number: _____

Location: Chrisswell

Blood Results	✓	Hospital Letter	
Urine Results		Other	
Ultrasound/X-Ray			

No treatment required

Treatment as already issued

You have been listed to be seen by the Medical Officer

Vitamin B12 levels low again
? start injections again

✓

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKay	SPIN NUMBER:	173 45
Date of Birth:	5/9/79	Hall & Cell Number	Chrisswell C-4
Date of Request:	10/1/24	Lib date:	LIFE

Please Tick the relevant box below to indicate the service you require:

GENERAL REQUEST FOR NURSE CLINIC (including Asthma, Diabetes, BBV, sexual health and vaccinations for example)		
WRITE YOUR REASON: I need to speak to a Doctor ASAP about my stomach. There's definitely something wrong with it you know I don't ask to see a Doctor unless I have to.		
Dentist Please Complete Dental Referral Form		
Podiatrist Only available to prisoners serving over 3 months or have Medical condition. i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		
SMOKING CESSATION:		

Request for Addictions Nurse	*Please give brief detail of reason for request:*

DATE RECEIVED:	11.1.24	REFERRED TO:	
DATE LISTED FOR NURSE:		DATE SEEN:	
DATE LISTED FOR DOCTOR:	24.1.24	DATE SEEN:	24.1.24

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

ording Sheet for Prescription Shee

Weekly meds

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
23/12/21			1 GL		
24/12/21			1 KC		
25/12/21			1 UM		
26/12/21			1		
27/12/21			1		
28/12/21		A	1		A=½.
29/12/21			A 1 UM		A=6 TABS
30/12/21			A KO		
31/12/21			4 2		
1/1/22			1 GL		
2/1/22			1		
3/1/22			1		
4/1/22		A	1 NT		A=1/52
5/1/22			1 KO		
6/1/22					
7/1/22			1		
8/1/22			1		
9/1/22			1		
10/1/22			1		
11/1/22		A B C GL	1 GL		A=½ BC=½.
12/1/22			1		
13.1.22		A			A=1/52

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
25122		A			A=1/52
1/2/22		A			A=1/52
8.2.22		A B			A=1/52 C,B=1/2
15.2.22		A			A=1/52
22.2.22		A			A=1/52.
01.03.22		A			A=1/52
4/3/22			2 KO		
8.3.22		A B C			A=1/52 BC=1/12
15322		A			A=1/52.
22.3.22		A			A=1/52.
29.322		A			A=1/52.
5.4.22		A B C			A=1/52 BC=1/12
12.4.22		A			A=1/52.
19.4.22		A			A=1/52.
26.4.22		A			A=1/52
3.5.22		A		B C D	BC=1/12. D=1/52.
5.5.22					
10.5.22		A			A=1/52.
17.5.22		A			A=1/52.
24.5.22		A			A=1/52.
27522		A			3/12 = left on
31.5.22		A B C			A=1/52 BC=1/12

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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.

Colin McVinn SPIN No.: 17345 LOC: ..... MI • 299941

ding Sheet for Prescription Sheet

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
7622		A			A=1/52
14622		A			
11622		11 12			11,12=1/52
14622		A			
11622		A			
28622		A B C			A=1/52 BC=1/12
5.7.22		A			A=1/52
12.7.22		A			A=1/52
19.7.22		A			A=1/52
26.7.22		A B C			A=1/52 BC=1/12
28.7.22		A			A=1/52
9.8.22			A		A=1/52
12.8.22				E L	E=CUSE
168.22		A			A=1/52
288.22		A B C			A=1/52 BC=1/12
3068		A			A=1/52
6922		A			A=1/52
13922		A			A=1/52
20922		A C F			A=1/52 CF=1/12
27.9.22			A		A=1/52
4.10.22		(A) 2			A=1/52
10.10.22				G	G=3 TABS

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: COLIN MCKAY SPIN No.: V71345 LOC: .....

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
18.10.22		C F			CF 1/12 CF=⊗
5.11.22			9		9=500 1c.
11223				13	13=1/12
31.5.23				I	I=6 TABS
6623		I			I=1/52.
13623		I			I=1/52.
20623		I			I=1/52.
20623		I			I=1/52.
4723		I			I=1/52
11723		I			I=1/52
18723		I			I=1/52
28723		I			I=1/52
1823		I			I=1/52
8823		I			I=1/52
15/8/23		I			I=1/52
19823		I			I=1/52 J=X5
24/8/23		I			I=1/52 J=1/12
31/8/23		I			I=1/52
5/9/23		I			I=1/52
12923		I			I=1/52
19923		I			I=1/52 J=1/12
26923		I			I=1/52

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

Date: 14-8-23

CHI: 0509796095 05/09/1979 M
MCKAY, COLIN
The Health C,P.O. Box 19605,PA15 9ET.
01412399692

Name: _____

Dr HMP Greenock, XX33523
NHS Greater Glasgow & Clyd,
14/08/2023 09:33. Practice:

Number: _____

Location: Clwell

Blood Results ☑
Urine Results ☐
Ultrasound/X-Ray ☐

Hospital Letter ☐
Other ☐

No treatment required ☐
Treatment as already issued ☐
You have been listed to be seen by the Medical Officer ☐

Fuc nzo low again
restarted supplement

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS Confidential: Personal data about a patient

CHI: 0509795895 05/09/1979 M
MCKAY COLIN
The Health C,P.O. Box 19605,PA15 9ET
01412399662
Dr HMP Greenock, XX33523
NHS Greater Glasgow & Clyd, Practice:
29/06/2023 09:20

Health Centre
HMP Greenock

Date: _____

Name: Colin McKay

Number: 17345

Location: Chrisshell

Blood Results	✓	Hospital Letter	
Urine Results		Other	
Ultrasound/X-Ray			

No treatment required

Treatment as already issued

You have been listed to be seen by the Medical Officer ✓ All bloods normal

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

✓ 30/6/23

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Susanne Millar
MA(Hons) CQSW

NHS
Greater Glasgow and Clyde

Our ref: KM / MT / CHI: 0509796095

Date: 16th June 2023

STRICTLY CONFIDENTIAL

Mr Colin McKay
SPIN 17345
Chrisswell C04
HMP Greenock

Clinical Psychology Interventions Service
HMP Barlinnie
Health Centre
81 Lee Avenue
Glasgow
G33 2QX

Tel: 0141 770 2050

Dear Mr McKay,

We can now offer you an initial assessment appointment with Karen Muir, Mental Health Therapist, which will take place on:

Date and time: **Thursday, 22nd June 2023 at 8.30am**

Location: **Link Centre, HMP Greenock**

It is important that you remain within the hall on this date. Please ensure Residential Officers are aware of this appointment.

I have enclosed a questionnaire about your mental health. It would be very helpful if you could complete this **in advance** of your appointment and bring it with you. Don't worry if there are questions you are unsure about. The questionnaire will be discussed with you in more detail during your appointment. A copy of the consent form has also been enclosed which will be discussed further during the appointment. Please read this before attending the appointment.

Yours sincerely,

Psychology Administrator

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Susanne Millar
MA(Hons) CQSW

NHS
Greater Glasgow and Clyde

Our ref: AD / MT / CHI: 0509756095

Date: 15th June 2023

STRICTLY CONFIDENTIAL

Mr Colin McKay
SPIN 17345
Chrisswell C04
HMP Greenock

Clinical Psychology Interventions Service
HMP Barlinnie
Health Centre
81 Lee Avenue
Glasgow
G33 2QX

Tel: 0141 770 2050

Dear Mr McKay

You were referred to the Clinical Psychology Interventions Service by Andrew McTaggart, Alcohol Liaison Nurse. You have now been placed on our waiting list for an initial assessment appointment. We aim to meet with you for initial assessment within 4 weeks. Following this, we may add you to our waiting list for further assessment or for treatment, if we decide that clinical psychology input is right for you.

While you are waiting, you may be able to access support from other services in the prison. These may include:

- Mental Health Team (complete a self-referral form available on the hall)
- Chaplaincy (ask hall staff to add your name to the Chaplain appointment book)
- Peer Listeners (ask hall staff if you wish to speak to a Listener)
- Talking Heads group (available in some prisons. Ask hall staff for more details).

If you require urgent mental health support while waiting to be seen, please self-refer to the Mental Health Team or ask someone to refer you.

We will be in touch again with an appointment in due course.

Yours sincerely,

Psychology Administrator

Cc: Andrew McTaggart, Alcohol Liaison Nurse

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Glasgow City HSCP
Health & Social Care Partnership

Chief Officer
Susanne Millar
MA(Hons) CQSW

NHS
Greater Glasgow and Clyde

CLINICAL PSYCHOLOGY INTERVENTIONS SERVICE

Referral Form for HMP Barlinnie, HMP Low Moss & HMP Greenock

1. Prisoner Details

NAME	Colin McKay			
DOB	05/09/1979	SPIN 17345	17345	
PRISON	HMP Greenock	HALL	Chriswell	
INDEX OFFENCE	Murder	LEGAL STATUS Lifer	TRIED / UNTRIED/ FULLY COMMITTED	
DATE OF EDL	Lifer	EDL < 3 MONTHS?	YES*	NO

**If the prisoner has less than three months remaining until their EDL, please refer to community mental health services via their GP.*

Has the person consented to the referral? YES — If 'NO' do not refer or obtain consent

Does the person require an interpreter? NO

2. Screening Questions

MENTAL HEALTH		If 'YES' please specify details
Has a mental health assessment been completed?	NO	
Do they have ongoing contact with the team?	yes	monthly
INTERVENTIONS		
Referred to/engaged with Offending Behaviour Programmes?	NO	

Referred to/engaged with any other interventions?	NO	
RISK FACTORS		
Is there any ongoing substance misuse?	NO	
Are there any **CURRENT** concerns regarding self-harm, suicidal ideation or behaviour?	NO	
Is there any **HISTORY** of self-harm, suicidal ideation or behaviour?	YES	TTM x 5 since 2007. Most recent 2019
Are there identified risks to clinician? (e.g. does the person need to be seen 2:1?)	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:

Mr McKay has previous contact with addictions and mental health on an add-hoc basis. He is lifer and has been at top end for 4.5 years and is 6 years beyond his tariff and describes ongoing issue with progression and access to his ill mother.

Mr McKay would benefit for further support in terms of understanding and improving level of thinking and coping with his situation.

Please list current distressing experiences and/or difficulties:

Mr McKay a lengthy period of frustration with his situation. He has not managed to see his mother due his escorts being cancelled. His main frustration is his perceived lack of progression and feelings of hopelessness with his situation.

How do these impact on their current functioning?

Mr McKay's mood appeared flat during my interview; he reported low mood, poor appetite and sleep. He has since been commenced on an antidepressant and I will review monthly.

4. Referrer Details

SIGNATURE:	Andrew McTaggart
NAME:	Andrew McTaggart
DESIGNATION:	Charge Nurse
DATE:	07/06/2023

Referrers should complete the form and send it electronically to the following email address: ggc.hmpclinicalpsychology@nhs.scot

FOR COMPLETION BY THE CLINICAL PSYCHOLOGY TEAM		
Date referral received:	Processed by:.	Database updated: Y / N
Any other relevant information:		

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

MDMHT(Mental Health) REFERRAL FORM

Name Colin McKay Spin Number 173345

D.O.B 5/9/79 Date of Admission 17/1/19

Referral completed by.....

Date of referral 17/5/23

Please state the reasons why you are referring to the Mental Health Team in the box below

Im scruggling badly at the moment my mother is ill, my progression is going nowhere Ive been waiting three years for my first grant. Also the parole board suggested to me today to seare engaging with you again and so did Owen Mcdade. I also agree personally that I should seare talking to someone again.

Please complete the following

Have you/the patient seen the Mental Health Team before?	Yes/No
Are you/the patient on anti-psychotic medication	Yes/No
Have you/the patient received support from a CPN?	Yes/No
Is there a history of self harming behaviour	Yes/No

FOR ADMINISTRATION PURPOSES ONLY

Admin	Date	Initial	Allocated	Date	Initial
	23/5/23	AO		23/5/23	
Triage	**Date**	**Initial**	**MH Meeting**	**Date**	**Initial**
	23/5/23	A			

Seen 01. 55/5/23

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell Number	Chrisswell C-4
Date of Request:	17/5/23	Lib date:	Life

Please Tick the relevant box below to indicate the service you require:

GENERAL REQUEST FOR NURSE CLINIC (Including Asthma, Diabetes, BBV, sexual health and vaccinations for example) WRITE YOUR REASON:		
Dentist Please Complete Dental Referral Form		Tick
Podiatrist Only available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		
SMOKING CESSATION		

Request for Addictions Nurse	*Please give brief detail of reason for request:-* I came off everything 9 months ago and I thought I was okay but maybe im not. Ive become a complete insomniac I just cannot sleep. Its a ten minute dream here and there. I don't want any meds I want to stay drug free. Im becoming very irritated and im losing my composure frequently. Its going to get me in trouble if I don't get it under control.

DATE RECEIVED:	23/5/23	REFERRED TO:	Addictions ND
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

NHS Confidential: Personal data about a patient

HSCP Health and Social Care Partnership

Glasgow City HSCP

Health & Social Care Partnership

Appointment/ Treatment Refusal Form

I confirm that on . I refused to attend ~~appointment~~/treatment in relation to:-

Vit B12 injection

my reason for non attendance is No longer want

I note that I need to take responsibility for my actions in failing to attend the allocated appointment / treatment and that my non-attendance or refusing treatment may limit the extent to which health centre staff are able to meet my healthcare needs.

Patient Details Name: Colin McKay

SPIN NO: 7845 D.O.B: 05/09/1971 Hall: Gilmorehill

Signature X C McKay

Date & Time 8/2/23 1830

Witness Name (Block) A Limond

Signature A Designation Nurse

Date & Time 8/2/23 1830

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 ☐

Date of Appointment:

Other service please specify ☐

Nurse - Primary care

Addictions ☐

Mental Health ☐

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

Date: 16/11/22

Name: Colin McKay

Number: 17345 (5-9-79)

Location: CH CO 4

Blood Results ☐
Urine Results ☐
Ultrasound/X-Ray ☑

Hospital Letter ☐
Other ☐

No treatment required ☐

Treatment as already issued ☐

You have been listed to be seen by the Medical Officer ☐

Minor wear & tear of both hips joints
-otherwise normal

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS Confidential: Personal data about a patient

Inverclyde Royal Hospital: Clinical Report

Patient: **MCKAY, Colin J** DOB: **05-Sep-1979**

Referrer: Dr Zahid Shah
Ref Loc: GP PRACTICE
Ref Src: HMP Greenock, GP Service, 85 Old Inverkip Road, Greenock, PA16 9AJ.

CHI No: 0509796095
CRIS No: 5970515

Clinical History :

XR Pelvis :

There is minor degenerative change affecting the right hip joint and the left hip joint
Normal appearances of SI joints and pubic symphysis.

VERIFIED

Reported By: **Dr Sean Kelly**
2nd Reporter:
Verified By: **Dr Sean Kelly**

E-37011047
Exams: **XR Pelvis**

Exam Date: 08-Nov-2022

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

Radiology (X-ray) Department
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

Mr Colin J McKay
The Health Centre
P.O. Box 19605
Greenock
Renfrewshire
PA15 9ET

Tel: 01475 524171
Date: 02-Nov-2022
CHI No: 0509796095
Hosp Ref: C313H

Dear MR MCKAY,

An appointment has been made for you to attend the Radiology (X-ray) Department for the following:

For: **a Pelvis x-ray**
On: **Tuesday 08 November 2022 at 11:15 am**
At: **Inverclyde Royal Hospital, Radiology (X-ray) Department**

Covid-19
- Please do not attend if you have symptoms or are isolating.
- Please do not attend if someone in your household is isolating.

Instead, please contact us to discuss your situation between 9am and 4:30pm, Monday to Friday.

If possible, please attend your appointment on your own. However, if you require assistance, please bring a friend or relative with you. They may not be allowed to enter the scan room.

Please arrive no more than 5 minutes before your appointment time.

There is no preparation for this examination.

Please note, should we require to contact you by telephone about your appointment; this will be from an 0800 number.

Please turn over

If you are unable to attend for this appointment, please contact us on 01475 524171 between 9am and 4.30pm, Monday to Friday.
We will make you another appointment and allow someone else to use the one you cannot. This may be arranged at any of our hospitals within Greater Glasgow and Clyde. Please note that depending on circumstances, should you cancel a second appointment, your referral will be returned to the referring Doctor for review of your care.

The X-ray department is on Level C and access is from the main entrance. Please allow adequate time for parking.

You can have additional support by asking for help at reception when you arrive.

Further information about the examination and the department can be found on the NHS Greater Glasgow and Clyde website: **https://www.nhsggc.scot/hospitals-services/services-a-to-z/diagnostic-imaging/**

Please bring this letter with you.

Yours sincerely

Diagnostics Administrator

NHS Confidential: Personal data about a patient

[redacted]

Health Centre
HMP Greenock

NHS
Greater Glasgow and Clyde

DOB: _____

Please arrange for:

Name: Colin McKay Spin No: 17345

To Attend: IRH - X-ray Dept - Pelvis
3rd Appt.

Date: 8/11/22 Time: 11.15am

Telephone Message Received by: Angela

Date: 2/11/22 Time: 2.05pm

Name and Department of advisor:
X-ray Dept - 01475 524171.

Appointment Letter Received: Yes/No Sending out

If Yes, Date Received _____

Could Escorting Officer please report to Health Centre on return

Special Notes: _____

_____

[redacted]

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

Radiology (X-ray) Department
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

Dr Zahid Shah
HMP Greenock
GP Service
85 Old Inverkip Road
Greenock
PA16 9AJ

Tel: 01475 524171
Date: 27-Oct-2022
CHI No: 0509796095
Hosp Ref: C313H

Dear Referrer,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

MR COLIN J MCKAY
THE HEALTH CENTRE
P.O: BOX 19605
GREENOCK
RENFREWSHIRE
PA15 9ET

DoB: 05-Sep-1979
CHI: 0509796095

Referrer: Dr Zahid Shah
Referral Source: HMP Greenock

For: **a Pelvis x-ray**
On: **Wednesday 26 October 2022 at 11:00 am**
At: **Inverclyde Royal Hospital, Radiology (X-ray) Department**

Please note that in some cases DNAs are due to incorrect patient address details on the request form.
We are concerned that your patient still requires their examination.
If this is the case, could you please confirm this and re-request in the normal manner.

We have notified your patient of this DNA.

Yours sincerely

Diagnostics Administrator



Glasgow City HSCP

Health & Social Care Partnership

Appointment/ Treatment Refusal Form

I confirm that on the 11/10/2022 I refused to attend appointment/treatment in relation to:-
Hospital Appointment at the Xray department.

my reason for non attendance is NOT STABLE

I note that I need to take responsibility for my actions in failing to attend the allocated appointment / treatment and that my non-attendance or refusing treatment may limit the extent to which health centre staff are able to meet my healthcare needs.

Patient Details Name: Colin McKay

SPIN NO: 17345 D.O.B: 05/09/1979 Hall: Chrisswell C04

Signature C. McKay

Date & Time.....

Witness Name (Block) LOUISE MCVSE

Signature L Moyse Designation.....

Date & Time 13-10-22 @ 19:00

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 [x] GP [ ] Dentist [ ] Podiatrist [ ] Psychiatrist [ ]

Date of Appointment:

Other service please specify [ ]

Nurse - Primary care

Addictions [ ]

Mental Health [ ]

NHS Confidential: Personal data about a patient

Acute Services Division

Diagnostics Directorate

Radiology (X-ray) Department
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

Mr Colin J McKay
The Health Centre
P.O. Box 19605
Greenock
Renfrewshire
PA15 9ET

Tel: 01475 524171
Date: 12-Oct-2022
CHI No: 0509796095
Hosp Ref: C313H

Dear MR MCKAY,

An appointment has been made for you to attend the Radiology (X-ray) Department for the following:

For: **a Pelvis x-ray**
On: **Wednesday 26 October 2022 at 11:00 am**
At: **Inverclyde Royal Hospital, Radiology (X-ray) Department**

Covid-19
- Please do not attend if you have symptoms or are isolating.
- Please do not attend if someone in your household is isolating.

Instead, please contact us to discuss your situation between 9am and 4:30pm, Monday to Friday.

If possible, please attend your appointment on your own. However, if you require assistance, please bring a friend or relative with you. They may not be allowed to enter the scan room.

Please arrive no more than 5 minutes before your appointment time.

There is no preparation for this examination.

Please note, should we require to contact you by telephone about your appointment; this will be from an 0800 number.

Please turn over

If you are unable to attend for this appointment, please contact us on 01475 524171 between 9am and 4.30pm, Monday to Friday.
We will make you another appointment and allow someone else to use the one you cannot. This may be arranged at any of our hospitals within Greater Glasgow and Clyde. Please note that depending on circumstances, should you cancel a second appointment, your referral will be returned to the referring Doctor for review of your care.

The X-ray department is on Level C and access is from the main entrance. Please allow adequate time for parking.

You can have additional support by asking for help at reception when you arrive.

Further information about the examination and the department can be found on the NHS Greater Glasgow and Clyde website: **https://www.nhsggc.scot/hospitals-services/services-a-to-z/diagnostic-imaging/**

Please bring this letter with you.

Yours sincerely

Diagnostics Administrator

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

MEDICAL REQUISITION FORM

NAME: C MCKAY	DATE: 10/10/22 5T9/79
NUMBER: 17345	LOCATION: C/Sell

The Medical Requisition reads as follows:

Please excuse from work for 1 week from today for medical reasons. Thank

Signed: .....
Practitioner Nurse/Medical Officer

S:\Greenock Prison\ADMIN\Referral Forms\Medical requisition Form.doc

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

NHS
Greater Glasgow and Clyde

DOB: 5/9/79

Please arrange for:

Name: Colin McKay Spin No: 17345

To Attend: IRH
X-ray Dept - Pelvis

Date: 4/10/22 Time: 11.30am

Telephone Message Received by: Angela

Date: 5/10/22 Time: 11.45am

Name and Department of advisor:
X-ray Booking office

Appointment Letter Received: ~~Yes~~/No

If Yes, Date Received

Could Escorting Officer please report to Health Centre on return

Special Notes:

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Glasgow City HSCP

Health & Social Care Partnership

Appointment/ Treatment Refusal Form

I confirm that on I refused to attend ~~appointment~~/treatment in relation to:-

my reason for non attendance is_____

I note that I need to take responsibility for my actions in failing to attend the allocated appointment / treatment and that my non-attendance or refusing treatment may limit the extent to which health centre staff are able to meet my healthcare needs.

Patient Details Name: COLIN MCKAY.

SPIN NO: 7345 D.O.B: 5/9/79 Hall: CWELL.

Signature: x C. McKay

Date & Time: x 4/10/22 1830

Witness Name (Block): Kelly Joyce

Signature: K Joyce Designation: Staff Nurse.

Date & Time: 4/10/22 1830

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 ☐

Date of Appointment:

Other service please specify ☐

Nurse - Primary care

Addictions ☐

Mental Health ☐

NHS Confidential: Personal data about a patient

NHS Greenock Prison HealthCare Mental Health Service Comprehensive Care Plan

Patient name: Colin Mckay **D/O/B 05/09/1979** **CHI: 0509796095**
Spin : 17345
Date agreed: 19/07/2022 **EDL or Court Dates : Parole Board**
Named Nurse:

Care summary

What matters question below:	What matters? Note what matters to the patient below:
When we are supporting you with your healthcare issues, what is important to you?	Mr McKay has thought about reducing off his Espranor and decide to proceed with support from addictions Next steps: Incorporate what matters into the care plan section below:
If what matters cannot be actualised please discuss with patient why 'what matters' cannot be achieved and record reason for this in the adjacent box:	Reason unable to actualise 'what matters':

Date	Presenting issue	Intervention (specific intervention with rationale, note who is responsible for doing what)	Review date	Review outcome
19/07/2022	Reduce safely off Espranor	Colin has devised his own reduction plan of 4mg reduction every 2 weeks commencing 27th July. Week 1 27th July reduce to 12mg Week 3 10th August reduce to 8mg	17th August	

Care plan accepted ✓ C. MacKay

Copy of Care Plan accepted/declined by client
If declined, why

C. MacKay

Mr McKay is a life prisoner who was initially prescribed methadone, he recently moved over to Espranor and has decide to now reduce of this. He is confident he can address this and has developed his own reduction plan.

Protective factors	Risk factors
Colin appears confident in his ability to reduce off his Espranor	Agreed will discuss any risk such as withdrawal. Agreed can pause reduction at his request.

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
25/8/22	5				
26/8/22	6				
31/8/22	5				
1/9/22	5				
2/9/22	5				
3/9/22	5				
4/9/22	5				
5/9/22	5				
6/9/22	6				
7/9/22	6				
8/9/22	6				
9/9/22	6				
10/9/22	6				
11/9/22	6				
12/9/22	6				
13/9/22	6				
14/9/22	6				
15/9/22	7				
16/9/22	7				
17/9/22	7				
18/9/22	7				
19/9/22	7				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
20/9/22	8				
21/9/22	8				
22/9/22	8				
23/9/22	8				
24/9/22	8				
25/9/22	8				
26/9/22	8				
27/9/22	8				
28/9/22	8				
29/9/22	8				

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: Colin Macay SPIN No.: [illegible] LOC: .....

NHS Confidential: Personal data should be patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS	DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS

NHS Confidential: Personal data sheet a patient

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: _____

HMP: GREENOCK
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	22/5/22					Espranor® SEVEN	4mg	O	OM		ONCE DAILY		S	[signature]				
2	24/5/22	24/6/22			250522	Espranor® EIGHT	8mg	O	OM		ONCE DAILY		S	[signature]				
3	250522	25/6/22				Espranor® SIXTEEN	16mg	O	OM		ONCE DAILY		S	[signature]				
4	27/7/22	27/8/22			010822	Espranor®	8mg	O	OM		ONCE DAILY		S	[signature]				
5	010822	1/9/22			050922	Espranor® EIGHT	8mg	O	OM		ONCE DAILY		S	[signature]				
6	050922	5/10/22			[illegible]	Espranor® SIX	6mg	O	OM		ONCE DAILY		S	[signature]				
7	13/9/22				28/9/22	Espranor® FIVE	4mg	O	OM		ONCE DAILY		S	[signature]				
8	4/5/22	24/5/22			25/4/22	Espranor (Two)	2mg	O					6	[signature]				

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: COLIN MCKAY Spin No: 173455 CHI No. or DOB: 5 5 79 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

MIS 296903

NHS Confidential: Personal data about a patient

[redacted]

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: _____

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																		
B																		
C																		
D																		
E																		
F																		
G																		
H																		
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
Q																		
R																		
S																		
T																		

Name: _____ Spit No: _____ CHI No. or DOB: _____ Drug allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

NHS Confidential: Personal data about a patient

I /**do not** (delete as appropriate) want the Covid booster vaccination (over 50 years old only)

I /**do not** (delete as appropriate) want the influenza vaccination

Name: Colin McKay SPIN: 17345 Location: Chrisswell C04
DOB: 9/5/1979

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell No:	Christie 1
Date of Request:	15/9/22	Lib Date:	Life

GENERAL REQUESTS FOR NURSE CLINIC (Including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:

I have extreme pain in both my hips which is making it difficult to walk and do my job. I'm currently reducing from Esprigan. I was on it long and now I'm coming down from it. I don't know if this is due to neurotransmitters working up after being dulled by opiates all these years or is it a problem I've had for a long time now and I've not realised it, again due to opiates masking the pain. I'm worried as the letter ended it may be far worse now than before. I'm worried it's severe arthritis.

		√ (Please Tick)			√ (Please Tick)
	DENTIST *Please complete a Dental Referral form*			DISCHARGE MEDICATION Please order 7 days before liberation date	
	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:

DATE RECEIVED: 16/9/22	REFERRED TO:
DATE LISTED FOR NURSE:	DATE SEEN:
DATE LISTED FOR DOCTOR: 20/9/22	DATE SEEN: 21.09.22

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

V2 Jan 2018

Recording Sheet for Prescription Sheet PS2

Name: Colin McKay SPIN No.: LOC:

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
16/8/22	3				
17/8/22	3				
18/8/22	3				
19/8/22	3				
20/8/22	3				
21/8/22	3				
22/8/22	3				
23/8/22	3				
24/8/22	3				
25/8/22	3				
26/8/22	3				
27/8/22	3				
28/8/22	4				
29/8/22	4				
30/8/22	4				
31/8/22	4				
1/9/22	4				
2/9/22	4				
3/9/22	4				
4/9/22	4				
5/9/22	4				
6/9/22	4				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
7/9/22	4				
8/9/22	4				
9/9/22	4				
10/9/22	5				
11/9/22	5				
12/9/22	5				
13/9/22	5				
14/9/22	5				
15/9/22	5				
16/9/22	5				
17/9/22	5				
18/9/22	5				
19/9/22	5				
20/9/22	5				
21/9/22	5				
22/9/22	5				
23/9/22	5				
24/9/22	5				
25/9/22	5				
26/9/22	5				
27/9/22	5				
28/9/22	5				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 1634 LOC:

[redacted]

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
2/6/22	3				
3/6/22	3				
4/6/22	3				
5/6/22	3				
6/6/22	3				
7/6/22	3				
8/6/22	3				
9/6/22	3				
10/6/22	3				
11/6/22	3				
12/6/22	3				
13/6/22	3				
14/6/22	3				
15/6/22	3				
16/6/22	3				
17/6/22	3				
18/6/22	3				
19/6/22	3				
20/6/22	3				
21/6/22	3				
22/6/22	3				
23/6/22	3				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
24/6/22	3				
25/6/22	3				
26/6/22	3				
27/6/22	3				
28/6/22	3				
29/6/22	3				
30/6/22	3				
1/7/22	3				
2/7/22	3				
3/7/22	3				
4/7/22	3				
5/7/22	3				
6/7/22	3				
7/7/22	3				
8/7/22	3				
9/7/22	3				
10/7/22	3				
11/7/22	3				
12/7/22	3				
13/7/22	3				
14/7/22	3				
15/7/22	3				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 173165 LOC: ..... mi • 299941

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

AR

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell No:	Chrisshell C-4
Date of Request:	18/7/22	Lib Date:	Life

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	
	OPTICIAN (Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	√ (Please Tick)		SMOKING CESSATION	√ (Please tick)
				WOUND DRESSINGS	√ (Please tick)

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:- I wanted reduce my Espranor by 4mg by the end of this month and continue reducing by 4mg per fortnight until I'm off of it altogether. I don't need to discuss it or anything as I want to be off opiate replacement by the time I go to the parole board at the start of December.

DATE RECEIVED:	18-7-22	DESTINATION:	ADDICTIONS
DATE LISTED FOR NURSE:		DATE SEEN:	19/7/22 AMC
DATE LISTED FOR DOCTOR:		DATE SEEN:	

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

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NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	SPIN NUMBER:	173415
Date of Birth:	5/9/79	Hall & Cell No:	Clyde Hall C-4
Date of Request:	31/5/22	Lib Date:	LIFE

GENERAL REQUESTS FOR NURSE CLINIC (including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:- I have very dry skin an scalp. Is there any chance I can get a bottle of E45 and maybe a bottle of T gel for my dry scalp?

Thanks

E45 PRESCRIBED 11-06-22

	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:-

DATE RECEIVED: 2/6/22	REFERRED TO:
DATE LISTED FOR NURSE: 6/6/22	DATE SEEN: 06.06.22
DATE LISTED FOR DOCTOR:	DATE SEEN:

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
19/4/22	6				
20/4/22	6				
21/4/22	6				
22/4/22	6				
23/4/22	6				
24/4/22	6				
25/4/22	6				
26/4/22	7				
27/4/22	7				
28/4/22	7				
29/4/22	7				
30/4/22	7				
1/5/22	7				
2/5/22	7				
3/5/22	7				
4/5/22	7				
5/5/22	7				
6/5/22	7				
7/5/22	7				
8/5/22	7				
9/5/22	7				
10/5/22	7				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
11/5/22	7				
12/5/22	7				
13/5/22	7				
14/5/22	7				
15/5/22	7				
16/5/22	7				
17/5/22	7				
18/5/22	7				
19/5/22	7				
20/5/22	7				
21/5/22	7				
22/5/22	7				
23/5/22	1				① = New Warden
24/5/22	1				
25/5/22	2				
26/5/22	3				
27/5/22	5				
28/5/22	3				
29/5/22	3				
30/5/22	3				
31/5/22	3				
1/6/22	3				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 17545 LOC: 5-9-79

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
6322	4				
7/3/22	4				
8/3/22	4				
9/3/22	4				
10/3/22	4				
11/3/22	4				
12/3/22	4				
13/3/22	4				
14/3/22	4				
15/3/22	4				
16/3/22	4				
17/3/22	4				
18/3/22	4				
19/3/22	4				
20/3/22	4				
21/3/22	4				
22/3/22	4				
23/3/22	4				
24/3/22	4				
25/3/22	4				
26/3/22	4				
27/3/22	4				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
28/3/22					
29/3/22	5				
30/3/22	5				
31/3/22	5				
1/4/22	5				
2/4/22	5				
3/4/22	5				
4/4/22	5				
5/4/22	5				
6/4/22	5				
7/4/22	5				
8/4/22	5				
9/4/22	5				
10/4/22	5				
11/4/22	5				
12/4/22	6				
13/4/22	6				
14/4/22	6				
15/4/22	6				
16/4/22	6				
17/4/22	6				
18/4/22	6				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin Mckay SPIN No.: 17345 LOC: ..... mi - 299941

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.: _____ HMP: Greenock SIDE A
Start Date: 3 Location: _____
Rewritten Date: 30/9/21

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	4/10/21	11/10/21			15/10/21	Methadone Mixture 1mg/ml SF	12ml	D	PO				ONCE DAILY	S		TWELVE			
2	16/10/21	14/11/21				Methadone Mixture 1mg/ml SF	10ml	D	PO				ONCE DAILY	S					
3	08/11/21			08/11/21		Methadone Mixture 1mg/ml SF	20ml		PO				ONCE DAILY	S					
4	09/11/21	09/12/21				~~Methadone Mixture 1mg/ml SF~~	~~30ml~~		PO				ONCE DAILY	S					
5	25/3/22	22/4/22				Methadone Mixture 1mg/ml SF	25ml	D	PO				ONCE DAILY	S		TWENTY FIVE			
6	11/4/22	11/5/22																	
7	9/5/22	9/6/22			23/5/22	Methadone Mixture 1mg/ml SF	20ml	D	PO				ONCE DAILY	S		TWENTY			
8						Methadone Mixture 1mg/ml SF	15ml	D	PO				ONCE DAILY	S		FIFTEEN			

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: Colin McKay Spin No: 19345 CHI No. or DOB: 5/9/79 Drug allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

MIS 296903

NHS Greater Glasgow and Clyde

SIDE B

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: _____

	UNSUPERVISED PRESCRIPTIONS								Times of administration						Discontinued		Pharmacist	
	Commence Date	Review date Initials	Review date Initials	Review date Initials	Stop date Length	DRUGS (including formulation)	Dose	Route	AM	Noon	PM	Night	Issue	Prescriber's signature	Date	Initials	Date	Initials
A																		
B																		
C																		
D																		
E																		
F																		
G																		
H																		
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
Q																		
R																		
S																		
T																		

Name: _____ Spin No: _____ CHI No. or DOB: _____ Drug allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

NHS Lanarkshire

RESTRICTED - MEDICAL

Prescription Sheet No. 1

HM SHEETS

Start Date 27-7-17

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Once Daily	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	~~28/7/17~~	~~28/7/17~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~20ml~~	~~PO~~	✓	TWENTY				S					
B	~~4.8.17~~	~~4.8.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~30mls~~	~~PO~~	✓	thirty				S					
C	~~15.8.17~~	~~14.8.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~40mls~~	~~PO~~	✓	forty				S					
D	~~25.8.17~~	~~25.8.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~50mls~~	~~PO~~	✓	fifty				S		31/8/17	MC		
E	~~1.9.17~~	~~1.9.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~60ml~~	~~PO~~	✓	sixty				S					4.2.17
F	~~2.9.17~~	~~2.9.18~~	5/2/18	~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~50mls~~	~~PO~~	✓	fifty				S					
G	~~6/2/18~~	~~6/2/18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~55ml~~	~~PO~~	✓	fifty five				S					
H	~~23.8.18~~	~~23.8.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~50mls~~	~~PO~~	✓	fifty				S					
J	~~9.3.18~~	~~9.3.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~45mls~~	~~PO~~	✓	forty five				S					
K	~~23.8.18~~	~~23.8.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~40mls~~	~~PO~~	✓	forty				S					
L	~~25.5.18~~	~~25.4.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~35mls~~	~~PO~~	✓	thirty five				S					
M	~~8.6.18~~	~~8.12.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~30mls~~	~~PO~~	✓	thirty				S					
N	~~23.8.18~~	~~23.12.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~25mls~~	~~PO~~	✓	twenty five				S					
P	~~6.7.18~~	~~6.11.18~~		~~METHADONE MIXTURE 1mg/ml SF 5x~~	~~20ml~~	~~PO~~	✓	twenty				S					
Q	~~7.9.18~~	~~7.3.19~~		METHADONE MIXTURE 1mg/ml SF 5x	18mls	PO	✓	Eighteen				S					
R	~~21.9.18~~	~~21.3.19~~		METHADONE MIXTURE 1mg/ml SF 5x	16mls	PO	✓	Sixteen				S					
S	5/10/18	5/3/19		METHADONE MIXTURE 1mg/ml SF 5x	14ml	PO	✓	FOURTEEN				S			MC		
T	~~19.10.18~~	~~19.3.19~~		METHADONE MIXTURE 1mg/ml SF 5x	12mls	PO	✓	twelve				S					
U	~~2.11.18~~	~~2.3.19~~		METHADONE MIXTURE 1mg/ml SF 5x	10mls	PO	✓	ten				S					

Name: Colin McKay Spin No: 17345 DoB: 5-9-79 Location: A1 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

Medication Administration Record

HMP Shotts Healthcare Services
Sheet no: ..... of .....
NHS Lanarkshire

Date	AM	Noon	PM	Night	Comments
15/10/18	S				
16/10/18	S				
17/10/18	S				
18/10/18	S				
19/10/18	S				
20/10/18	T				
21/10/18	T				
22/10/18	T				
23/10/18	T				
24/10/18	T				
25/10/18	T				
26/10/18	T				
27/10/18	T				
28/10/18	T				
29/10/18	T				
30/10/18	T				
31/10/18	T				
1.11.18	T				

Date	AM	Noon	PM	Night	Comments
2/11/18	U				
3/11/18	U				
4/11/18	U				
5/11/18	U				
6/11/18	U				
7/11/18	U				
8/11/18	U				
9.11.18	U				
10/11/18	U				
11/11/18	U				
12/11/18	U				
13/11/18	U				
14/11/18	U				
15/11/18	U				
16/11/18	U				
17/11/18	U				
18/11/18	U				
19/11/18	U				
20/11/18	U				
21/11/18	U				
22/11/18	U				

Numbers to be written after medication letter A, B, C, etc. when medication is not given as prescribed. Medication not given key:
1 = prisoner not in establishment
2 = prisoner declined to accept medication
3 = prisoner failed to appear
4 = medication not available
5 = medication not given for other reason - record why in patient records

Patient name: COLIN MCKAY **SPIN:** 17345 **Date of birth:** 5.9.79 **Location:** A1

Pub. date: Apr. 2018 | Review date: Apr. 2021 | Issue No: 01

NHS Confidential: Personal data about a patient
CAT134
NMAHP.SPMEDA.18_06622.1

Patient name:	SPIN:	Date of birth:	Location:

Numbers to be written after medication letter A, B, C, etc. when medication is not given as prescribed. Medication not given key:
1 = prisoner not in establishment
2 = prisoner declined to accept medication
3 = prisoner failed to appear
4 = medication not available
5 = medication not given for other reason - record why in patient records

Medication Administration Record

Date	AM	Noon	PM	Night	Comments	Date	AM	Noon	PM	Night	Comments
23/11/18	U										
24/11/18	U										
25/11/18	U										
26/11/18	U										
27/11/18	U										
28/11/18	U										
29/11/18	U										
30/11/18	U										
01/12/18	U										
2/12/18	U										
3/12/18	U										
4/12/18	U										
5/12/18	U										
6/12/18	U										
7/12/18	U										
8/12/18	U										
9/12/18	U										
10/12/18	U										
11/12/18	U										
12/12/18	U										

Pub. date: Apr. 2018 | Review date: Apr. 2021 | Issue No: 01

NHS Confidential: Personal data about a patient

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
8/12/21	4				
9/12/21	4				
10/12/21	4				
11/12/21	4				
12/12/21	4				
13/12/21	4				
14/12/21	4				
15/12/21	4				
16/12/21	4				
17/12/21			4		
18/12/21	4				
19/12/21	4				
20/12/21	4				
21/12/21	4				
22/12/21					
23/12/21	4				
24/12/21	4				
25/12/21	4				
26/12/21	4				
27/12/21	4				
28/12/21	4				
29/12/21	4				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
30/12/21	4				
31/12/21	4				
1/1/22	4				
2/1/22	4				
3/1/22	4				
4/1/22	4				
5/1/22	4				
6/1/22	4				
7/1/22	4				
8/1/22	4				
9/1/22	4				
10/1/22	4				
11/1/22	4				
12/1/22	4				
13/1/22	4				
14/1/22	4				
15/1/22	4				
16/1/22	4				
17/1/22	4				
18/1/22	4				
19/1/22	4				
20/1/22	4				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: ..... Colin McCann SPIN No.: [redacted] LOC: ..... PN: 200041

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
21/1/22	4				
22/1/22	4				
23/1/22	4				
24/1/22	4				
25/1/22	4				
26/1/22	4				
27/1/22	4				
28/1/22	4				
29/1/22	4				
30/1/22	4				
31/1/22	4				
1/2/22	4				
2/2/22	4				
3/2/22	4				
4/2/22	4				
5/2/22	4				
[illegible]	4				
7/2/22	4				
8/2/22	4				
9/2/22					
10/2/22	4				
11/2/22					

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
01/2/22	4				
13/2/22	4				
14/2/22	4				
15/2/22	4				
16/2/22	4				
17/2/22	4				
18/2/22	4				
19/2/22	4				
20/2/22	4				
21/2/22	4				
22/2/22	4				
23/2/22	4				
24/2/22	4				
25/2/22	4				
26/2/22	4				
27/2/22	4				
28/2/22	4				
1/3/22	4				
2/3/22	4				
3/3/22	4				
4/3/22	4				
5/3/22	4				

Numbers to be written after medication letter A,B,C, etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 17365 LOC: .....

NAME Conn Murray

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

DRUG RECORDING SHEET

SPIN No. 17345

LOC A

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/12					
2/12					
3/12					
4/12					
5/12					
6/12					
7/12					
8/12					
9/12					
10/12					
11/12					
12/12					
13/12					
14/12					
15/12					
16/12					
17/12					
18/12					
19/12					
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21/12					
22/12					
23/12					
24/12					
25/12					
26/12					
27/12					
28/12					
29/12					
30/12					
31/12					
1/1/08					
2/1/08					
3/1/08					
4/1/08					
5/1/08					
6/1/08					
7/1/08					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/1/08					
9/1/08					
10/1/08					
11/1/08					
12/1/08					
13/1/08					
14/1/08					
15/1/08					
16/1/08					
17/1/08					
18/1/08					
19/1/08					
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21/1/08					
22/1/08					
23/1/08					
24/1/08					
25/1/08					
26/1/08					
27/1/08					
28/1/08					
29/1/08					
30/1/08					
31/1/08					
1/2/08					
2/2/08					
3/2/08					
4/2/08					
5/2/08					
6/2/08					
7/2/08					
8/2/08					
9/2/08					
10/2/08					
11/2/08					
12/2/08					
13/2/08					
14/2/08					
15/2/08					
16/2/08					
17/2/08					
18/2/08					
19/2/08					
20/2/08					
21/2/08					DOSE CHANGED
22/2/08					
23/2/08					
24/2/08					
25/2/08					

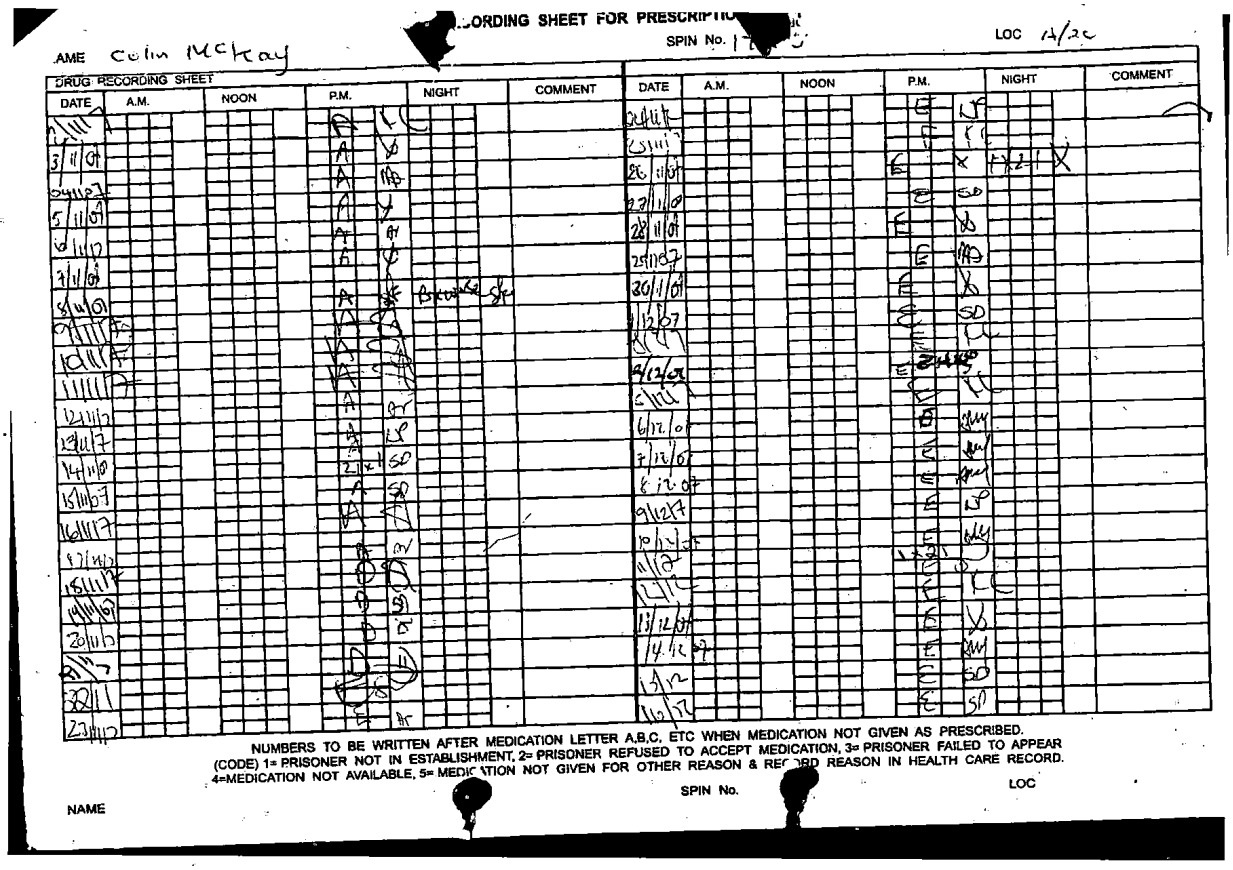
NUMBERS TO BE WRITTEN IN MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN [illegible]MENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE. [illegible]ITION NOT GIVEN FOR OTHER REASON IN HEALTH CARE RECORD.

NAME

SPIN

LOC WK O115S

NHS Confidential: Personal data about a patient



...CORDING SHEET FOR PRESCRIPTIO...

AME Colin McKay

SPIN No. [redacted]

LOC A/2C

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/11/07					
3/11/07					
4/11/07					
5/11/07					
6/11/07					
7/11/07					
8/11/07					
9/11/07					
10/11/07					
11/11/07					
12/11/07					
13/11/07					
14/11/07					
15/11/07					
16/11/07					
17/11/07					
18/11/07					
19/11/07					
20/11/07					
21/11/07					
22/11/07					
23/11/07					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/11/07					
25/11/07					
26/11/07					
27/11/07					
28/11/07					
29/11/07					
30/11/07					
1/12/07					
2/12/07					
3/12/07					
4/12/07					
5/12/07					
6/12/07					
7/12/07					
8/12/07					
9/12/07					
10/12/07					
11/12/07					
12/12/07					
13/12/07					
14/12/07					
15/12/07					
16/12/07					

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

SPIN No.

LOC

NHS Confidential: Personal data about a patient

SPS
SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 1.

HM Perth

Start Date 2.11.07

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A	2.11.07	2.11.08		OLANZAPINE	10mg					✓	D					
B	8.11.07	15.11.07	15.11.07	Amoxicillin caps	250mg	P/O	✓	✓		✓	W		SJ			
C																
[redacted]				OLANZAPINE	10mg	O				✓	D		22/11/07			
E	22/11/07	22.11.08		OLANZAPINE	20mg	O				✓	D					
F	14/12/07	15.01.08		OLANZAPINE 1cm	20mg	P/O				✓	W					
G	20/3/08	20/4/08	4/6/18	OLANZAPINE	15mg	O				✓	W					
H	6/6/08		19/6/18	OLANZAPINE	10mg	O				✓	W					
J	20/6/18		3/7/18	OLANZAPINE	5mg	O				✓	W					
K																
L																
M																
N																
P																
Q																
R																
S												ON METHADONE				
T																
U																

Name: Colin McKay Spin No: LT345 DoB: 5.9.79 Location: ~~E5~~ A4/30 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

HM [illegible]

Prescription Sheet No. 1

Start Date 10/11/07

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
1.	10/11/07	19/11/07		IBUPROFEN	400mg	O	8hrly if req/wkly			11/07/08	MC	[illegible]	
2	20/10/08	20/10/08		Dispersible tabs	400mg	PO	PRN/TDS	W		17/5/10		[illegible]	[illegible]
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist: Initials	Pharmacist: Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: Colin McKay Spin No: 1365 DoB: 5/4/79 Location: A Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

NAME C.McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET (1)

PS2

SPIN No. 17345

LOC A4

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
4/4/18	GX7				NJ						
9/4/18	VE				NJ						
11/4/18	GX7				DS						
16/4/18			GX14		NJ						
25/4/18	GX14				NJ						
2/5/18	GX14				NJ						
8/5											
9/5/18	GX14				NJ						
16/5/18	GX14				NJ						
23/5/18	GX14				NJ						
30/5/18	GX7				NJ						
6/6/18	HX7				NJ						
13/6/18	HX7				DS						
20/6/18	JX7				VE						
27/6/18	JX7				NJ						
4/7/18	JX7				JB						
11/7/18	JX7				DS						
18/7/18	JX7				DS						
25/7/18	JX7				NJ						

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 C. McKay [redacted] SPIN No. 17345 [redacted] LOC A4

NH8 Confidential: Personal data about a patient

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC

WK 0115S

NHS Confidential: Personal data about a patient

NAME C. Mc KAY

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

SPIN No. 17345 LOC A

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16/2/08	C				
17/2/08	C				
18/2/08	C				
19/2/08	C				
20/2/08	C				
21/2/08	C				
22/2/08	C				
23/2/08	C				
24/2/08	C				
25/2/08	C				
26/2/08	C				
27/2/08	C				
28/2/08	C				
29/2/08	C				
1/3/08	C				
2/3/08	C				
3/3/08	C				
4/3/08	C				
5/3/08	C				
6/3/08	C				
7/3/08	C				
8/3/08	C				
9/3/08	C				
10/3/08	C				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/3/08	C				
3/3/08	C				
4/3/08	C				
5/3/08	C				
6/3/08	C				
7/3/08	C				
8/3/08	C				
9/3/08	C				
10/3/08	C				
11/3/08	C				
12/3/08	C				
13/3/08	C				
14/3/08	C				
15/3/08	C				
16/3/08	C				
17/3/08	C				
18/3/08	C				
19/3/08	C				
20/3/08	C				
21/3/08	C				
22/3/08	C				
23/3/08	C				
24/3/08	C				
25/3/08	C				
26/3/08	C				
27/3/08	C				
28/3/08	C				
29/3/08	C				
30/3/08	C				
31/3/08	C				

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 C. Mc KAY

SPIN No. 17345 LOC

WK 0115S

NHS Confidential: Personal data about a patient

C Mc KAY

RECORDING SHEET FOR PRESCRIBED MEDICATION

SPIN No. 17545 LOC N

...JG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/1/08					
4/1/08					
5/1/08					
6/1/08					
7/1/08					
8/1/08					
9/1/08					
10/1/08					
11/1/08					
12/1/08					
13/1/08					
14/1/08					
15/1/08					
16/1/08					
17/1/08					
18/1/08					
19/1/08					
20/1/08					
21/1/08					
22/1/08					
23/1/08					
24/1/08					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/1/08					
26/1/08					
27/1/08					
28/1/08					
29/1/08					
30/1/08					
31/1/08					
1/2/08					
2/2/08					
3/2/08					
4/2/08					
5/2/08					
6/2/08					
7/2/08					
8/2/08					
9/2/08					
10/2/08					
11/2/08					
12/2/08					
13/2/08					
14/2/08					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME

SPIN No.

LOC

NHS Confidential: Personal data about a patient

NAME C MCKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

SPIN No. 1725 LOC A

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/6/08	D				
2/6/08	D				
3/6/08	D				
4/6/08	D				
5/6/08	D				
6/6/08	D				
7/6/08	D				
8/6/08	D				
9/6/08	D				
10/6/08	D				
11/6/08	D				
12/6/08	D				
13/6/08	D				
14/6/08	D				
15/6/08	D				
16/6/08	D				
17/6/08	D				
18/6/08	D				
19/6/08	D				
20/6/08	D				
21/6/08	D				
22/6/08	D				
23/6/08	D				
24/6/08	D				
25/6/08	D				
26/6/08	D				
27/6/08	D				
28/6/08	D				
29/6/08	D				
30/6/08	D				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/6/08	D				
2/6/08	D				
3/6/08	D				
4/6/08	D				
5/6/08	D				
6/6/08	D				
7/6/08	D				
8/6/08	D				
9/6/08	D				
10/6/08	D				
11/6/08	D				
12/6/08	D				
13/6/08	D				
14/6/08	D				
15/6/08	D				
16/6/08	D				
17/6/08	D				
18/6/08	D				
19/6/08	D				
20/6/08	D				
21/6/08	D				
22/6/08	D				
23/6/08	D				
24/6/08	D				
25/6/08	D				
26/6/08	D				
27/6/08	D				
28/6/08	D				
29/6/08	D				
30/6/08	D				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME COLIN MCKAY

SPIN No. 173[redacted] LOC A WK O115S

N=IS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIBED [redacted] LOC

NAME Conn McKAY SPIN No. 17[redacted]

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/1/08	C				
1/4/08	C				
2/4/08	C				
3/4/08	C				
4/4/08	C				
5/4/08	C				
6/4/08	C				
7/4/08	C				
8/4/08	C				
9/4/08	C				
10/4/08	C				
11/4/08	C				
12/4/08	C				
13/4/08	C				
14/4/08	C				
15/4/08	C				
16/4/08	C				
17/4/08	C				
18/4/08	C				
19/4/08	C				
20/4/08	C				
21/4/08	C				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
22/4/08	C				
23/4/08	C				
24/4/08	C				
25/4/08	C				
26/4/08	C				
27/4/08	C				
28/4/08	C				
29/4/08	C				
30/4/08	C				
1/5/08	C				
2/5/08	C				
3/5/08	C				
4/5/08	C				
5/5/08	C				
6/5/08	C				
7/5/08	C				
8/5/08	C				
9/5/08	C				
10/5/08	C				
11/5/08	C				
12/5/08	C				
13/5/08	C				

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 SPIN No. LOC

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIP. ON SHEET

≅ IN M^KAY

SPIN No. 1734S

LOC A3/4

RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5/6/6					
8/6/08					
21608					
30/6/07					
11/8					
28/6					
4/7/6					
4/8/6					
4/8/6					
2/1/08					
8/8/6					
9/7/08					
10/7/8					
11/7/6					
12/7/08					
13/7/08					
14/7/8					
15/7/8					
16/7/8					
17/7/8					
18/7/8					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/7/8					
20/7/08					
21/7/6					
22/7/8					
23/7/8					
24/7/8					
25/7/08					
26/7/8					
27/7/8					
28/7/08					
29/7/08					
30/7/08					
31/7/8					
1/8/08					
2/8/6					
3/8/6					
4/8/08					
5/8/8					
6/8/8					
7/8/08					
8/8/08					
9/8/8					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME COLIN M^KAY

SPIN No. 1734S

LOC A3/4

NHS Confidential: Personal data about a patient

PS2

NAME C. McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC A4

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/3/8	E				
11.8.08	E				
12/8/08	E				
1/3/08	E				
1/4/08	E				
1/5/08	E				
1/6/08	E				
1/7/08	E				
1/8/08	E				
1/9/08	E				
1/10/08	E				
1/11/08	E				
1/12/08	E				
1/13/08	E				
1/14/08	E				
1/15/08	E				
1/16/08	E				
1/17/08	E				
1/18/08	E				
1/19/08	E				
1/20/08	E				
1/21/08	E				
1/22/08	E				
1/23/08	E				
1/24/08	E				
1/25/08	E				
1/26/08	E				
1/27/08	E				
1/28/08	E				
1/29/08	E				
1/30/08	E				
1/31/08	E				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/1/08	E				
2/1/08	E				
3/1/08	E				
4/1/08	E				
5/1/08	E				
6/1/08	E				
7/1/08	E				
8/1/08	E				
9/1/08	E				
10/1/08	E				
11/1/08	E				
12/1/08	E				
13/1/08	E				
14/1/08	E				
15/1/08	E				
16/1/08	E				
17/1/08	E				
18/1/08	E				
19/1/08	E				
20/1/08	E				
21/1/08	E				
22/1/08	E				
23/1/08	E				
24/1/08	E				
25/1/08	E				
26/1/08	E				
27/1/08	E				
28/1/08	E				
29/1/08	E				
30/1/08	E				
31/1/08	E				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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SPIN No. LOC WK 0115S

KH6 Confidential: Personal data about a patient

NAME C Mcevoy

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

DRUG RECORDING SHEET

SPIN No. [redacted] 17345 (1) LOC A

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/11/17	B DV				
21/11	B				
22/11	B				
23/11	B				
24/11	B				
25/11	B				
26/11	B				
27/11	B				
28/11	B				
29/11	B				
30/11	B				
1/12/17	B				
2/12	B				
3/12	B				
4/12	B				
5/12	B				
6/12	B				
7/12	B				
8/12	B				
9/12	B				
10/12	B				
11/12	B				
12/12	B				
13/12	B				
14/12	B				
15/12	B				
16/12	B				
17/12	B				
18/12	B				
19/12	B				
20/12	B				
21/12	B				
22/12	B				
23/12	B				
24/12	B				
25/12	B				
26/12	B				
27/12	B				
28/12	B				
29/12	B				
30/12	B				
31/12	B				
1/1/18	B				
2/1/18	B				

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 [redacted]

SPIN No.

LOC

WK O115S

NHS Confidential: Personal data about a patient

NOTICE: Confidential Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C M4147 SPIN No. 17341 LOC 24

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/10/07					
2/10/07					
3/10/07					
4/10/07					
5/10/07					
6/10/07					
7/10/07					
8/10/07					
9/10/07					
10/10/07					
11/10/07					
12/10/07					
13/10/07					
14/10/07					
15/10/07					
16/10/07					
17/10/07					
18/10/07					
19/10/07					
20/10/07					
21/10/07					
22/10/07					
23/10/07					
24/10/07					
25/10/07					
26/10/07					
27/10/07					
28/10/07					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29/10/07					
30/10/07					
31/10/07					
1/11/07					
2/11/07					
3/11/07					
4/11/07					
5/11					
6/11/07					
7/11/07					
8/11					
9/11/07					
10/11/07					
11/11/07					
12/11/07					
13/11/07					
14/11					
15/11					
16/11/07					
17/11/07					
18/11/07					
19/11/07					

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 [redacted] SPIN No. [redacted] LOC

NAME C Mc KAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345

LOC A

F52

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/16			1 V 4								
10/10/61			2 V 15 A								
2/4/63			3 23								
3/16			4 23 PC								
5/4/65			4 X 21								

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME [redacted] SPIN No. [redacted] LOC

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

HM BARLINNIE Barlinnie

Start Date 6.9.7

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A	6.9.7	6.12.7		~~Methadone Mixture 1mg/ml~~												
				Methadone Mixture 1mg/ml	90ml	PO	once daily				S					
B				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
C				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
D				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
E				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
F				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
G				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
H				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
J				~~Methadone Mixture 1mg/ml~~		PO	once daily				S					
K				Methadone Mixture 1mg/ml		PO	once daily				S					
L				Methadone Mixture 1mg/ml		PO	once daily				S					
M				Methadone Mixture 1mg/ml		PO	once daily				S					
N				Methadone Mixture 1mg/ml		PO	once daily				S					
P				Methadone Mixture 1mg/ml		PO	once daily				S					
Q				Methadone Mixture 1mg/ml		PO	once daily				S					
R				Methadone Mixture 1mg/ml		PO	once daily				S					
S				Methadone Mixture 1mg/ml		PO	once daily				S					
T				Methadone Mixture 1mg/ml		PO	once daily				S					
U				Methadone Mixture 1mg/ml		PO	once daily				S					

Name: Colin mckay Spin No: 17345 DoB: 5.9.79 Location: A Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

05/10/2007 15:38 01417702013 BARLINNIE ADDICTIONS PAGE 01

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME (SPIN No. (LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/9/7	A										
27/9/7	A										
28/9/7	A										
29/9/7	A										
30/9/7	A										
26-9-7	A			HH							
27-9-7	A			HH							
28/9/7	A										
29-9-7	A			HH							
30-9-7	A			HH							
1-10-7	A										
2/10/7	A										
3-10-7	A			HH							
4-10-7	A			HH							
5-10-7	A			HH							

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NAME Colin Mc Kay (SPIN No. 17345 (LOC

NHS Confidential: Personal data about a patient

05/10/2007 15:38 01417702013 BARLINNIE ADDICTIONS PAGE 02

SHEET No. .....

MEDICINE PRESCRIPTION SHEET

Key: O ORAL SL SUBLINGUAL PR PER RECTUM
IM INTRAMUSCULAR ID INTRADERMAL PV PER VAGINA
IV INTRAVENOUS INH INHALATION IT INTRATHECAL
SC SUBCUTANEOUS NEB NEBULISED

Write, Imprint or attach label

HCR No: 17345
CHI No.:
Surname: McKay Sex: M
Forename: Colin
Address:
Date of Birth: 05/9/79

KNOWN SENSITIVITY

1 NKDA	2.

SUSPECTED ADVERSE REACTION

MEDICINE	ADVERSE EFFECT
1.	
2	

MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

PHARM.	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION (8am / 8pm / Other / 12noon / 2pm / 6pm / 8am / 10pm / 12mn)	OTHER	ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED DATE	DISCONTINUED INITIAL
A	~~5/9/12~~	~~Methadone 1mg/ml~~	~~60ml~~	✓		O	1/12	R 11/4/12		RB
B	12/6/12	Methadone 1mg/ml	60ml	✓		O	3/12	R		
C										
D										
E										
F										
G										
H										
I										
J										
K										
L										
M										
N										
O										
P										
R										
S										
T										
V		Methadone		●		●				

S140/99

NHS Confidential: Personal data about a patient

Name Colin Mc Kay

Age

Consultant

Hospital 1734S

Enter code in box and initial when medicine is taken

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
10/9/12	Init.		B co/1P							
11/9/12	Init.		B co/1P							
12/9/12	Init.		P							
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									

Colin Mc Kay

NHS Confidential: Personal data about a patient

STA1216

Prescription Sheet No. 1 Start Date 6/10/17

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	6/10/17	6/11/17	28	IBUPROFEN	400mg	O	8hrly	W					
2	9/10/17	28/6/17		PARACETAMOL	1g	O	4hrly PRN MAX 4g/24hrs	W					
3													
4	29/10/17	28/6/17		FLUCLOXACILLIN	500mg	O	6hrly	W	R DELLOW				
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Pharmacist Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15							METHADONE PROGRAMME			
16							SIG			
17										
18										

Name: Colin McKay Spin No: 17345 DoB: 5/5/75 Location: A Allergies: NK

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. _____ HM _____

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A																
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: _____ Spin No: _____ DoB: _____ Location: _____ Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

NAME C. McKay SPIN No. 17345 LOC E1

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/29	P		9								
12/29	P										
12-7-7			AB		CIP						
20/11			AB		CIP						
12/29	DAR				CIP						

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME [redacted] SPIN No. [redacted] LOC

[redacted]

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

HM BARLINNIE

Start Date 6.9.7

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A	6.9.7	6.12.7		~~Methadone Mixture 1mg/ml~~	90ml	~~PO~~	~~once daily~~				~~S~~					
B				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
C				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
D				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
E				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
F				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
G				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
H				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
J				~~Methadone Mixture 1mg/ml~~		~~PO~~	~~once daily~~				~~S~~					
K				Methadone Mixture 1mg/ml		PO	once daily				S					
L				Methadone Mixture 1mg/ml		PO	once daily				S					
M				Methadone Mixture 1mg/ml		PO	once daily				S					
N				Methadone Mixture 1mg/ml		PO	once daily				S					
P				Methadone Mixture 1mg/ml		PO	once daily				S					
Q				Methadone Mixture 1mg/ml		PO	once daily				S					
R				Methadone Mixture 1mg/ml		PO	once daily				S					
S				Methadone Mixture 1mg/ml		PO	once daily				S					
T				Methadone Mixture 1mg/ml		PO	once daily				S					
U				Methadone Mixture 1mg/ml		PO	once daily				S					

Name: Colin Mckay Spin No: 17345 DoB: 5.9.79 Location: _____ Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

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SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

Side A

HM Blakeman

Start Date 10.7.07

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	10.7.07	10.8.07		Vit B Compound Strong	1tab	PO	✓	✓	✓		W	KMB				
B	10.7.07	10.8.07		Diazepam	10mg	PO	✓	✓	✓		W	KMB				
C	8/8/7	8/9/7		Ibuprofen	400mg	PO	/	/	/			al			KMB	
D	8/8/7	8/9/7		Vit B co	2tab	PO	✓				W	al			KMB	
E	20/9/7		22/9/7	Amoxicillin	250,	O	✓	-	-		C	JD			KMB	
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin McKay Spin No: 173458 DoB: 5.9.79 Location: E1.24 Allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SSS00145

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FLVI _____

Prescription Sheet No. _____ Start Date _____

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Imm	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	20/9/17	21/9/17		Ibuprofen	400mg	O	TID	W					
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: Erin McCay Spin No: 17345 DoB: 5/9/29 Location: E1.24 Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SSS0014S

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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	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/9/7	A										
22/9/7	A										
24/9/7	A										
25/9/7	A										
26-9-7	A	HH									
27-9-7	A	HH									
28/9/7	A	H									
29-9-7	A	HH									
30-9-7	A	HH									
1-10-7	A	HH									
2/10/7	A	H									
3-10-7	A	HH									
4-10-7	A	HH									
5-10-7	A	HH									

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 Colin Mc Kay

SPIN No. 17345

LOC

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RECORDING SHEET FOR PRESCRIPTION SHEET

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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME

SPIN No.

LOC

WK O1155

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NAME

DRUG RECORDING SHEET

ORDING SHEET FOR PRESCRIPTION SHE

SPIN No.

LOC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7-8-7	S	AH			
8.8.7	S	MH			
9-8-7	S	HH			
10-8-7	S	AH			
11.8.7	S	MH			
12-8-7	S	AH			
13-8-7	S	HH			
14-8-7	S	HH			
15-8-7	S	HH			
16-8-7	S	HH			
17-8-7	S	HH			
18/8/7	S	AH			
19.8.7	S	AH			
20-8-7	S	AH			
21-8-7	S	HH			
22-8-7	S	HH			
23-8-7	S	HH			
24-8-7	S	HH			
25/8/7	S	HH			
26/8/7	S	HH			
27-8-7	S	HH			
28-8-7	S	HH			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29/8/7	S				
30/8/7	S				
31/8/7	S				
1/9/7	S				
2/9/7	S				
3-9-7	S				
4.9.7	S				
5/9/7	S				
6/9/7	A				
7/9/7	A				
8/9/7	A				
9/9/7	A				
10/9/7	A				
11.9.7	A				
12.9.7	A				
13/9/7	A				
14/9/7	A				
15/9/7	A				
16.9.7	A				
17/9/7	A				
18.9.7	A				
19/9/7	A				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. COLIN McKAY

SPIN No. [redacted]

LOC

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[redacted]DING SHEET FOR PRESCRIPTION SHEET

NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/6					
26/6					
27/6					
28/6					
29/6					
30/6					
1/7/17					
2/7/17					
3/7/17					
4/7/17					
5/7/17					
6/7/17					
7/7/17					
8/7/17					
9/7/17					
10/7/17					
11/7/17					
12/7/17					
13/7/17					
14/7/17					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16/7/17					
17/7/17					
18/7/17					
19/7/17					
20/7/17					
21/7/17					
22/7/17					
23/7/17					
24/7/17					
25/7/17					
26/7/17					REFUSED
27/7/17					
28/7/17					
29/7/17					
30/7/17					
31/7/17					
1-8-17					
2-8-17					
3/8/17					
4/8/17					
5/8/17					
6-8-17					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

LOC

serco

Prescription Sheet No.....

HM... Palmerston

Side A

Start Date.....

	REGULAR PRESCRIPTIONS						Times of Administration							Discontinued		Pharmacist	
	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	AM	Noon	PM	Night	Issue	Prescribers Signature		Date	Initial	Initial	Date
A	~~9.6.6~~	~~10-7-6~~		~~Methadone Mixt~~	~~90~~	~~Mls~~					S						
B																	
C	7.2.6	7.9.6		Methadone Mixt	90	Mls	✓										
D																	
E	8.9.6	9.12.6		Methadone Mixt	90	Mls					S						
F																	
G	9.2.6	9.12.6	8.12.6	METHADONE MIX MIXT	90ml	20	✓				S						
H																	
J	19.12.7	~~10.9.7~~	10.12.7	Methadone Mixt	90	Mls	✓				S						
K																	
L																	
M																	
N																	
P																	
Q																	
R																	
S																	
T																	
U																	

Name Colin McKay Spin No: 17345 DoB 5-5-79 Location A A1-44 Allergies NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

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Prescription Sheet No..... HM [illegible] Side A

Start Date.....

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescribers Signature	Discontinued Date	Discontinued Initial	Pharmacist Initial	Pharmacist Date
A	27/11/6	5/12	6-12-7	Diclofenac	75mg	PR	✓		✓		S					
B	27/11/6	5/12	6-12-7	Baclofen	10mg	PO	–	–	–		S					
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin Mckay Spin No: 17345 DoB: 5-8-79 Location: H-44 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

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NAME

DRUG RECORDING SHEET

RECORDING SHEET FOR PRESCRIPTION SHEET No.

SPIN No.

LOC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
22/11		AB SD			1152						
5/12		AB SD			1152						
12/12		AB MG			1152						
19/12		AB SD			1152						
26/12		AB SD			1152						
3/12		AB SD			1152						
10/1			AB SD		up to 6/1						
23/1		AB SD			9 wk						
26/1		IM 1/2 AB	1/2		1152						
29/1											

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. COLIN MCKAY

SPIN No. 17345

LOC

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Prescription Sheet No..... HM.....

Side A

Start Date.....

	REGULAR PRESCRIPTIONS																	
	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration				Issue	Prescribers Signature	Discontinued		Pharmacist	
							AM	Noon	PM	Night			Date	Initial	Initial	Date
A	27/7		4/8	Amoxycillin	500mg	po	✓	✓	✓		W	[signature]				
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin Miller Spin No: 173465 DoB: 5-9-79 Location: H Allergies.....

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

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NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/3/			A L		D-Fluticasone Given						

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. Colin McKay SPIN No. 17395 LOC H

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[redacted] SHEET FOR PRESCRIPTION [redacted]

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9/4	A	[redacted]			
10/4/06	A	[redacted]			
11/4/06	A	[redacted]			
12/4/06	A	[redacted]			
13/4/06	A	[redacted]			
14/4/06	A	[redacted]			
15/4	A	[redacted]			
16/4	B	[redacted]			
17/4/06	B	[redacted]			
18/4/06	B	[redacted]			
19/4/06	B	[redacted]			
20/4/06	B	[redacted]			
21/4/06	B	[redacted]			
22/4/06	B	[redacted]			
23/4/06	B	[redacted]			
24/4/06	B	[redacted]			
25/4/06	B	[redacted]			
26/4/06	B	[redacted]			
27/4/06	B	[redacted]			
28/4/06	B	[redacted]			
29/4/06	B	[redacted]			
30/4/06	B	[redacted]			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/5/06	B	[redacted]			
2/5/06	B	[redacted]			
3/5/06	B	[redacted]			
4/5/06	B	[redacted]			
5/5/06	B	[redacted]			
6/5/06	B	[redacted]			
7/5/06	B	[redacted]			
8/5/06	B	[redacted]			
9/5/06	B	[redacted]			
10/5/06	B	[redacted]			
11/5/06	B	[redacted]			
12/5/06	B	[redacted]			
13/5/06	B	[redacted]			
14/5/06	B	[redacted]			
15/5/06	B	[redacted]			
16/5/06	B	[redacted]			
17/5/06	B	[redacted]			
18/5/06	B	[redacted]			
19/5	B	[redacted]			
20/5/06	B	[redacted]			
21/5	B	[redacted]			
22/5/06	B	[redacted]			

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. Colin McKay SPIN No. 1734S LOC

[redacted]

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/5	B				
24/5	B				
25/5	B				
26/5	B				
27/5	B				
28/5	B				
29/5	B				
30/5	B				
31/5	B				
1/6	B				
2/6	B				
3/6	B				
4/6	B				
5/6	B				
6/6	B				
7/6	B				
8/6	B				
9/6	B				
10/6	B				
11/6	B				
12/6	B				
13/6	B				
14/6	B				
15/6	B				
16/6	B				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/5	A				
25/5	A				
26/5	A				
27/5	A				
28/5	A				
29/5	A				
30/5	A				
31/5	A				
1/6	A				
2/6	A				
3/6	A				
4/6	A				
5/6	A				
6/6	A				
7/6	A				
8/6	A				
9/6	A				
10/6	A				
11/6	A				
12/6	A				
13/6	A				
14/6	A				
15/6	A				
16/6	A				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. COLIN MCKAY SPIN No. 17347 LOC H

NHS Confidential: Personal data about a patient

serco

Side A

Prescription Sheet No..... HM....plc/mwls

Start Date.....

	REGULAR PRESCRIPTIONS															
	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescribers Signature	Discontinued Date	Discontinued Initial	Pharmacist Initial	Pharmacist Date
A	12/5/6	20/5/6		Amoxycillin	500mgs		✓	–	–		wlb					
B	12/5/6	20/5/6		Diclofenac	50mgs		–	–	–		wlb					
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin McBa Spin No: 1735/5 DoB..... Location..... Allergies.....

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses SS014

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[redacted]

NAME

[redacted]CORDING SHEET FOR PRESCRIPTION SH[redacted]NO.

DRUG RECORDING SHEET

SPIN No.

LOC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
13/5/06			A=5 days								
12/5/06	A=1x500mg				A-2 days.						

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. COLIN McKAY. SPIN No. 17345 LOC H.

[redacted]

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serco

Prescription Sheet No..... HM Kilmarnock

Start Date 29.6.6

AS REQUIRED PRESCRIPTIONS

	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Frequency of Administration	Issue	Prescribers Signature	Discontinued Date	Discontinued Initial	Pharmacist Initial	Pharmacist Date
1													
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin Date	Administration Time	DRUGS (Including Formulation)	Dose	Route	Prescribers Signature	Given By	Time Given	Pharmacist Initial	Pharmacist Date
10	24-6-6	2-7-6	Tamsulosin	400mg	PO			1900hrs		
11	24-6-6	2-7-6	Diclofenac	50mg	PO			1900hrs		
12										
13										
14										
15										
16										
17										
18										

Name Gavin McGaw Spin No: 17395 DoB..... Location H-99 Allergies NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

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Prescription Sheet No. _____ HM KILMARNOCK

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	11-6	11-6		Methadone mixt	90-ml	po	1				5					
B	12-6	12-6		Methadone mixt	90-ml	po	1				5					
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin McKay Spin No: 17345 DoB: 5-9-79 Location: H Allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Prescription Sheet No. _____

HM _____ PERTH

Start Date _____



REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature
A	~~[illegible]~~	~~[illegible]~~		~~Methadone Mixture 1 mg/ml~~	90ml	PO		once daily				S
B				Methadone Mixture 1 mg/ml		PO		once daily				S
C	26/1	26/		~~Methadone Mixture 1 mg/ml~~	[illegible]	PO		once daily				S
D	[illegible]			[illegible]	[illegible]							S
E	11/2/5	4/8/5		~~Methadone Mixture 1 mg/ml~~	90ml	PO		once daily				S R Dunn TED
F	25/4/5	25/11/5	18-23	~~Methadone Mixture 1 mg/ml~~	90ml	PO		once daily				S R Dunn
G	19/5/5	19/11/5		~~Methadone Mixture 1 mg/ml~~	90ml	PO		once daily				S OA
H	11/05	11/06		~~Methadone Mixture 1 mg/ml~~	90ml	PO		once daily				S
J	9/6/6	9/6/6		Methadone Mixture 1 mg/ml	90ml	PO		once daily				S
K				~~Methadone Mixture 1 mg/ml~~		PO		once daily				S
L				Methadone Mixture 1 mg/ml		PO		once daily				S
M				Methadone Mixture 1 mg/ml		PO		once daily				S
N				Methadone Mixture 1 mg/ml		PO		once daily				S
P				Methadone Mixture 1 mg/ml		PO		once daily				S
Q				Methadone Mixture 1 mg/ml		PO		once daily				S
R				Methadone Mixture 1 mg/ml		PO		once daily				S
S				Methadone Mixture 1 mg/ml		PO		once daily				S
T				Methadone Mixture 1 mg/ml		PO		once daily				S
U				Methadone Mixture 1 mg/ml		PO		once daily				S

Name: Colin McKay Spin No: 17345 DoB: 5-9-79 Location: ~~A Hall~~ D Hall Seg Allergies: _____

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

SS014

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NAME SPIN No. LOC PS2

DRUG RECORDING SHEET

Date	A.M.	Noon	P.M.	Night	Comment	Date	A.M.	Noon	P.M.	Night	Comment
7/12/15	H					29/12/15	H				
9/12/15	H					30/12/15	H				
11/12/15	H					31/12/15	H BB				
13/12/15	H					1/1/16	H				
14/12/15	H BB					2/1/16	H				
15/12/15	H BB					3/1/16	H BB				
16/12/15	H					4/1/16	H				
17/12/15	H					5/1/16	H				
18/12/15	H					6/1/16	H				
19/12/15	H BB					7/1/16	H BB				
20/12/15	H					8/1/16	H BB				
21/12/15	H					9/1/16	H BB				
22/12/15	H BB					10/1/16	H				
23/12/15	H BB										
24/12/15	H										
25/12/15	H										
26/12/15	H BB										
27/12/15	H BB										
28/12/15	H BB										

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 C. MCKAY SPIN No. 17345 LOC

WKIO115S HRC. 1999-10

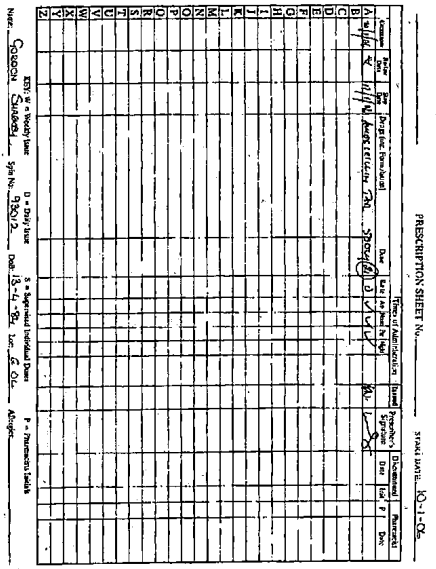
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SENDING CONFIRMATION

: 11-JAN-2006 WED 10:42
: HEALTHCARE
: 8896

E	:	901506443065
S	:	3/3
T TIME	:	11-JAN 10:40
SED TIME	:	01'51"
	:	G3
LTS	:	OK

FIRST PAGE OF RECENT DOCUMENT TRANSMITTED...



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RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/12/12	E [X]				
11-12-12	E [X]				
12/12/12	E [X]				
13/12/12	E [X]				
14/12/12	E [X]	Lm [X]			
15/12/12	E [MM]				
16/12/12	E [MM]				
17/12/12	E [MM]				
18-12-12	E [MM]				
19-12-12	E [MM]				
20/12/12	[D]				
21/12/12	[MM]	Lm [X]			
22/12/12	[MM]				
23/12/12	[MM]				
24/12/12	E [A]				
25-12-12	E [X]				
26/12/12	E [X]				
27/12/12	E [X]				
28/12/12	E [MM]	E M MM			
29/12/12	E [MM]				
30/12/12	E [MM]				
31/12/12	E [MM]				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/1/13	E [X]				
2/1/13	E [X]				
3/1/13	E [D]				
4/1/13	E [X]	Lm [X]			
5/1/13	E [D]				
6/1/13	E [D]				
7/1/13	E [X]				
8/1/13	E [MM]				
9-1-13	E [E]				
10/1/13	E [D]				
11/1/13	P [X]	E M on			
12/1/13	P [MM]				
13/1/13	P [MM]				
14/1/13	P [A]				
15/1/13	P [MM]				
16-1-13	P [MM]				
17/1/13	P [MM]		4 [MM]		
18/1/13	P [MM]	Q EH	Skin		
19/1/13	P [D]				
20/1/13	P [E]				
21/1/13	P [MM]				
22/1/13	P [D]				

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 Mckay

SPIN No. 17345

LOC A1

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/1/13	P				
25/1/13	P				
26/1/13	P				
27/1/13	P				
28/1/13	P				
29/1/13	P				
30/1/13	P				
31/1/13	P				
1/2/13	P				
2/2/13	P				
3/2/13	P				
4/2/13	P				
5/2/13	P				
6/2/13	P				
7/2/13	P				
8/2/13	P				
9/2/13	P				
10/2/13	P				
11/2/13	P				
12/2/13	P				
13/2/13	P				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/2/13	P				
15/2/13	P				
16/2/13	P				
17/2/13	P				
18/2/13	P				
19/2/13	P				
20/2/13	P				
21/2/13	P				
22/2/13	P				
23/2/13	P				
24/2/13	P				
25/2/13	P				
26/2/13	P				
27/2/13	P				
28/2/13	P				
1/3/13	P				
2/3/13	P				
3/3/13	P				
4/3/13	P				
5/3/13	P				
6/3/13	P				
7/3/13	P				

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

SPIN No.

LOC

RESTRICTED - MEDICAL

WKI0115S

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RECORDING SHEET FOR PRESCRI...

NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.		NOON	P.M.	NIGHT	COMMENT
20.4.18	K	AB				
24.6.18		KDW				
24/4/18		K SW				
25/4/18		K				
25/4/18		K SW				
26/4/18		K				
28/4/18		K DT				
29/4/18		K				
30/4/18		K				
1/5/18		K				
2/5/18		K AH				
3/5/18		K AH				
4/5/18		K				
5/5/18		K SW				
6/5	K	A				
7/5/18		K				
8/5/18		K				
9/5/18		K				
10/5/18		K SW				
11/5/18		K				

DATE	A.M.		NOON	P.M.	NIGHT	COMMENT
12/5/18	K	DT				
13/5/18	K	RD				
14/5/18		K				
15/5	K	A				
16.5.18	K	AB				
17/5/18	K	SW				
18/5/18		K				
19.5.18		K DW				
20/5/18	K	DT				
21.5.18		K DW				
22/5/18		K				
23/5/18		K AH				
24/5/18		K SW				
25/5/18		K				
26/5/18		K				
27/5		K				
28/5/18		K				
29/5/18		K				
30.5.18		K DW				
31/5/18		K				
1.6.18		K DW				
2.6.18		K DT				

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 COLIN MCKAY SPIN No. 17345 LOC A1.

NHS Confidential: Personal data about a patient

NAME

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5/6/18	L LH				
4/6/18	L				
5.6.18	L AB				
6.6.18.	L AB				
26.6	L				
26.6	M				
4.6.18	M				
10/6/18	M				
12/6/18	M				
12.6.18	M				
14.6.18	M				
15.6.18	M AB				
16/6/18	M				
17.6.18	M				
18.6.18	M AB				
19.6.18	M				
20/6/18	M				
21/6/18	M				
2.6.18	M AB				
23/6/18	M				
24/6/18	M				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/6/18	N				
26.6.18.	N AB				
27.6.18	N				
27/6/18	N				
28/6/18	N				
30/6/18	N				
1/7/18	N				
2/7/18	N				
3/7/18	N				
4/7/18	N				
5/7/18	N				
6/7/18	P N				
7/7/18	P				
8-7-18	P				
9/7/18	P				
10/7/18	P				
11-7-18	P				
12/7/18	P				
13/7/18	P				
14-7-18	P				
15/7/18	P				
16/7/18	P				

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, [redacted] MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME COLIN MCKAY

SPIN No. 17345

LOC A1

WKI0115S

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25671

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
13/9/12		B	A		AX3
14/9/12	B	A			
15/9/12	B				
16/9/12	B				
17/9/12	B				
18/9/12	B				
19/9/12	B				
20/9/12	B				
21/9/12	B	A			
22/9/12	B				
23/9/12	B				
24/9/12	B				
25/9/12	B				
26/9/12	B				
27/9/12	B				
28/9/12	B	A			
29/9/12	B				
30/9/12	B				
1/10/12	B				
2/10/12	B		CD	TT	CX-RAY
3/10/12	B				
4/10/12	B	A			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5/10/12	B		ACD		
6/10/12	B				
7/10/12	B				
8/10/12	B				
9/10/12	B				
10/10/12	B				
11/10/12	B				
12/10/12	B		ACDEH		
13/10/12	B				
14/10/12	B				
15/10/12	B				
16/10/12	B				
17/10/12	B				
18/10/12	B				
19/10/12	B		ACD		
20/10/12	B				
21/10/12	B				
22/10/12	B				
23/10/12	B				
24/10/12	B				
25/10/12	B		ACD		
26/10/12	B				

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

SPIN No. 17345

LOC D A2.

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME

SPIN No.

LOC

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

RS2

...UG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29/11					
1/3/11					
2/3/11					
3/3/11					
4/3/11					
5/3/11					
6/3/11					
7/3/11					
8/3/11					
9/3/11					
10/3/11					
11/3/11					
12/3/11					
13/3/11					
14/3/11					
15/3/11					
16/3/11					
17/3/11					
18/3/11					
19/3/11					
20/3/11					
21/3/11					
22/3/11					
23/3/11					
24/3/11					
25/3/11					
26/3/11					
27/3/11					
28/3/11					
29/3/11					
30/3/11					
31/3/11					
1/4/11					
2/4/11					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/4/11					
4/4/11					
5/4/11					
6/4/11					
7/4/11					
8/4/11					
9/4/11					
10/4/11					
11/4/11					
12/4/11					
13/4/11					
14/4/11					
15/4/11					
16/4/11					
17/4/11					
18/4/11					
19/4/11					
20/4/11					
21/4/11					
22/4/11					
23/4/11					
24/4/11					

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 C. McKay

17345

SPIN No.

A4

LOC

NHS Confidential-Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/1/11					
1/2/11					
2/2/11					
3/2/11					
4/2/11					
5/2/11					
6/2/11					
7/2/11					
8/2/11					
9/2/11					
10/2/11					
11/2/11					
12/2/11					
13/2/11					
14/2/11					
15/2/11					
16/2/11					
17/2/11					
18/2/11					
19/2/11					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/2/11					
21/2/11					
22/2/11					
23/2/11					
24/2/11					
25/2/11					
26/2/11					
27/2/11					
28/2/11					
1/3/11					
2/3/11					
3/3/11					
4/3/11					
5/3/11					
6/3/11					
7/3/11					
8/3/11					
9/3/11					
10/3/11					
11/3/11					
12/3/11					
13/3/11					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTAB[illegible]MENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= M[illegible]CATION NOT GIVEN FOR OTHER REASON & RE[illegible]RD REASON IN HEALTH CARE RECORD.

COLIN MCKAY

SPIN No. 1[illegible]545.

LOC

WK O115S

NHS Confidential: Personal data about a patient

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16/12/10	M				
17/12/10	M				
18/12/10	M				
19/12/10	M				
20/12/10	M				
21/12/10	M				
22/12/10	M				
23/12/10	M				
24/12/10	M				
25/12/10	M				
26/12/10	M				
27/12/10	M				
28/12/10	M				
29/12/10	M				
30/12/10	M				
31/12/10	M				
1/1/11	M				
2/1/11	M				
3/1/11	M				
4/1/11	M				
5/1/11	M				
6/1/11	M				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/1/11	M				
9/1/11	M				
10/1/11	M				
11/1/11	M				
12/1/11	M				
13/1/11	M				
14/1/11	M				
15/1/11	M				
16/1/11	M				
17/1/11	M				
18/1/11	M				
19/1/11	M				
20/1/11	M				
21/1/11	M				
22/1/11	M				
23/1/11	M				
24/1/11	M				
25/1/11	M				
26/1/11	M				
27/1/11	M				
28/1/11	M				

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 C McCluny

SPIN No. [redacted]

LOC

WK 01159

NHS Confidential: Personal data should a patient

NAME Colin McKay SPIN NO. [redacted]

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/1/10					
25/1/10					
26/1/10					
27/1/10					
28/1/10					
29/1/10					
30/1/10					
1/2/10					
2/2/10					
3/2/10					
4/2/10					
5/2/10					
6/2/10					
7/2/10					
8/2/10					
9/2/10					
10/2/10					
11/2/10					
12/2/10					
13/2/10					
14/2/10					
15/2/10					

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 Colin McKay SPIN No. 17345 LOC A4

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME _____ SPIN No. _____ LOC _____

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/9/10	L				
20/9/10	L				
21/9/10	L				
22/9/10	L				
23/9/10	L				
24/9/10	L				
25/9/10	L				
26/9/10	L				
27/9/10	L				
28/9/10	L				
29/9/10	L				
30/9/10	L				
1/10/10	L				
2/10/10	L				
3/10/10	L				
4/10/10	L				
5/10/10	L				
6/10/10	L				
7/10/10	L				
8/10/10	L				
9/10/10	L				
10/10/10	L				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/10/10	L				
12/10/10	L				
13/10/10	L				
14/10/10	L				
15/10/10	L				
16/10/10	L				
17/10/10	L				
18/10/10	L				
19/10/10	L				
20/10/10	L				
21/10/10	L				
22/10/10	L				
23/10/10	L				
24/10/10	L				
25/10/10	L				
26/10/10	L				
27/10/10	L				
28/10/10	L				
29/10/10	L				
30/10/10	L				
31/10/10	L				
1/11/10	L				

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 Colin McKay SPIN No. LT345 LOC

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME [redacted] SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/8/10	K				
7/8/10	K				
8/8/10	K				
9/8/10	K				
10/8/10	K				
11/8/10	K				
12/8/10	K				
13/8/10	K				
14/8/10	K				
15/8/10	K				
16/8/10	K				
17/8/10	K				
18/8/10	K				
19/8/10	K				
20/8/10	K				
21/8/10	K				
22/8/10	K				
23/8/10	K				
24/8/10	K				
25/8/10	K				
26/8/10	K				
27/8/10	K				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
28/6/10	L				
29/6/10	L				
30/6/10	L				
31/7/10	L				
1/8/10	L				
2/8/10	L				
3/8/10	L				
4/8/10	L				
5/8/10	L				
6/8/10	L				
7/8/10	L				
8/8/10	L				
9/8/10	L				
10/8/10	L				
11/8/10	L				
12/8/10	L				
13/8/10	L				
14/8/10	L				
15/8/10	L				
16/8/10	L				
17/8/10	L				
18/8/10	L				

NUMBERS TO BE WRITTEN [redacted]ER MEDICATION LETTER A,B,C, ETC WHEN M[redacted]ATION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN EST[redacted]SHMENT, 2= PRISONER REFUSED TO ACCEPT [redacted]ICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= M[redacted]DICATION NOT GIVEN FOR OTHER REASON & [redacted]CORD REASON IN HEALTH CARE RECORD.

NAME C ML KAY SPIN No. 17345 LOC WK 0115S

[redacted]

NHS Confidential: Personal data about a patient

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/2/10					
12/2/10					
13/2/10					
14/2/10					
15/2/10					
16/2/10					
17/2/10					
18/2/10					
19/2/10					
20/2/10					
21/2/10					
22/2/10					
23/2/10					
24/2/10					
25/2/10					
26/2/10					
27/2/10					
28/2/10					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/3/10					
2/3/10					
3/3/10					
4/3/10					
5/3/10					
6/3/10					
7/3/10					
8/3/10					
9/3/10					
10/3/10					
11/3/10					
12/3/10					
13/3/10					
14/3/10					
15/3/10					
16/3/10					
17/3/10					
18/3/10					
19/3/10					
20/3/10					
21/3/10					
22/3/10					
23/3/10					
24/3/10					
25/3/10					
26/3/10					

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 C Mitchell

SPIN No. 174AF

LOC A4

WK O1155

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NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/12/10					
28/12/10					
29/12/10					
30/12/10					
31/12/10					
1/1/10					
2/1/10					
3/1/10					
4/1/10					
5/1/10					
6/1/10					
7/1/10					
8/1/10					
9/1/10					
10/1/10					
11/1/10					
12/1/10					
13/1/10					
14/1/10					
15/1/10					
16/1/10					
17/1/10					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
18/1/10					
19/1/10					
20/1/10					
21/1/10					
22/1/10					
23/1/10					
24/1/10					
25/1/10					
26/1/10					
27/1/10					
28/1/10					
29/1/10					
30/1/10					
31/1/10					- HOSPITAL - TO BE SEEN BY MO
1/2/10					
2/2/10					
3/2/10					
4/2/10					
5/2/10					
6/2/10					
7/2/10					
8/2/10					
9/2/10					

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 C. McKAY SPIN No. [redacted] 17345 LOC

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PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

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 ESTABLISH[illegible] 2= PRISONER REFUSED TO ACCEPT MEDICATION 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDIC[illegible] NOT GIVEN FOR OTHER REASON & RECO[illegible]EASON IN HEALTH CARE RECORD.

NAME COLIN MCKAY

SPIN No. [illegible]

LOC A2 WK 01155

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NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/6/10					
26/6/10					
27/6/10					
28/6/10					
29/6/10					
30/6/10					
1/7/10					
2/7/10					
3/7/10					
4/7/10					
5/7/10					
6/7/10					
7/7/10					
8/7/10					
9/7/10					
10/7/10					
11					
13/7/10					
14/7/10					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
15/7/10					
16/7/10					
17/7/10					
18/7/10					
19/7/10					
20/7/10					
21/7/10					
22/7/10					
23/7/10					
24/7/10					
25/7/10					
26/7/10					
27/7/10					
28/7/10					
29/7/10					
30/7/10					
1/8/10					
2/8/10					
3/8/10					
4/8/10					
5/8/10					

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 C MCKAY SPIN No. 1736 LOC

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[redacted]

OBSERVATION AND SUPPORT RECORD (OSR)

SURNAME: McHaY INITIALS: C PRISONER NO: 17345

DATE: 29/06/07 LOCATION: Hcc mw 2

LEVEL OF WATCH: Level 1 (2 min) Level 2 (15 min) Level 3 (30 min) Level 3 (15 min) Segregation (please circle)

OTHER CONDITIONS

The person named on this form must be observed irregularly at periods of no longer than 2, 15 or 30 minutes.

TIME	INITIALS
2241	CG
2307	CG
2315	CG
2336	CG
2353	CG
0017	CG
0040	CG
0105	CG
0131	CG
0151	CG
0218	CG
0240	CG
0244	CG
0257	CG
0322	CG

TIME	INITIALS
0349	CG
0415	CG
0436	CG
0503	CG
0512	CG

TIME	INITIALS

TIME	INITIA

Staff observing Print Name	Signature	Start Time	Finish Time	Have you made an entry in the Support Record
GRAY	[redacted]	2241		

SHIFT	DATE	TIME	SUPERVISOR – PRINT	SIGNATURE

CHECKED BY HEAD OF OPERATIONS: checked 29/6/07

RECEIVED

- 2 2007

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NAME: McKay DATE: _____ TIME: _____

DAILY SUPERVISION AND SUPPORT NOTES

Staff observing a prisoner should make at least one entry per shift and record all significant events. The guidelines at the front of the book should be followed.

DATE	TIME	ENTRY	STAFF NA (Please si
30/6/07	0106	Colin is still up watching TV and snacking	Clay

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[redacted]

OBSERVATION AND SUPPORT RECORD (OSR)

SURNAME: MCKAY INITIALS: C PRISONER NO: 17365

DATE: 29/06/07 LOCATION: HCC MW2

LEVEL OF WATCH: Level 1 (2 min) Level 2 (15 min) Level 3 (30 min) Level 3 (15 min) Segregation (please circle)

OTHER CONDITIONS

The person named on this form must be observed irregularly at periods of no longer than 2, 15 or 30 minutes.

TIME	INITIALS
0030	CS
0052	CS
0109	CS
0129	CS
0147	CS
0207	CS
0222	CS
0240	CS
0306	CS
0325	CS
0343	CS
0404	CS
0429	CS
0445	CS
0459	CS

TIME	INITIALS
0512	CS
0525	CS
0546	CS
0558	CS
0612	CS
0630	CS
0646	CS
0712	RJ
0730	RJ
0755	RJ
08-22	RJ
0848	RJ
0910	RJ
0939	RJ
1003	RJ

TIME	INITIALS
1027	RJ
1054	RJ
1120	RJ
1147	RJ
1215	RJ
1240	RJ
1307	RJ
1330	RJ
1340	NJ
1409	NJ
1435	NJ
1504	KR
1528	KR
1557	KR
1631	NJ

TIME	INITIALS
1636	NJ
1708	NJ
1735	NJ
1800	NJ
1821	NJ
1839	NJ
1915	NJ
1940	KR
2006	NJ
2030	NJ
2052	NJ
2116	NJ
2144	CS
2208	CS
2225	CS

Staff observing Print Name	Signature	Start Time	Finish Time	Have you made an entry in the Support Record
BRENNAN	Brenna	0530		YES
L SCOTT	[redacted]	0645	13-45	YES
IRELAND	[redacted]	1330	2015	YES
RIELLE	[redacted]	1330		YES

SHIFT	DATE	TIME	SUPERVISOR – PRINT	SIGNATURE

CHECKED BY HEAD OF OPERATIONS: checked 29/6/07 [redacted]

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NAME: COLIN M'KAY DATE: 29/6 TIME: _____

DAILY SUPERVISION AND SUPPORT NOTES

Staff observing a prisoner should make at least one entry per shift and record all significant events. The guidelines at the front of the book should be followed.

DATE	TIME	ENTRY	STAFF NAME (Please sign)
29/06/07	0452	COLIN WATCHED TV AND ATE SNACKS TILL ARound 2AM THEN FELL ASLEEP	Craig Jenne
29/6/07	08-10	Woke Colin up for breakfast didn't take any for his milk roll back over and fell back to sleep	
29/6/07	1525	COLIN CONTINUES TO ASK TO SPEAK WITH JOHN FLEMING ABOUT HIS SITUATION. HAS BEEN OUT FOR A SMOKE AND IS NOW LYING READING THE PAPER	
29.06.07	2115	COLIN HAS BEEN TOLD HE WILL BE IN HEADINGTON RE COURT TOMORROW SEEMS OK WITH THIS COPS FOR EVENING AND MOVES WELL WATCHED SOME TV AND READ NEWSPAPERS, NO PROBLEMS	

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OBSERVATION AND SUPPORT RECORD (OSR)

SURNAME: McKAY INITIALS: C PRISONER NO: 17345

DATE: 30/6/07 LOCATION: Hcc MW2

LEVEL OF WATCH: Level 1 (2 min) Level 2 (15 min) Level 3 (30 min) Level 3 (15 min) Segregation (please circle)

OTHER CONDITIONS

The person named on this form must be observed irregularly at periods of no longer than 2, 15 or 30 minutes.

TIME	INITIALS
0540	CG
0607	CG
0633	CG
0646	CG
0712	CG
0740	SL
0746	CG
0804	CG
0834	SL
0900	SL
0978	SL
0953	SL
1007	CG
1034	CG
1100	SL

TIME	INITIALS
1130	SL
1145	CG
1156	CG
1211	CG
1229	CG
1255	SL
1316	CG
1340	CG
1405	CG
1429	CG
1457	CG
1527	CG
1549	CG
1612	CG
1639	CG

TIME	INITIALS
1709	CG
1734	CG
1802	CG
1832	CG
1854	CG
1917	CG
1943	CG
2010	CG
2032	CG
2053	CG
2120	CG
2137	CG
2159	CG
2224	CG
2250	CG

TIME	INITIALS
2315	CG
2337	CG
0002	CG
0021	CG
0045	CG
0111	CG
0134	CG
0157	CG
0220	CG
0244	CG
0312	CG
0339	CG
0403	CG
0429	CG
0446	CG

Staff observing Print Name	Signature	Start Time	Finish Time	Have you made an entry in the Support Record
GREY				
BRENNAN		0646		
KNOX		1340	2215	YES.

SHIFT	DATE	TIME	SUPERVISOR – PRINT	SIGNATURE
LATE	30/6/07	15:40		
NIGHT	01/7/07	0450	B Gorman	

CHECKED BY HEAD OF OPERATIONS:

RECEIVED - 2 JUL 2007

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NAME: _____ DATE: _____ TIME: _____

DAILY SUPERVISION AND SUPPORT NOTES

Staff observing a prisoner should make at least one entry per shift and record all significant events. The guidelines at the front of the book should be followed.

DATE	TIME	ENTRY	STAFF NA (Please sig
10:3	30/06/07	COLIN DECLINED BREAKFAST AND HIS MILK BUT DOIL HIS MEDADONE BUFFALO GONE OUT FOR EXERCISE, COLIN IS NOW WATCHING TV	
	1130	COLIN HAS BEEN ASLEEP FOR A LARGE PART OF THE MORNING, STILL CAUSES NO PROBLEMS, AND THERE ARE NO CONCERNS AT PRESENT	
30/06/07	1730	COLIN HAS SLEPT ON AND OFF AND HAS BEEN READING THE PAPER COLIN DECLINED HIS DINNER AND IS NOW OUT FOR EXERCISE	
1/7/07	0156	Colin has been watching TV until late before going to sleep	

NAME

CORDING SHEET FOR PRESCRIPTION SHEET

DRUG RECORDING SHEET

SPIN No.

LOC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/2/17					
12/2					
13/2					
14/2/17					
15/2/17					
16/2/17					
17/2					
18/2					
19/2					
20/2					
21/2					
22/2					
23/2					
24/2					
25/2					
26/2/17					
27/2					
28/2					
1/3/17					
2/3					
3/3/17					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5/5					
6/3					
09/3/17					
10/3/17					
11/3/17					
12/3/17					
13/3/17					
14/3/17					
15/3/17					
16/3/17					
17/3/17					
18/3/17					
19/3/17					
20/3					
21/3					
22/3/17					
23/3/17					
24/3/17					
25/3/17					

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. Colin McKay SPIN No. 173 LOC

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NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29/12	G	amc/DS			
30/12	G	DS/MG			
31/12	G	DS/MG			
1/1/07	G	MG/DS			
2/1	G	DS/MG			
3/1	G	MG/DS			
4/1	G	amc/DS			
5/1	G	amc/DS			
6/1	G	DS			
7/1	G	DS			
8/1	G	DS/MG			
9/1	G	amc/DS			
10/1	G	DS/MG			
11/1	G	MG/MG			
12/1	G	MG/MG			
13/1	G	MG/DS			
14/1	G	DS/MG			
15/1	G	MG/DS			
16/1	G	DS/MG			
17/1	G	DS/DS			
18/1	G	amc/DS			
19/1	G	DS/DS			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/1	D	MG/MG			
21/1/2	D	DS/MG			
22/1	D	DS/MG			
23/1	D	DS/MG			
24/1	D	DS/MG			
25/1	D	DS/MG			
26/1/07	D	DS/MG			
27/1	D	DS/MG			
28/1	D	DS/MG			
29/1	D	DS/MG			
30/1	D	MG/MG			
31/1/07	D	DS/MG			
1/2	D	DS/MG			
2/2	D	DS/MG			
3/2	D	MG/MG			
4/2	D	MG/MG			
5/2	D	DS/MG/DS			
6/2/07	D	MG/MG			
7/2/07	D	DS/MG			
8/2/07	D	DS/MG			
9/2/07	D	MG/MG			
10/2/07	D	DS/DS			

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. Colin McKay SPIN No. LOC

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serco

Prescription Sheet No..... HM... Kilmarnock Side A

Start Date.....

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescribers Signature	Discontinued: Date	Initial	Pharmacist: Initial	Date
A	6-47	6-47		Amoxycillin	500mg	po	✓	✓	✓							
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin McLean Spin No: 17345 DoB..... Location: H44 Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

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serco

Prescription Sheet No..... HM.....

Start Date.....

	AS REQUIRED PRESCRIPTIONS												
	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Frequency of Administration	Issue	Prescribers Signature	Discontinued		Pharmacist	
										Date	Initial	Initial	Date
1													
2													
3													
4													
5													
6													
7													
8													
9													

	ONCE ONLY PRESCRIPTIONS								
	Admin Date	Administration Time	DRUGS (Including Formulation)	Dose	Route	Prescribers Signature	Given By	Time Given	Pharmacist
									Initial	Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name:..... Spin No:..... DoB..... Location..... Allergies.....

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

serco

Side A

Prescription Sheet No. _____

HM: KILMARNOCK

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Items	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
A	4-27	11-37		Trimethoprim	200 mg	PO	✓		✓		mix					
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin Mckay Spin No: _____ DoB: _____ Location: _____ Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

02-03-07 04:32

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Page 01

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NAME

DRUG RECORDING SHEET

RECORDING SHEET FOR PRESCRIPTION SHEET No.

SPIN No.

LOC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/3/17				A K							

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
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NAME. C. McKay.

SPIN No.

NHS Confidential: Personal data about a patient

22/52

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
17/7/18	P PH				
19/7/18	P 333				
19/7/18	P 333				
20/7/18	P PH				
21.7.18	P BD				
22.7.18	P 333				
23/7/18	P PH				
24/7/18	P PH				
25.7.18	P				
26.7.18	P AB				
27.7.18	P PH (2)				
28/7/18	P PL				
29/7/18	P PH				
30.7.18	P PH				
31/7/18	P PH				
1/8/18	P PH				
2/8/18	P PH				
3.8.18	P AB				
4/8/18	P DT				
5.8.18	P 333				
6/8/18	P PH				
7.8.18	P AB				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/8/18	P 333				
9/8/18	P PH				
10/8/18	P PH				
11/8/18	P DT				
12/8/18	P PL				
13/8/18	P 333				
14/8/18	P PH				
15/8/18	P PH				
16/8/18	P PH				
17/8/18	P AB				
18/8/18	P PH				
19/8/18	P				
20/8/18	P PH				
21/8/18	P PH				
22/8/18	P 333				
23/8/18	P PH				
24/8/18	P PH				
25/8/18	P DT				
26/8/18	P DT				
27/8/18	P PH				
28/8/18	P PH				
29/8/18	P PH				

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 COLIN MCKAY **SPIN No.** 17345 **LOC** A1.

WKI0115S

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NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/18	P AB				
26/18	P AB				
27.18	P AB				
28.18	P AB				
29.18	P AB				
30/18	P AB				
31/18	P AB				
1.9.18	P AB				
2/9/18	P AB				
3/9/18	P AB				
4/9/18	P AB				
5/9/18	P AB				
6/9/18	P AB				
7.9.18	P AB				
8/9/18	P AB				
9/9/18	P AB				
10/9/18	P AB				
11/9/18	P AB				
12/9/18	P AB				
13/9/18	P AB				
14/9/18	P AB				
15/9/18	P AB				
16/9/18	P AB				
17/9/18	P AB				
18/9/18	P AB				
19/9/18	P AB				
20/9/18	P AB				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
21/9/18	R AB				
22/9/18	R AB				
23/9/18	R AB				
24/9/18	R AB				
25/9/18	R AB				
26/9/18	R AB				
27/9/18	R AB				
28/9/18	R AB				
29/9/18	R AB				
30/9/18	R AB				
1/10/18	R AB				
2/10/18	R AB				
3.10.18	R AB				
4/10/18	R AB				
5.10.18	S AB				
6.10.18	S AB				
7.10.18	S AB				
8/10/18	S AB				
9.10.18	S AB				
10/10/18	S AB				
11/10/18	S AB				
12/10/18	S AB				

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 COLIN MCKAY

SPIN No. 17345

LOC. A1

NHS Confidential: Personal data about a patient

SHPS21

HM Establishment

BARLINNIE

N° 159

PRISONERS REFUSING FOOD/FLUIDS

Reg No 17345 Name C McKAY DOB 5/7/79 Sentence CONV. Loc E 1/25

Date									Remarks and MO Initials
Monday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Tuesday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Wednesday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Thursday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	NMF
Friday 13/7/07	Left All Breakfast (Yes)/No Fluids Taken (Yes)/No	Offr Khadir	Left All Dinner Yes/(No) Fluids Taken (Yes)/No	Offr N NF	Left All Tea Yes/(No) Fluids Taken (Yes)/No	Offr NMF	Left All Supper Yes/No Fluids Taken Yes/No	Offr	CASE CONFERENCE CONS. OFF HUNGER STRIKE. ATE ALL DINNER TOOK LIGHT
Saturday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Sunday ...	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	

*Please see notes overleaf

1.

SLA00623.041

NHS Confidential: Personal data about a patient

SHEET (1) SHEET 1 of 1

HM Establishment
Barlinnie

No 159

PRISONERS REFUSING FOOD/FLUIDS

Reg No 17345 Name C McKAY DOB 5-9-74 Sentence Life Loc A1/49

Date									Remarks and MO Initials
Monday 9/7/07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr	Left All Tea Yes/No; Fluids Taken Yes/No	Offr	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	
Tuesday 10/7/07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr Kledie	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr	Left All Tea Yes/No; Fluids Taken Yes/No	Offr	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	
~~Thursday~~ ~~Wednesday~~ 12/7/07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr ACCESS TO FLUIDS AT ALL TIMES	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr NMF ACCESS TO FLUIDS AT ALL TIMES	Left All Tea Yes/No; Fluids Taken Yes/No	Offr ACCESS TO FLUIDS AT ALL TIMES	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	12/7/07
Thursday 5-7-07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr	Left All Tea Yes/No; Fluids Taken Yes/No	Offr	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	TSCM RIGHTS FOR SMOKES
Friday 6.7.07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr	Left All Tea Yes/No; Fluids Taken Yes/No	Offr	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	
Saturday 7.7.07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr Kledie	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr Kledie	Left All Tea Yes/No; Fluids Taken Yes/No	Offr Kledie	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	
Sunday 8/7/07	Left All Breakfast Yes/No; Fluids Taken Yes/No	Offr	Left All Dinner Yes/No; Fluids Taken Yes/No	Offr	Left All Tea Yes/No; Fluids Taken Yes/No	Offr	Left All Supper Yes/No; Fluids Taken Yes/No	Offr	

*Please see notes overleaf

SLA00623.041

1.

NHS Confidential Personal data about a patient

Notes

1. This form must be used when a prisoner declares he is refusing food. Prisoners leaving food for any other reason should be recorded in the left food book and the Medical Officer's attention should be drawn to this if food is left constantly for 72 hours and fluids for 24 hours.

2. After the form has been completed after 72 hours in respect of food or 24 hours in respect of fluids, it should be submitted to the Medical Officer, then a copy should be sent to the Prisoner Administration Branch, Headquarters. All subsequent forms should be kept for a full week (then copied as above) and should continue until the prisoner resumes eating. Headquarters should be informed more frequently, daily if necessary, if any serious deterioration in the prisoner's condition occurs, or if the prisoner is to be transferred to hospital.

3. The form must be submitted to the Medical Officer daily and he should record any action taken, eg when a prisoner is made aware by the Medical Officer of the risk to health in refusing to eat or drink, this should be recorded. He should also record when an NHS Consultant has examined the prisoner and any copy of the Consultant's report should be attached to this form.

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HM Establishment
BARLINNIE

No 159

PRISONERS REFUSING FOOD/FLUIDS

Reg No 17345 Name C McKAY DOB 050979 Sentence _____ Loc G1/

Date									Remarks and MO Initials
Monday	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Tuesday	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Wednesday 11/07/07	Left All Breakfast (Yes)/No Fluids Taken (Yes)/No	Offr	Left All Dinner (Yes)/No Fluids Taken (Yes)/No	Offr	Left All Tea (Yes)/No Fluids Taken (Yes)/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Thursday 12/07/07	Left All Breakfast (Yes)/No Fluids Taken Yes/No * UNSURE *	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Friday	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Saturday	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	
Sunday	Left All Breakfast Yes/No Fluids Taken Yes/No	Offr	Left All Dinner Yes/No Fluids Taken Yes/No	Offr	Left All Tea Yes/No Fluids Taken Yes/No	Offr	Left All Supper Yes/No Fluids Taken Yes/No	Offr	

*Please see notes overleaf

SLA00623.041

NHS Confidential: Personal data about a patient

Notes

1. This form must be used when a prisoner declares he is refusing food. Prisoners leaving food for any other reason should be recorded in the left food book and the Medical Officer's attention should be drawn to this if food is left constantly for 72 hours and fluids for 24 hours.

2. After the form has been completed after 72 hours in respect of food or 24 hours in respect of fluids, it should be submitted to the Medical Officer, then a copy should be sent to the Prisoner Administration Branch, Headquarters. All subsequent forms should be kept for a full week (then copied as above) and should continue until the prisoner resumes eating. Headquarters should be informed more frequently, daily if necessary, if any serious deterioration in the prisoner's condition occurs, or if the prisoner is to be transferred to hospital.

3. The form must be submitted to the Medical Officer daily and he should record any action taken, eg when a prisoner is made aware by the Medical Officer of the risk to health in refusing to eat or drink, this should be recorded. He should also record when an NHS Consultant has examined the prisoner and any copy of the Consultant's report should be attached to this form.

NHS Confidential: Personal data about a patient

serco

Prescription Sheet No..... HM P KILMARNOCK Side A

Start Date.....

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescribers Signature	Discontinued Date	Discontinued Initial	Pharmacist Initial	Pharmacist Date
A	25.7	~~16.5.17~~		~~Paracetamol~~	500mg	PO	✓		✓		W					
B	9.5.7	~~16.5.17~~		~~Ibuprofen~~	400mg	PO	✓		✓		W					
C	~~9.5.17~~	~~19.5.17~~		~~Amlodipine~~	10mg	PO	✓		✓		W					
D	~~11.5.17~~	~~30.5.17~~		~~Ranitidine~~	150mg	PO				✓	W					
E	17.5.17	17.7.17		Multivitamin	1 tab	PO	✓				W					
F	~~16.5.17~~	~~14.7.17~~		Citalopram	20mg	PO	✓				W					
G	28/5/17	28/7/17		~~Ibuprofen~~	400mg	PO	✓				W		28/5/17	FF		
H	~~4.6.17~~	~~4.8.17~~		~~Amoxicillin~~	500mg	PO	✓		✓		W					
J	~~4.6.17~~	~~11.8.17~~		~~Paracetamol~~	1 tab	PO	✓	✓	✓		W					
K	11.6.17	30.7.17		Ibuprofen	400mg	PO	✓	✓	✓		W					
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Celia McKay Spin No: 17345 DoB 5.9.39 Location 17 Allergies Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses SS014

NHS Confidential: Personal data about a patient

NAME Colin McKay

RECORDING SHEET FOR PRESCRIPTION SHEET No.

DRUG RECORDING SHEET

SPIN No. 17345 LOC SEC

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/5/17	A B C	B	A B C		
11/5/17	A C		A C		
12/5	A B C	2	A B C		
13/5	A		A		
14/5/17	A B	B	A B		
15/5/17	A B		A B		
16/5	A B		A B		
17/5	A B				
18/5					
19/5					
20/5	E F				
21/5	E F				
22/5	E F				
23/5	E F				
24/5	E F				
25/5	E F				
26/5	E F				
27/5	E F				
28/5	E F				
29/5	E F				
30/5	E F				
31/5	E F				

B Code 2

Code 4

Code 2

Fe 15.15 KT

Code 4

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/6	E G				
2/6	A C				
3/6/17	E G				
4/6	E G				
5/6		E G S	H 21 K 21		
11/6			E G		
12/6		G E K			
24/6/17			K		
25/6/17	E G M K	K	K		
26/6/17	E K S	K	K		
27/6/17	E K S	K	K		
28/6/17	E K S	K	K		
29/6/17	E K S	K	K		
30/6/17	E G K	K	K		
1/7/17	A C K	K	K		
2/7/17	E S K	K	K		

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS DESCRIBED.
(CODE) 1 = DETAINEE NOT IN ESTABLISHMENT, 2 = DETAINEE REFUSED TO ACCEPT MEDICATION, 3 = DETAINEE FAILED TO APPEAR
4 = MEDICATION NOT AVAILABLE, 5 = MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTHCARE RECORD.

NAME. Colin McKay SPIN No. 17345 LOC SEC

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 2

HM PERTH

Start Date 13/3/9

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	13/3/9	18/9/9		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	14/9/9	RD		
B	14/9/9	13/10/9		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	12/10/9	RD		
C	13/10/9	18/11/9		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	16/11/9	RD		
D	17/11/9	15/12/9		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	18/12/9	RD		
E	19/12/9	31/1/10		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	27/1/10	RD		
F	28/1/10	31/3/10		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	22/3/10	RD	22/1/10	
G	23/3/10	31/5/10		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	24/5/10	RD		
H	25/5/10	17/7/10		~~Methadone Mixture 1 mg/ml S.F~~	~~90ml~~	~~PO~~	~~once daily~~				~~S~~	~~R Dunn~~	1/7/10	~~RD~~		
J	4/7/10	1/8/10		~~Methadone Mixture 1 mg/ml SF~~	~~90ml~~ NIMSS	PO	once daily				S		31/7			
K	31/7/10	28/8/10		Methadone Mixture 1 mg/ml SF	90ml NIMSS	PO	once daily				S		23/8/10	RD	16.8.10	
L	24/8/10	24/10/10		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	18/10/10	RD	18.10.10	
M	19/10/10	19/12/10		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	13/12/10	RD		
N	13/12/10	14/2/11		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	11/2/11	RD		
P	10/2/11	31/3/11		Methadone Mixture 1 mg/ml S.F	90mls	PO	once daily				S		23/3/11	RD	PM 31.3.11	
Q	24/3/11	24/5/11		Methadone Mixture 1 mg/ml S.F	90ml	PO	once daily				S	R Dunn	4/5/11	RD	PM 3.5.11	
R	5/5/11	5/6/11		Methadone Mixture 1 mg/ml S.F.	90ml	PO	once daily				S	R Dunn	30/5/11	RD	PM 24.6.11	
S	27/5/11	10/6/11		Methadone Mixture 1 mg/ml S.F.	85mls	PO	once daily				S		30/5/11	RD		
T				~~Methadone Mixture 1 mg/ml S.F~~	~~85ml~~	~~PO~~	~~once daily~~				~~S~~	~~R Dunn~~				
U	31/5/11	10/6/11		Methadone Mixture 1 mg/ml	85mls	PO	once daily				S	R Dunn				

Name. Colin McKay Spin No: 17345 DoB: 5/9/79 Location: A4 Allergies: N/K

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

NAME

SPIN No.

LOC

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/6/11					
9.6.11					
10/6/11					
11/6/11					
12/6/11					
13/6/11					
14/6/11					
15/6/11					
16.6.11					
17/6/11					
18/6/11					
19/6/11					
20/6/11					
21/6/11					
22/6/11					
23/6/11					
24/6/11					
25/6/11					
26/6/11					
27/6/11					
28/6/11					
29/6/11					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
30.6.11					
1/7/11					
2/7/11					
3/7/11					
4/7/11					
5/7/11					
6/7/11					
7/7/11					
8/7/11					
9/7/11					
10/7/11					
11/7/11					
12/7/11					
13/7/11					
14/7/11					
15/7/11					
16/7/11					
17/7/11					
18/7/11					
19/7/11					
20/7/11					
21/7/11					

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 Gold Mckay

SPIN No. [redacted] 17345 LOC

NHS Confidential Personal data should be patient

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/4/11	Q				
24/4/11	Q				
27/4/11	Q				
28/4/11	Q				
29/4/11	Q				
30/4/11	Q				
1/5/11	Q				
2/5/11	Q				
3/5/11	Q				
4/5/11	Q				
5/5/11	Q				
6/5/11	Q				
7/5/11	Q				
8/5/11	Q				
9/5/11	Q				
10/5/11	Q				
11/5/11	Q				
12/5/11	Q				
13/5/11	Q				
14/5/11	Q				
15/5/11	Q				
16/5/11	Q				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
17/5/11	Q				
18/5/11	Q				
19/5/11	Q				
20/5/11	Q				
21/5/11	Q				
22/5/11	Q				
23/5/11	Q				
24/5/11	Q				
25/5/11	Q				
26/5/11	Q				
27/5/11	Q				
28/5/11	Q				
29/5/11	Q				
30/5/11	Q				
31/5/11	Q				
1/6/11	Q				
2/6/11	Q				
3/6/11	Q				
4/6/11	Q				
5/6/11	Q				
6/6/11	Q				
7/6/11	Q				

NUMBERS TO BE WRITTEN [redacted] MEDICATION LETTER A,B,C, ETC WHEN ME[redacted]TION NOT GIVEN AS PRESCRIBED.
(CODE) 1= PRISONER NOT IN ESTA[redacted]MENT, 2= PRISONER REFUSED TO ACCEPT M[redacted]ATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= ME[redacted]CATION NOT GIVEN FOR OTHER REASON & [redacted]RD REASON IN HEALTH CARE RECORD.

NAME COLIN KELLY SPIN No. [redacted] LOC

WK O115S

NHS Confidential: Personal data about a patient

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET No.

DRUG RECORDING SHEET

SPIN No.

LOC

PS2

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/6/13	A				
7/6/13		BW			
8/6/13	A KR				
9/6/13	A				
10/6/13	A				
11/6/13					
12/6/13	A NM		D		0X8
13/6/13	A KR		D 30w		0X9 days Worth
14/6/13	A	C			KR
15/6/13	A				
16/6/13	A				
17/6/13	A KR				
18/6/13	A				
19/6/13	A KR				
20/6/13	A				
21/6/13	E	C KR			
22/6/13	E NM				
23/6/13	E NM				
24/6/13	E				
25/6/13	E				
26/6/13	E				
26/6/13	E				
27/6/13	E				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
28/6/13	E	CBW			
29/6/13	E NM				
30/6/13	E NM				
1/7/13	E KW				
2/7/13	E				
3/7/13	E				
4/7/13	E				
5/7/13	E NM	C NM			
6/7/13	E				
7/7/13	E				
8/7/13	E				
9/7/13	E				
10/7/13	E				
11/7/13	E				
12/7/13	E	C KR			
13/7/13	E				
14/7/13	E				
15/7/13	E				
16/7/13	E				
17/7/13	E				
18/7/13	E				
19/7/13	E				

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

SPIN No.

LOC

HCR. 1997. 10

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[redacted]

RECORDING SHEET FOR PRESCRIPTION SHEET No.

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/4/13	A	ZH			
24/4/13	A				
25/4/13	A				
26/4/13	A	KR			
27/4/13	A	NM			
28/4/13	A				
29/4/13	A	NM			
30/4/13	A				
1/5/13	A				
2/5/13	A	KR			
3/5/13	A				
4/5/13	A				
5/5/13	A				
6/5/13		A			
7/5/13		A			
8/5/13	A				
9/5/13	A				
10/5/13	A	ZH			
11/5/13	A	NM			
12/5/13					
13/5/13		A			
14/5/13		A			
15/5/13	A	KR			
16/5/13	A	NM			
17/5/13	A	NM			
18/5/13	A				
19/5/13	A				
20/5/13		A			
21/5/13	A	NM			
22/5/13	A	KR			
23/5/13		A			
24/5/13		A			
25/5/13	A	KR			
26/5/13	A				
27/5/13		A			
28/5/13	A	NM			
29/5/13	A				
30/5/13		A			
31/5/13	A	KR			
1/6/13	A	NM			
2/6/13	A				
3/6/13		A			
4/6/13	A				
5/6/13	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.

SPIN No. 17305

LOC A1

HCR. 1997. 10

NHS Confidential Personal data about a patient

serco

Prescription Sheet No..... HM... Kilmarnock

Side A

Start Date.....

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date / Length	DRUGS (Including Formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescribers Signature	Discontinued Date	Discontinued Initial	Pharmacist Initial	Pharmacist Date
A	26/3/7	31/3/7		Amoxycillin	250 mg	PO	✓	—	—		W		26/3/7		SD	
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: Colin McKay Spin No: 123345 DoB..... Location: D — 44 Allergies: NKA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses SS014

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SCOTTISH PRISON SERVICE

Prescription Sheet No. 4

HM 27 JUN 2005 HMP Barlinnie

Start Date



C MCKAY 17345

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A	27/6/05	27/9/05		Epilim Chrono	200mg	O	✓			✓	W					
B	27/6/05	27/9/05		Calichew Forte	one	O	✓				W					
C				Amoxycillin	250 mg	O					W					
D	21/7/05		28/7/05	Amoxicillin	250 mg	O					W					
E	9/11/05	9/2/06		Epilim Chrono	200mg	O	✓			✓	W					
F	9/11/05	9/2/06		Calichew forte	one	O	✓				W					
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name Colin McKay Spin No: 17345 DoB: 5979 Location: ~~Bf~~ RSL Allergies: Nil

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side B

SCOTTISH PRISON SERVICE

Prescription Sheet No. _____

HM _____ 27 JUN 2005

Start Date _____ HMP Barlinnie

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	21/7/15	21/8/15		Ibuprofen	400mg	PO	TDS	21					
2	8-85		8-9.5	Fucidin cream		Top	As directed	1M					
3	4.8.5	11.11.5		Lactulose	10ml	O	BD	1M				-	
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name Colin Mc Kay Spin No: 1T345 DoB: 5/9/79 Location: Segregation Allergies: NIC

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet No.

PS2

NAME Colin McKay. SPIN No. 17345 LOC SEG

DRUG RECORDING SHEET

Date	A.M.	Noo	P.M.	Night	Comment	Date	A.M.	Noo	P.M.	Night	Comment
27/1/15	A	SG			CR						
30/1/15	B	SG			CR						
2/2/15	D	C			CAP						
3/2/15	DB	PM			C.P						
2/2/15	B	PM			CR						

CODE: NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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 SPIN No. LOC

WKIO115S

HRC. 1999. 10

NHS Confidential: Personal data about a patient

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22/2/12

(V)

Physiotherapy Referral

Name: Colin McKay

Spin No: 17345

DOB: 5-9-74.

Location: ~~Raigmo~~ INGLISTON. 3/49

Sentence:

Reason for referral

Age 20 + low back pain c Lt leg radiation
Exac by forward leaning & exp i loading
SLR 15° only but no neural tension Lists to Rt mid
?disc irritation

Date of onset: 8/2/12

Surgery date (if applicable): ...../...../.....

Sleep affected (Y) / N

Severe pain (Y) / N

Managing work duties Y / N N / A – unable to easily lift weights

Previous physiotherapy Y / (N) date: ...../...../.....

Referred by: [signature]

Signature: [signature]

Print: .....

Date: 8/2/12

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(1) SPIN: 17345

Edinburgh Community Health Partnership

Edinburgh Community Physiotherapy Service

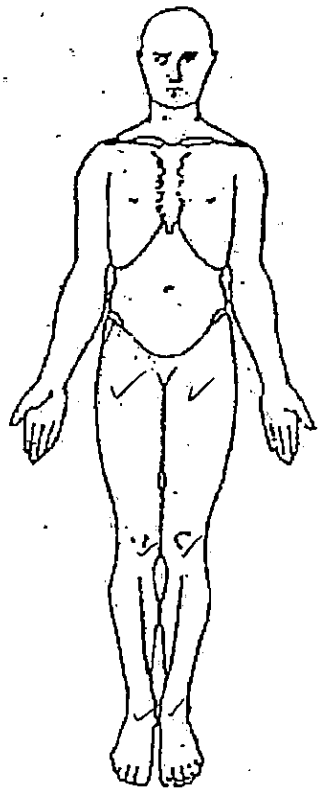
NHS Lothian

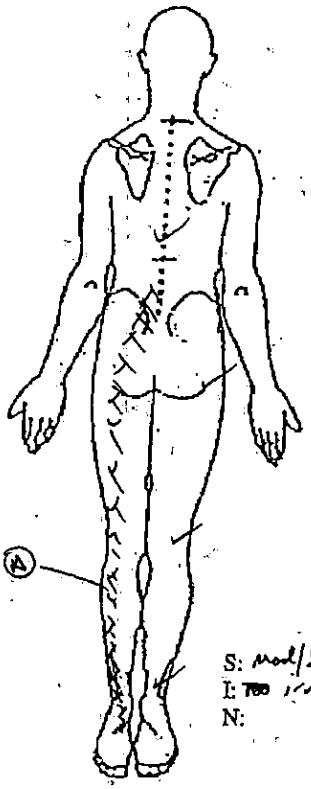
Name: COLIN MCCAM

DOB: 5/9/79 Date: 21/2/12

Physiotherapist (Print): LAURA MCCAN (B7)

Signature: Laura M (LM)





pins and needles

C ↑↓

toothache

tingling

throbbing

NRS 5-9/10

S: mod/sev.

I: [illegible] irritable

N:

Please √ if no problems, X if a problem, N/A if not applicable (DO NOT LEAVE BLANKS)

No. of	Health parameters	Tick / Cross	Comments / Any Action Required
	LUMBAR SPINE		
	Bladder/bowel	✓	
	Saddle anaesthesia	✓	
	Cough/sneeze	✓	
	Cord signs	✓	
	Major loss Lx F	✓	
	CERVICAL SPINE	N/A	
	Dizziness		
	Diplopia		
	Dysphagia		
	Dysphasia		
	Drop attacks		
	Cord signs		
	PERIPHERAL JOINTS		
	Locking.		
	Giving Way		
	Swelling Immediate		

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(2)

Please √ if no problems, X if a problem, N/A if not applicable (DO NOT LEAVE BLANKS)

No. of ⚐	Health parameters	Tick / Cross	Comments / Any Action Required
⚐⚐/⚐⚐⚐	Age <20 >55	✓	32.
	General Health	✓	
	Relevant Investigations / Hospital Appointments	✓	
	Major surgery	✓	compound # in ® leg # ankle May '11. (Pop).
	Drug History	x	METHADONE & AMITRIPTYLINE
⚐⚐	Steroid Use/ Osteoporosis	✓	
	Anticoagulants	✓	
	Statins	✓	
	Diabetes	✓	
	Epilepsy	x	? fit for 9/12.
	Cardiovascular	✓	
	Blood Pressure	✓	
	Previous strokes/TIA	✓	
	Respiratory/Asthma/ Smoker How many How long	x.	10-15/day
⚐	Persistent cough	✓	
⚐	Infection, fevers, viruses	✓	
⚐⚐⚐	HIV/ Drug abuse	x.	
	Night sweats	✓	
⚐⚐⚐/⚐⚐⚐/⚐⚐	Weight loss	✓	
⚐⚐	Thoracic pain	✓	
⚐⚐⚐	Ca/FHX of Ca	✓	
	RA/ FHX of RA	✓	
	Other Joint pain	✓	
	Allergies- Latex -Elastoplast	✓	
	Pregnant	N/A	

Yellow Flags	Comments
Worries/Anxieties	and of other ↑ it → in a double cell - so getting up in middle of night & walked all mo
Expectations	unsure. - ? exs. prev. physio.
Perceptions	chronic sciatica.
Quality of Life	can't train - like to keep fit,

Employability		
Are you in work?	Yes	(No) - came h
Does this condition affect your work?	Yes	No
How long have you been off work?		4/12
What needs to be different to allow you to work?		

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(3)

SPS PHYSICAL CARE RECORDS

HMP	EDIN
Sheet No.	
SPIN No.	17345

SURNAME McKAM
FORENAME COLIN.

Date Time	Entry Code	NOTES	Signature
29/2/12	(M)S		
		HPC: onset (A) 9/12 ago ± ↑ gym work — then flared up 4+ after a deadlift. (165kg) Gradually worsening. S/G ad ⇒ physio. ↑ benefit from meds + TENS.	
		Prev. episode of Sx early 20's - 2yrs Hx of Sx - gradually eases ⇒ less severe than at present.	
		↑ ↓	
		↑(A) bending (inured) ↓(A) lying flat on back (30min to ease)	
		↑(A) walking (few yrds) ↓(A) walking	
		↑(A) sitting (10mins).	
		Sthx ↓work - moved here from Perth 4/12 ago	
		24hr. sleep: ↑ pain, worse overnight. O/W: ISQ. day: activity dependent.	
		Obs: ↑ activity in obliques bilat; ↑ tone in erector spinae. Breathholding ↓shift evident. Apical breathing. Reluctant to WB through (L)LE	

15272

NSV CODE WOE 0307S

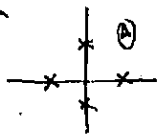
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HARD NEURO:

DERMATOMES: ↓ post. Ⓛ calf; ⊖ Heel + med border Ⓛ foot.
REFLEXES: Ⓡ = Ⓛ knee + ankle;
MYOTOMES: Ev., DF, 1st toe flex all weak on Ⓛ.

Nerve palpⁿ: +ve all points Ⓛ LL

L-spasm



SLR Ⓡ 30° then ↑ LBP.
Ⓛ 10° ↑ Ⓐ; desensitised ↑ PF ↓Ⓐ

		↓	↓	↓
L-sp PAINᴹ)	L1	•	•	•
	L2	•	•	•
• = tender	L3	•	•	•
x = Ⓐ	L4	x	•	•
	L5	x	•	•

Palpⁿ: tender + ↑ tone paravertebral muscles bilat

A. L5 radiculopathy – secondary to probable disc protrusion

Rx Explanation of pain mechanisms – using picture of spine. ⇒ explanation of neurogenic pain + timeframes to settle.
Taught diaphragmatic breathing in supine. x 5 mins 3x day ⇒ HEP.
Advice on regular change of posⁿ etc.

P. R/V in 1/52. Teach neut spine + abd breathing in supine
Plan to progress to gentle gym prog. in neut spine.
Laura Mc (Ms)

7/3/12 Refused physio – re-list for next week. Laura Mc (Ms)

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SPS PHYSICAL CARE RECORDS

HMP	EDIN.
Sheet No.	
SPIN No.	17345

SURNAME MCLEAN.
FORENAME COLIN.

Date Time	Entry Code	NOTES	Signature
14/3/12	(LM) S.	Δ c Kidney stones – last week – 2 x appts a NRIE; pt. passed the stones.	
		Pt. feels exhausted by Sx. – poor sleep last night – ongoing ⓛ leg pain	
	O	L-sp AROM ISQ.	
	A	Progress to L-sp rest + abd breathing	
	P	Taught rest spine in sitting c relaxed breathing	
		" " " " ly. " " "	
		Explanation of nerve root pain + why rest spine will help ↓ Sx.	
		Looked at sitting posture through day – pt reports he thinks during day → pt's sitting posture poor++	
		Set up chair + pt-ed to imitate all.	
		Pt. to use L-sp roll. + rest spine when sitting	
	R	R/V in 3/52. Laura MA (LM)	
4/4/12	(LM) S	Cont c HEP when he remembers – motivated to make changes. Still Sx + overall feels significant changes. GP has referred to ortho. Pt. keen to cont. c physio. ⓛ leg pain today.	
	O	L-sp AROM WNL. SIJ – abd bracing, breathing++	
		loss of L-sp lordosis.	
		Sitting posture improved – still has tendency to brace c obliquies.	
	A	Progress posture re-ed.	

15272

NSV CODE WOE 0307S

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Rx Re-check neut spine ± abd breathing. (5mins)
→ also taught in lg ± Tr-A recruitment - which gave pt. relief

STS - taught neut sp ± ↓breathholding + abd breathing
↳ pt. reports ↓ pain ± this technique.
Started ± bed at raised ht (+ rolled towel to bring into ant. pelvic tilt.) + lowered to ht of chair.
Facilitated C-Sp flex as pt. in C-Sp ext + leads ± head.

P. R/V in 2/52. Check STS + sitting posture.
Laura Mc (LM)

18/4/12 S. Back sore. ++ last night - pt unsure why
Cont ± breathing exs when repercussions..
Pt. frustrated that he can't ex's.

O. L-Sp AROM ISA

A. Re-check - sitting posture + breathing

Rx Re-check sitting posture, breathing + STJ ±
prompting to correct technique

Exs bike in neut spine - low r.p.m +
not leaning on handlbs (2mins ± ↓ ↑ pain)

P. Pt. to use exs bike 5mins per day in neut spine
+ gradually ↑ time within painfree limits.
R/V in 2/52.
Laura M (LM)

✖ 2/5/12 S. Has been using bike 5mins in evening.
Pt. is concerned. if staff see him using bike his ability to work + PK's will be questioned. Cont ± Hep.

O. Sitting posture improved. - neut spine ± abd breathing
L-Sp AROM ISA.
Sit→Stand - loss of L-Sp lordosis ++

A. STS practice. ⊖ Lt weakness means ↑ effort L-Sp. on STS.
Rx Proprioceptive taping applied L-Sp. STS ± L-Sp neut - chair ↑ pill
Technique improved ± practice. Exs bike 5mins daily + ↑

P. R/V. in 2/52. Check bending technique. Laura M (LM)

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A3/19

HMP PERTH

Name: Colin McKay ..... Spin No: 17345 ..... Date: 2/10/10

PERIOD OF OBSERVATIONS DETERMINED BY CARE PLAN:

(Day) ..... 60 ..... Minutes (Night) ..... 60 ..... Minutes

Date	Time	Name of Officer (Print)	Signature	Date	Time	Name of Officer (Print)	Signature
	06.45				18.45		
	07.00	R AITKEN			19.00	D. GOLLMER	
	07.15				19.15		
	07.30				19.30		
	07.45				19.45		
	08.00				20.00		
	08.15				20.15		
	08.30				20.30		
	08.45				20.45		
	09.00				21.00	R. AITKEN	
	09.15				21.15		
	09.30				21.30		
	09.45				21.45		
	10.00				22.00	R AITKEN	
	10.15				22.15		
	10.30				22.30		
	11.00				22.45		
	11.15				23.00	R AITKEN	
	11.30				23.15		
	11.45				23.30		
	12.00				23.45		
	12.15				00.00	R AITKEN	
	12.30				00.15		
	12.45				00.30		
	13.00				00.45		
	13.15				01.00	R AITKEN	
	13.30				01.15		
	13.45				01.30		
	14.00				01.45		
	14.15				02.00	R AITKEN	
	14.30				02.15		
	14.45				02.30		
	15.00				02.45		
	15.15	S KERR			03.00	R AITKEN	
	15.30				03.15		
	15.45				03.30		
	16.00	M. CAIRNS			03.45		
	16.15				04.00	R AITKEN	
	16.30				04.15		
	16.45	S. HOWE			04.30		
	17.00				04.45		
	17.15				05.00	R AITKEN	
	17.30				05.15		
	17.45	S. HOWE			05.30		
	18.00	D. GOLLMER			05.45		
	18.15				06.00	R AITKEN	
	18.30				06.15		
					06.30		

PLACE COMPLETED SHEETS IN RELEVANT PRISONERS FILE.

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TO SURGERY

OBSERVATION CHART

NAME C. McKay NUMBER 17345 LOCATION A3

TYPE OF OBSERVATION..... DURATION Hourly

DATE	TIME	SIGN	INITIAL	DATE	TIME	SIGN	INITIAL
17/3/10	20.00	C.O.					
17/3/10	21.00	OK.	BK				
17/3/10	22.00		BK				
17/3/10	23.00		BK				
18/3/10	0000	BK	BK				
"	01.00		BK				
"	02.00		BK				
"	03.00		BK				
"	04.00		BK				
"	05.00		BK				
"	06.00		BK				
"	07.00		JK				
"	08.00		JK				
"	09.00		JK				
"	10.00		JK				
"	11.00		JK				
"	12.00		JK				

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NAME: [redacted] Colin McKay SPIN 17345

APT AND MDT

DATE Tested	BENZOS	BUP	METH	OPIATES	OTHER	Refusal	Warning issued
27/3	—	—	true	true	—	—	—

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HMP Edinburgh-Convicted MO RV

DATE 2/4/12

NAME Conor McCrea SPIN 17345 DOB 5/9/79

LIB DATE- ? COURT DATE

Please circle correct answer

LAST URINE RESULTS					
Opiates	(+VE)	-VE	IV USE ?	YES	(NO)
Methadone	(+VE)	-VE	ECG carried out?	YES	(NO)
Benzodiazepines	+VE	(-VE)	Using on top?	YES	(NO)
Buprenorphine	+VE	(-VE)			

Current Prescription	Current Illicit use
Methadon 60mL	On Co-codamol

Care Plan	Reason	Active	
Continue prescription	Promote stability	(YES)	NO
Reduce Prescription (LTP only)	Work towards a drug free life	YES	(NO)
Increase Prescription	• To stabilise Prisoner • Reduce drug use • Reduce drug related deaths	YES	(NO)
Encourage Referral to Phoenix Futures	• For ongoing support • To access links to the community	(YES)	NO
Referral to BBV services	• To access treatment • Support and treatment	YES	(NO)
To be reviewed next yearly quarter	• To ensure patient support	(YES)	NO
Changes if appropriate	Reduction Mls/Mgs	YES	(NO)
	Increase Mls/Mgs	YES	(NO)
	Repeat change Weeks	YES	(NO)
Referral to Addictions nurses for interim support if required		(YES)	NO

Comments stable will come down further soon. Maintain current prescription of meds.

Prisoner signature

C. McCrea

Doctors/Addictions Signature

Sign	Print
	2/4/12

NHS Confidential: Personal data about a patient

SPS ADDICTIONS RECORDS

[YELLOW]

HM	PERTH
Sheet No.	(1)
SPIN No.	17345.

SURNAME MCKAY

FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
18/3/10 1032	MN	Seen in the hall placing reports of being under the influence of the hall last night. Sedated later. Calls unit was the Methadone. He admits he was given two "sleepers" but does not know what he has taken. He describes as feeling ill in general calling around his cell and knocking furniture / TV / radio off. He did not like the effects and feels he will never do it again. Discussed around issues with sleep and that calls admits he is scared to sleep due to having vivid nightmares of past crimes. Plan: Refer to MHT. (SW) Sertraline.	
26/5/11 1150	SMN	Seen in clinic. Self referral requesting reduction. Urine +ve MTD only. Initial 5ml reduction put in place. Review by MO in 2/52 (SW) Imodium	
13/6/11	DR	Urine clean. Not using in jail wants to decrease methadone by 5ml - Decreased. RD/	

39
14529

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FORENAME

Date Time	Entry Code	NOTES	Signature
13/7/11	DR.	Now on 80ml — no major problems	
		keen on further 5ml reduction	
		Doing life sentence and further 7yrs	
		until Tribunal.	
		Review in 1/12.	RD/
9/8/11	SMN	Reviewed today urine +ve for Methadone only	
14[00]		for a further 5ml reduction as per plan.	
		Review in 1/12.	M Robertson
2/4/12	DR	Methadone review clinic. No care plan	
5/2/13	N	Care plan discussed and signed filed in notes	
1130			D/Haddow/O'Hagan

14528

METHADONE SCRIPT? YES NO

BUPRENORPHINE SCRIPT? YES NO

CHAMPIX or NRT YES / NO / COMPLETE

YES / NO

Prescription Sheet No. 42

Start date 1/5/15

Rewritten date

SIDE B

HMP

Location Loch Ba 43 DNU 19

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 Initials	Pharmacist Date
A	1/5/15	1/6/15			14/6/16	GABAPENTIN	300mg	O	✓	✓	✓	✓	W					7/16
B						GABAPENTIN	600mg	O				✓	W					
C	1/5/15	1/6/15				Hydroxyzine	1ml.	IM	con 3/17				S					7/16
D	3.06.15					SERTRALINE	50mg	O	✓				W					
E	24.06.15				15/7/15	MIRTAZAPINE	15mg	O				✓	W					
F	15/7/15					Mirtazapine	30mg	O				✓	W					7/16
G	20.08.16				3 week	IBUPROFEN (with food)	400mg	O	✓	✓		✓	W					
H	24.11.16					Mirtazapine	30mg	O				✓	W		25/1/17	AJG		
J	14/6/16					Gabapentin	300g	O	✓	✓	✓	✓	W					
K	8/2/17					~~Sertraline~~ Citalopram	20mg	O	✓				W		01.03.17			
L	7317	7617				Mirtazapine	15mg	O				✓	W					
M	7317				4WK	Corcewal	1 cap	O	←				M					
N	13.6.17	13.6.17				MIRTAZEPINE	30mg	O				✓	W		Stopped	15/7/17		
P	12.05.17					GABAPENTIN	300mg	O	✓	✓	✓	✓	W		Stopped	15/7/17		
Q						~~Mirtazapine~~	~~30mg~~	~~O~~										
R						~~Paroxetine~~	~~10m~~											
S																		
T																		

Name: Colin McKay SPIN No: 17345 CHI No or DOB: 0519179 Drug allergies: NKDA

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

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. _____ **HMP** _____
Start date _____ **Location** DNO 3/19
Rewritten date _____

SIDE A

[redacted]

McKAY 17345

SUPERVISED PRESCRIPTIONS

	Commence date	Review date/ Initials	Review date/ Initials	Review date/ Initials	Stop date/ Length	DRUGS (including formulation)	Dose	Route	Time of day: AM	Noon	PM	Night	Issue	Prescriber's signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
1	2/3/19	14/8/19				Mirtazapine	30mg	O			✓		S					
2	8/8/19	14/8/19				mirtazapine	10mg	O			✓		S					
3	13.6.17	13.7.17	17/8/19	KL		DIAZEPAM	30mg	O			✓		S	[signature]				
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	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	Prescriber's signature	Given by	Time given	Pharmacist: Initials	Pharmacist: Date
16										
17										
18										

Name: Colin McKay **SPIN No:** 17345 **CHI No or DOB:** 5/9/79 **Drug allergies:** nil

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

NHS Confidential: Personal data about a patient

NAME [redacted] SPIN No. [redacted] LOC [redacted]

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11.9.17	E EH				
12.9.17	E AB				
13.9.17	E AB				
14/9/17	E EH				
15.9.17	E AB				
16/9/17	E EH				
17/9/17	E EH				
18/9/17	E EH				
19/9/17	E EH				
20/9/17	E EH				
21/9/17	E EH				
22/9/17	E EH				
23.9.17	E EH				
24/9/17	E KD				
25/9/17	E EH				
26/9/17	E EH				
27.9.17	E EH				
28.9.17	E AB				
29.9.17	E EH				
30/9/17	E EH				
1.10.17	E EH				
2.10.17	E EH				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3.10.17	E EH				
4.10.17	E CA				
5.10.17	E EH				
6.10.17	E EH				
7.10.17	E EH				E-Wilmald
8.10	E CA				
9.10.17	E EH				
10.10.17	E EH				
11.10.17	E EH				
12/10/17	E EH				
13/10/17	E EH				
14/10	E CA				
15/10/17	E KD				
16.10.17	E EH				
17/10/17	E EH				
18/10/17	E EH				
19/10/17	E EH				
20/10/17	E EH				
21.10.17	E EH				
22.10.17	E EH				
23/10/17	E EH				
24.10.17	E EH				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME [redacted] SPIN No. [redacted] LOC [redacted]

NHS Confidential: Personal data about a patient

23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/5/17	A LO				
30/7	A WL				
1/7/17	A WO				
1/6/17	A KL				
2/8/17	A KL				
3/8/17	A WO				
4/8/17	B KL				
5/8/17	B R				
6/8/17	B KO				
7/8/17	B KL				
8/8/17	B KL				
9/8/17	B LO				
10/8/17	B KL				
11/8/17	B KL				
12/8/17	B BC				
13/8/17	B WL				
14/8/17	B AB				
15/8/17	B KL				
16/8/17	B KC				
17/8/17	B AB				
18/8/17	C KL				
19/8/17	C KC				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/8/17	C WL				
21/8/17	C KL				
22/8/17	C KC				
23/8/17	C WL				
24/8/17	C AB				
25/8/17	C KL				
26/8/17	D KO				
27/8/17	D KL				
28/8/17	D KL				
29/8/17	D AB				
30/8/17	D WL				
31/8/17	D KO				
1/9/17	E WL				
2/9/17	E KO				
3/9/17	E R				
4/9/17	E AB				
5/9/17	E KL				
6/9/17	E KO				
7/9/17	E WL				
8/9/17	E AB				
9/9/17	E KL				
10/9/17	E KL				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME COLIN MCKAY SPIN No. 17365 LOC ↑ WKI0115S

NHS Confidential: Personal data about a patient

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
5.12.17	E D				
9/9/17	E J				
10/12/17	E Q				
11/12/17	E DH				
12.12.17	E AB				
13/12/17	E DH				
14.12.17	E DH				
15/12/17	E DA				
16.12.17	E D				
17.12.17	E DO				
18.12.17	E DH				
A12A	E AB				
20.12.17	E DO				
22.12.17	E AB				
23.12.17	E DH				
24.12.17	E DT				
25.12.17	E D				
26.12.17	E D				
27.12.17	E D				
28.12.17	E J				
29.12.17	E D				
30/12/17	E D				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/12/17	E D				
1/1/18	E D				
2.1.18	E DH				
3/1/18	E AB				
4/1/18	E D				
5.1.18.	E AB				
6/1/18	E D				
7/1/18	E DH				
8.1.18	E AB				
9/1/18	E D				
10/1/18	E D				
11/1/18	E AB				
12/1/18	E DH				
13/1/18	E				
14/1/18	E DH				
15/1/18	E DH				
16/1/18	E D				
17/1/18	E D				
18/1/18	E AB				
19/1/18	E D				
20/1/18	E D				
21/1/18	E D				

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

SPIN No.

LOC

NHS Confidential: Personal data about a patient

23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/10/17	E KJ				
27/10/17	E AH				
27.10.17	E AD				
28/10/17	E AD				
29/10/17	E ////				
30/10/17	E AD				
31/10/17	E KJ				
1.11.17	E AB				
2.11.17	E AH				
3/11/17	E KJ				
4/11/17	E A				
5/11/17	E AD				
6.11.17	E AB				
7.11.17	E AB				
8/11/17	E JH				
9/11/17	E AD				
10/11/17	E AH				
11.11.17	E AB				
12/11/17	E KJ				
13/11/17	E AD				
14/11/17	E AH				
15/11/17	E AD				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16.11.17	E AB				
17/11/17	E AH				
18/11/17	E ////				
19/11/17	E KJ				
20/11/17	E AH				
21/11/17	E AH				
22/11/17	E AD				
23/11/17	E AH				
24/11/17	E AH				
25/11/17	E KJ				
26/11/17	E JH				
27/11/17	E AD				
28.11.17	E AB				
29.11.17	E JH				
30.11.17	E AB				
1/12/17	E KJ				
2/12/17	E AD				
3/12/17	E AD				
4/12/17	E KJ				
5.12.17	E JH				
6/12/17	E AH				
7.12.17	E AB				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME COLIN MCKAI

SPIN No. 17345

LOC A1

WKI0115S

NHS Confidential: Personal data about a patient

23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/1/18	E GH				
24/1/18	E KL				
24-1-18	E EJ				
25.1.18.	E AB				
26-1-18	E JH				
27-1-18	E EJ				
28/1/18	E DJ				
29-1-18	E EJ				
30.1.18	E AB				
31/1/18	E KL				
1/2/18	E JH				
2/2/18	F KL				
3.2.18	F EJ				
4.2.18	F AB				
5.2.18.	F AB				
6.2.18	G GH				
7/2/18	G KL				
8.2.18	G AB				
9/2/18	G GH				
10/2/18	G KL				
11/2/18	A W				
12/2/18	G GH				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
13/2/18	G GH				
14/2/18	G KL				
15.2.18	G EJ				
16/2/18	G KL				
17-2-18	G EJ				
18/2/18	G DJ				
19/2/18	G KL				
20/2/18	G GH				
21/2/18	G KL				
22/2/18	G GH				
23/2/18	H EJ				
24/2/18	H DJ				
25/2/18	H DJ				
26/2/18	H JH				
27/2/18	H KL				
28.2.18	H AB				
1/3/18	H KL				
2.3.18.	H AB				
3/3/18	H EJ				
4/3/18	H KL				
5.3.18	H EJ				
6.3.18.	H AB				

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME COLIN MCKAY SPIN No. 17345 LOC A1

WKI0115S

NHS Confidential: Personal data about a patient

NAME

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

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 COLIN MCKAY

SPIN No. 17345

LOC A1

NHS Confidential: Personal data about a patient

[redacted] YES NO
[redacted] YES NO
[redacted] YES (AND) COMPLETE
YES / NO

SIDE A

Prescription Sheet No. _____ **HMP** _____
Start date _____ **Location** DNU 3/19.
Rewritten date _____

NHS Greater Glasgow and Clyde

NHS Confidential Personal data about a patient

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	2/8/17	14/8/17				Mirtazapine	30mg	O			✓		S					
2	18/8/17	18/8/17				Morphine	10mg	L			✓		S					
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	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	Prescriber's signature	Given by	Time given	Pharmacist Initials	Pharmacist Date
16										
17										
18										

Name: Colin McKay **SPIN No:** 17345 **CHI No or DOB:** 5/9/79 **Drug allergies:** nil

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

Appendix 2: In Possession Spot Check Form

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde Prison Healthcare

In Possession Spot Check Form

HMP ...Barlinnie..... Date of spot check: ...14/5/17...

PATIENT AND MEDICATION DETAILS

Patient Name: Colin McKay SPIN: 17345

D.O.B: 5/9/79 Location: DVU

Medication Prescribed	Amount required to be in possession
Mirtazepine 30mg	~~14~~ 3
Gabapentin 300mg	~~17~~ 13

SPOT CHECK

Medication in possession	Number of tablets found	Discrepancy from amount required
Mirtazepine 30mg	3	0
GABAPENTINE 300mg	8	-13.

ACTION TAKEN

PASS / (FAIL) (circle)

Comments / details of medication removed from patients' possession:

7 empty Gabapentin capsules found.

Documented on VISION: (YES) NO (circle)

Appointment with doctor arranged: (YES) / NO (circle) Date of appointment:

Signature of person carrying out spot check: Campbell

Signature of witness: ...

NAME Colin McKay

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 173495 LOC

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/7/17			3 13 MM		3 out of stock						
11/7/17			13 D								
12/7/17			13 D								
13/7/17			13 D								
14/7/17			13 D								
15/7/17			13 D								
16/7/17			13 D								
17/7/17			13 M								
18/7/17			13 MM								
19/7/17			13 MM								
20/7/17			13 D								
21/7/17			13 MB								
22/7/17			13 MA								
23/7/17			13 MB								
24/7/17			13 D								
25/7/17			13 MB								

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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NAME SPIN No. LOC

NHS Confidential: Personal data about a patient

METHADONE SCRIPT? (YES) NO
BUPRENORPHINE SCRIPT? YES NO
CHAMPIX or NRT YES / NO / COMPLETE
EQD YES / NO

Prescription Sheet No.
Start date 01/05/15
Rewritten date

SIDE B

HMP Bedlinnie
Location

[redacted]
17345 - McKay

NHS Confidential: Personal data about a patient

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	Initials	Pharmacist: Initials	Date
A	1/5/15	1/9/15				~~Methadone 1mg/1ml~~	~~20ml~~	O	✓				S					
B	9/5/15	9/11/15	9/11/15	2/9/16	17.02.16	~~Methadone SF 1mg/1ml~~	~~30ml~~	O	✓				S					
C	18.02.16				02.03.16	~~METHADONE SF mixture 1mg/1ml~~	28mg	O	✓				S					
D	02.03.16				16.03.16	METHADONE SF mixt. 1mg/1ml	26ml	O	✓				S					
E	17.03.16				30.03.16	METHADONE SF mixt. 1mg/1ml	24ml	O	✓				S					
F	31.03.16				12.04.16	METHADONE SF mixt. 1mg/1ml	22ml	O	✓				S					
G	12.04.16	13/04/16			27/5/16	METHADONE SF mixt. 1mg/1ml	20ml	O	✓				S					
H	9/5/16				22/5/16	~~Methadone Mixture SF 1mg/1ml~~	18ml	O	✓				S					
J	23/5/16				5/6/16	~~methadone mix SF 1mg/1ml~~	16ml	O	✓				S					
K	6/6/16				19/6/16	~~methadone mix SF 1mg/1ml~~	14ml	O	✓				S					
L	20/6/16	20/6/16	20/6/16	20/6/16	3.11.16	~~Methadone Mix SF 1mg/1ml~~	~~12ml~~	O	✓			once daily						
M	4.11.16	4.11.16	4/11/16	9/9/17		METHADONE MIXTURE SF 1mg/1ml	10ml	O				once daily	S	KH				
N																		
P																		
Q																		
R																		
S																		
T																		

28/9/17

Name: Colin McKay SPIN No: 17345 CHI No or DOB: 05/9/79 Drug allergies: NKDA. ALERT

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/7/17		M SL			
4/7/17		M AP			
5/7/17		M N			
6/7/17		M N			
7/7/17		M N			
8/7/17		M N			
9/7/17	M AP				
10/7/17		M N			
11/7/17		M N			
12/7/17		M N			
13/7/17		M N			
14/7/17		M N			
15/7/17		M CS			
16/7/17		M N			
17/7/17		M N			
18/7/17		M N			
19/7/17		M N			
20/7/17		M N			
21/7/17		M AP			
22/7/17	M N				
23/7/17	M AP				
24/7/17		M N			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/7/17		M AP			
26/7/17		M CS			
27/7/17	M AP				
28/7/17	M N				

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NAME Colin McKay

SPIN No. 173645

LOC

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

HMP BARLINNIE
Lee Ave.
Glasgow G33 2QX
Fax 0141 770 2013
Tel 0141 770 2104

METHADONE/SUBOXONE CONFIRMATION FORM

NAME Colin McKay NO. 17345 DOB 05/09/?? DATE 1/5/15

Home Address HCP

Addiction Team/GP details —

Transfer From HMP HMP Shotts

Date Of Transfer 1/5/15

CLIENT MANDATE

TO BE COMPLETED BY CLIENT

, (Client signature C McKay) hereby give permission for my GP/Addiction Team to release the enclosed information to ddiction Services HMP Barlinnie and for HMP Barlinnie Addiction Services to release information to my GP/Addiction Team/SPS staff. All nformation given will be treated confidentially and within the parameters of the Data Protection Act 1998.

.iberation Date (if convicted) Court Date (if untried)

TO BE COMPLETED BY ALLOCATED WORKER/NURSE/DOCTOR

he above named client has been transferred to us from another prison. We would like to confirm his Addiction Team/GP etails.

lo you agree to continue prescribing on release from prison YES/NO (if no, please give details)

loctor/Case workers Signature Print

LEASE RETURN THIS FORM BY FAX AS SOON AS POSSIBLE TO THE ABOVE NUMBER.

ours sincerely

ddiction Nurses
MP Barlinnie

nfidentiality notice: This facsimile transmission is intended only for the use of the addressee and may contain confidential information belonging the sender which is protected by the patient/physician privilege and may be legally privileged. If you are not the intended recipient, you are reby notified that any disclosure, copying or distribution of this information is strictly prohibited and may be unlawful. If you receive this nsmission in error, please notify this office by telephone to arrange for the return of the document.

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde Prison Healthcare

Substitute / Detoxification Treatment - Patient Contract

HMP: ...Barlinnie.....

Patient Name: Colin McKay..... SPIN: 17345..... DOB: 05/09/79

I agree:

- To health care staff contacting my GP/other relevant practitioner to share relevant information about my treatment
- To treat healthcare staff with dignity and respect
- To take my substitute / detoxification treatment in a supervised manner
- Not to misuse illicit or prescribed drugs
- To provide supervised urine drug samples when required
- To participate in review clinics and harm reduction strategies to support addiction issues as appropriate
- To attend Naloxone training YES / NO (circle)

Methadone
I agree to drink at least ½ cup of water after consuming methadone

Suboxone
I agree to:

- Drink a cup of water prior to taking Suboxone and permit the nurse to check my mouth
- Place the Suboxone tablet(s) under my tongue
- Permit the nurse to check my mouth when required whilst the tablets are under my tongue
- Permit the nurse to check my mouth when the tablets have dissolved (looking under my tongue, top and bottom lip and around the inside of my mouth)
- Drink one full cup of water after taking Suboxone

Declaration of Understanding
I have read (or had read to me) the above instructions and understand that failure to comply with them will result in review by a doctor and possible stoppage of my treatment.

I understand that if I am caught or suspected of concealing my substitute/detoxification treatment it will be reviewed and I will be titrated off my medication.

I understand that turning up late to take supervised medication may be recorded as a refusal of treatment.

Patient Signature: C McKay Date: 2/05/15.....

Witness Signature: SC..... Witness Name: Stacey Kavanagh

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
28/1/14	K				
1-2-14	K				
2/2/14	K				
3/2/14	K				
4/2/14	K	G H			
5/2/14	K				
6/2/14	K				
7/2/14	K				
8/2/14	K				
9/2/14	K				
10/2/14	K				
11/2/14	K	G H			
12/2/14	K				
13/2/14	K				
14/2/14	K				
15/2/14	K				
16/2/14	K				
17/2/14	K				
18/2/14	K	Q H			
19/2/14	K				
20/2/14	K				
21/2/14	K				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
22/1/14	K				
23/1/14	K				
24/1/14	K				
25/1/14	K	G H			
26/1/14	K				
27-1-14	K				
28/1/14	K				
29/1/14	K				
30/1/14	K				
31-1-14	K				
1/2/14	K	G H			
2-2-14	K				
3/2/14	K				
4-2-14	K				
5/2/14	K				
6/2/14	K				
7-2-14	K				
8-2-14	K	G H			
9-2-14	K				
10/2/14	K				
11/2/14	K				
12/2/14	K				

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 C MCKAY

SPIN No.

RESTRICTED - MEDICAL 17345

LOC A1

WKI0115S

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RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C MCKAY SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/8/14	L		M	KR	MX4 tablets
7/8/14	L				
15/8/14	L AB	G IP H	PM		
16/8/14	L EH				
17/8/14	L NM				
18/8/14	L KD				
19/8/14	L MM				
20/8/14	L KD				
21/8/14	L MM	G IP H	GH		
22/8/14	N EH				
23/8/14	N KR				
24/8/14	N KD				
25/8/14	N MM				
26/8/14	N MM				
27/8/14	N AS				
28/8/14	N KD				
29/8/14	N KD	P Q	EH		
30/8/14	N KD		M	MM	
31/8/14	N				
1/9/14	N		EH		
2/9/14	N		AS		
3/9/14	N		EH		

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
4/9/14	N				
5/9/14	N	M P Q	EH		
6/9/14	N BB				
7/9/14	N				
8/9/14	N	EH			
9/9/14	N	KD			
10/9/14	N	AS			
11/9/14	N	KD			
12/9/14	N	M P Q	EH		
13/9/14	N	KD			
14/9/14	N	KR			
15/9/14	N	AS			
16/9/14	N	EH			
17/9/14	N	KD			
18/9/14	N	MM			
19/9/14	N	AS			
20/9/14	N	MM			
21/9/14	N	MM			
22/9/14	N				
23/9/14	N	EH			
24/9/14	N				
25/9/14	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 SPIN No. LOC

RESTRICTED - MEDICAL

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SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 1

HM S40775

Start Date 13/9/12

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	*Pharmacist: Initials	Date
A	13/9/12	13/12/12		Gabapentin	300mg	O	✓	✓	✓		W					
B	13/9/12	13/12/12		Methadone 1mg/ml SF	60ml	O	✓	(S)			S					
C	31012		3.1.12	Fraconazole	100mg	O	✓				W					
D	31012	8.12.12		Hydroxyzine	25mg	O	✓		✓		W					
E	2.10.12	12.1.13		Mebendazole 1mg/ml SF	60ml	O	✓	S			S					AS 11.12
F	30.10.12	4.11.12		Fraconazole	100mg	O	✓				W					AS 11.12
G	15.11.12	7day		Flucloxacillin	500mg	O	✓	✓	✓	✓	W					AS 11.12
H	19/11/12	20/12/12		GABAPENTIN	300mg	O	✓	✓	✓		W					
J	4.11.12	19.11.12		HYDROXYZINE	25mg	O	✓		✓		W					
K	27/11/12		3/12/12	FRACONAZOLE	100mg	O	✓				W					
L	3/12/12	3/1/13		GABAPENTINE	300mg	O	✓	✓	✓		W					
M	3/12/12	3/1/13		HYDROXYZINE	25mg	O	✓		✓		W		14/1/13	HH		
N	5.12.12	19/12/12		FRACONAZOLE	100mg	O	✓				W		14/1/13	HH		
P	1.1.13	1.1.13		Mebendazole 1mg/ml SF	60ml	O	✓	S			S					
Q	1.1.13	14.1.13		GABAPENTIN	300mg	O	✓	✓	✓		W		11/3/13	HH		AD 1-3
R	14.1.13	14.1.13		HYDROXYZINE	25mg	O	✓		✓		W		16/1/13	HH		AD 1-3
S	1.1.13	1.1.13	5 day	GABAPENTIN	300mg	O	✓	✓	✓		W		18/4/13	HH		
T	4/4/13	4/6/13		Methadone 1mg/ml SF	60ml	O	✓	(S)			S					
U	18/4/13	18/5/13.		GABAPENTIN	300mg	O	✓	✓	✓		W					

Name: C. McKAY Spin No: 173425 DoB: 5/9/79 Location: A1 Allergies: NKDA.

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

renewed 13/2/13 SS014

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SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

HM SLOTHS

Start Date 13/9/12

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	~~31012~~	~~31212~~		~~Selsun Shampoo~~	~~2pp~~	~~W~~	~~pm~~	~~M~~					
2	15012	15113		~~Selsun Shampoo~~	~~2pp~~	~~W~~	~~pm~~	~~W~~		16/1/13	HH		AS 11-12
3	~~27/11/12~~		~~5/2/13~~	CANESTEN HC	1%	TOP	BD	W		16/1/13	HH		
4	16/1/13	16/6/13		KETOCONAZORE 2% SHAMPOO	T	TOP	1-2 x a week	M	HD Harris				AD 1-13
5	16/1/13	16/6/13		DERMOL 500	T	TOP	PRN	M	HD Harris				AD 2-13
6	16/1/13		16/2/13	TRIMOVATE	T	TOP	1-2 x daily	W	HD Harris				AD 3-13
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: C McKAY Spin No: [redacted] 5/9/79 Location: [redacted] Allergies: NKA

CODE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

SS014

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25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/3/13	F NM	Q			
9/3/13	P				
10/3/13	R				
11-3-13	P LD				
12/3/13	P NM				
13/3/13	PR				
14/3/13	PR				
15/3/13 P	CA	S			
16-3-13	P KR				
	T				
17-3-13	P LD				
18-3-13	P				
19/3/13	P LD				
20/3/13	P				
21-3-13	P LD				
22/3/13 P	CA	S	KR		
23/3/13 P					
24-3-13	P LD				
25/3/13	PR				
26/3/13	P LD				
27-3-13	P ZH				
28/3/13	PR				
29/3/13	P EN	S			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
30/3/13	P				
31/3/13 P	KR				
1/4/13	P				
2/4/13	P NM				
3-4-13	P LD				
4-4-13	P ZH				
5/4/13	T NM	S			
6-4-13	T LD				
7/4/13 T					
8/4/13 T	ZH				
9-4-13	T LD				
10/4/13	T				
11/4/13 T	KR				
12/4/13 T	CA	S			(5)
13-4-13	T LD				
14/4/13	T NM				
15/4/13	T				
16-4-13	T LD				
17-4-13	T ZH				
18-4-13 T	KR	S			
19/4/13 T	T				
20/4/13 T	KR				

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 C MCKAY

SPIN No. 1734S

LOC A4

RESTRICTED - MEDICAL

WKI0115S

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RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/4/13	T	ZH									
22/4/13	T	CA									

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 C MCKAY SPIN No. 173Y5 LOC A1

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25670

RESTRICTED - MEDICAL

Side A

Prescription Sheet No. 1

HM EDINBURGH

Start Date 10/2/12

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Once Daily	Issue	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
A	10/2/12	10/5/12		AMITRIPTYLINE	75mg	O				✓		W					
B	10/2/12	10/5/12		DIAZEPAM	5mg	O	✓			✓		W		22/4/12			
C	10/2/12	10/6/12		METHADONE	10mg	O	✓		✓			S		22/4/12			
D	22/4/12	22/5/12		Amitriptyline	100mg	PO				✓		W					
E	22/4/12	22/5/12		Mefenamic Acid	500mg	PO						W		24/4/12			
F	23/4/12	24/4/12		Diclofenac	50mg	O	✓		✓	✓		W					
G	24/4/12	24/4/12		Amitriptyline	150mg	PO				✓		W					
H	24/4/12	24/4/12		Co Codamol 8/500	1	PO		✓		✓		W		24/4/12	AM		
J	21/3/12	21/6/12		Ranitidine 500	1 tablet	300		PRN				PRN					
K	24/4/12	24/6/12		AMITRIPTYLINE	100mg	O				✓		W					
L																	
M																	
N																	
P																	
Q																	
R																	
S																	
T																	
U																	

Name: COLIN McKAY Spin No: 17366 DoB: 6/9/79 Location: I3/49 Allergies: LUCOZADE

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

RESTRICTED - MEDICAL

SSS0014S

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RESTRICTED

HM P E'burgh

Prescription Sheet No. _____

Start Date _____

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued		Pharmacist	
										Date		Initials	Date
1	11/12/12	11/6/13		Polytar Shampoo		TOP	3 weekly PRN		JW				
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Dose Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: Colin MACKAY Spin No: 17345 DoB: 5/9/79 Location: I3 Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

RESTRICTED - MEDICAL

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25671

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/2/12			A B		E=x17 A=x7 50mg x7 25mg
11/2/12	C GW				
12/2/12	C SD				
13/2/12	C SD				
14/2/12	C SD				
15/2/12	C BB				
16/2/12	C SD				
17/2/12	GW	A B	GW		A = 7x 25mg 14x50mg B = 14x50mg
18/2	C a				
19/2/12	C LT				
20/2/12	C LT				
21/2/12	C SD				
22/2/12	C LT		D E SF		D=28x 50mg E= 21x 500mg
23/2/12	C SD				
24/2/12	C YMC				
25/2/12	C SD				
26/2/12	C SD				
27/2/12	C SD				
28/2/12	C LT				
29/2/12	C a				
1/3	C a		U E		D=1x50mg E= 21x500 mg
2/3	C a				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/3	C				
4/3	C				
5/3	C LT				
6/3	C SD				
7/3	C a		F SD		F=4x50mg
8/3/12	C GW				
9.3.12	C a		D X		F=21x50mg D=14x50mg
10/3/12	C SD				
11/3/12	C a				
12/3/12	C LT				
13/3/12	C a				
14.3.12	C a				
15/3	C a				
16/3	C SD				DX/H
17/3	C a				
18/3/12	C YMC				
19/3/12	C LT				
20/3/12	C BB				
20/3/12	C BB		G H SD		G=21x50mg H=42x50mg
21/3/12	C BB		X BB		J=x1
22/3/12	C LT				
23/3	C LT				

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 Colin McKay

SPIN No.

LOC

RESTRICTED - MEDICAL

WKI0115S

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PS2

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/3/12	C				
25/3/12	C				
26/3/12	C				
27/3/12	C				
28/3/12	C				
29/3/12	C				
30/3/12	C				
31/3/12	C				
1/4/12	C				
2/4/12	C				
3/4/12	C				
4/4/12	C				
5/4/12	C				
6/4/12	C				
7/4/12	C				
8/4/12	C				
9/4/12	C				
10/4/12	C				
11/4/12	C				
12/4/12	C				
13/4/12	C				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/4/12	C				
15/4/12	C				
16/4/12	C				
17/4/12	C				
18/4/12	C				
19/4/12	C				
20/4/12	C				
21/4/12	C				
22/4/12	C				
23/4/12	C				
24/4/12	C				
25/4/12	C				
26/4/12	C				
27/4/12	C				
28/4/12	C				
29/4/12	C				
30/4/12	C				
1/5/12	C				
2/5/12	C				
3/5/12	C				
4/5/12	C				

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 SPIN No. LOC

RESTRICTED - MEDICAL

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SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 3

HM PERTH

Start Date 10/6/11

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	10/6/11	10/8/11		Methadone Mixture 1 mg/ml SF	85ml	PO	once daily				S	M. McK	13/6/11	RD		
B	14/6/11	14/8/11		Methadone Mixture 1 mg/ml SF	80ml	PO	once daily				S	R. Dunn	13/7/11	RD	PM	21 6.11
C	14/7/11	14/9/11	15/8/11	Methadone Mixture 1 mg/ml SF	75ml	PO	once daily				S	R Dunn				
D	11/8/11	11/9/11	15/9/11	Methadone Mixture 1 mg/ml SF	SIXTY 70ml	PO	once daily				S	M. Wallace			10 AM	
E	16/9/11	16/10/11		Methadone Mixture 1 mg/ml SF	SIXTY SIX 65ml	PO	once daily				S	M	12/10/11	RD	PM	16.9.11
F	13/10/11	13/11/11		Methadone Mixture 1 mg/ml SF	65ml	PO	once daily				S	R. Dunn	19/10/11	RD		
G	20/10/11	20/11/11	20/11/11	Methadone Mixture 1 mg/ml SF	60ml	PO	once daily				S	R Dunn				
H	21/11/11	21/12/11	21/11/11	Methadone Mixture 1 mg/ml SF	SIXTY 60ml	PO	once daily				S					
J	30/11/11	30/1/12	31/1/12	Methadone Mixture 1 mg/ml SF	SIXTY 60ml	PO	once daily				S				PM	20.12.11
K	1/2/12	1/3/12		Methadone Mixture 1 mg/ml SF	SIXTY 60ml	PO	once daily				S					
L				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
M				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
N				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
P				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
Q				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
R				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
S				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
T				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
U				Methadone Mixture 1 mg/ml SF		PO	once daily				S					

Name: C. McKay Spin No: 27345 DoB: 5/9/79 Location: A4 Allergies: Not known

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/10/11					
20/10/11					
21/10/11					
22/10/11					
23/10/11					
24/10/11					
25/10/11					
26/10/11					
27/10/11					
28/10/11					
29/10/11					
30/10/11					
31/10/11					
1/11/11					
2/11/11					
3/11/11					
4/11/11					
5/11/11					
6/11/11					
7/11/11					
8/11/11					
9/11/11					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/11/11					
11/11/11					
12/11/11					
13/11/11					
14/11/11					
15/11/11					
16/11/11					
17/11/11					
18/11/11					
19/11/11					
20/11/11					
21/11/11					
22/11/11					
23/11/11					
24/11/11					
25/11/11					
26/11/11					
27/11/11					
28/11/11					
29/11/11					
30/11/11					
1-12-11					

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 C. McKenny

SPIN No. 173415

LOC

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C. McKay SPIN No. 17345 LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9/12/11					
10/12/11					
11/12/11					
12/12/11					
13/12/11					
14/12/11					
15/12/11					
16/12/11					
17/12/11					
18/12/11					
19/12/11					
20/12/11					
21/12/11					
22/12/11					
23/12/11					
24/12/11					
25/12/11					
26/12/11					
27/12/11					
28/12/11					
29/12/11					
30/12/11					
31/12/11					
1.1.12					
2/1/12					
3/1/12					
4.1.12					
5/1/12					
6/1/12					
7/1/12					
8/1/12					
9/1/12					
10/1/12					
11/1/12					
12/1/12					
13/1/12					
14/1/12					

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 Colin M'Kay SPIN No. LOC

RESTRICTED - MEDICAL 17345

NHS Confidential: Personal data about a patient

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
15/12					
16/12					
17/12					
18/12					
19/12					
20/12					
21/12					
22/12					
23/12					
24/12					
25/12					
26/12					
27/12					
28/12					
29/12					
30/12					
31/12					
1/1/13					
2/1/13					
3/1/13					
4/1/13					
5/1/13					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/12					
7/12					
8/12					
9/12					
10/12					

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 C MCKAY

SPIN No. 173245

LOC

NHS Confidential: Personal data about a patient

PS2

NAME C McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17745 LOC A4

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME

SPIN No.

LOC

WK 0115S

NHS Confidential: Personal data about a patient

NAME C MCKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345

LOC A4

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/5/19	M				
2/5/19	M				
3/5/19	M				
4/5/19	M				
5/5/19	M				
6/5/19	M				
7/5/19	M				
8/5/19	M				
9/5/19	M				
10/5/19	M				
11/5/19	M				
12/5/19	M				
13/5/19	M				
14/5/19	M				
15/5/19	M				
16/5/19	M				
17/5/19	M				
18/5/19	M				
19/5/19	M				
20/5/19	M				
21/5/19	M				
22/5/19	M				
23/5/19	M				
24/5/19	M				
25/5/19	M				
26/5/19	M				
27/5/19	M				
28/5/19	M				
29/5/19	M				
30/5/19	M				
31/5/19	M				
1/6/19	M				
2/6/19	M				
3/6/19	M				
4/6/19	M				
5/6/19	M				
6/6/19	M				
7/6/19	M				
8/6/19	M				
9/6/19	M				
10/6/19	M				
11/6/19	M				
12/6/19	M				
13/6/19	M				

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

SPIN No.

LOC

NHS Confidential: Personal data about a patient

NAME C McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC A4

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/6/19					
15/6/19					
16/6/19					
17/6/19					
18/6/19					
19/6/19					
20/6/19					
21/6/19					
22/6/19					
23/6/19					
24/6/19					
25/6/19					
26/6/19					
27/6/19					
28/6/19					
29/6/19					
30/6/19					
1/7/19					
2/7/19					
3/7/19					
4/7/19					
5/7/19					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/7/19					
7/7/19					
8/7/19					
9/7/19					
10/7/19					
11/7/19					
12/7/19					
13/7/19					
14/7/19					
15/7/19					
16/7/19					
17/7/19					
18/7/19					
19/7/19					
20/7/19					
21/7/19					
22/7/19					
23/7/19					
24/7/19					
25/7/19					

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 [redacted] SPIN No. [redacted] LOC

[redacted]

N=IS Confidential: Personal data about a patient

PS2

NAME C McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC A4

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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4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC WK 0115S

N=S Confidential: Personal data about a patient

Side A

SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

HM Perl

Start Date 6/10/04

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	6/10/04	6/11/04		~~Methadone Mix 1mg/1ml S.F.~~	~~90ml~~	O	✓				D		RD			
B	~~22/10/04~~	~~22/12/18~~		~~Methadone Mix 1mg/1ml S.F.~~	~~90ml~~	O	~~once daily~~				S	~~R Dunn~~	RD		~~RD~~ 4/12	
C	~~6/12/18~~	~~6/5/18~~		~~Methadone Mix 1mg/1ml S.F.~~	~~90ml~~	O	~~once daily~~				S	~~R Dunn~~	RD		~~RD~~	
D	14/4/18	14/7/18		Methadone Mix 1mg/1ml S.F.	90ml	O	once		daily		S	R Dunn	14/7/18	RD	~~RD~~	~~DISCONTINUED~~
E	15/7/18	15/8/18	11/8/18	Methadone Mix 1mg/1ml S.F.	90ml	O	once		daily		S	R Dunn	11/8/18	RD		
F	12/8/18	12/9/18	3/9/18	**Methadone Mix S.F. 1mg/1ml**	**90ml**	**O**	**once**		**daily**		**S**	**R Dunn**	3/9/18	RD		
G	9/9/18	9/10/18	6/10/18	Methadone Mix S.F. 1mg/1ml	90ml	O	once		daily		S	R Dunn	6/10/18	RD	~~RD~~	
H	7/10/18	7/11/18	3/12/18	Methadone Mix S.F 1mg/1ml	90ml	O	once		daily		S	R Dunn	3/12/18	RD		
J	3/12/18	3/1/19	26/1/19	Methadone Mix S.F 1mg/1ml	90ml	O	once		daily		S	R Dunn	26/1/19	RD		
K	27/1/19	27/2/19	9/3/19	Methadone Mix S.F. 1mg/1ml	90ml	O	once		daily		S	R Dunn	9/3/19	RD	~~RD~~ RD	
L	10/3/19	25/4/19		Methadone Mix S.F 1mg/1ml	90ml	O	once		daily		S	R Dunn	20/4/19	RD	~~RD~~ 25/4/19	
M	20/4/19	25/5/19		Methadone Mix S.F. 1mg/1ml	90ml	O	once		daily		S	R Dunn	25/5/19	RD		
N	26/5/19	26/6/19		Methadone Mix S.F. 1mg/1ml	90ml	O	once		daily		S	R Dunn	15/6/19	RD	~~RD~~ 26/6/19	
P	16/6/19	24/7/19		Methadone Mix S.F. 1mg/1ml	90ml	O	once		daily		S	R Dunn	20/7/19	RD		
Q	21/7/19	26/8/19		Methadone Mix S.F 1mg/1ml	90ml	O	once		daily		S	R Dunn	17/8/19	RD		
R																
S																
T																
U																

Name: COLIN MCKAY Spin No: 1765 DoB: 5/5/79 Location: A4 Allergies: Nil

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side B

HM _____

Prescription Sheet No. _____

Start Date _____

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued		Pharmacist	
										Date	Initials	Initials	Date
1													
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By		Pharmacist	
								Time Given	Initials	Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: _____ Spin No: _____ DoB: _____ Location: _____ Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side B

HM PERTH

Prescription Sheet No. _____

Start Date _____

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Instr.	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1													
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10	5/6/9	1408hrs	Havrix Monodose (1st)	1 ml	IM		Havrix Monodose LOT AHAVB306AB EXP 05-2011	1408hrs		
11			Havrix Monodose (Booster)	1 ml	IM					
12										
13										
14										
15										
16										
17										
18										

Name: C. McKay Spin No: 173415 DoB: 5/4/79 Location: _____ Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side A

SCOTTISH PRISON SERVICE

Prescription Sheet No. _____ HM _____

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (Including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Initials	Pharmacist Initials	Date
A																
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: _____ Spin No: _____ DoB: _____ Location: _____ Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/11/15					
26/11/15					
27/11/15					
28/11/15					
29/11/15					
30/11/15					
31/11/15					
1/12/15					
2/12/15					
3/12/15					
4/12/15					
5/12/15					
6/12/15					
7/12/15					
8/12/15					
9/12/15					
10/12/15					
11/12/15					
12/12/15					
13/12/15					
14/12/15					
15/12/15					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16/12/15					
17/12/15					
18/12/15					
19/12/15					
20/12/15					
21/12/15					
22/12/15					
23/12/15					
24/12/15					
25/12/15					
26/12/15					
27/12/15					
28/12/15					
29/12/15					
30/12/15					
31/12/15					
1/1/16					
2/1/16					
3/1/16					
4/1/16					
5/1/16					
6/1/16					
7/1/16					

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 Colin McKay

SPIN No. 173[illegible]

LOC

WKI0115S

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/12/15	BSh				
9/12/15	BAJ				
10/15	BJC				
11/12/15	BJ				
12/12/15	KJ				
13/12/15	K				
14/12/15	KBJ				
15/12/15	BMJ				
16/12/15	BSA				
17/12/15	KJ				
18/12/15	BAJ				
19/12/15	BKJ				
20/12/15	BJ				
21/12/15	KDJ				
22/12/15	BDJ				
23/12/15	BGJ				
24/12/15	KJ				
25/12/15	BGJ				
26/12/15	K				
27/12/15	KJ				
28/12/15	KJ				
29/12/15	BJ				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
30/12/15	KJC				
31/12/15	BJ				
1/1/16	BJ				
2/1/16	BBJ				
3/1/16	BBJ				
4/1/16	B				
5/1/16	BJ				
6/1/16	BJ				
7/1/16	BMJ				
8/1/16	BJ				
9/1/16	BJ				
10/1/16	BSh				
11/1/16	BMJ				
12/1/16	BJ				
13/1/16	BGJ				
14/1/16	BJ				
15/1/16	KJC				
16/1/16	BGJ				
17/1/16	BMJ				
18/1/16	BJ				
19/1/16	BJ				
20/1/16	KJC				

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

COLIN MCKAY

SPIN No.

17345

LOC

NHS Confidential: Personal data about a patient

NAME [illegible] SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/1/15	BG				
12/9/15	BG				
15/9/15	BG				
1/10/15	BG				
15/9/15	BG				
16/9/15	BG				
17/9/15	BG				
18/9/15	BG				
19/9/15	BG				
20/9/15	BG				
21/9/15	BG				
22/9/15	BG				
23/9/15	BG				
24/9/15	BG				
25/9/15	BG				
26/9/15	BG				
27/9/15	BG				
28/9/15	BG				
29/9/15	BG				
30/9/15	BG				
1/10/15	BG				
2/10/15	BG				

DATE	A.M.	NOON	P.M.	NIGHT
3/10/15	BG			
4/10/15	BG			
5/10/15	BG			
6/10/15	BG			
7/10/15	BG			
8/10/15	BG			
9/10/15	BG			
10/10/15	BG			
11/10/15	BG			
12/10/15	BG			
13/10/15	BG			
14/10/15	BG			
15/10/15	BG			
16/10/15	BG			
17/10/15	BG			
18/10/15	BG			
19/10/15	BG			
20/10/15	BG			
21/10/15	BG			
22/10/15	BG			
23/10/15	BG			
24/10/15	BG			

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 COLIN MCKAY SPIN No. 17345 LOC

NHS Confidential: Personal data about a patient

23752

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME **SPIN No.** **LOC**

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/1	B				
5/2	B				
31/1	B				
1/8/15	B				
9/8/15	B				
30/8	B				
4/8/15	B		BGS		
5/8/15	B				
6/8/15	B				
7/8/15	B				
8/8/15	B				
9/8/15	B				
10/8/15	B				
11/8/15	B				
12/8/15	B				
13/8/15	B				
14/8/15	B				
15/8/15	B				
16/8/15	B				
17/8/15	B				
18/8/15	B				
19/8/15	B				

DATE	A.M.	NOON	P.M.	NIGHT
20/8/15	B			
21/8/15	B			
22/8/15	B			
23/8/15	B			
24/8/15	B			
25/8/15	B			
26/8/15	B			
27/8/15	B			
28/8/15	B			
29/8/15	B			
30/8/15	B			
31/8/15	B			
1/9/15	B			
2/9/15	B			
3/9/15	B			
4/9/15	B			
5/9/15	B			
6/9/15	B			
7/9/15	B			
8/9/15	B			
9/9/15	B			
10/9/15	B			

COMMENT

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS
(CODE) 1= PRISONER NOT IN ESTABLISHMENT, 2= PRISONER REFUSED TO ACCEPT MEDICATION, 3= PRISONEF
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HE

NAME [redacted] **SPIN No.** [redacted]

PS2

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
27-11-14	A D					[illegible]	D	B C			
28/11/14	A	B C				29/11/14	D				
29/11/14	A					30/11/14	D				
30/11/14	A					1/12/14	D				
01/12/14	A					2/12/14	D	B C			
2/12/14	A					3-12-14	D				
3-12-14	A					4-12-14	D				
4/12/14	A					5/12/14	D				
5/12/14	A					6-12-14	D				
6/12/14	A					7-12-14	D				
7/12/14	A					8-12-14	D				
8/12/14	A					9-12-14	D				
9/12/14	A					10/12/14	D				
10/12/14	A					11/12/14	D				
11-12-14	A					12/12/14	D				
12/12/14	D	B C				13/12/14	D				
13/12/14	D					14/12/14	D				
14/12/14	D					15/12/14	D				
15/12/14	D					16/12/14	D				
16/12/14	D					17/12/14	D				
17/12/14	D					18/12/14	D	B C			
18/12/14	D										

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 C. MC KAY SPIN No. 173115 LOC A1

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME P McKay SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10-1-15	DR				
11/1/15	CRY				
12/1/15	DH				
13/1/15	DH				
14/1/15	DH				
15/1/15	DHH				
16-1-15	GWB	BC CA			
17/1/15	EH				
18/1/15	G KR				
19.1.15	G ZH				
20.1.15	CA AS				
21-1-15	G.C				
22-1-15	G				
23/1/15	G	BC ZH			
24/1/15	G				
25/1/15	G C-A				
26/1/15	H SP	J			Rx No 154201A Exp 05/17
27/1/15	G				exp 5/17 154201A, J=2nd inj
28/1/15	G	J CA			
29-1-15	G				
30/1/15	DW	DC ZH			Rx No 154201A Exp 05/17
31/1/15		J			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
31/1/15	L				
1/2/15	L				
2/2/15	L	J			154201A 3/17.
3/2/15	L AB				
4-2-15	L				
5-2-15	L				
6-2-15	L	J	BC EH		154201A 5/17
7-2-15	L EH				
8-2-15	L				
9-2-15	L EH				
10/2/15	L AH	J			
11/2/15	L				
12/2/15	L AH				
13/2/15	L	BC AH			
14-2-15	L				
15/2/15	L				
16/2/15	L AH				
17/2/15	L				
18/2/15	L				
19/2/15	L				
20-2-15	MAH	BC AH			
21/2/15	MM				

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 C McKay 17345 SPIN No. LOC A1

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

Side A

SCOTTISH PRISON SERVICE

Prescription Sheet No. 2

HM Prison: SHOTTS

Start Date: 2/4/14

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	2/4/14	2/5/14		RANITIDINE	150mg	O	✓			✓	W		28/4/14	HH		A-H 30/4
B	2/4/14	2/14/14		GABAPENTIN	300mg	O	✓			✓	W		13/5/14	HH		A-K 7/5/14
C	2/4/14	2/16/14		METHADONE Implant SF	40ml	O	✓		MONTHLY		S					A-H 30/4
D	8/5/14	13/5/14		GABAPENTIN	300mg	O	✓		✓	✓	W	HH				
E	30.5.14	30.8.14		METHADONE Implant SF	40ml	O	✓		Monthly		S		16/6/14	HH		
F	6.6.14	6.9.14		METHADONE Implant SF	38mls	O	✓		Monthly		S					
G	16/8/14	16/9/14		GABAPENTIN	300mg	O	✓	✓		✓	W	MDH			PM	24.7.14
H	16/6/14	16/9/14		GABAPENTIN	600mg	O				✓	W	MDH			PM	24.7.14
J	20.6.14	20.9.14		METHADONE Implant SF	36mls	O	✓		Monthly		S					
K	18.7.14	18.10.14		METHADONE Implant SF	34mls	O	✓		Monthly		S					
L	8/8/14	8/11/14		METHADONE Implant SF	32ml	O	✓		THURSDAY		S		7/8/14	JB		
M	13/8/14	13/11/14		Cyanocobalamin	1000mcg	O	✓		✓		W		21/8/14	CB		
N	21/8/14	21/11/14		METHADONE Implant SF	30ml	O	✓		Monthly		S					
P	26/8/14	26/11/14		Gabapentin	300mg	O	✓		✓		W					
Q	26/8/14	26/11/14		Gabapentin	100mg	O				✓	W					
R	27/8/14	27/11/14		Gabapentin	300mg	O	✓		✓		W					
S	2/9/14	2/12/14		Gabapentin	600mg	O				✓	W					
T	30.10.14	30.1.15		METHADONE Implant SF	30mls	O	✓		Monthly		S					
U	21.11.14	21.2.15		METHADONE Implant SF	28mls	O	✓		Monthly		S					

Name: C. MCKAY Spin No: 17345 DoB: 05/09/79 Location: A1 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side B

HM P SHOTTS

Prescription Sheet No. 2

Start Date 2/4/14 26/11/14

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Initial	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	4/4/14	4/5/14		DICLOFENAC	50mg	PO	TDS PRN	W				PM	10/4.
2	15/5/14	15/6/14		NAPROXEN E/C	250mg	PO	TDS PRN	W					
3	22/7/14		22/11/14	DERMOL LOTION 500ml	1	TOP	Once daily	M				PM	24.7.14.
4	14/10/14	14/11/15		IBULEVE GEL	1	TOP	TDS PRN	M					
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: C. MCKAY Spin No: 17345 DoB: 5/9/79 Location: A1 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/9/14	N	MP			
27/9/14	N				
28/9/14	N				
29/9/14					
30/9/14					
1/10/14					
2/10/14					
3/10/14	N	H			
4/10/14	N				
5/10/14	N				
6/10/14	N				
7/10/14	N				
8/10/14					
9/10/14					
10/10/14					
11/10/14					
12/10/14	N				
13/10/14					
14/10/14					
15/10/14					
16/10/14					
17/10/14					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
18/9/14	N				
19/10/14					
20/10/14					
21/10/14					
22/10/14					
23/10/14					
24/10/14					
25/10/14	N				
26/10/14	N				
27/10/14					
28/10/14					
29/10/14					
30/10/14					
31/10/14					
1/11/14					
2/11/14					
3/11/14					
4/11/14					
5/11/14					
6/11/14					
7/11/14					
8/11/14					

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 C. McKAY

SPIN No. A1

LOC 17345

RESTRICTED - MEDICAL

WKI0116S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C MCILA-1 SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9/11/14											
10/11/14											
11/11/14											
12-11-14											
13/11/14											
14-11-14		R S		NAT							
15-11-14											
16/11/14											
17-11-14											
18/11/14											
19-11-14											
20/11/14											
21-11-14		R S		AB							
22-11-14											
23/11/14											
24/11/14											
25/11/14											
26-11-14											

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 SPIN No. LOC

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3-6-14	C KR				
4-6-14	C KR	A B KR			
5/6/14	C KR				
6/6/14	C KR				
7/6/14	C KR				
8/6/14	C KR				
9/6/14	C KR				
10/6/14	C KR				
11/6/14	C KR	A B KR			
12/6/14	C KR				
13/6/14	C KR				
14-6-14	C KR				
15-6-14	C KR				
16/6/14	C NM				
17/6/14	C KR				
18-6-14	C KR	A B KR			
19/6/14	C KR				
20/6/14	C KR				
21-6-14	C KR				
22/6/14	C KR				
23-6-14	C KR				
24/6/14	C KR				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/4/14	C KR	A B KR			A = Azi
26/4/14	C KR				
27/4/14	C KR				
28/4/14	C KR				
29/4/14	C KR				
30/4/14	C KR				
1-5-14	C KR				
2-5-14	C KR	B A1			
3/5/14	C KR				
4/5/14	C KR				
5/5/14	C KR				
6/5/14	C KR				
7-5-14	C KR				
8/5/14	C KR				
9-5-14	C KR	B KR			
10/5/14	C KR				
11/5/14	C KR				
12/5/14	C KR				
13/5/14	C KR				
14/5/14	C KR				
15/5/14	C KR				
16/5/14	C KR	D KR	2 KR		2 - Refused

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 C. McKAY

SPIN No. 17345

LOC A1

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C. MCILAY SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
17/5/14	KR				(2) Refused
18/5/14	NM				
19-5-14					
20/5/14					
21/5/14					
22/5/14					
23/5/14		D	AH		
24/5/14					
25/5/14					
26/5/14					
27/5/14					
28/5/14	KR				
29/5/14					
30/5/14	NM	D	NM		
31/5/14					
1/6/14	KR				
2/6/14	KR				
3/6/14					
4/6/14					
5/6/14	EH				
6/6/14		D	SN		
7/6/14					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/6/14	KR				
9/6/14	ZH				
10/6/14					
11/6/14					
12/6/14					
13/6/14	KR	D	AH		
14/6/14					
15/6/14					
16/6/14					
17/6/14			HG	KR	GX6; HX5
18/6/14					
19/6/14					
20/6/14		GH			
21/6/14					
22/6/14					
23/6/14	AS				
24/6/14					
25/6/14					
26/6/14					
27/6/14		GH	AS		
28/6/14					
29/6/14					

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 SPIN No. LOC

RESTRICTED - MEDICAL

NHS Confidential Personal data about a patient

SCOTTISH PRISON SERVICE

Prescription Sheet No. 1

HM P Stirling

Start Date 22/6/13

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	22/6/13	22/9/13		METHADONE 1mg/ml S.F.	60ml	O	✓	Stop			5	HDH				
B	22/6/13	22/6/13		GABAPENTIN ~~V/V~~	300mg	O		✓	✓		W	HDH				
C	16/6/13	11/8/13		GABAPENTIN ~~V/V~~	300mg	O	✓	✓	✓		W	HDH	6/6/13	HH		AIDS
D	12/6/13	10 days		PREGNISOLONE	40mg	O	✓				W	HDH	18/7/13	HH		AIDS
E	27.6.13	27.9.13	15.8.13	METHADONE 1mg/ml SF	65mls	O	✓	✓	✓	✓	W	HDH				
F	18/7/13	18/9/13		GABAPENTIN ~~V/V~~	300mg	O	✓	✓	✓		W	HDH				
G	16.8.13	16.11.13		METHADONE 1mg/ml SF	50mls	O	✓	✓	✓		W	HDH	9/9/13	HH		
H	30.8.13	30.11.13		METHADONE 1mg/ml SF	45mls	O	✓	✓	✓		W	HDH				
J	4/9/13	4/12/13		GABAPENTIN ~~V/V~~	300mg	O	✓	✓	✓		W	HDH	18/9/13	HH		
K	13.9.13	12.12.13		METHADONE 1mg/ml SF	40mls	O	✓	✓	✓		W	HDH				A2811 A31013
L	11/11/13	11/11/13		GABAPENTIN ~~V/V~~	300mg	O	✓	✓	✓		W	HDH	6/11/13	HH		A2811 A31013
M	6/11/13	6/2/14		GABAPENTIN	300mg	O	✓	✓	✓		W	HDH	22/1/14	HH		
N	6.12.13	6.3.14		METHADONE 1mg/ml SF	40mls	O	✓	✓	✓		W	HDH				
P	12/12/13	12/4/14		RANITIDINE	150mg	O	✓		✓		W	HDH				
Q	17/1/14		1week	Amoxicillin	1gm	O	✓		✓		C					
R	17/1/14		1week	Clarithromycin	500mg	O	✓		✓		C					
S	17/1/14		1week	Omeprazole	20mg	O	✓		✓		C					
T	22/1/14	23/5/14		GABAPENTIN	300mg	O	✓	✓	✓		W	HDH				
U	28.2.14	28.5.14		METHADONE 1mg/ml SF	40mls	O	✓	✓	✓		W	HDH				

Name: C McKay Spin No: 17345 DoB: 05/09/79 Location: A1 Allergies: NKDA

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

NHS Confidential: Personal data about a patient

HM P SIDIS

Prescription Sheet No. 1

Start Date 27/6/13

	'AS REQUIRED' PRESCRIPTIONS Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	22/4/13	22/4/13		ICO-ICONAZOLE 2% shampoo	1	TOP	1-2 x week	M	HDH			A3013	A3/5
2	28/4/13	28/10/13		DERMOL 500	1	TOP	PRN	M	HDH				A3/5
3	12/6/13	12/8/13		LACRILUBE	1	TOP	(E) eye	W	HDH				A3/5
4	8/9/14	20/6/14		Dermol 500	1	TOP	PRN	M					
5	12/3/14		4 weeks	VASLINE (FOR LIPS)	APP	TOP	TID	M					
6	12/3/14		28/4/14	YELLOW PARAFFIN	APP	TOP	TID	M					
7	27/3/14		Walk	Amoxicillin	5ml	O	TDS	P					
8													
9													

	ONCE ONLY PRESCRIPTIONS Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: C MYERS Spin No: 17345 DOB: 05/09/79 Location: A1 Allergies: NKDA

KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/1/14	N				
1/2/14	N				
1/3/14	N				
1/4/14	N				
1/5/14	N				
1/6/14	N				
1/7/14	N				
1/8/14	N				
1/9/14	N				
1/10/14	N				
1/11/14	N				
1/12/14	N				
1/13/14	N				
1/14/14	N				
1/15/14	N				
1/16/14	N				
1/17/14	N				
1/18/14	N				
1/19/14	N				
1/20/14	N				
1/21/14	N				
1/22/14	N				
1/23/14	N				
1/24/14	N				
1/25/14	N				
1/26/14	N				
1/27/14	N				
1/28/14	N				
1/29/14	N				
1/30/14	N				
1/31/14	N				
2/1/14	N				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/2/14	N				
2/3/14	N				
2/4/14	N				
2/5/14	N				
2/6/14	N				
2/7/14	N				
2/8/14	N				
2/9/14	N				
2/10/14	N				
2/11/14	N				
2/12/14	N				
2/13/14	N				
2/14/14	N				
2/15/14	N				
2/16/14	N				
2/17/14	N				
2/18/14	N				
2/19/14	N				
2/20/14	N				
2/21/14	N				
2/22/14	N				
2/23/14	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

CMCKAY

SPIN No.

RESTRICTED - MEDICAL 17345

LOC

A1

WKI0115S

KHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. LOC

NAME - P MCKay

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
24/2/14	N LD				
25/2/14	N KR				
26/2/14	N KR				
27/2/14	N KR	T (D)			(D) - not req
28/2/14	U SH				
1/3/14	U SH				
2/3/14	U JK				
3/3/14	U KR				
4/3/14	U SH				
5/3/14	U NM				
6/3/14	U SH				
7/3/14	U CA	PT	TA		
8/3/14	U SH				
9/3/14	U NM				
10/3/14	U NM				
11/3/14	U JK				
12/3/14	U CA				
13/3/14	U LD			6 KR	
14/3/14	U SH	PT	CA		
15/3/14	U NM				
16/3/14	U CA				
17/3/14	U SH				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
18/3/14	U JK				
19/3/14	U JK				
20/3/14	U CB				
21/3/14	U SH	PT	SH		
22/3/14	U KR				
23/3/14	U SH				
24/3/14	U JK				
25/3-14	U LD				
26/3/14	U KR				
27/3/14	U NM				
28/3/14	U JK	PT	SH	T NM	
29/3/14	U NM				
30/3/14	U SH				
31/3-14	U LD				
1/4/14	U CA				
2/4/14	U SH				

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.

SPIN No. LOC

NAME

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
15-10-13	KC JD				
16/10/13	KC AA				
17/10/13	K PP				
18-10-13	K DH	L AA			
19/10/13	K QL				
20/10/13	K CA				
21-10-13	KC JD				
22/10/13	KC AA				
23-10-13	KC JD				
24/10/13	KC AA				
25/10/13	K OP	L AA			
26-10-13	KC JD				
27-10-13	KC JD				
28/10/13	K OP				
29-10-13	KC DH				
30/10/13	K CA				
31-10-13	KC JD				
1-11-13	KC JD	L AA			
2/11/13	K NM				
3/11/13	K SB				
4/11/13	K DH				
5/11/13	K MM				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/11/13	K AA				
7/11/13	KC DH				
8/11/13	K KC	M SB			x21
9/11/13	K KC				
10/11/13	K KC				
11/11/13	KC AA				
12-11-13	KC JD				
13/11/13	KC AA				
14/11/13	KC AA				
15/11/13	K KC	H OH			
16/11/13	K CA				
17/11/13	K SB				
18-11-13	KC DH				
19/11/13	KC DH				
20/11/13	K NM				
21/11/13	KC AA				
22/11/13	K CA	M NM			
23-11-13	KC JD				
24-11-13	KC JD				
25/11/13	KC AA				
26-11-13	KC JD				
27/11/13	KC AA				

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 C MCKAY

SPIN No. 17345

LOC A1

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME P Miller SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
28/11/13	K EH	M			x21
29/11/13	KR				
30/11/13	K				
1/12/13	K				
2/12/13	K				
3/12/13	K				
4/12/13					
5/12/13					
6/12/13		M			
7/12/13	N				
8/12/13					
9/12/13	N	KR			
10/12/13	N	EH			
11/12/13	AF		P		x2
12/12/13	N	KR			
13/12/13		M P			
14/12/13	N	KR			
15/12/13					
16/12/13	N				
17/12/13					
18/12/13					
19/12/13					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/12/13	N	M	P		
21/12/13	N				
22/12/13	N				
23/12/13					
24/12/13					
25/12/13	N	KR			
26/12/13					
27/12/13		M			
28/12/13	N				
29/12/13	N				
30/12/13	N				
31/12/13					
1-1-14					
2/1/14					
3/1/14		M P			
4-1-14					
5-1-14					
6/1/14	N	KR			
7/1/14					
8/1/14	N				
9/1/14					
10/1/14	N	KR	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 SPIN No. LOC

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

25671

RESTRICTED - MEDICAL

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
19/7/13		F KR			
20-7-13	E LD				
21/7/13	E KR				
22/7/13	E EH				
23/7/13	E EA				
24/7/13	E EA				
25/7/13	E EA				
26/7/13	E EA	F NM			
27/7/13	E LW				
28/7/13	E EW				
29/7/13	E GH				
30/7/13	E LW				
31/7/13	E EA				
1/8/13	E EA				
2/8/13	E A	E NM			
3/8/13	L LW				
4/8/13	E NM				
5/8/13	E EA				
6/8/13	E EH				
7/8/13	E EH				
8/8/13	E A				
9/8/13	E LK	F LK		K21	

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/8/13	E LW				
11/8/13	E NM				
12/8/13	E EH				
13/8/13	E LW				
14/8/13	E EH				
15/8/13	E A				
16/8/13	G LW	E LW			
17/8/13	G EA				
18/8/13	G EA				
19/8/13	G KR				
20/8/13	G EH				
21/8/13	G EA				
22/8/13	G LW				
23/8/13	G NM	E LW			
24/8/13	G EA				
25/8/13	G LW				
26/8/13	G EH				
27/8/13	G EA				
28/8/13	G EA				
29/8/13	G EA	F KR			
30/8/13	H NM				

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 C McCAY

SPIN No. 17345

LOC A1

RESTRICTED - MEDICAL

WKI0115S

NHS Confidential Personal data about a patient

RESTRICTED - MEDICAL

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME SPIN No. LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/1/13	H				
2/1/13	H KR				
3/1/13	H EH				
4/1/13	H EH				
5/1/13	H EH				
6/1/13	H KR	S			(5)
7/1/13	H KR				
8/1/13	H				
9/1/13	H KR				
10/1/13	H KR				
11/1/13	H EH				
12/1/13	H EH				
13/1/13	K EH	S	TT		
14/1/13	K KR				
15/1/13	K SF				
16/1/13	K				
17/1/13	K EH				
18/1/13	K EH				
19/1/13	K KR				
20/1/13	K NM	L			
21/1/13	K NM				
22/1/13	K SF				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
23/1/13	K EH				
24/1/13	K EH				
25/1/13	K KR				
26/1/13	K KR				
27/1/13	K EH	L	KR		
28/1/13	K NM				
29/1/13	K EH				
30/1/13	K				
31/1/13	K				
1/2/13	K KR				
2/2/13	K KR				
3/2/13	K EH				
4/2/13	K EH				
5/2/13	K				
6/2/13	K KR				
7/2/13	K KR				
8/2/13	K SF				
9/2/13	K EH				
10/2/13	K KR				
11/2/13	K EH	L	KR		
12/2/13	K				
13/2/13	K SF				
14/2/13	K KR				

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 SPIN No. LOC

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

SHEET No. .....

MEDICINE PRESCRIPTION SHEET

Key: O ORAL; IM INTRAMUSCULAR; IV INTRAVENOUS; SC SUBCUTANEOUS; SL SUBLINGUAL; ID INTRADERMAL; INH INHALATION; NEB NEBULISED; PR PER RECTUM; PV PER VAGINA; IT INTRATHECAL

Write, Imprint or attach label

HCR No: 17345

CHI No: ... Macky MCKAY

Surname: ... Forename: Colin ... Sex: M

Address: .....

Date of Birth: 05/9/79

KNOWN SENSITIVITY

1. NKDA	2.

SUSPECTED ADVERSE REACTION

MEDICINE	ADVERSE EFFECT
1.	
2.	

MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

PHARM.	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION: 6am	8am	10am	12md	3pm	6pm	8pm	10pm	12mn	OTHER	ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED DATE	DISCONTINUED INITIAL
A	25/5/12	Amitriptyline	200mg								✓			O	2/12	[redacted]		
B		Co-codamol 8/5	2tds		✓		✓				✓			O	2/12		18/9/12	
C	18/5/12	Gabapentin	300mg		✓						✓			O	4/12			
D	6/6/12	Gabapentin	300mg		✓		✓				✓			O	2/12			
E	11/6/12	Gabapentine	300mg		✓		✓				✓			O	6/12		18/9/12	
F																		
G																		
H																		
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
R																		
S																		
T																		
V		Suspected																

ST40233

NHS Confidential: Personal data about a patient

SHEET No .....

Name .....

Age .....

Consultant .....

Hospital .....

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
8/8/12		D		D			D			
	Init.	JM		JM			~			
9/8		D		D			D			
	Init.	RL		RL			D			
10/8		D		D			D			
	Init.	SK		RL			RB			
11/8		D		D			D			out of date 10.8.12
	Init.	AMY		RM			LS			
12/8/12		D		D			D			
	Init.	RM		RM			D			
13/8/12		E		E			E			
	Init.	MJ		MJ			~			
14/8/12		E		E			E			
	Init.	MM		MM			D			
15/8/12		E		E			E			
	Init.	MM		MM			~			

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
16/8/12		E		E				E		
	Init.	LS		LS				LS		
17/8/12		E		E				E		
	Init.	LS		LS				LM		
18/8/12		E		E				E		
	Init.	RL		RL				LM		
19/8/12		E		E				E		
	Init.	RL		RL				LM		
20/8/12		E		E				E		
	Init.	RL		RL				MM		
21/8/12		E		E				E		
	Init.	RL		RL				LM		
22/8/12		E		E				E		
	Init.	RL		RL				LM		
23/8/12		E		E				E		
	Init.	MM		MM				MM		

NHS Confidential: Personal data about a patient

SHEET No .....

Name .....

Age .....

Consultant .....

Hospital .....

Enter code in box and initial when medicine is given

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m.	8 a.m.	10 a.m.	12 mid.	2 p.m.	6 p.m.	8 p.m.	10 p.m.	12 m.n.	Other Administrations
24/8/12	Init.									
25/8/12	Init.									
26/8/12	Init.									
27/8/12	Init.									
28/8/12	Init.									
29/8/12	Init.									
30/8/12	Init.									
31/8/12	Init.									

Date	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	6 p.m.	8 p.m.	10 p.m.	12 m.n.	Other Administrations
1/9/12	Init.									
2/9/12	Init.									
3/9/12	Init.									
4/9/12	Init.									
5/9/12	Init.									
6/9/12	Init.									
7/9/12	Init.									
8/9/12	Init.									

NHS Confidential: Personal data about a patient

NTA 0236

[redacted]

SHEET No .....

Name .....

Age .....

Consultant .....

Hospital .....

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
9/9/12		E		E			E			
	Init.	LL		LL			ams			
10/9/12		E		E			E			
	Init.	R		R			~~W~~			
11/9/12		E		E			E			
	Init.	GK		LL			15			
12/9/12		E								
	Init.	L								
	Init.									
	Init.									
	Init.									
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									

NHS Confidential: Personal data about a patient

5TA/0230

#2001 P 001/001

SHEET No. .....

MEDICINE PRESCRIPTION SHEET

Key: O ORAL SL SUBLINGUAL PR PER RECTUM
IM INTRAMUSCULAR ID INTRADERMAL PV PER VAGINA
IV INTRAVENOUS INH INHALATION IT INTRATHECAL
SC SUBCUTANEOUS NEB NEBULISED

Write, imprint or attach label

HCR No: 17345
CHI No: [illegible]
Surname: [illegible] Sex: M
Forename: Glen
Address:
Date of Birth: 05/9/79

KNOWN SENSITIVITY: U

1. NKDA	2.

SUSPECTED ADVERSE REACTION

MEDICINE	ADVERSE EFFECT
1.	
2.	

MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

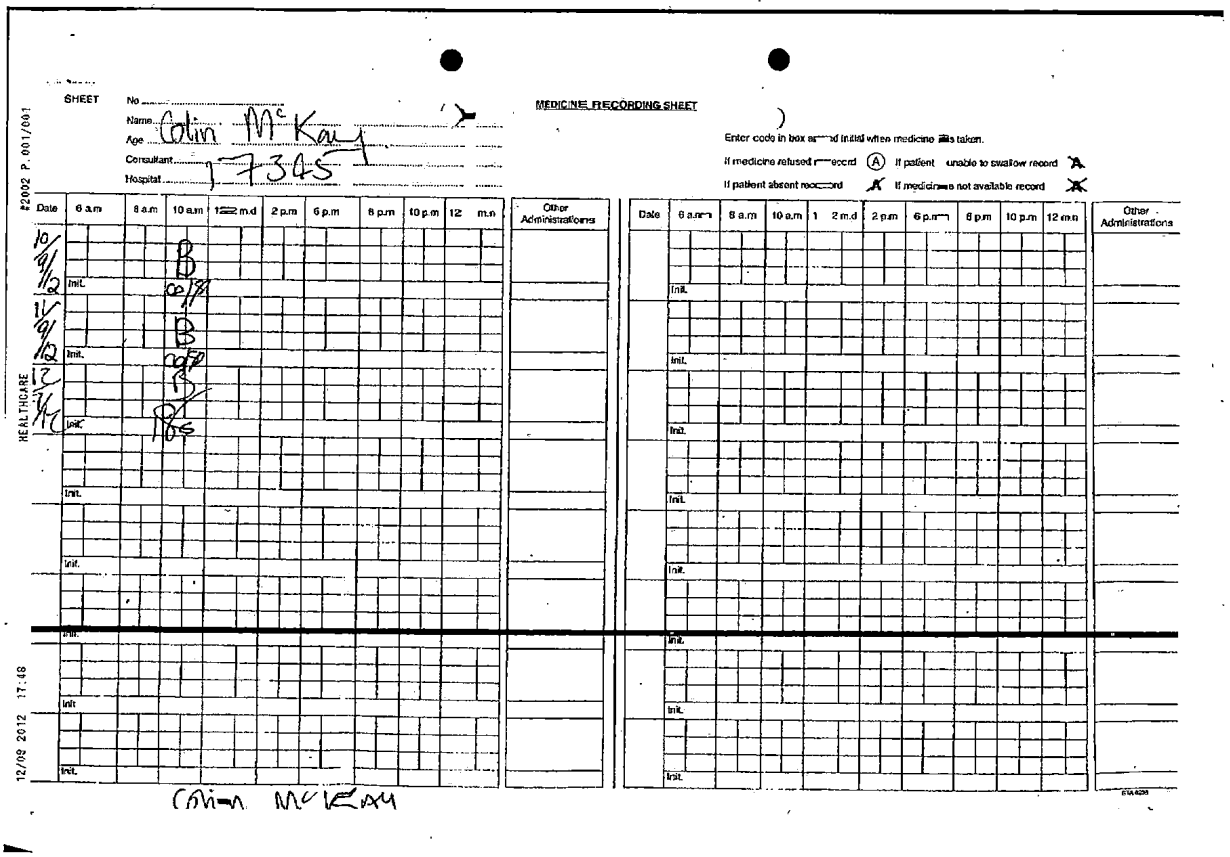
# PHARM	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION: 6am	8am	10am	12nn	2pm	6pm	8pm	10pm	12mn	OTHER	ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED DATE	DISCONTINUED INITIAL
A	3/9/12	~~Methadon~~ inject	60ml		✓									O	1/12	R 11/4/12		RE
B	12/6/12	Methadone 1mg/ml	60ml		✓									O	3/12	R		
C																		
D																		
E																		
F																		
G																		
H																		
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
R																		
S																		
T																		
V		Methadone	)											)				

STAMP 15

HEALTHCARE

12/09 2012 17:47

NHS Confidential. Persons/ data about a patient



SHEET No

Name Colin McKay

Age

Consultant

Hospital 7345

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record X If medicine not available record X

Date	6 a.m	8 a.m	10 a.m	1 2 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
10/9/12	B									
Init.	as/M									
11/9/12	B									
Init.	as/M									
12/9/12	B									
Init.	as/M									
Init.										
Init.										
Init.										
Init.										
Init.										

Date	6 a.m	8 a.m	10 a.m	1 2 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
Init.										
Init.										
Init.										
Init.										
Init.										
Init.										
Init.										
Init.										

Colin McKay

HEALTHCARE

#2002 P. 001/001

12/09 2012 17:48

NHS Confidential: Personal data about a patient

Side A

ISSUE

Prescription Sheet No. (8)

HM PERTH

Start Date 24/11/10 (Rewritten)

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Admission: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	10/8/11	17/11/11		AMITRIPTYLINE	10mg					✓	W	M. Mallon	20/8/11	~		
B	26/8/11	2/12/11		BACLOFEN	5mg	O	✓	✓		✓	W	~	3/11/11	~	PM	4.10.11.
C	26/8/11	2/12/11	23/2/12	AMITRIPTYLINE	25mg	O				✓	W	~		R	PM	15.11.11.
D	23/9/11	23/12/11		AMITRIPTYLINE	50mg	O				✓	W	~	14/12/11	~	PM	4.10.11
E	26/10/11	24/1/11		Nefopam	30mg	O	✓	✓		W		~	~	~	PM	15.11.11.
F	3/11/11	6/2/12		DERMOL 500	1 APPLIC	TOP	✓			✓	F	~			PM	15.11.11
G	1/11/11	26/2/12		NAPROXEN	500mg	O	✓	✓	✓		W	~	26/1/12	~		
H	30/11/11	2/2/12		BACLOFEN	5mg	O	✓	✓		✓	W	~	18/1/12	~		
J	14/12/11	2/3/12		DEL AMITRIPTYLINE	50mg	O				✓	W	~	18/1/12	~		
K	18/1/12	25/4/12		BACLOFEN	10mg	O	✓	✓		✓	W	~				
L	18/1/12	25/4/12		AMITRIPTYLINE	75mg	O				✓	W	~				
M	18/1/12	25/4/12		NAPROXEN	500mg	O	✓	✓		✓	W	~				
N	26/1/12	3/4/12		Nefopam	30mg	O	✓	✓		✓	W	~	3/4/12	~		
P																
Q																
R																
S																
T																
U																

Name: Colin McKay Spin No: 17345 DoB: 5/9/71 Location: A3 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS01

NHS Confidential: Personal data about a patient

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C. McKAY SHEET 1 of 1 SPIN No. 17226 LOC A3

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
13/8/11	D				
14/8/11	D				
15/8/11	D				
16/8/11	D				
17/8/11	D				
18/8/11	D				
19/8/11	D				
20/8/11	D				
21/8/11	D				
22/8/11	D				
23/8/11	D				
24/8/11	D				
25/8/11	D				
26/8/11	D				
27/8/11	D				
28/8/11	D				
29/8/11	D				
30/8/11	D				
31/8/11	D				
1/9/11	D				
2/9/11	D				
3/9/11	D				

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 C. McKAY SPIN No. 17226 LOC A3 WK O115S

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PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET 3

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20/10/11			1X1	CS	
18/12/10			1X1	CB	
6/1/11			1X1	CS	
10/1/11					
8/2/11			1X1	VD	1 = 500mg
15/3/11			6X1	X	
4/4/11			4X1	CP	
20/7/11			7X1	VD	7 = 500mg
28/7/11			X28	3rd	
1/8/11			4X1		
12/8/11	A X 7				VR
19/8/11	A X 7				VR
26/8/11	A X 7				VR
27/8/11			B X 10 / 2 X 10	VD	B = 10mg A X 6 Refused
2/9/11	B X 11				VD
9/9/11	C B 7 11				VR
16/9/11	C B 7 11				VR
23/9/11	C B 7 11				VD
7/10/11			1X1	CP	C = GIVEN BACK CREDENCD
8/10/11	C D 7 11				
9/10/11	B X 7 11				
14/10/11	B D A 11				CS

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
21/10/11	D B 7 11				
24/10/11					6X12 CS
28/10/11	D B E 7 11 21				VR
1/11/11					
4/11/11	D B E 7 11 21				VR
11/11/11	D B E 7 11 21				VR
18/11/11	D B E 7 11 21				VR
25/11/11	B D E 7 11 21				VR
2/12/11	D E 7 21				VR
9/12/11	E 7 21				
16/12/11	H J 7 21				VD
23/12/11	J M 7 21				
30/12/11	E H J 7 11 21				
6/1/12		J H E 7 11 21			VD
13/1/12		E H J 7 11 21			VD
19/1/12		J M E 7 11 21			
26/1/12	K M L 14 16 14				VD
27/1/12	K M L 14 16 14				VD
3/2/12	K L M 14 14 14				VD

4 = 10mg

H: 10mg

L: 1x25 1x50

L: 1x25 2x50

L: 7x25 2x50

L: 7x25 2x50

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.

Mc KAY

SPIN No. 17245

LOC N3

WK 0115S

NHS Confidential: Personal data about a patient

WI0101SS

Side A

ISSUE KEY

Prescription Sheet No. 3

HM PERTH

Start Date 10/6/11

REGULAR PRESCRIPTIONS

	Commence	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	10/	10/8/11		Methadone Mixture 1 mg/ml SF	85ml	PO	once daily				S	M. McK	13/6/11	RD		
B	14/	14/8/11		Methadone Mixture 1 mg/ml SF	80ml	PO	once daily				S	R. Dunn	6/7/11	RD	PM	21.6.11
C	14/	14/9/11	15/8/11	Methadone Mixture 1 mg/ml SF	75ml	PO	once daily				S	R. Dunn				
D	11/	11/9/11	15/9/11	Methadone Mixture 1 mg/ml SF	SEVENTY 70ml	PO	once daily				S	M. Wallace			16/8/11 PM	16.8.11
E	16/	16/10/11		Methadone Mixture 1 mg/ml SF	SIXTY-FIVE 65ml	PO	once daily				S	M	12/10/11	RD		
F	13/	13/11/11		Methadone Mixture 1 mg/ml SF	65ml	PO	once daily				S	R. Dunn	19/10/11	RD		
G	20/	20/11/11	20/11/11	Methadone Mixture 1 mg/ml SF	60ml	PO	once daily				S	R. Dunn				
H	21/	21/12/11	28/11/11	Methadone Mixture 1 mg/ml SF	SIXTY 60ml	PO	once daily				S					
J	30/	30/12/11	31/12/11	Methadone Mixture 1 mg/ml SF	SIXTY 60mls	PO	once daily				S				PM	20.12.11
K	1/2	1/3/12		Methadone Mixture 1 mg/ml SF	SIXTY 60ml	PO	once daily				S					
L				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
M				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
N				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
P				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
Q				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
R				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
S				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
T				Methadone Mixture 1 mg/ml SF		PO	once daily				S					
U				Methadone Mixture 1 mg/ml SF		PO	once daily				S					

Name: C. McKay Spin No: 12345 DoB: 5/9/79 Location: A4 Allergies: Unknown

ISSUE KEY: M = Monthly F = Fortnightly

NHS Confidential Personal data about a patient

HM Perth

Side B

Prescription Sheet No. 3

Start Date 24/11/10 (Re-written)

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	24/11/10	24/2/11		~~DERMOL 500~~	1 Bottle	TOP	As Directed	F		2/6/11			
2	24/11/10	24/2/11		~~PROBAC 500~~	1 Bottle	TOP	BD PRN	F		1/9/11			
3	15/3/11	14/6/11		~~SALACTOL PAINT~~	1 APPLIC	TOP	DAILY AS DIRECTED	M		14/3/11			
4	14/3/11	21/6/11		DERMOL 500	1 BOTTLE	TOP	+ PRN	F				PM	5.4.11
5	14/3/11	21/6/11		~~DIFLUCAN~~	1 APPLIC	TOP	BD PRN	F				PM	5.4.11
6	14/3/11	14/6/11		~~[illegible] SALACT GEL~~	1 APPLIC	TOP	ONCE DAILY	M				PM	5.4.11
7	14/6/11	14/9/11		DERMOL 500	1 Bottle	TOP	As Directed	F		3/10/11		PM	4.10.11
8	14/6/11	14/9/11		~~DIFLUCAN~~	1 Bottle	TOP	BD PRN	F				PM	4.10.11
9	14/7/11	3/10/11		~~DICLOFENAC~~	50mg	O	TDS	M				PM PM	4.8.11 4.10.11

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: Tom McKAY Spin No: 17345 DoB: 5/9/79 Location: ~~NH09~~ AJ Allergies: NKDA

KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
4/9/11					
5/9/11					
6/9/11					
7/9/11					
8/9/11					
9/9/11					
10/9/11					
11/9/11					
12/9/11					
13/9/11					
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16/9/11					
17/9/11					
18/9/11					
19/9/11					
20/9/11					
21/9/11					
22/9/11					
23/9/11					
24/9/11					
25/9/11					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/9/11					
27/9/11					
28/9/11					
29/9/11					
30/9/11					
1/10/11					
2/10/11					
3/10/11					
4/10/11					
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11/10/11					
12/10/11					
13/10/11					
14/10/11					
15/10/11					
16/10/11					
17/10/11					

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.

SPIN No. 1734J

LOC

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 1

HM PERTH

Start Date 25-11-08

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
A				~~TRANSFER~~												
B	20/11/8		22/11/8	SODIUM VALPROATE	300mg	O	✓		~~✓~~		AM					
C	23/11/8		25/11/8	SODIUM VALPROATE	300mg	O	✓		✓		AM		28/11/8	RSH		
D	26/11/8	26/11/9		SODIUM VALPROATE	600mg	O	✓		✓		AM		28/11/8	RSH		
E													28/11/8	RSH		
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: COLIN Mc KAY Spin No: 17345 DoB: 5-9-79 Location: A3/4 Allergies:

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Prescription Sheet No. _____ Start Date 20/11/18

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	20/11/18		19/2/18	IBUPROFEN	400mg	O	TDS/PRN	W					
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: COLIN MCKAY Spin No: 17345 DoB: 5-9-79 Location: A Allergies: NIL

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 1

HM Perth

Start Date 19 NOV 2008

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	19/11/8		29/11/8	METRONIDAZOLE	200mg	O	✓	✓	✓		C					
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: COLIN McKAY Spin No: 17346 DoB: 5/5/79 Location: A 3/4 Allergies: N/K

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

HM Perth

Prescription Sheet No. 1

Start Date 13 NOV 2008

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1				METRONIDAZOLE	200mg	O							
2	13/11/8		19/11/8	IBUPROFEN	400mg	O	TDS PRN	M	[signature]				
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: COLIN McKAY Spin No: 17345 DoB: _____ Location: A Allergies: N/K

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

NAME C MC KAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17145

LOC A

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
21/4/08			~~3~~ 2/3		8 REFUSED						

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

SPIN No.

LOC

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. _____

HM Prison

Start Date 14/1/10

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
A	14/1/10		28/1/10	AMOXICILLIN	500mg	O	✓	✓		✓	C					
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: COLIN MCKAY Spin No: 12345 DoB: 5/9/79 Location: A3 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME C MCKAY

SPIN No. 172L5

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. 1

HM Perth

Start Date 5/3/09

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A	5/3/09		7 DAYS	AMOXICILLIN	5ml	O	✓	✓		✓	W	M. Mc M.				9/9/09
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name: COLIN McKAY Spin No: 12345 DoB: 5/9/79 Location: A Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

HM PERTH

Prescription Sheet No. _____ Start Date _____

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued		Pharmacist	
										Date	Initials	Initials	Date
1													
2													
3													
4													
5													
6													
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By		Pharmacist	
								Time Given	Initials	Date
10			Engerix B (1)	20 mcg	IM					
11			Engerix B (2)	20 mcg	IM					
12			Engerix B (3)	20 mcg	IM					
13			Engerix B (Booster)	20 mcg	IM					
14										
15										
16										
17										
18										

Name: _____ Spin No: _____ DoB: _____ Location: _____ Allergies: _____

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

PS2

NAME C. McGill

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC A 3/4

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/29	K				
12/29	K				
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23/12/29	K				
24/12/29	K				
25/12/29	K				
26/12/29	K				
27/12/29	K				
28/12/29	K				
29/12/29	K				
30/12/29	K				
31/12/29	K				

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

SPIN No. LOC WK O115S

NHS Confidential: Personal data about a patient

NAME Colin McKay SPIN No. [redacted] LOC [redacted]

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME C McKay SPIN No. [redacted] LOC A B/4

NHS Confidential: Personal data about a patient

NAME C. McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

SPIN No. 1734S LOC A4

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29/8					
30/9/08					
1/10/08					
2/10/08					
3/10/08					
4/10/08					
5/10/08					
6/10/08					
7/10/08					
8/10/08					
9/10/08					
10/10/08					
11/10/08					
12/10/08					
13/10/08					
14/10/08					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
15/10/08					
16/10/08					
17/10/08					
18/10/08					
19/10/08					
20/10/08					
21/10/08					
22/10/08					
23/10/08					
24/10/08					
25/10/08					
26/10/08					
27/10/08					
28/10/08					
29/10/08					
30/10/08					
31/10/08					
1/11/08					
2/11/08					
3/11/08					
4/11/08					
5/11/08					

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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SPIN No. LOC

NHS Confidential: Personal data about a patient

NAME MCKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC A4

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/1/08					
7/1/08					
8/1/08					
9/1/08					
10/1/08					
11/1/08					
12/1/08					
1/1/09					
2/1/09					
3/1/09					
4/1/09					
5/1/09					
6/1/09					
7/1/09					
8/1/09					
9/1/09					
10/1/09					
11/1/09					
12/1/09					
13/1/09					
14/1/09					
15/1/09					
16/1/09					
17/1/09					
18/1/09					
19/1/09					

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 SPIN No. LOC WK 01155

HHS Confidential: Personal data should a patient

PS2

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME C. MCKAY SPIN No. 1245 LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/1/10					
2/1/10					
3/1/10					
4/1/10					
5/1/10					
6/1/10					
7/1/10					
8/1/10					
9/1/10					
10/1/10					
11/1/10					
12/1/10					
13/1/10					
14/1/10					
15/1/10					
16/1/10					
17/1/10					
18/1/10					
19/1/10					
20/1/10					
21/1/10					
22/1/10					
23/1/10					
24/1/10					
25/1/10					
26/1/10					
27/1/10					
28/1/10					
29/1/10					
30/1/10					
31/1/10					
1/2/10					
2/2/10					
3/2/10					
4/2/10					
5/2/10					
6/2/10					
7/2/10					
8/2/10					
9/2/10					
10/2/10					

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.

SPIN No. LOC

NHS Confidential: Personal data about a patient

NAME [redacted] C. McKAY

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 17345 LOC

ECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
14/11/19					
15/11/19					
16/11/19					
17/11/19					
18/11/19					
19/11/19					
20/11/19					
21/11/19					
22/11/19					
23/11/19					
24/11/19					
25/11/19					
26/11/19					
27/11/19					
28/11/19					
29/11/19					
30/11/19					
1/12/19					
2/12/19					
3/12/19					
4/12/19					
5/12/19					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7/12/19					
8/12/19					
9/12/19					
10/12/19					
11/12/19					
12/12/19					
13/12/19					
14/12/19					
15/12/19					
16/12/19					
18/12/19					
19/12/19					
20/12/19					
21/12/19					
22/12/19					
23/12/19					
24/12/19					
25/12/19					
26/12/19					
27/12/19					
28/12/19					

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= [redacted]ATION NOT GIVEN FOR OTHER REASON & [redacted]D REASON IN HEALTH CARE RECORD.

NAME C. McKay SPIN No. 17345 LOC A3 WK O115S

[redacted]

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

U MCKA,

SPIN No. 1745 LOC A3

NAME

ING SHEET

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/10/19						1/3/19					
2/10/19						2/10/19					
3/10/19						25/10/19					
4/10/19						26/10/19					
5/10/19						27/10/19					
6/10/19						28/10/19					
7/10/19						29/10/19					
8/10/19						30/10/19					
9/10/19						31/10/19					
10/10/19						1/11/19					
11/10/19						2/11/19					
12/10/19						3/11/19					
13/10/19						4/11/19					
14/10/19						5/11/19					
15/10/19						6/11/19					
16/10/19						7/11/19					
17/10/19						8/11/19					
18/10/19						9/11/19					
19/10/19						10/11/19					
20/10/19						11/11/19					
21/10/19						12/11/19					
22/10/19						13/11/19					

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.

MR Ray

SPIN No. 175 ~~10~~ 17345 LOC WK 0115S

NHS Confidential: Personal data about a patient

= Monthly

HM PERTH

Side B

Prescription Sheet No. (2)

Start Date 30/4/10

'AS REQUIRED' PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
X	30/4/10	30/6/10		DICLOFENAC	50mg	O	TDS PRN	W					
X	4/5/10	5/9/10		DERMOL 500	1 TABLET	TOP	USE AS SOAP SUBSTITUTE	F		26/8/10	MW	MW/SG	6/5/10
X	6/5/10	6/9/10		DIPROBASE 500	1 TABLET	TOP	BD	F		26/8/10	MW	MW/SG	6/5/10
4	16/6/10		30/6/10	DICLOFENAC Na	50mg	O	TID	W	P Sultan				
X	6/9/10		5/8/10	DICLOFENAC	50mg	O	TDS PRN	W		15/7/10	MW	SG/MW	
X	13/7/10	15/8/10		MEFENAMIC ACID	500mg	O	TDS PRN	W	M. Miller	5/9/10	D	MW/SG	7.9.10
7	26/8/10	26/9/10		DERMOL 500	1 TABLET	TOP	USE AS SOAP SUBSTITUTE	F	M. Miller			PM	7.9.10
8	26/8/10	29/9/10		DIPROBASE 500	1 TABLET	TOP	BD	F				PM	7.9.10
9	5/9/10		5/11/10	NAPROXEN	500mg	O	8H PRN	F					

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: COLIN MCKAY Spin No: 017345 DoB: 5/9/79 Location: A3 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

Side A

SCOTTISH PRISON SERVICE

Prescription Sheet No. (2)

HM Perth

Start Date 30/4/10

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
A																
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Name Sylvia McEwan Spin No: 17345 DoB: 5/9/79 Location: A3 Allergies: Nkda

ISSUE RE

W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

NHS Confidential: Personal data about a patient

PS2

NAME

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/5/10			1 x 21	3							
1/10/10			7	11							
5/10/10			9	16							
21/10/10			25	18							
			7x								

NUMBERS TO BE WRITTEN AFTER MEDICATION LETTER A,B,C, ETC WHEN MEDICATION NOT GIVEN AS PRESCRIBED.
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[redacted] MCKAY

SPIN No. 0173457 LOC A3 WK 0115S

NHS Confidential: Personal data about a patient

SPIN No. LOC

ORDING SHEET

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC

NHS Confidential: Personal data about a patient

PS2

NAME [redacted] RECORDING SHEET FOR PRESCRIPTION SHEET (2)

SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
4/6/10			2x1 CD	3/21							
7/7/10				BD							
16/7/10			6x2/gm								
11/8/10			2x1 CD								
14/8/10			7x1 CD								
16/9/10			7 C								

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.

[redacted] Colin Mckay SPIN No. [redacted] 17345 LOC AJ

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NAME

RECORDING SHEET FOR PRESCRIPTION SHEET (2)

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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME Colin Mckay SPIN No. 17345 LOC A3 WK O115S

NHS Confidential: Personal data about a patient

Name: ISSUE KEY:

HM Perth

Side B

Prescription Sheet No. 1

Start Date 10 MAR 2009

'ED' PRESCRIPTIONS

	Admin. Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date	Discontinued Initials	Pharmacist Initials	Pharmacist Date
1	10/3/09	10/6/9		E45 Cream 500mg	1/APP	T	PRN	W		6/5/09	CP		
2	10/4/09	10/6/9		IBUPROFEN	400mg	O	TDS PRN	W					
3	6/5/9	/	17/5/9	Fucidin cream	Apply	Top	TDS	W					
4	6/5/9	6/2/10		Dermol 500	Apply	Top	Instead of soap	W					
5	6/5/9	6/2/10		Diprobase 500	Apply	Top	BD	W					
6	22/6/10		22/6/10	IBUPROFEN	400mg	O	TDS	M					
7													
8													
9													

ONCE ONLY PRESCRIPTIONS

	Admin. Date	Administration Time	DRUGS (including formulation)	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
10										
11										
12										
13										
14										
15										
16										
17										
18										

Name: COLIN McKAY Spin No: 173485 DoB: 6/9/79 Location: A Allergies: N/K

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

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SCOTTISH PRISON SERVICE

Side A

* on methadone *

Prescription Sheet No. _____

HM _____

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	16/1/10		2/1/..	AMOXICILLIN	5amg	O	✓	✓		✓	C	—				
B																
C																
D																
E																
F																
G																
H																
J																
K																
L																
M																
N																
P																
Q																
R																
S																
T																
U																

Mckay Spin No: 17345 DoB: 5/9/79 Location: A3 Allergies: N/A

M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

SS014

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NAME [redacted] SLIN NICRAM

CORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. 1734-5

LOC A

PS2

DF ORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
6/3/09			A x 21 SC								
17/3/10			2 x 21								
30/4/10			1 x 21								
7.5.10			3 x 1	3 x 1							
11/6/09			4 x 1 (2)		5cm						
11/6/09			5 x 1								
25/6/09			2 x 1								
21/8/09			4 x 1 CB								
12/9/09			2 x 1		4 = 500 ms						
14/1/10			4 x 21								
15/1/10			5 x 1 CB								
22/1/10			6 x 84								

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

SPIN No.

LOC

NHS Confidential: Personal data about a patient

RECORDING SHEET FOR PRESCRIPTION SHEET

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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC

WR 0115S

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	153001638

Copy to Clinician: . UNSPECIFIED CODE
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
REPEAT-LAST TEST WITHIN NORMAL LIMITS 3/12

Results relate to blood unless otherwise stated

Serum B12	97.9 L	pg/mL	(190.0-900.0)
Serum Folate	5.10	ng/mL	(4.60-18.70)
Serum Ferritin	121.3	ng/mL	(28.0-285.0)

Please note the reference range for Haematinic Assays has changed

low B_{12} needs replaced, more min Ashord SS.

Date Received: 10/1/15 Initials: SS
To Be Seen By: MO
File: SS Dr Sig:

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
06/01/2015 08:31	06/01/2015 14:44	07/01/2015 09:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0296

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143909661

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History:

Results relate to blood unless otherwise stated

Serum B12	317.6	pg/mL	(190.0-900.0)
Serum Folate	6.90	ng/mL	(4.60-18.70)

Date Received 3/10/14
To Be Seen By Mo
File HH 6/10/14.

N

Has appt 10/10/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
25/09/2014 11:05	25/09/2014 16:11	29/09/2014 13:30		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143618185

Requesting Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN (I SAMPLE UNLABELLED IN SPARE RACK)

Results relate to blood unless otherwise stated

23/07/14. APP

Serum B12	100.7 L	pg/mL	(190.0-900.0)
Serum Folate	5.50	ng/mL	(4.60-18.70)
Serum Ferritin	79.8	ng/mL	(28.0-285.0)

Please note the reference range for Haematinic Assays has changed

Date: 30/6/14 Initials

File

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
	17/06/2014 15:27	18/06/2014 15:31		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143618185

Requesting Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN (I SAMPLE UNLABELLED IN SPARE RACK)

Results relate to blood unless otherwise stated

25 Hydroxy Vitamin D	28	nmol/L	(25-170)

Vitamin D insufficiency. At risk of secondary hyperparathyroidism. See clinical guidance on Firstport

Initials EC

Date 30/6/14

NIO

File 2/7/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
17/06/2014 10:01	17/06/2014 15:27	18/06/2014 13:30		Jacqueline McGuire	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No. 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143618185

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History: NONE GIVEN (I SAMPLE UNLABELLED IN SPARE RACK)

Results relate to blood unless otherwise stated

ALT	12	U/L	(5-55)
ALP	94	U/L	(30-130)
Bilirubin Total	4	umol/L	(0-21)
Albumin	42	g/L	(35-50)
Albumin	42	g/L	(35-50)
Adj. Calcium	2.25	mmol/L	(2.20-2.60)
Magnesium	0.99	mmol/L	(0.70-1.00)
Phosphate	1.02	mmol/L	(0.70-1.40)
Iron	14	umol/L	(12-31)
Transferrin	2.4	g/L	(2.0-4.0)
Transferrin Sat	26	%	(0-50)

Initials FC
Date 30/6/14
MO
2/7/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
17/06/2014 10:01	17/06/2014 15:27	18/06/2014 13:30		Jacqueline McGuire	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698368393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143618185

Requesting Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN (I SAMPLE UNLABELLED IN SPARE RACK)

Results relate to blood unless otherwise stated

Hb	14.2	g/dL	(13.5-18.0)
PLT	313	$x10^9$/L	(140-450)
MCV	95.5	fL	(80.0-100.0)
RBC	4.44 L	$x10^{12}$/L	(4.50-6.50)
HCT	0.424	L/L	(0.400-0.540)
MCH	32.0	pg	(27.0-32.0)
MCHC	33.5	g/dL	(32.0-36.0)
RDW	13.9	%	(11.0-16.0)

WBC	4.7	$x10^9$/L	(4.0-11.0)
Neutrophils	1.5 L	$x10^9$/L	(2.0-7.5)
Lymphocytes	2.7	$x10^9$/L	(1.0-4.0)
Monocytes	0.3	$x10^9$/L	(0.2-0.8)
Eosinophils	0.1	$x10^9$/L	(0.0-0.4)
Basophils	0.0	$x10^9$/L	(0.0-0.1)

Date Received: 30/6/14 initials

MO

File 2/7/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
[illegible]	17/06/2014 15:27	18/06/2014 15:31		LIMS	

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NHS Lanarkshire, Wishaw General Hospital			RADIOLOGY REPORT		
					Page 1 of 1
Name:	COLIN MCKAY	Consultant:	GP REFERRER		
Address:	The Health Centre	Address:	HARRIS HAYLEY	CHI No.:	0509796095
	PO Box 9116		SHOTTS PRISON		
	Shotts		HEALTH CENTRE ADMINISTRATOR	Referrer:	GP Referral
	Lanarkshire		PO BOX 9116		
Postcode:	ML7 9AE		ML7 9AE		
D.O.B.	05/09/1979				
Sex:	Male				

33043930 15/04/2014 XR Hand Rt, XR Wrist Rt
Clinical History: Injury 10 days ago.

APT 15/05

Impacted minimally displaced fracture present through the neck of the fifth metacarpal with minor palmer tilt.
No other acute bone or joint abnormality.

The patient was referred for assessment in A/E.
Verified by: Dr J Addison, Consultant Radiologist on 15/04/2014

Date Received 24/4/14 Initials
No Fee Seen By MO
File
Reported Date

Name: COLIN MCKAY Book No: 33043930
Examination: XR Hand Rt, XR Wrist Rt
Examination Date: 15/04/2014

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No 0600

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143146503

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History:

Results relate to blood unless otherwise stated

Fasting	?		
Glucose	5.0	mmol/L	(3.0-6.0)
Cholesterol	5.2 H	mmol/L	(0.0-5.0)
Triglyceride	0.78	mmol/L	(0.00-2.30)
HDL Cholesterol	1.03	mmol/L	(0.90-1.80)
LDL Chol.(Calc)	3.8 H	mmol/L	(0.0-3.0)
Chol./HDL Ratio	5.0		(0.0-5.0)

Laboratory Comment:
GLU: Reference Range quoted for Glucose is based on a fasting sample..

Date Rec'd 10/2/14 Initials FC
To Be NHO Dr Sc
File 11/2/14 HH

Sahrsj.

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/02/2014 09:30	05/02/2014 15:47	06/02/2014 09:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

CPA Accredited Medical Laboratory Reference No: 0375

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143044520

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History: ACID REFLUX VOMITING

Specimen: Serum
Anatomical Site:

H.pylori IgG: **POSITIVE**

H.pylori serology is unsuitable to determine whether the patient has cleared the infection as IgG levels can remain high for many months after treatment. Please send a stool sample for H.pylori faecal antigen testing to determine whether this is a current active infection or residual antibodies from a previous infection.

Initials

Date 13/1/14

Kardex

VIO

Sig

FIE 15/1/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1
08/01/2014 09:00	08/01/2014 14:25	09/01/2014 16:30		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN.	05/09/1979	Male	133932455

Copy to Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: NONE GIVEN

Results relate to blood unless otherwise stated

Sodium	138	mmol/L	(133-146)
Potassium	3.9	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Bicarbonate	27	mmol/L	(22-29)
Urea	3.7	mmol/L	(2.5-7.8)
Creatinine	89	umol/L	(60-110)
EGFR	>59	ml/min/1.73m^2	(>59)

9/9/13 re

10/09/13

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
04/09/2013 10:30	04/09/2013 14:19	04/09/2013 17:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133867788

Copy to Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: IONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)
Potassium	5.4 H	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Bicarbonate	29	mmol/L	(22-29)
Urea	3.7	mmol/L	(2.5-7.8)
Creatinine	92	umol/L	(60-110)
GFR	>59	ml/min/1.73m^2	(>59)
ALT	12	U/L	(5-55)
ALP	92	U/L	(30-130)
Bilirubin Total	7	umol/L	(0-21)
Albumin	50	g/L	(35-50)

9 haemolysed Meds U&E repeated

Aff 04/09/13

Initials	
Date Received	
To Be Seen by MO	Dr Sig
File 29/8/13	

Specimen Collected	Specimen Receipt	Reported	Specimen	Last Authorised by	Page 1 of 2
21/08/2013 10:20	21/08/2013 [illegible]	22/08/2013 11:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

(D)

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA
Accredited Medical Laboratory
Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133867788

Copy to Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Free T4	16.7	pmol/L	(9.0-21.0)
TSH	4.38	mU/L	(0.20-5.00)

Initials
Date Rec'd:
To be Seen by: MO
File 29/8/13
Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2
/08/2013 10:20	21/08/2013 14:51	22/08/2013 11:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133611345

Copy to Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History: PRESCIBED METHADONE.

Results relate to blood unless otherwise stated

Amphetamines [Urine]	Screening test:	Not detected
Methadone Metabolite [Urine]	Screening test:	DETECTED
Benzodiazepines [Urine]	Screening test:	Not detected
Opiates [Urine]	Screening test:	Not detected
Cocaine [Urine]	Screening test:	Not detected
Cannabinoids [Urine]	Screening test:	Not detected
Creatinine [Urine]	22.74	mmol/L

Date Received 20/6/13 Initials

To be Seen by MO

File 21/6/13 Dr9

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by
12/06/2013 11:25	12/06/2013 14:26	13/06/2013 15:30		LIMS

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division — Area Laboratory — Clinical Biochemistry

MCKAY,COLIN
C/O HMP
KILMARNOCK

CHI No.
Unit No.
DOB 05/09/1979
Sex M

Clinician: Unknown Clinician
Request Location: HM Prison Bowhouse Kilmarnock

This report to : Unknown Clinician , HM Prison Bowhouse Kilmarnock

	Result	Units	Normal Range
ALP	97	U/L	45 - 140
Calcium	2.21	mmol/L	2.2 - 2.6
Adjusted Calcium	2.17	mmol/L	2.1-2.5
Phosphate	1.04	mmol/L	0.8 - 1.3
Total Protein	66	g/L	63 - 83
Albumin	42	g/L	39 - 51
Globulin	24	g/L	21 - 35

PD

10/7

Lab No 12B280896
Printed 04/07/12 07:22

Date Collected 03/07/12 15:00
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0900

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133651150

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History:
NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Bicarbonate	32 H	mmol/L	(22-29)
Urea	3.3	mmol/L	(2.5-7.8)
Creatinine	103	umol/L	(60-110)
EGFR	>59	ml/min/1.73m^2	(>59)
ALT	14	U/L	(5-55)
ALP	88	U/L	(30-130)
Bilirubin Total	5	umol/L	(0-21)
Albumin	44	g/L	(35-50)

Initials

Date Faxed to Dr: 22/5/13

To Fax Issued By: MO

Dr Sig

TTH 28/5/13

File

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
20/05/2013 09:40	20/05/2013 14:14	21/05/2013 13:31		Sarah Jarvis	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: C800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133651150

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Free T4	15.6	pmol/L	(9.0-21.0)
TSH	5.31 H	mU/L	(0.20-5.00)

Borderline elevated TSH may be due to nonthyroidal illness or developing hypothyroidism. Suggest repeat TFTs in 3-6months.

Date 27/5/13 Initials
10
File FH 28/5/13

list for TFT in 3 months

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
20/05/2013 09:40	20/05/2013 14:14	21/05/2013 13:31		Sarah Jarvis	

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR 320

Tayside Clinical Laboratory Services PERTH 01738 473336

Name : MCKAY, Colin
CHI No : 0509796095 Clinician: Dr R DUNN
DoB : 05 Sep 1979 Sex: M HM Prison Perth
Post Code: Lab No: 05MP048816

Infectious mononucleosis slide test:-
Negative

13 JUN 2005 MD

F16

163

Specimen: Blood
Date collected 09 Jun 2005 Date received 09 Jun 2005
Date of Report: 10 Jun 2005 AUTH: orag
HMPP DUN2RG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

BIOCHEMICAL MEDICINE

DMR 374

side Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

me: MCKAY Colin — Sex: M — PID: — DoB: 05 Sep 1979 — Lab No: C05311488

M Prison Perth — Clinician: - NOT GIVEN — HMPP — NG

SODIUM	143	mmol/L	(	135-147)
POTASSIUM	4.2	mmol/L	(	3.5-5.0)
UREA	3.4	mmol/L	(	3.3-6.6)
CREATININE	109	umol/L	(	64-120)
ALT	27	U/L	(	15-55)
BILIRUBINS	LT5	umol/L	(	up to 17)
ALKALINE PHOSPHATASE	95	U/L	(	45-195)
ALBUMIN	47	g/L	(	36-50)

09 JUN 2005

MD

b.Comments:

Sample Date/Time
07 Jun 2005 11:35

uest Entered: 07 Jun 2005 12:44

Report Printed: 07 Jun 2005

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

DMH292

HAEMATOLOGY

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

NAME: MCKAY Colin — Sex: M — CHI Number: — DoB: 05 Sep 1979 — Lab No: H05311488

HM Prison Perth — Clinician: - NOT GIVEN — RMPP — NG

HGB	13.8	g/dl	(13-18)	WBC	3.5	L x10^9/l	(4-11)
RBC	4.67	x10^12/l	(4.5-6.0)	NE#	0.9	L x10^9/l	(2.0-7.5)
HCT	0.418		(0.4-0.52)	LY#	2.2	x10^9/l	(1.5-4.0)
MCV	89.5	fl	(80-96)	MO#	0.2	x10^9/l	(0.2-0.8)
MCH	29.6	pg	(27-32)	EO#	0.06	x10^9/l	(0-0.4)
MCC	33.0	g/dl	(31.5-36.0)	BA#	0.0	x10^9/l	(0-0.1)
				PLT	265	x10^9/l	(150-400)

Film Report: Note neutropenia, otherwise unremarkable. ?drug related, advise repeat. Fiona SCOTT, Consultant Haematologist.

09 JUN 2005 MD

Lab.Comments: Results for F BF phoned by dewj at 07/06/05 at 14:46.

Received 07 Jun 2005 12:33 — Date of F — Request 07 Jun 2005 — Report Issued 07 Jun 2005

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

DMR 320

MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : MCKAY, Colin
CHI No :
DOB : 05 Sep 1979 Sex: M
Post Code:

Clinician:Dr R DUNN
HM Prison Perth

HEPATITIS C POLYMERASE CHAIN REACTION (VENOUS BLOOD
Specimen No: 05V004224
Date Taken : 22 Feb 2005

Hepatitis C RNA (PCR) Negative

Authorised 07 MAR 2005 Initials MD

copy Strasser ✓

Analytical sensitivity of this assay is at least 50 IU/ml.

INTERPRETATION:
Negative = NO evidence of active HCV infection detected.
Positive = Indicates active HCV infection.
Results validated by co-amplification of internal control.

Date of Report: 04 Mar 2005
HMPP DUN2RG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

DMR 320

MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : MCKAY, Colin
CHI No :
DoB : 05 Sep 1979 Sex: M
Post Code:

Clinician: Dr R DUNN
HM Prison Perth

HEPATITIS C SEROLOGY VENOUS BLOOD
Specimen Number 05V004224
Date Taken 22 Feb 2005

Hepatitis C IgG screen:	POSITIVE
Hepatitis C IgG comments	Confirmed by a second assay. Suggestive of current or past infection.

07 MAR 2005 ... initials MD

JJ

copy S Fraser ✓

SUSPECTED INFECTIONS: Please ensure RISK DATA is given in ALL suspected infections and note that HCV seroconversion may take up to 12 weeks following acute infection or contact. ✓

*** IMPORTANT *** Unless performed on the current sample, it is suggested that if found to be HCV antibody POSITIVE an EDTA blood be sent for "HCV PCR" to see if infection is active.

Date of Report: 04 Mar 2005
HMPP DUN2RG

REPORT RECEIVED

DOCTOR'S INITIALS

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MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : MCKAY, Colin
CHI No :
DoB : 05 Sep 1979 Sex: M
Post Code:

Clinician: Dr R DUNN
HM Prison Perth

VENOUS BLOOD

Specimen Number 05V004224
Date Taken 22 Feb 2005

HIV 1&2 antibody screen: Negative

01 MAR 2005

MD

copy Strasser ✓

file RD ✓

Date of Report: 24 Feb 2005
HMPP DUN2RG

REPORT RECEIVED

DOCTOR'S INITIALS

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DMR 320

MICROBIOLOGY

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : MCKAY, Colin
CHI No :
DOB : 05 Sep 1979 Sex: M
Post Code:

Clinician:Dr R DUNN
HM Prison Perth

HEPATITIS B IMMUNISATION: VENOUS BLOOD
Specimen No: 05V004224
Date taken : 22 Feb 2005

Hepatitis B surface antibody 159 mIU/ml

01 MAR 2005 MO

copy S fraser ✓

file RD ✓

<10miu/ml SUSCEPTIBLE Give booster (maximum 3) and retest
10 - 100miu/ml LOW POSITIVE Give a single booster, NO retest
>100miu/ml ADEQUATE RESPONSE - Immune

Date of Report: 24 Feb 2005
HMPP DUN2RG

REPORT RECEIVED

DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR 320

Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : MCKAY, Colin
CHI No : 0509796095
DoB : 05 Sep 1979 Sex: M
Post Code:

Clinician: Dr R DUNN
HM Prison Perth

VENOUS BLOOD

Specimen Number 05V013452
Date Taken 09 Jun 2005

Mycoplasma pneumoniae IgM	Negative
Mycoplasma IgM comments	NO evidence of current or recent infection
Epstein Barr Virus IgM	Negative
EBV IgM interpretation	NO evidence of current or recent infection

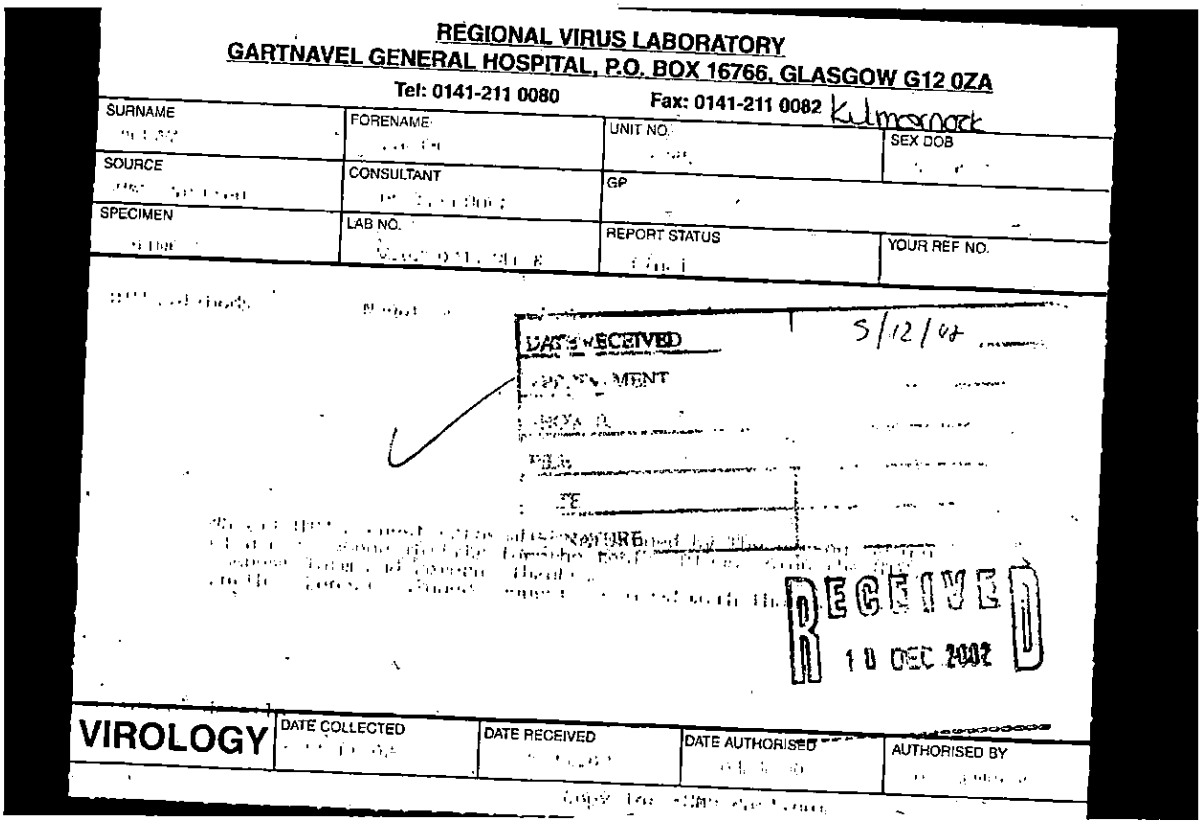
17 JUN 2005

Initials MD

Date of Report: 15 Jun 2005
HMPP DUN2RG

REPORT RECEIVED
DOCTOR'S INITIALS

NHS Confidential: Personal data about a patient



REGIONAL VIRUS LABORATORY
GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA
Tel: 0141-211 0080 Fax: 0141-211 0082 Kilmarnock

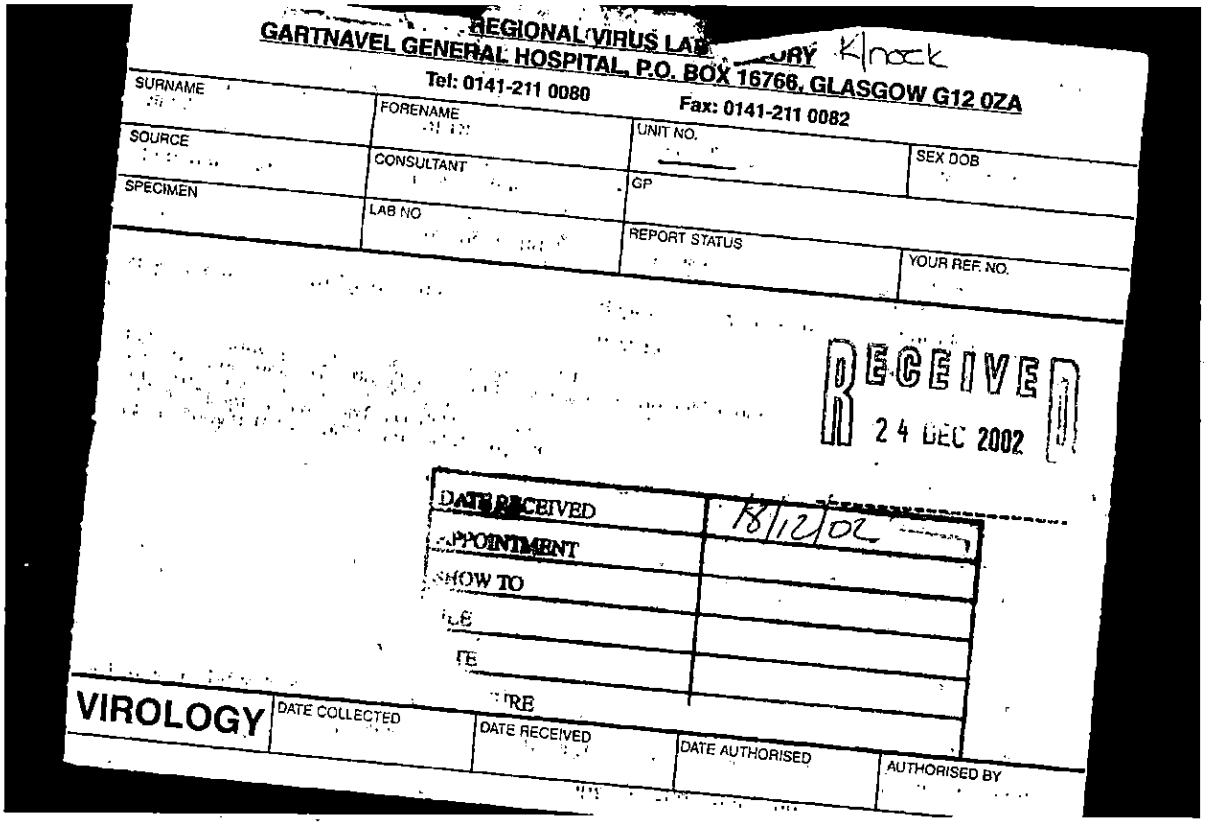
SURNAME	FORENAME	UNIT NO.	SEX DOB
SOURCE	CONSULTANT	GP	
SPECIMEN	LAB NO.	REPORT STATUS	YOUR REF NO.

DATE RECEIVED 5/12/08

RECEIVED
10 DEC 2008

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY

NHS Confidential: Personal data about a patient



REGIONAL VIRUS LAB[illegible]ORY Knock

GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080 Fax: 0141-211 0082

SURNAME	FORENAME	UNIT NO.	SEX DOB
SOURCE	CONSULTANT	GP	
SPECIMEN	LAB NO	REPORT STATUS	YOUR REF. NO.

RECEIVED
24 DEC 2002

DATE RECEIVED	18/12/02
APPOINTMENT	
SHOW TO	
[illegible]E	
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[illegible]RE	

VIROLOGY	DATE COLLECTED	DATE RECEIVED	DATE AUTHORISED	AUTHORISED BY

NHS Confidential: Personal data about a patient

FORTH VALLEY
ACUTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

SURNAME: MCKAY | FORENAME: COLIN | UNIT NUMBER: ST16/84

PATIENT'S ADDRESS: C/O H M Offenders,

CONSULTANT: Unknown | D of B or AGE: 05/05/19 | SEX: M

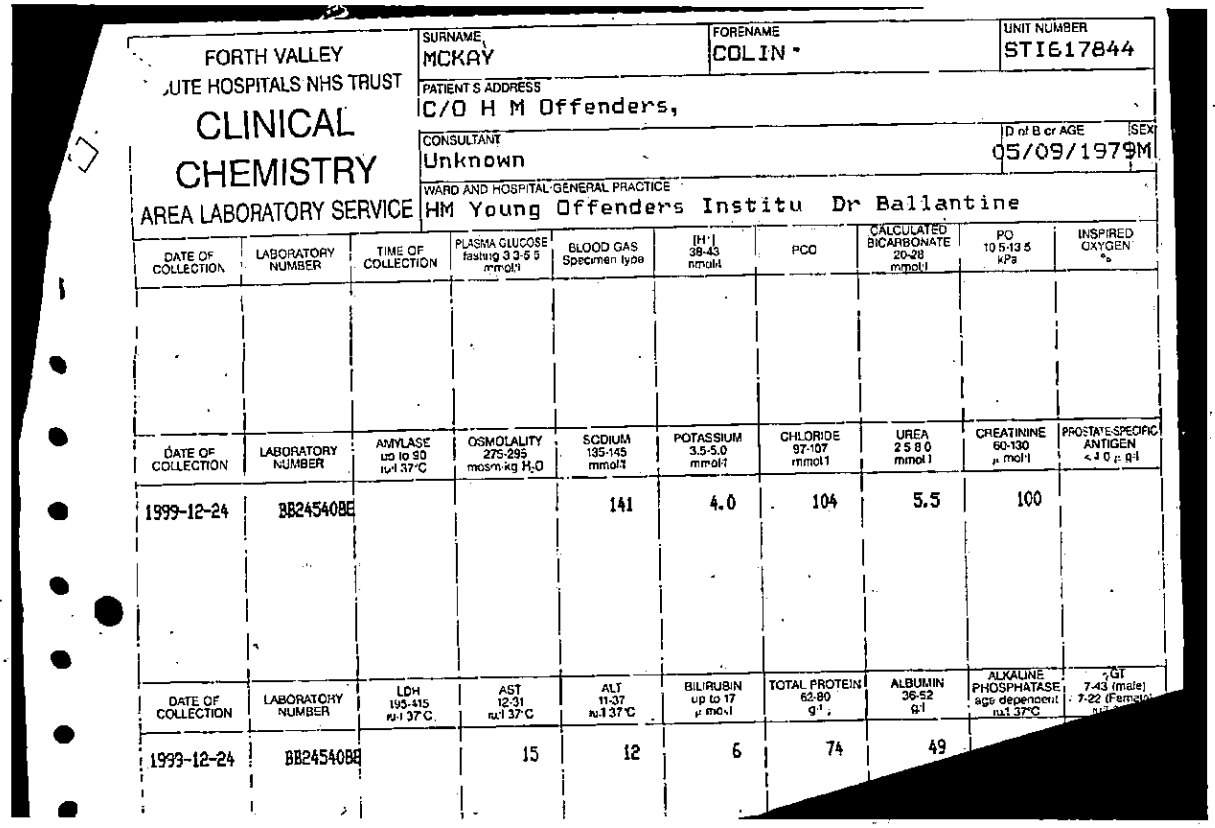
WARD AND HOSPITAL/GENERAL PRACTICE: HM Young Offenders Institu Dr Ballantine

DATE OF COLLECTION	LABORATORY NUMBER	Duration of Collection	Urine VOLUME ml	Urine CREATININE 9-18 mmol/24h	CREATININE CLEARANCE 85-150 ml/min	Urine 5 HIAA less than 50 µmol/24h	Urine ADRENALINE less than 230 nmol/24h	Urine NORADRENALINE less than 900 nmol/24h	Urine DOPAMINE less than 3300 nmol/24h

DATE OF COLLECTION	LABORATORY NUMBER	Urine OSMOLALITY mosm/KgH2O	Urine SODIUM 100-150 mmol/24h	Urine POTASSIUM 40-150 mmol/24h	Urine UREA 250-580 mmol/24h	Urine CALCIUM 2.5-7.5 mmol/24h	Urine PHOSPHATE 16-48 mmol/24h	Urine URATE 3-12 mmol/24h	Urine TOTAL PROTEIN less than 0.1 g/24h

DATE OF COLLECTION	LABORATORY NUMBER		
13/04/2006	BB209494H BB209494H BB209494H	Time of Sample : 11.00 Hours Carbamazepine : 28 µmol/l Hours Post Dose : 14.0 Hours	i. 10 to 50 :

NHS Confidential: Personal data about a patient



FORTH VALLEY
UTE HOSPITALS NHS TRUST

CLINICAL CHEMISTRY

AREA LABORATORY SERVICE

SURNAME: MCKAY
FORENAME: COLIN *
UNIT NUMBER: STI617844
PATIENT'S ADDRESS: C/O H M Offenders,
CONSULTANT: Unknown
D of B or AGE: 05/09/1979
SEX: M
WARD AND HOSPITAL/GENERAL PRACTICE: HM Young Offenders Institu Dr Ballantine

DATE OF COLLECTION	LABORATORY NUMBER	TIME OF COLLECTION	PLASMA GLUCOSE fasting 3 3-5 5 mmol/l	BLOOD GAS Specimen type	[H+] 38-43 nmol/l	PCO	CALCULATED BICARBONATE 20-28 mmol/l	PO 10 5-13 5 kPa	INSPIRED OXYGEN %

DATE OF COLLECTION	LABORATORY NUMBER	AMYLASE up to 90 iu/l 37°C	OSMOLALITY 275-295 mosm/kg H_2O	SODIUM 135-145 mmol/l	POTASSIUM 3.5-5.0 mmol/l	CHLORIDE 97-107 mmol/l	UREA 2 5 8 0 mmol/l	CREATININE 60-130 μ mol/l	PROSTATE-SPECIFIC ANTIGEN < 4 0 μ g/l
1999-12-24	BB245408B			141	4.0	104	5.5	100	

DATE OF COLLECTION	LABORATORY NUMBER	LDH 195-415 iu/l 37°C	AST 12-31 iu/l 37°C	ALT 11-37 iu/l 37°C	BILIRUBIN up to 17 μ mol/l	TOTAL PROTEIN 62-80 g^{-1}	ALBUMIN 36-52 g/l	ALKALINE PHOSPHATASE age dependent iu/l 37°C	γGT 7-43 (male) 7-22 (Female)
1999-12-24	BB245408B		15	12	6	74	49		

NHS Confidential: Personal data about a patient

D.

Health Care Self Referral

Full Name: COLIN MCKAY

Spin No.: 17345 Location: A1-48

Date of Request: 13.6.14

Medical Appointment

Reason for referral
(A reason must be entered below before an appointment will be made)

COULD SOMEONE GO IN AND ASK DOCTOR HARRIS IF I CAN STAY ON THE 300MG CAPSULES OF GABAPENTIN INSTEAD OF 2 CAPSULES DURING THE DAY AND 1 600MG TABLET AT NIGHT AS I CANT SWALLOW BIG TABLETS PLUS I WOULD LIKE TO SPACE THEM OUT EVENLY IE 1X MORNING, 1 NOON, 1 TEATIME AND 1 LAST THING AT NIGHT AS THATS WHAT I MEAN. WHEN I ASKED HER TO PUT MG SO IT'S STILL THE SAME AMOUNT DAILY AND THE PHARMACY WILL SEND UP 25 CAPSULES IF YOU ORDER THEM AS I SAID I STRUGGLE TO SWALLOW EVEN HALF A 600 PLUS THEY HAVE A WAX COATING ON THEM SO TAKE LONGER TO WORK WHEREAS THE CAPSULES I JUST EMPTY INTO MY MOUTH AND THEN CHEW THE CAPSULES UP AND SWALLOW THEM AND THEY WORK A LOT QUICKER.

Signed C. MCKAY

Visiting specialist clinics *(You will be listed for the next available clinic)*
Tick the appropriate box and give your reason below

Dentist ☐

Optician ☐

Request Appointment to view medical notes ☐

Reason for referral
(a reason must be entered below before an appointment will be made).

OTHER
Request personal condom supply ☐

C. MCKAY.

Signed .....

This section is for official use only - To be completed by M.O. / Nurse

HMP Shotts
Health Care Self Referral
Outcome

[Outcome of referral to be indicated below and copied to prisoner and case notes]

Please Doctman letter Risk — NO

Signed ..... Date / /

Make appt if wish to discuss

NHS Confidential: Personal data about a patient

D.

Emergency Discharge Summary
Wishaw General Hospital

NHS
Lanarkshire
Emergency Department
50 Netherton Street
ML2 0DP
Telephone : 01698366633

The Medical Officer
H.M. Prison
SHOTTS
ML7 4LE

own And Who Are Not, Covered By codes 99942, 99957/99976/99981/99995/99961

RE: MCKAY, Colin, Shotts Prison , , Shotts ML7 9AE

CHI: 0509796095

[redacted]

Dear Doctor Unknown GP ,

Your patient attended Wishaw General Hospital on 15/04/2014 at 14:06
Presenting complaint: right hand injury ref from xray
Diagnosis: Fracture at wrist and hand level - Fracture of other metacarpal bone
Diagnosis Notes:
Discharge Type:
Investigations: Nil
Radiology Exams: Nil
Procedures: Advice, Buddy Strap
Medications: Nil
Follow up: Fracture Clinic
Notes: Nil
Additional Information:

Coded
30/4

[redacted]urs faithfully

Nurse Margaret Quigley

please code.
+ ensure
done

Date	18/4/14	Initials
To [illegible] by	MO	
File	22/4/14	Dr Sig

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Respiratory Medicine

Moira McCabe
01698-366042

Wishaw General Hospital
50 Netherton Street
Wishaw
ML2 0DP

NHS Lanarkshire

Medical Officer
HM Prison Shotts
Newmill & Canthill Road
SHOTTS
ML7 4LE

Date Dictated: 01/04/2014
Date Typed: 12/04/2014
Ref: 575228
Letter Ref: RJM/MMcC
Clinic Date: 01/04/2014
CHI Barcode: *0509796095*

Consultant: Dr Siaw C Teo

Dear Medical Officer

Patient Name: Colin McKay
Patient date of birth: 05/09/1979
Patient Address: The Health Centre, Po Box 9116, Shotts, ML7 9AE

Diagnosis
Anterior T wave inversion on ECG
Normal echocardiogram
On Methadone

Current Medication
Methadone
Gabapentin
Ranitidine

Many thanks for referring this gentleman to the Cardiology Clinic. He attended today with 2 Prison Warders. I understand he attended your surgery complaining of atypical sounding chest pains. He described a sharp left submammary pain unrelated to inspiration or exertion. He would get it primarily when he lay down in bed at night. He had no breathlessness and no cough and no other chest pains. He has noted no decrease in his exercise tolerance.

His ECG revealed anterior T wave inversion. He is a smoker with a family history of premature coronary disease.

He himself described no previous severe chest pains in the past.

On examination his pulse was 72 bpm and regular, chest clear, heart sounds pure.

I repeated his ECG today and again it showed anterior T wave inversion. He therefore had an echocardiogram which showed no wall motion abnormalities. He has a structurally normal heart with good LV function.

With regards to his T wave inversion I would not be inclined to treat this. There was nothing in his history to indicate a myocardial infarction and his LV function is normal.

I also note that an ECG performed in the Prison suggested a long QTc. This was not the case in his ECG today. Methadone can cause prolonged QTc however it is reassuring this does not appear to be a consistent finding. As such I do not think he requires any specific treatment and I have discussed this with him today. I have discharged him from routine cardiology follow up however would be very happy to see him again in future of need be.

Yours sincerely
Dr Ross McGeoch
Consultant Cardiologist

Authorised on 14/04/2014 12:34:21 by Dr Ross McGeoch.

Date Received: 17/4/14 Initials
To Be Seen By: Mo
File

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
Department of Orthopaedics
Outpatient Department 6
51 Little France Crescent
Edinburgh
EH16 4SA

NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Prison Medical Officer

Date First Created 21/12/2012
Date Authorised
Date/Time Printed 31/12/2012 12:21
Our Ref 700581314A
CHI 0509796095

Patient:	Mr Colin McKay H M Prison Shotts Prison Shotts ML7 4LE	**UHPI:**	700581314A
		Date of Birth:	05/09/1979
		Attendance Date:	19/11/2012
Clinic Code:	BACK/AM		
Specialty:	Orthopaedics		
Consultant:	Vivienne K Boyd		

Dear Dr Prison Medical Officer,

Typed for 12/12/12 Clinic
This gentleman attended the Spinal Clinic for his review appointment his abdominal CT scan was reported as having good quality images of the lumbar spine with no evidence of lumbar disc prolapse or stenosis with a minor depression of the superior endplate at L2 inkeeping with a previous minor compression fracture.

There is no surgical intervention appropriate for this gentleman conservative treatment physiotherapy and exercise on movement to help him manage his symptoms he has been discharged from clinic with advice.

Yours sincerely,

Vivienne Boyd
Extended Scope Practitioner
Consultant Led Back Clinic

Date 8/1/13
To Be Seen By MO
File
Dr Sig HH.

Orthopaedics

Mr C Adams
Mr IH Annan
Miss L Biant
Prof SJ Breusch
Mr R Burnett
Dr J Campbell
Prof C Court Brown
Mr E Garrido
Mr P Gaston
Mr JNA Gibson
Mr C Howie
Mr J Keating
Mr G Keenan
Mr GM Lawson
Miss JM McBirnie
Mr J McKinley
Prof M McQueen
Mr M Moran
Mr RW Nutton
Mr CW Oliver
Mr JTP Patton
Mr D Porter
Mr JI Reid
Mr C M Robinson
Mr HS Shafaby
Prof AHRW Simpson
Mr P Simpson
Mr T Tsirikos
Mr FA Wade
Mr T White

Appointment Enquiries:
Tel: 0131 242 3451
0131 242 3529
0131 242 3543

Arthroplasty Practitioner
Advice Line: 0131 536 3724
Enquiries: 0131 536 3826
Fax: 0131 536 3409

Trauma Nurse Practitioners:
Tel: 0131 242 3410

Outpatient Clinic Letter

NHS Confidential: Personal data about a patient

SCOTTISH PRISON SERVICE

HMP SHOTTS
AGREEMENT FOR METHADONE PRESCRIBING

NAME C. McKAY SPIN 17345

Signing this agreement states that you are willing to comply fully with all of the points listed below. Failure to do so will be deemed a breach of the agreement and will result in review of your Methadone prescription. This agreement replaces all previous agreements

1. A designated member of the addiction team will be allocated to you as your 'Key Worker' and will offer you support throughout your treatment.
2. You are obliged to attend 6 monthly reviews with the Doctor and an Addiction Nurse within the Health Centre.
3. You **will not take illicit substances** whilst receiving a Methadone Prescription. Any positive test result for unprescribed substances may result in a warning being issued.
4. You can be subject to a urine test at any stage throughout this programme. This may be with or without notice. A refusal, having an unauthorised item or being uncooperative may result in a warning being issued. These test results will be recorded on PR2.
5. Prior to issuing any warnings, the team may discuss your case and a decision will be made regarding your prescription. If the decision is made to remove you from the methadone programme, you will be reduced as agreed by the team and will be offered a Dihydrocodeine detox.
6. Refrain from using threatening or abusive behaviour or language, especially during dispensing of methadone. Such behaviour may result in removal from the methadone programme.
7. If you are suspected of swallowing a package and are placed on observations, your methadone prescription will be suspended for 24 hours in the first instance and for as long as deemed necessary by the Doctor.
8. Your methadone will be dispensed within your residential area at recognised timings. It is your responsibility to make yourself available at these times and any failure to attend will be recorded as a refusal and reported back to the doctor for appropriate action
   Methadone will NOT be available or dispensed out-with these times.
9. You are required to take a drink following administration of your methadone.

Client Signature C McKay Date 19/9/12

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17345

Recording consultations while Vision is offline. (Please photocopy this page if extra sheets are required)

CONSULTATION

(Sample Word Template)

Patient Name	Colin Maley	Patient DOB	5/9/79.
Consultation Event Date		Clinician Name	

Comments:

HO Dr. Sidhu
Doncaster.
on Methadone 60ml/daily.
Cataplus Bcomp x TDS.

PLEASE PRINT DUPLICATE SCRIPTS AND ATTACH	Smoking Status	Smoking Advice
NKDA		

QOF / Enhanced Service Data

Blood Pressure		BMI		Screening Scores		
Sys	Dia	Height	Weight	FAST	ASSIGN	Depression

Symptom/ Diagnosis	Episode type: First/New/Other	Priority
good eye contact No suicidal ideation Plan Back book appt. Letter done.		

ASSIGN calculator is available at http://assign-score.com/estimate-the-risk/

NHS Confidential: Personal data about a patient

D

www.nhslanarkshire.org.uk
Department of Orthopaedics
01698366612

Wishaw General Hospital
50,Netherton Street
Wishaw
ML2 0DP

NHS Lanarkshire

Medical Officer
HM Prison
Shotts
ML7 4LE

Date Dictated: 22/04/2014
Date Typed: 23/04/2014
Ref: 676951
Letter Ref: JF
Clinic Date: 22/04/2014
CHI Barcode: *0509796095*

Consultant: Mr Stefan Ehrendorfer

Dear Medical Officer

Patient Name: Colin McKay
Patient date of birth: 05/09/1979
Patient Address: Shotts Prison, Po Box 9116, Shotts, ML7 9AE

Diagnosis: 5th metacarpal neck fracture right side, punching someone while in prison.

On examination there is no rotational deformity, no neurovascular compromise. X-ray shows satisfactory alignment.

The plan is to place him in a Barton's cast and to keep him in it for two weeks until the swelling and pain settles down and then to bring him back for removal of plaster and clinical examination on arrival.

Yours sincerely

Dr M El-Sayad
Registrar in Orthopaedics

Authorised on 08/05/2014 15:22:59 by Mohammed El-Sayad.

Date Received 12/5/14 Initials
To Be Seen By MO
Dr SC
File ✓ WE 13/5/14

NHS Confidential: Personal data about a patient

Lothian NHS Board

HMP Edinburgh
33 Stenhouse Road
Edinburgh
EH11 3LN
Telephone 0131 444 3027
Fax 0131 444 3072

www.nhslothian.scot.nhs.uk

NHS Lothian

Date 22 March 2012

Orthopaedic Outpatients
Edinburgh Royal Infirmary
51 Little France Crescent
Edinburgh

Dear Colleague

RE: COLIN McKAY
DOB: 5.9.79

This gentleman has had sciatic pain down his left side for several months now. He has been on numerous different analgesia and has been seeing our physiotherapist to no effect, he tells me. He has no red flags. Pain was worse on movement, the physio states his posture is poor.

He has a past history of drug use/abuse and is Hepatitis C+. He had a fracture of his left ankle in 2010 and recently had renal colic.

His medication at present is: Methadone 60mg od, Diclofenac 50mg tid, Amitriptyline 150mg od, Co-codamol 8/500 tid.

None of these help with pain.

I would be grateful for your opinion of this gentleman's sciatic pain and for advice on his fracture management.

Yours sincerely

DR C GRACIE

cmckeri
Mar12

Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair Dr Charles J Winstanley
Chief Executive Professor James J Barbour O.B.E.
Lothian NHS Board is the common name of Lothian Health Board

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Cont'd... **Ref:** 700581314A **Patient Name:** Colin J McKay

Comments

Pharmacist check.....

PRINCIPAL DIAGNOSIS

Renal Colic

This 32 yr old man was seen in A&E on 5/03/2012 with abdominal pain. All investigations were normal except for 3+ haematuria. The CxR showed a prominent right hilar region.He probable had Renal Colic and was booked to have a CTKUB on the 6/03/2012.

He returned on the 8/03/2012 with mild discomfort. He reported that he has passed a small object.Repeat bloods, CTKUB were within normal limits with no evidence of a stone. A CxR right later was done.

→ he told me he had not!

TREATMENT

Advise fluid intake

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL

None

CHANGES MADE TO DRUGS

None

PREVIOUS ADVERSE DRUG REACTIONS

None

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

Should you need further information please contact the consultant on duty for PAA who today is Dr.R Smith.(07866 847 212)

Yours sincerely

Staff Signature..... Print Name.Dr AF Mostert.

Designation...SHO Locum.. Date.8/03/2012. Time.16:30

Patient/Carer Signature.....C. McKay.....

Yours Sincerely
Dr.Roger G Smith, Consultant

9/3/12 RGS

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

PRIMARY ASSESSMENT AREA

Dr Prison Medical Officer

Date First Created	08/03/2012
Date Authorised	
Date/Time Printed	08/03/2012 20:51
Our Ref	700581314A
CHI	0509796095

Patient: Colin J McKay
H M Prison, Saughton Prison
33 Stenhouse Road
Edinburgh
EH11 3LN

UHPI: 700581314A
DOB/Age: 05/09/1979 *(32 Yrs)*

Attendances in last 12 mths: 2
Attendance Date: 08/03/2012
Final Triage: 3 - Urgent
Date of Discharge:
Discharge To:

Dear Dr Prison Medical Officer,

Colin McKay attended the Emergency Department by Private Transport on 08/03/2012 at 15:14 having been referred by Other. A summary of their attendance follows.

Presentation: for surgical
Diagnosis: None
Procedures: None
Drugs given in A&E: None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Quantity Supplied	Additional Info	Dispensed By	Checked By

Prescribed by ..... **Date** .....

NHS Confidential: Personal data about a patient

Lothian NHS Board

HMP Edinburgh
33 Stenhouse Road
Edinburgh
EH11 3LN
Telephone 0131 444 3027
Fax 0131 444 3072

www.nhslothian.scot.nhs.uk

NHS Lothian

Date 05 March 2012

A&E
Royal Infirmary of Edinburgh
Little France

Dear Dr

This 32 year old man has had 2-3 hours of Rt low abdominal pain / Rt testicular pain. The pain has rapidly escalated in severity.

O/E appears pale / distressed
P 70 BP 110/84 feels warm (sorry digital thermometer not functioning)
Abdo – guarding ++ rebound++ in RIF (RIF pain increased on palpation of LIF)
BS few / quiet. PR not done (unco-operative)
Genitalia – NAD no swelling / tenderness

DH – see attached drug kardex

PMH Drug misuse

I am concerned he may have appendicitis. Thank you for your assessment and help with further management.

Yours sincerely

AMaxwell

NAME
Title GP

NHS Confidential: Personal data about a patient

Endocrinology / Diabetology Department
Acute Services Division
Perth Royal Infirmary
PERTH
PH1 1NX
Telephone : 01738 623311
Fax : 01738 473510
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr C Parish
Medical Officer
HM Prison
3 Edinburgh Road
PERTH
PH2 8AT

Date: Clinic: 1 September 2009
Typed: 7 September 2009
Your Ref:
Our Ref: AC/JA 050979/6095
Direct Line: 01738 473941
Email: jane.aitken@nhs.net

Dear Dr Parish

COLIN MCKAY, HM PRISON, 3 EDINBURGH ROAD, PERTH, PH2 8AT
(Prison number – 17345)

I saw this 30 year old gentleman for review in the clinic today. He really did not have convincing symptoms of thyroid dysfunction. He perhaps had his thyroid and other bloods done because of a degree of weight loss, but he had no shakes, tremor, heat intolerance, neck swelling, gritty eyes, diplopia and his bowels have been normal. There is no family history of thyroid disease. He is a smoker and is on a Methadone programme, but no other medication. I note that he was previously on Olanzapine and that there is a diagnosis of possible epilepsy in 1995, but he is on no medication for this. Examination suggested he was euthyroid. There were no thyroid eye signs. He did not have a significant goitre.

The first thyroid function test in May showed his TSH was 0.01 which is just below the quoted reference range, but not completely suppressed and highly suggestive of thyrotoxicosis. Later in May he had a full set of thyroid bloods done and these were entirely normal with a TSH of 0.48, Free Thyroxine 14.2 and Total T3 of 2.1. I have reassured Colin that his thyroid was normal on checking thoroughly and that there was no suggestion today on clinical assessment that he is thyrotoxic. I have simply repeated his thyroid function tests today and assuming these remain satisfactory, then no further action would be required.

With kind regards.

Yours sincerely

ALAN CONNACHER
Consultant Physician

Date Received 10 SEP 2009 Initials MJ

TSH 0.52, Free Thyroxine 16.2, Total T3 2.3.

File

Headquarters
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Professor Tony Wells

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY SPIN NUMBER: 17345

LOCATION: A 3-19 DATE: 17/7/09

CONFIDENTIAL APPOINTMENT- Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	I HAVE A SKIN PROBLEM AND THE CREAM I WAS GIVEN ISN'T WORKING.	Listed for the nurse.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
C. TICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments:

Date Received: 20 JUL 2009 Date of Reply 20 JUL 2009

Nurse/Admin Signature

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: SOLIN MCKAY SPIN NUMBER: 17345

LOCATION: A 3—19 DATE: 11/5/09

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	HARD SKIN ON FOOT. REQ MED/MARK FOR RECEPTION	Listed on 14th May.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments:

Date Received: 13 MAY 2009 Date of Reply 13 MAY 2009

Nurse/Admin Signature

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN McKAY SPIN NUMBER: 17345

LOCATION: A 3-19 DATE: 4/5/09

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	I HAVE RASHES EVERYWHERE AND I HAVE BAD ITCHING AND THE EGS I GOT FOR IT BEFORE MAKES IT WORSE.	Listed on 6th May.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments:

Date Received: 05 MAY 2009 Date of Reply 05 MAY 2009

Nurse/Admin Signature .....

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY SPIN NUMBER: 17345

LOCATION: A3-19 DATE: 4/4/09

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	HAVE A DENTAL ABCESS AND HAVE STARTED FEELING SICK LATELY	~~on waiting list for Nurse~~ Seen nurse today (5/3/9). +listed for Doctor.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST	✓	SAME AS ABOVE	on waiting list :-
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments:

Date Received: 05 MAR 2009 Date of Reply 05 MAR 2009

Nurse/Admin Signature .....

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: ....COLIN MCKAY..... SPIN NUMBER: 17345

LOCATION: ....A-4-21..... DATE: 19/11/08

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	I HAVE A DENTAL ABCESS AND I NEED ANTIBIOTICS TO KILL THE INFECTION I AM DOWN FOR THE DENTIST	You have an appointment with the Doctor tomorrow Fri 21/11/08
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments:

Date Received: 20 NOV 2008 Date of Reply 20 NOV 2008

Nurse/Admin Signature ....B. Gnf.....

NHS Confidential: Personal data about a patient

NHS
Tayside

TAYSIDE HEALTH BOARD
Department of Neurology

Dr. R J. Swingler, Consultant Neurologist
Dr. J. O'Riordan, Consultant Neurologist

Neurology Secretary – Direct Line (01738 473639)

Acute Services Division
Perth Royal Infirmary
Taymount Terrace
Perth, PH1 1NX
Tel: (01738 623311)

ES/EM 0509796095

17 NOV 2008
MD

Date of clinic: 2/10/08
Date of typing: 15/10/08

Dr. M. Golanek,
Medical Officer,
H.M. Prison,
3 Edinburgh Road,
Perth, PH2 8AT

Dear Dr. Golanek,

Colin McKay, 3 Edinburgh Road, Perth.

Problem:
Possible epilepsy

I reviewed this 29 year old gentleman on behalf of Dr. Swingler on 2nd October, 2008. He is an inmate in Perth Prison and was accompanied by 3 guards during today's consultation.

Colin tells me that he has not had any major fits for at least 2 years. He continues to complain about involuntary muscle jerks which tend to occur at rest any time during the day. When Dr. Heath saw Colin in June this year he felt that more information with regard to Colin's previous presentation and management was needed and requested Colin's notes from the Neurology Department in Western Infirmary, Glasgow. Colin was referred to the Neurology Department in Glasgow with a history of 5 – 6 grand mal seizures in 1999 with no detailed description or witnessed account given. Colin was reported to be very uncooperative and incompliant with his medication. He appeared to have not attended for any of the planned investigations. I note that he described muscular jerks at rest in 2001. He was discharged after failing to attend his clinic appointments on multiple occasions.

An E.E.G. recording from August 2008 did not show any abnormalities despite the fact that Colin had frequent minor twitches that did not appear to be ictal in nature.

Impression and plan: I appreciate that Colin has a very complex and difficult social history, but given the information available, his own account of events and the notes from Glasgow, it is not possible to establish a diagnosis of epilepsy. He may or may not have had several seizures in the past and the context in which these occurred is unclear. Dr. Heath suspected a possible diagnosis of juvenile myoclonic epilepsy given the possible history of grand mal seizures together with myoclonic jerks. The E.E.G. is not supportive of this diagnosis,

Kardex please
MSulan

Please file PSL
20/11/08

NHS Confidential: Personal data about a patient

especially as Colin displayed frequent minor twitching during the recording with no correlation on the E.E.G.

Taking all of the above into account, I suggest a pragmatic approach and stop Colin's AED. Should Colin have a further witnessed and well documented seizures, sodium valproate could be initiated. This could be done with 300 mg. o.d. for 3 days, 300 mg. b.d. for 3 days, up to a daily dose of 600 mg. b.d. with further increase dependent on seizure control.

After discussing the case with Dr. Swingler, we decided to discharge Colin from the neurology service. Please get in touch with us if you any questions.

Yours sincerely,
ELECTRONICALLY SIGNED
Esther Sammler
ST3 Neurology

R. J. Swingler
Consultant Neurologist

EPILIM started on 2/11/98. RJSwingler

NHS Confidential: Personal data about a patient

Health Centre Fax: 01738 458168

Our Ref: CP/MD

9 June 2009

Endocrinology Department
Perth Royal Infirmary
PERTH
PH1 1NX

Dear Doctor

RE: COLIN McKAY – CHI 0509796095 – PRISON NUMBER 17345

I would appreciate your review of this 29 year old who has been noticed to have a low TSH with apparently normal T4, T4 and thyroid antibodies while being investigated for dermatitis with an extremely dry skin, pallor and previous microcytic anaemia.

Mr Mckay's medical history includes extensive reviews under psychiatry for possible paranoid symptoms (for which he was started on Olanzapine but the posterior reviews indicated that he does not have clear evidence of psychosis). He has a history of very aggressive behaviour and was also diagnosed with epilepsy in 1995, for which he was on medication for about 1 year and then decided to stop it; he had a normal EEG in 2008. He was also noticed to be Hepatitis C antibody positive in 2005 but his PCR was negative at the time, he also has a history of opiate dependence.

On examination he is pale and has maybe a minimal exophtalmos as well as the aforementioned dermatitis, otherwise examination is unremarkable.

I thank you in advance for your input in this case.

Please send any appointments to the Health Centre, HMP Perth, 3 Edinburgh Road, Perth, PH2 8AT.

Yours sincerely

Dr C Parish
Medical Officer

NHS Confidential: Personal data about a patient

NHS
Tayside

TAYSIDE HEALTH BOARD
Department of Neurology

Dr. R J. Swingler, Consultant Neurologist
Dr. J. O'Riordan, Consultant Neurologist
Dr. C. Heath, Specialist Registrar in Neurology (GMC No 4608017)

Neurology Secretary – Direct Line (01738 473639)

Acute Services Division
Perth Royal Infirmary
Taymount Terrace
Perth, PH1 1NX
Tel: (01738 623311)

CH/EM 0509796095

17345

Date of dictation: 31/7/08
Date of typing: 7/8/08

Dr. M. Golanek,
Medical Officer,
H.M. Prison,
3 Edinburgh Road,
Perth, PH2 8AT

Dear Dr. Golanek,

Colin McKay, 3 Edinburgh Road, Perth.

Many thanks for the correspondence relating to Mr McKay's previous neurology input in Glasgow. It is clear that when reviewed by Professor Brodie's team it was not entirely clear whether the events were drug related. He appears not to have had any formal investigations. I think given the history and "possibility" of JME I will arrange an inter ictal E.E.G. in the near future.

Yours sincerely,

CM

12 AUG 2008

pp Craig Heath,
Specialist Registrar in Neurology

File pms (12-08) +

NHS Confidential: Personal data about a patient

Hospital Only Use	Clinic	Day Date	Time	Hospital No 90 7953

Referral To:

Hospital: WESTERN INFIRMARY
Consultant: PROFESSOR BRODIE
Speciality Clinic: EPILEPSY
Has Patient Attended Hospital before: Yes
Name of Hospital: GARTNAVEL
Hospital Number: 907953
Year of Attendance: 1992
If patients name or address has changed since -

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43311 GP Identifier 608940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname: McKay Title: Mr
Forename: Colin Sex M
Date of Birth: 05/09/79 CHI No:

Patient Address: 4B 76 Collina Street
Glasgow
Post Code G20
Telephone No: 586 9784

CLINICAL DETAILS Routine ☐ Soon ☐ Urgent ☐

Reason For Referral -

History of presenting complaint:

I would be much obliged if you could see this gentleman who is nearly 22. He has been diagnosed as having epilepsy and is on Epilim. He did attend your clinic in May 1999 but was unco-operative at this time. He is complaining of more frequent seizures over the last month. However he tells me that he sometimes forgets to take the Epilim. He is also continuing to use heroin, smoking approximately £50 worth daily. I am sure his uncontrolled epilepsy is probably due to poor compliance with his Epilim Chrono 300mgs bd. However he also complains of a few months history of what he describes as "muscular jerks" while at rest. There appears to be no other neurological symptoms and neurological examination was unremarkable. I wonder whether this should be further investigated and Colin is keen to speak with yourself about it.

I am much obliged with you further input in his care.

Dr Molloy
GP Locum

Past Medical History	Medication
	13 SEP 2001
Other Comments:	Signature: M Molloy Date: 27.8.01

DNA 23.11
DNA 8.1.
DNA 26.2

MARYHILL & WOODSIDE LHCC

TUES

NHS Confidential; Personal data about a patient

IB/ED

PROFESSOR M J BRODIE'S EPILEPSY CLINIC (11.5.99)

13th May 1999

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Dear Dr Martin

Colin McKAY 4B 76 Collina Street Glasgow G20
d.o.b. 5.7.79 (Hosp No 907953)

Thank you for referring this 19 year old boy to Professor Brodie's Epilepsy Clinic. Colin tells me that he has had 5 - 6 tonic clonic seizures in the previous 15 months or so. I understand that he has been started on Carbamazepine and on Sodium Valproate but has declined to take these medications. Moreover Colin tells me that he regularly uses illicit drugs including cannabis, cocaine, amphetamines and LSD. He refused to tell me if these drugs were related to his seizures and became very unco-operative. He made it very clear that he would not be taking any medication that we would prescribe and further more refused to remain in the clinic. He has therefore been discharged and we have made no follow-up appointments for him.

Yours sincerely

Irum Batool
Medical Senior House Officer

NHS Confidential: Personal data about a patient

Hospital use Only | Clinic | Day Date | Time | Hospital No. 907953 | GP1:

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital: Western Infirmary Date: 1.2.99 CHI No.

Please arrange for this patient to attend the: Epilepsy clinic of Dr/Mr: Professor Brodie

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: McKay Maiden Surname:

First Names: Colin Single/Married/Widowed/Other:

Address: 4B 76 Collina Street Date of Birth: 05.07.79

Glasgow Patient's Occupation:

Postal Code: G20 Contact telephone number: XXX

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital: Western

Year of attendance: 1992 Hospital No. 907953

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: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR
0141 531 8830

Please use rubber stamp

PRACTICE CODE 43311

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 Professor Brodie,

I would value your opinion regarding this 19 year old man who recently attended Dr. Vernon (Consultant Physician) at the Victoria Infirmary having had a grand mal seizure. Professor Vernon requesting onward referral to you for an assessment.

I saw him in the surgery last week. He gives a history of 5-6 grand mal seizures in the past 15 months. Apparently some time ago he was started on Carbamazepine but he has never taken it on regular basis.

I see in his notes 1 Accident & Emergency report stating that he was hyperventilating and having carpopedal spasm and there is also a report from December 1997 when it was felt that he possibly had a cardiorespiratory arrest in Barlinnie Prison. On this occasion there was a query as to whether he had taken an opiate overdose and apparently and EEG and CT scan were to be arranged at the Southern General Hospital, although I can see no record of this having been done. (Possibly the result only went back to the Doctors in Barlinnie).

He has not been questioned regarding drug abuse although I do see 1 hospital admission in November 1997 when he had taken 60mgs of Diazepam "to get a buzz".

I have started him on him on Sodium Valproate 200mgs twice daily increasing to 400mgs twice daily after 1 week and arranged to see him in 2 weeks.

Yours sincerely,

Dr G Martin

RECEIVED
09 FEB 1999

Letter sent to GP ✓

Diagnosis / provisional diagnosis:

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

09 FEB 1999

Printed for The Stationery Office, Dd8457208,08/97, R.P.(53791)

355-2104

NHS Confidential: Personal data about a patient

9th February 1999

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Dear Dr Martin,

re: Colin McKay, Flat 4B, 76 Collina St, Glasgow G20. Hosp No: 907953. DOB: 05/07/79

We acknowledge receipt of your referral of this man with a history of seizures who had previously been taking carbamazepine. This situation presents a problem not unfamiliar to us where the issue of poor compliance is complicated by possible drug abuse. There is no evidence to suggest that antiepileptic drugs have efficacy for drug-related seizures. We note that you have restarted this patient on antiepileptic drug treatment. This again implies that the diagnosis of epilepsy has been made with all its attendant lifestyle and employment difficulties. We would ask that rather than restart a patient on anticonvulsant therapy, you telephone our GP hotline or fax your referral (see enclosed details). This fast-track system allows us to see patients within one week. We will review your patient on this occasion, but request that in future you hold your prescribing hand!

Best wishes,

Yours sincerely,

Dr Linda J Stephen
Deputy Director (services)

Professor Martin J Brodie
Director

NHS Confidential: Personal data about a patient

Health Centre Fax: 01738 458168

Our Ref: MG/MD

1 July 2008

Legal Department
Medical Records
Western Infirmary
GLASGOW

Dear Sir/Madam

RE: MR COLIN McKAY – DOB 05.09.1979 – HOSPITAL NUMBER 23137225M

I would be grateful for copies of any relevant correspondence relating to investigations for epilepsy which Mr McKay had at the Western Infirmary, Glasgow.

At present Mr McKay has been seen at the Neurology Department at Ninewells Hospital, Dundee and the doctor would like us to forward any information from Glasgow before he makes a decision regarding further treatment.

Thank you for your help in this matter.

Yours sincerely

Dr M Golanek
Medical Officer

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY SPIN NUMBER: 17345

WING: AVOUR HALL & CELL NO. 4-21 DATE: 1/7/08

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCO
ROUTINE NURSE			
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST	✓	MY TOOTH HAS SNAPPED AND I'M IN SEVERE PAIN.	on waiting list
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments: PLEASE ADVISE DATES WHICH ARE NOT SUITABLE FOR APPOINTME

Date Received: 02 JUL 2008 Date of Reply: 02 JUL 2008

Nurse/Admin Signature: [signature]

This referral form will be returned to you with an appointment date or advising that you h to the appropriate waiting list.

NHS Confidential: Personal data about a patient

C

HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY SPIN NUMBER: 17345

LOCATION: A YOUR HALL & CELL NO. 4-20 DATE: 21/11/07

CONFIDENTIAL APPOINTMENT - Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	THE PHSYCIATRIST SAID I COULD GET MY MEDS PUT UP IF I WANT.	Passed to Mental Health Team.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments: PLEASE ADVISE DATES WHICH ARE NOT SUITABLE FOR APPOINTMENT

Date Received: ..... Date of Reply .....

Nurse/Admin Signature ..... GAIL McGREGOR .....

This referral form will be returned to you with an appointment date or advising that you hav to the appropriate waiting list.

NHS Confidential: Personal data about a patient

NHS
Tayside

Our Ref: TMCGREGOR /

Date: 29/12/2007

COLIN MCKAY
3 EDINBURGH ROAD
PERTH

PH2 8AT

Patient number:
0509796095

OUTPATIENT REFERRAL

NEUROLOGY

We have received a referral letter for the above specialty and have added your name to the waiting list to be seen. We shall write to you again to offer you an appointment approximately six weeks before the appointment date.

The current guarantee provided by the Scottish Government Health Department is that no patient will wait longer than 18 weeks from the date of referral to first appointment.

Please inform the appointments office on (01738) 473730 or 473731 if:

- you will be unable to attend any appointment in the next 18 weeks

- you change your address

Appointments Office
Perth Royal Infirmary

NHS Confidential: Personal data about a patient

Health Centre Fax: 01738 636028

Our Ref: MG/CH

14 December 2007

Neurological Department
Perth Royal Infirmary
PERTH
PH1 1NX

Dear Sirs

17345 COLIN McKAY (05/09/1979)

I would be grateful if you could kindly arrange to see Mr McKay who in 1995 was diagnosed with epilepsy. He started on Tegretol then changed to Epillin 300 twice daily. He stopped taking the medication about 16 months ago and continuously has not been taking anticonvulsants since. He now suffers from increasing jerking movements and becomes startled.

Recently (9th November 2007) after a psychiatric consultation Mr McKay started with Olauzapine 10mg nocte (provisional diagnosis given – becoming psychotic). In view of this development, I would appreciate it if you could see him to assess whether he requires any additional investigation (EEG, NMR?) and treatment.

He is otherwise generally fit and well, but has a history of heroin abuse and is currently on Methadone 90ml daily.

Thank you very much for your assistance.

Yours faithfully

Dr Maciej Golanek
Medical Officer
HMP Perth

NHS Confidential: Personal data about a patient

(copy)

PERTH & KINROSS COUNCIL
Housing & Community Care

SCOTTISH PRISON SERVICE

Nigel O'Sullivan
Mental Health Nurse
HMP Perth

Social Work Unit
H.M Prison Perth
3 Edinburgh Road, Perth PH2 8AT
Tel 01738 626883 Fax 01738 625964

Contact Susan Cassidy

Our ref SC/GL

Your ref

Date 23 November 2007

Dear Mr O'Sullivan

Integrated Case Management Case Conference

As you maybe aware, from 01 June 2006, the SPS has adopted a new system of case management called ICM. The development of this approach is intrinsic to the Management of Offenders Act 2005, which emphasises an integrated and multidisciplinary approach to offender management and risk assessment. In developing this process, it was recognised that there were commonalities between Throughcare (Circular 12/2002) and the prison service's process of Sentence Management. ICM is the unified product of combining these two systems and has resulted in some modifications to the timescales and requirements of Circular 12/2002. This has now been incorporated into the draft guidance Manual for ICM and the revised Circular 12/2002 will be published in the near future taking account of these changes.

The ICM process is a Case Conference based model, which shifts the emphasis from the community in organising initial and annual contact with convicted prisoners during their sentence. This will now be arranged by a designated member of prison staff known in HMP Perth as the ICM Controller and in liaison with prison-based Social Workers who will in turn liaise with their community counterparts to share pertinent information.

At HMP Perth, we are currently organising our Case Conferences, which are scheduled to take place as from June 2006. As such, the following convicted prisoner in your area is due to be reviewed as follows:

Name of Prisoner	Colin McKay
Date of Birth	05.09.1979
Prison Number	17345
Address at Conviction	76 Collina Street, Glasgow, Lanarkshire, G20 8AU
Offence	Murder, Supply of a controlled drug, Firearms Act 1968 S1(1)(a) x2, Firearms Act 1968 S1(1)(aba), Attempt to manufacture a prohibited weapon x 2.

Sentence	Life – 14 year tariff
Parole Qualifying Date	-
Earliest date of Liberation	-

The Case Conference on the above prisoner is scheduled to take place at HMP Perth as follows:

Day	Tuesday
Date	11th
Month	December
Year	2007
Time	3.30pm

I would be obliged if you could confirm if you are able to attend the Case Conference by completing and returning the slip below to the Social Work Unit. If you are not able to attend then, please advise if a colleague can attend in your place or if you intend to provide any information in writing, which will assist the meeting in developing an action plan for the prisoner.

If you are submitting written information then, I would request that this is provided two weeks prior to the Case Conference which will allow all reports, including prison based risk assessments, to be circulated prior to the meeting.

If you have any questions regarding the ICM process then, please contact either Nicola Rogerson (Senior Social Worker) Tel No: 01738 626883 or Derrick Brydie (ICM Controller) Tel No: 01738 622293.

Yours sincerely

pp Susan Cassidy
Social Worker
HMP Perth

✂----------

INTEGRATED CASE MANAGEMENT CASE CONFERENCE – *Colin McKay 17345*

I confirm that ..... will be able to attend the Case Conference.

I confirm that no-one is able to attend the Case Conference and a written submission will be provided two weeks prior to the date of the meeting.

Please delete the above as appropriate.

Signed: ..... Date: .....

Please return this slip to Social Work Unit, HMP Perth, 3 Edinburgh Road, Perth, PH2 8AT

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HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY ..... SPIN NUMBER: 17345

LOCATION: A YOUR HALL & CELL NO 4-20 DATE: 5/11/07

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	I WAS TOLD TO PUT THIS FORM IN TO GET MY MEDS CHANGED FROM SUPERVISED TO DAILY	Listed 7th Nov.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments: PLEASE ADVISE DATES WHICH ARE NOT SUITABLE FOR APPOINTMENT

Date Received: ..... Date of Reply .....

Nurse/Admin Signature ..... GAIL McGREGOR .....

This referral form will be returned to you with an appointment date or advising that you have to the appropriate waiting list.

17345

NHS
Tayside

TAYSIDE HEALTH BOARD
Department of Neurology

Dr. R J. Swingler, Consultant Neurologist (GMC No 2661807)
Dr. J. O'Riordan, Consultant Neurologist

Neurology Secretary – Direct Line (01738 473639)

Acute Services Division
Perth Royal Infirmary
Taymount Terrace
Perth, PH1 1NX
Tel: (01738 623311)

RJS/EM 0509796095

Date of dictation: 28/8/08
Date of typing: 10/9/08

Dr. M. Golanek,
Medical Officer,
H.M. Prison,
3 Edinburgh Road,
Perth, PH2 8AT

Dear Dr. Golanek,

Colin McKay, 3 Edinburgh Road, Perth.

Mr. McKay's recent E.E.G. was normal despite that fact that he had frequent minor twitches during the E.E.G. These did not appear to be ictal in nature I will arrange for review.

Yours sincerely,
Electronically signed Dr R J Swingler
R J Swingler, MD, FRCP
Consultant Neurologist

Date Received 22 SEP 2008 | Initial: MD

File please
Selby

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NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

17345

NHS
Tayside

TAYSIDE HEALTH BOARD
Department of Neurology

Dr. R J. Swingler, Consultant Neurologist
Dr. J. O'Riordan, Consultant Neurologist
Dr. C. Heath, Specialist Registrar in Neurology (GMC No 4608017)

Neurology Secretary – Direct Line (01738 473639)

Acute Services Division
Perth Royal Infirmary
Taymount Terrace
Perth, PH1 1NX
Tel: (01738 623311)

Date Received 30 JUN 2008 Initials MJS

CH/EM 0509796095

Date of dictation: 5/6/08
Date of typing: 19/6/08

Dr. M. Golanek,
Medical Officer,
H.M. Prison,
3 Edinburgh Road,
Perth, PH2 8AT

Dear Dr. Golanek,

Colin McKay, 3 Edinburgh Road, Perth, PH2 8AT (05/09/79)

I reviewed this 28 year old right handed gentleman on behalf of Dr. Swingler on afternoon of 5th June, 2008. At present, Mr. McKay, as you aware, is under the care of Her Majesty's Prison Service, and on this occasion was accompanied by 2 guards. Unfortunately, neither of them had previously witnessed any of Colin's attacks, and therefore all the information I had to hand was what Colin could tell me on his own.

He reports that he was diagnosed as having "epilepsy" aged 15. The attacks were relatively stereotyped and unheralded. Following an attack he reports he took quite some time to "come round". He complained of lateral tongue biting and occasional urinary incontinence. There were no post localising features, diurnal variation, nor clustering. Colin reports he had approximately 2 or 3 attacks per year, despite initially being on Carbamazepine, and then more recently, Sodium Valproate. Of his own accord Colin stopped the Sodium Valproate two years ago and since then has had no significant generalised tonic/clonic seizures.

His current complaint is one of what sounds like myoclonus. This is usually associated with periods of relaxation and can be both focal and much more generalised. He reports that sometimes his hand can jump so much so that he drops whatever he is holding, and on occasions he reports his whole body "jerks". There is no clear diurnal variation to the attacks and he reports he has had such events for many years.

There is little in the way of significant background history of note and certainly no significant developmentally acquired risk factors for epilepsy. His only significant risk factor is one of drug dependency and I understand he is currently taking Methadone.

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Family history:

[redacted]

Comment:
Certainly, superficially it may well be that Colin is suffering from juvenile myoclonic epilepsy and that the jerks in question are myoclonic in nature. This is certainly very plausible. However, I think before accepting this I would be inclined to attempt to obtain his old notes and I would be grateful if you could forward any relevant correspondence relating to his time under investigation at the Western Infirmary, Glasgow, in the near future. Following this, I will be able to make the decision whether it is worthwhile either re-introducing his Sodium Valproate, or consider any further investigations.

Given the difficulty with transportation, I have arranged no formal review. However, I will write again once I have been able to make a decision regarding any further treatment. I can be contacted via the telephone regarding any alterations to this.

Yours sincerely,

Craig Heath,
Specialist Registrar in Neurology

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bringing service to life

Integrated Case Management

CONSENT FORM

Statement of Consent

I have read the above information and have had the opportunity to ask questions about it.

I consent / ~~do not consent~~ (delete as appropriate) to actively participate in the Integrated Cas Management process. I understand what the process will involve for me, and how the informatic gathered will be used and stored. I understand that the SPS/SERCO can access my records at any tir for research purposes and am content for it to do so. I consent to all data gathered, from criminal record interviews and assessments, being held on the prisoner records database. I understand that I will not b identified individually in any published research report.

Name: COLIN MCKAY Signature: C McKay

Date: 30.11.06 17345.

Witnessed by: (signing to confirm the consent given is on an informed basis)

Name: ERIC HUIE Signature: Eric Huie

Establishment: HMP KILMARNOCK Date: 30.11.06

PLEASE COMPLETE AND RETURN TO RESETTLEMENT DEPT.,

serco
bringing service to life

Integrated Case Management

CONSENT FORM

You are due to take part in the Integrated Case Management (ICM) process. The aim of this proce[redacted]s staff to work with you toward a smoother integration to the community on your release and a reduced risk you re-offending and returning to prison in the future. Please read this carefully, make sure that y understand what is being asked of you, and sign the Statement of Consent box.

Participation and Information Sharing

During the ICM process, you will be asked to contribute to discussions around your needs, and to underta assessments as necessary. Further information about these assessments is detailed on the ICM Notice Prisoners, which should accompany this Consent Form.

The majority of your information will be stored electronically on the SPS/SERCO prisoner records system. It can be shared securely with all agencies working within the criminal justice system, and you c obtain hard copies of your Community Integration Plan upon request. Information gathered during t process will only be shared where necessary, or where you give consent, and will cover the following area

Social Care
Information on your accommodation (housing) needs, state benefits and finance
Resettlement
Information on your family circumstances [redacted]
Learning, Skills and Employability
Information on your learning needs and the skills you need/wish to develop to help you find a job up your release from prison
Substance Misuse
Information on your previous/current problems such as drug/alcohol abuse The Specialist Substance Misuse Assessment will be integrated with your Health Care Record
Offending Behaviour
Information on the circumstances surrounding your offence and the work you may undertake in on to address the factors that lead to your offending
Mental Health
Basic information on any contact you have had with specialist services. Confidential information w not be recorded on the PR2 system

If you consent to participation in the process, you will have the opportunity to ensure your views are tak into full consideration and are recorded on the Community Integration Plan, and that appropriate refem are made to address your needs. Consent will allow all staff to work with you to maximise your access the opportunities that will help you prior to release from prison.

Section 1 of the Management of Offenders (Scotland) Act, 2005, places a duty on SPS/SERCO, Crim Justice Social Work and other partner agencies to co-operate and share information in the interes public protection.

If you are subject to a period of licence on release from custody and do not consent to participation, the IC process will continue without your consent. You may, therefore, miss out on the chance to access he from agencies in the prison, or to register your views on assessments made by staff.

Research

From time to time, information held on the prisoner records system may be used to check whether t process is achieving it's aims, or whether SPS/SERCO needs to review how it supports prisoners addressing their offending behaviour. The information will be treated confidentially, and this research w never involve identifying any individual prisoner.

PTO [redacted]

NHS Confidential: Personal data about a patient

serco

Form CP3

HM PRISON KILMARNOCK

RECEIVED
14 JUN 2006
DUE 21/6/06

Complaint Ref No: MB2/049
(Record Ref No. on Confidential Envelope)

CONFIDENTIAL ACCESS
REFERRAL OF COMPLAINT CONCERNING MEDICAL TREATMENT

Name COLIN MCKAY **No** 17345 **Date of Birth** 5/9/79 **Location** H-44

PART A - FOR COMPLETION BY THE PRISONER

Before you make a complaint in writing, please consider speaking to the medical officer concerned. It may be much easier to resolve your complaint by discussing the matter. However, if you decide to write, please enter the details of your complaint and hand it in the sealed envelope provided marked **Medical - Confidential** to a Residential Officer who will convey the complaint to the medical officer concerned. Your complaint will be treated in confidence.

I HAVE BEEN WAITING FOR A MONTH OR MORE FOR A REPEAT PRESCRIPTION. I HAVE A BAD RASH ON MY ARMS AND LEGS AND I WAS PRESCRIBED CLOTRIMAZOLE BUT THE TUBES WERE TO SMALL AND IT KEPT RUNNING OUT BEFORE THE RASH WAS AWAY SO I PUT A REPEAT PRESCRIPTION FORM OUT ASKING FOR A BIGGER TUBE NEXT TIME AND WAS TOLD THEY ONLY COME IN THE ONE SIZE (20g) AND THAT SHE WOULD TRY AND GET ME TWO SMALL ONES, I WAITED A WEEK OR TWO AND THEN I ASKED WHAT WAS HAPPENING WITH MY CREAM AND WAS TOLD WOULD HAVE TO PUT ANOTHER REPEAT PRESCRIPTION FORM IN WHICH I DID AND THAT WAS ABOUT 4 OR 5 WEEKS AGO. IN THAT SPACE OF TIME I HAVE GIVEN MY NAME AND NUMBER TO 6 DIFFERENT NURSES WHO ALL SAID THEY WOULD LOOK INTO IT BUT I HAVENT HEARD ANYTHING. EVERY TUESDAY I GO OUT TO GET MY EPILLEM AND I ALWAYS ASK IF THERE IS ANY CLOTRIMAZOLE CREAM THERE FOR ME BUT THERE NEVER IS. IT'S GETTING BEYOND A JOKE NOW THAT'S OVER A MONTH NOW IVE BEEN WAITING FOR A REPEAT PRESCRIPTION AND HALF A DOZEN NURSES HAVE SAID THEY WILL REORDER IT FOR ME ~~AND~~ I STILL HAVENT HAD IT AND NOW MY ARMS AND LEGS ARE A MESS BECAUSE I KEEP SCRATCHING THEM IN MY SLEEP.

Prisoner's signature C. MCKAY **Date** 13/6/06

PART B- TO BE COMPLETED BY THE MEDICAL OFFICER **FORM CP3**

Please give a reasoned response to the prisoner's complaint outlined overleaf and return it in a sealed envelope to the prisoner and marked Medical – Confidential.

Dear Mr McKay,

Thank you for your CP3 dated 13th June 2006.

I apologise for the delay in answering.

I can only apologise for the problem that you have been experiencing in receiving your medication. When you require the cream and ask for it to be ordered then you should receive it within the next couple of days.

On checking with the pharmacy all that they supply in the 20g tubes.

What I will arrange for you is to have the cream written up as a weekly item and for 2 tubes to be prescribed.

If you experience any further difficulty in obtaining this please ask the staff to contact either myself or Jim Duggan.

Maureen Morrison
Deputy Healthcare Manager

Signed _____ Date 27/6/06

Name in BLOCK CAPITAL: MMORRISON

You have a right to refer your complaint to the Secretary of State for Scotland if you are dissatisfied with the response from the Medical Officer.

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Musculo-skeletal and A&E Services
Acute Services Division
NHS Tayside
Orthopaedic Department
Perth Royal Infirmary
PERTH
PH1 1NX
Telephone Number – 01738 623311
Fax Number – 01738 473278
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. R. Vyas,
Medical Officer,
H.M. Prison Perth,
3 Edinburgh Road,
PERTH,
PH2 8AT.

Clinic Date	21st June 2005
Date Typed	23rd June 2005
Our Ref	DNicoll/WL 05 09 79/6095
	Mr Hadden's Review/Fracture Clinic
Enquiries to	Mrs Wendy Laing
Extension	13698
Direct Line	01738 473698/Fax 01738 473990
Email	wendy.laing@tuht.scot.nhs.uk

Dear Dr Vyas,

Colin McKay, H.M. Prison, Perth (DOB 05.09.79)
Prisoner Number: 17345

Diagnosis: **Numbness superficial peroneal nerve territory right foot following open tibial fracture**
Treatment: **Conservative**

This patient was re-referred from the medical officer at Perth prison complaining of numbness and slight weakness from his open tibial fracture sustained eleven months ago. He was last seen in our clinic in February and at that time his fracture had healed and he was discharged with no evidence of any functional deficit.

He is complaining of numbness across the dorsum of his foot and complaining of mild weakness of dorsiflexion at his ankle. On examination he is complaining of decreased sensation in the superficial peroneal nerve territory but not on the sole of the foot and not in the deep peroneal nerve territory. He has 4+ out of 5 power of ankle dorsiflexion and 4 out of 5 power of eversion. Normal power of calf muscles and ankle plantar flexion. He is able to walk on his heels and able to walk on his tip toes.

I think that he has probably got a neuropraxia of the superficial peroneal nerve however there is definite evidence that this nerve is in continuity and it is only a partial deficit. I would fully expect this to recover with the passage of time and I have discharged him from our clinic.

Yours sincerely,

Date Received	1/7/05
Passed To	FU26
Reply Date	

MR DAVID NICOLL
Orthopaedic Specialist Registrar to Mr. W.A. Hadden

Headquarters
King's Cross, Clepington Road, Dundee, DD3 8EA

Chairperson, Mr Peter Bates
Chief Executive, Professor Tony Wells

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TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
PERTH ROYAL INFIRMARY

DR. Medical Officer
3 EDINBURGH RD
PERTH

Date: 25 Jun 2005

Dear Doctor Medical Officer

Your Patient: **Colin Mckay**
3 EDINBURGH RD
PERTH

Date of Birth: **05 Sep 1979**
ACHI Number:
A&E Attendance No: **AE-05-011672-1**
No. of Previous Attendances: **2**
Occupation/School:

Tel : [redacted]

The above patient attended the A&E department on 25 Jun 2005 at 01:53. The incident occurred at prison. The complaint was **STAB WOUND L SIDE.** The patient was seen by **Kevin Cormack , A+E SHO.**

Diagnosis
Incised wound, Thoracic back, Left
below axilla, seven centimetres, though fatty tissue to fascia, sutured. No lung damage

Treatment
Wound cleaned, sutured + dressing applied

Prescriptions
Lignocaine 1%,

Discharge

[redacted]

Yours sincerely

Accident & Emergency Dept

29 JUN 2005
MD
Barlinnie

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SPS MULTI-DISCIPLINARY MENTAL HEALTH TEAM REFERRAL FORM

If you are concerned about a prisoner and feels he/she needs additional help or support, please complete the following form and give any extra information on the reverse.

Referrer to complete:

Prisoner's Name: C Mackay

Date of Birth: 5.9.79

Prisoner Number: 17345

Location: D. HALL

Remand ☐ Convicted ☑

Court Date: EDL:

Date of Referral: 16/6/5

Referral completed by: hMcCURLEY

Signature: hMcCurley

Nurse to complete:

Date passed to MH Nurse:

Date assessed by MH Nurse:

Date discussed at MDMHT:

Seen 22/6/05
PP. D Perera.

Please tick the relevant boxes below: Nightmares

Sleeping More	☐	Sleeping Less	☑	No Change	☐
Eating More	☐	Eating Less	☑	No Change	☐
Aggressive Verbally	☐	Aggressive Physically	☐	Both ☐	Unchanged ☐
Isolating	☑	Mixing with Others	☐	Confrontational when Mixing ☐	Receiving Visits ☐
Distressed	☐	Quieter than Usual	☐	No Change	☐

* Relating to crime

NHS Confidential: Personal data about a patient

SPS MULTI-DISCIPLINARY MENTAL HEALTH TEAM REFERRAL FORM

If you are concerned about a prisoner and feels he/she needs additional help or support, please complete the following form and give any extra information on the reverse.

Referrer to complete:	**Nurse to complete:**
Prisoner's Name: COLIN MCKAY	**Date passed to MH Nurse:**
Date of Birth: 5.9.79	**Date assessed by MH Nurse:**
Prisoner Number: 173485	**Date discussed at MDMHT:**
Location: [redacted]	Seen 22/6/05
Remand ☐ **Convicted** ☑	PP. D. Perera.
Court Date: **EDL:** Life	
Date of Referral: 1/6/5	
Referral completed by: L Quinlan	
Signature: L Quinlan	

Please tick the relevant boxes below:

Sleeping More	☐	Sleeping Less	☑	No Change	☐		
Eating More	☐	Eating Less	☑	No Change	☐		
Aggressive Verbally	☐	Aggressive Physically	☐	Both	☐	Unchanged	☐
Isolating	☑	Mixing with Others	☐	Confrontational when Mixing	☐	Receiving Visits	☐
Overexcited	☐	Quieter than Usual	☐	No Change	☐		

PREMIER
PRISON SERVICES LTD
HMP KILMARNOCK

REPORT OF INJURY TO PRISONER

Section 1 – Details of prisoner *To be Completed by the Incident Reporting Officer*

LOCATION: H wing.

Surname	Mc Kay First Name Colin
Prison No.	7345 D.O.B 05/09/79 Sex Male

Section 2 (a) – Details of Incident
To be Completed by the Incident Reporting Officer

Time & Date of Incident	05/04/06
Place of Incident	H Wing.
Incident Reported By	
Incident Witnessed By	
Nature of Injury	Grazing to left brow, 2 superficial scratches above right eye.

Section 2 (b) – Brief report of circumstances in which injury was sustained.
To be Completed by the Incident Reporting Officer

Name (Block Capitals) _____

Signature _____ Date _____

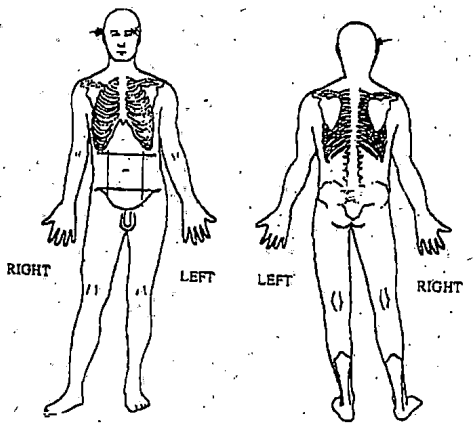
Section 3 – Medical Officer's Report *To be Completed by the Medical Officer*

Time & Date of Examination: 05/04/06. 12.20

Report: Superficial injuries, no treatment required

Medical Officer K Scott Signature K Scott emn

Date 05/04/06.



Please use the reverse of this form for extra details if required

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Treatment: NIL

Accident / Incident Type: Fight

Suicide		Accident	
Attempted Suicide		Near Miss	
Deliberate Self Harm		Verbal Abuse	
Assault	✓	Threatening Behaviour	
Overdose		Intoxication	
Death		Other (Specify)	

Return to Wing	SEE	✓	Placed on Risk
Admitted to H/Care			Remain on Watch
Medical Evaluation			Referred to Psychologist
Seen by Doctor			Refused Treatment

Treatment Plan / Follow up:

Cup Test Result:

Person Completing Report: K Smith Date: 05/04/08.

Signature: K Smith Designation: RMN

Action taken to prevent Recurrence:

On Call Director: Date:

Recommendations by Health & Safety Officer:

Reportable to HSE: YES / NO Date F2508 Raised:

Signed: Date:

Extra Information:

Copy to Health & Safety Officer ☐

Copy to Investigations Officer ☐

Name (Block Capitals): _____

Signature: _____

Date: _____

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NHS Confidential: Personal data about a patient

Department of Podiatry

NHS Lanarkshire

CONSENT FOR LOCAL ANAESTHESIA AND MINOR SURGERY

NAME: Colin McKay

ADDRESS: Hmp Shotts

D.O.B.: 5/9/79

G.P.: C/o Hmp Shotts.

CHI Number:

TEL:

SITE AND TYPE OF LESION: L 1st Nail

AND NHSL LOCATION: Hmp Shotts.

DATE OF PROCEDURE: 17/10/14

PROCEDURE ADVISED: TNA + phenolisation.

PLEASE COMPLETE THE FOLLOWING WITH: YES / NO / COMMENTS

1. HAVE YOU HAD A PREVIOUS REACTION TO A LOCAL OR GENERAL ANAESTHETIC? No

1a. HAVE YOU ALREADY HAD AN ANAESTHETIC TODAY? YES ☐ NO ☑

1b. DO YOU HAVE A PACEMAKER FITTED? YES ☐ NO ☑

1c. HAVE YOU ANY METAL OR PLASTIC PINS OR PLATES FITTED? YES ☐ NO ☑

2. HAVE YOU BEEN ON ANY OF THE FOLLOWING MEDICATIONS IN THE LAST SIX MONTHS?
   - Steroids No
   - Anticoagulants No
   - M.A.O.I.'s No

3. ARE YOU ON ANY OTHER MEDICATION? Gabapentin + Methadone

4. HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING CONDITIONS?
   - Heart Disease No
   - Angina No
   - Liver Disease No
   - Kidney Disease No
   - Diabetes No
   - Epilepsy Prawns - no fits recently.
   - Asthma / Allergies No
   - Prosthetic valve replacement (ensure antibiotic cover) No
   - P.V.D. No
   - Hypertension No
   - MRSA No
   - Hepatitis No
   - Human Immunodeficiency Virus No

5. Are you, or could you be pregnant? YES ☐ NO ☑

PLATE ELECTRODE SITE (Shaving required) YES ☐ NO ☑ SITE

RPL0519

LPCT 017

CLINICAL OBSERVATIONS

			Left Foot	Right Foot
PULSES	Grade:			
	1. Palpable	Dorsalis Pedis:	1	1
	2. Absent	Posterior Tibial:	1	1
SENSITIVITY	Grade:			
	1. Present		N/A	N/A.
	2 Absent			
CAPILLIARY REFILL TIME (>OR<0-3 seconds)			>3	>3
TEMPERATURE GRADIENT			normal.	normal

ANY OTHER OBSERVATIONS _____

PLEASE NOTE

Healing time may vary according to:

- Patient's natural healing ability.
- Pressure from footwear or overuse.
- Circulation.
- General health.
- Infection in the area.

CONSENT

I HEREBY CONSENT TO THE SURGICAL PROCEDURE OF C McKee 17/10/14.
TNA + [redacted] - Phenol

THE NATURE AND PURPOSE OF WHICH HAVE BEEN EXPLAINED TO ME AND I HAVE ACCORDINGLY SIGNED. I UNDERSTAND THAT THIS PROCEDURE WILL BE CARRIED OUT UNDER LOCAL ANAESTHESIA AND I CONSENT TO SUCH FURTHER PROCEDURES OR MEASURES AS MAY BE FOUND NECESSARY DURING THE COURSE OF THIS PROCEDURE.

THE ABOVE ACCOUNT OF MY MEDICAL HISTORY IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

PATIENT'S SIGNATURE: [redacted]

PARENT/GUARDIAN'S SIGNATURE: N/A.

PODIATRIST'S SIGNATURE: [redacted] 17/10/14

CONSENT TO LESION/WOUND PHOTOGRAPHY

I am the patient/parent/guardian

I agree to the photography of the above lesion/wound: The proposed procedure has been explained to me.

I am willing/not willing for any such photographs to be used, without disclosure of identity, for educational purposes and for use in open publications.

SIGNATURE ..... DATE .....

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PHYSICALCARE RECORDS

SURNAME: MCKay	Sheet No. 17345
FORENAME: Colin	SPIN No.

Date/ Time	Entry Code	NOTES	Signature
11/5/12	(N)	Attended triage this morning complaining of sciatic pain Prisoner states he is on 2 x 200mg amitriptyline at night for same but is not getting pain relief Advised prisoner it would be advisable to attend work as being rest will increase pain levels. Advised prisoner I would speak to doctor to review medications and check that physio appointment is imminent	Gordon Richardson
31/5/14 10.40		C/O ingrowing toe nail to rt 5i medial border sore present t/t 5i nail cut back + cleaned with blackcliff + advised pt RE Nail surgery	SMM Silverstein Podiatrist
19/9/14 11.55		CO LGW c/o C/ IN top t/t C/ nail cut back + clean + added to MS list	SMM Silverstein Podiatrist
17/10/14		See Biomechanics note	SMM S.Silverstein

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PHYSICALCARE RECORDS

Sheet No.	
SPIN No.	
SURNAME:	
FORENAME:	

Date/ Time	Entry Code	NOTES	Signature

NHS Confidential: Personal data about a patient

NAME: Colin McKay DATE: 30/7/12 PHYSIO NO: 17345 (1)

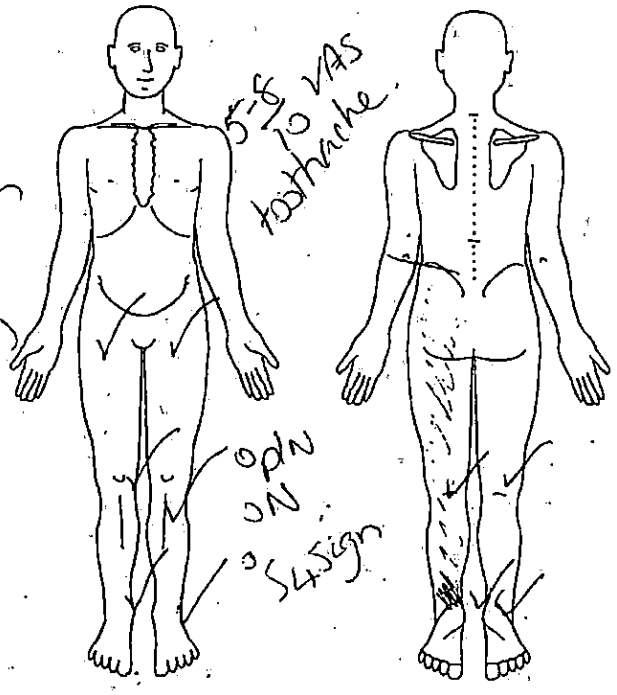
PC: low back pain

HPC. on/off for years primarily. Rx Surgeries

PMH. °D °E °P °RA
Epileptic fits (last 10 years)

DH - gabapentin 300mg x3

SH: lifer: keyr. to go Passchendaele
S = Mbd
I = Yes
N = Atheo



(A) Lying sitting

(E) Nothing

°investigations

°E poor breathing pattern
Apical breather.

Arches back & prone lying +: rigidity.

(L) SLR - 25° ?P (DF) sensation ↓'d in L5/S1 myo - Normal.
-unable to fully assess due to pain ++.

24hr pain pattern
½hr - 2hrs to get back to sleep
°Set pattern.

Imp L5/S1 Facet jt irritation. Peripheral Neurogenic pain.

Patient informed & Consented to Rx ☐
Signature: KMacLellan
Print: KEVIN MACLELLAN

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Probs

Poor breathing pattern
+ve SLR.
Very rigid on mvt.
Pain A +++

PAG

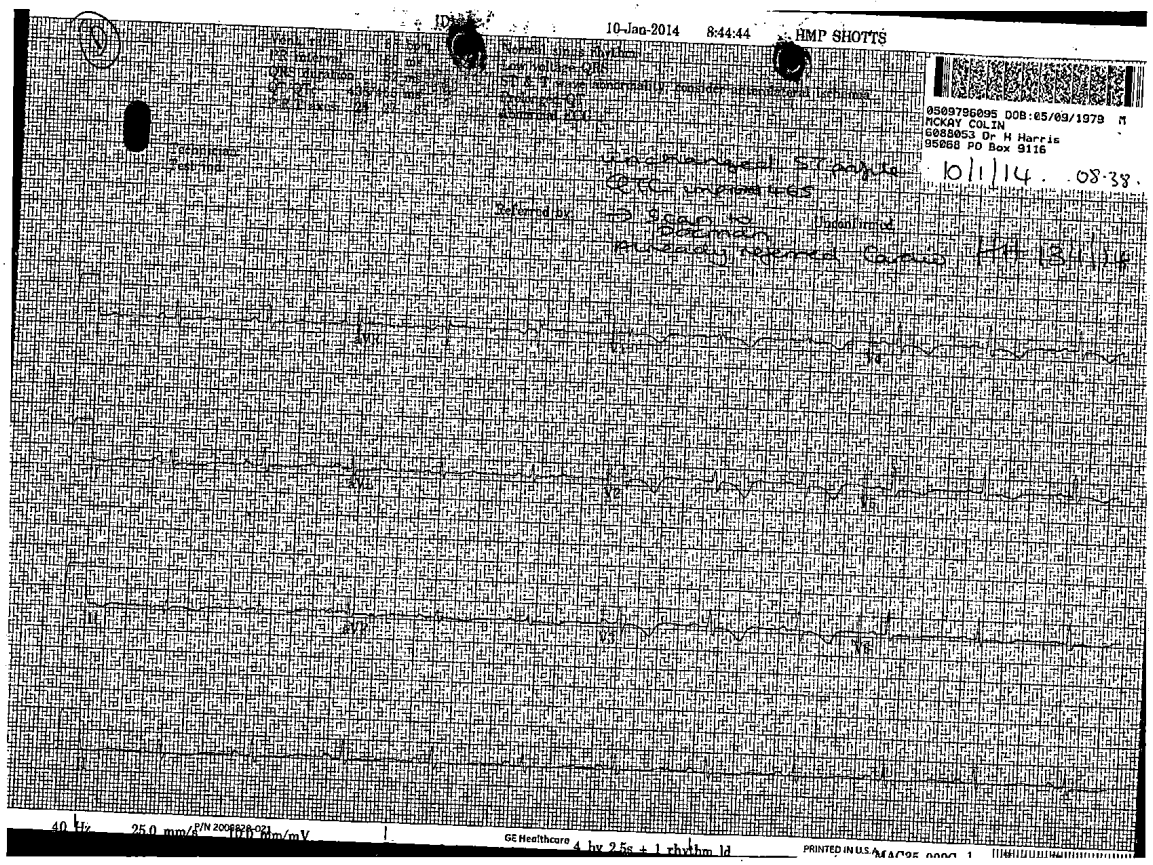
↓P-
educate on
breathing

Rx plan

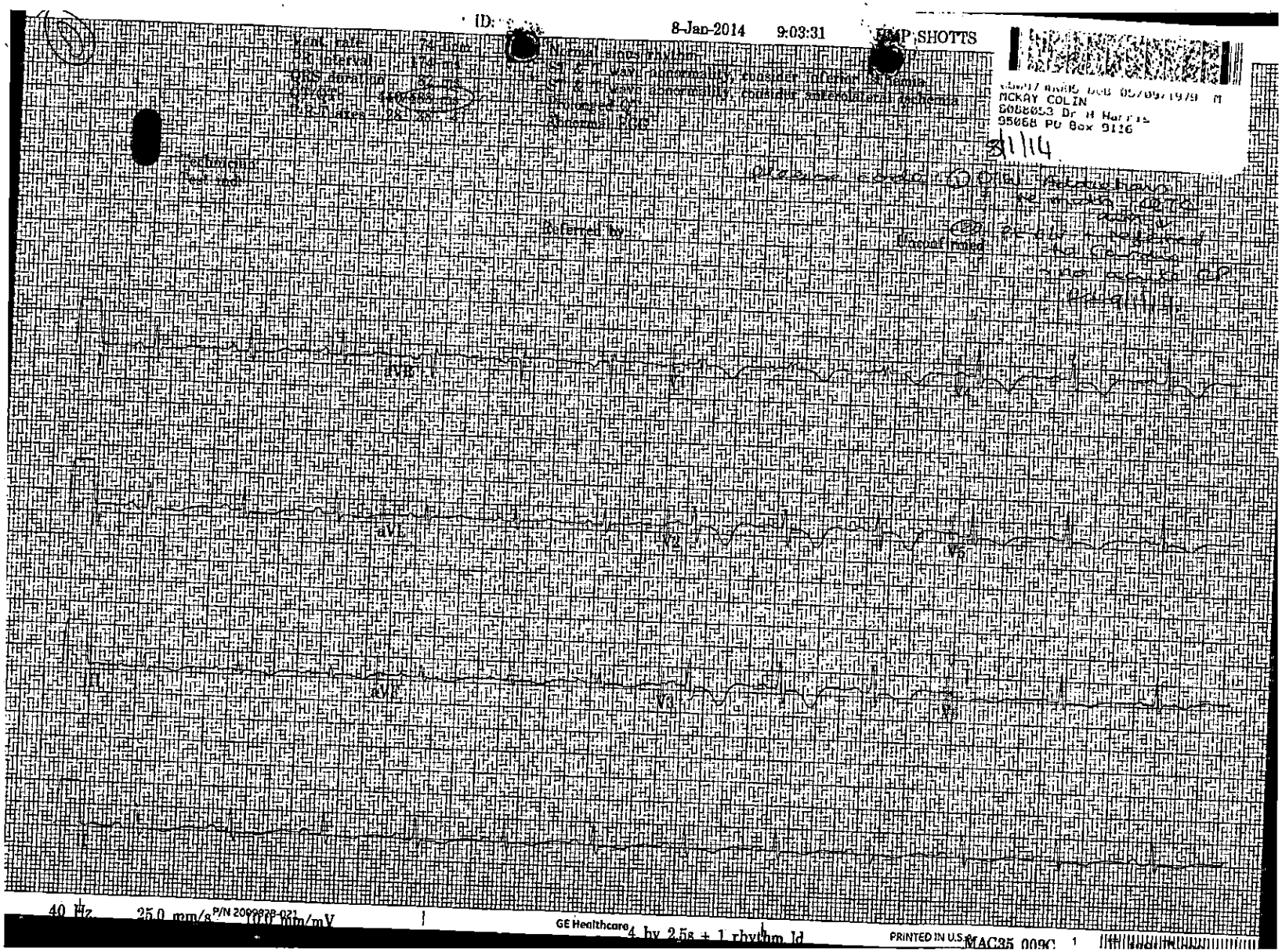
breathing
re-ed
Advice
Acupuncture

R.) regular mobility++
2) breathing re-ed / dia breathing
P acupuncture on return from holiday

Kinesiotape
(MF-CLEAR)



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PERTH & KINROSS COUNCIL
Housing & Community Care

SCOTTISH PRISON SERVICE

Nigel O'Sullivan
Mental Health Nurse
HMP Perth

Social Work Unit
H M Prison Perth
3 Edinburgh Road, Perth PH2 8AT
Tel 01738 626883 Fax 01738 625964

Contact Susan Cassidy
Our ref SC/GL
Your ref
Date 23 November 2007

Dear Mr O'Sullivan

Integrated Case Management Case Conference

As you maybe aware, from 01 June 2006, the SPS has adopted a new system of case management called ICM. The development of this approach is intrinsic to the Management of Offenders Act 2005, which emphasises an integrated and multidisciplinary approach to offender management and risk assessment. In developing this process, it was recognised that there were commonalities between Throughcare (Circular 12/2002) and the prison service's process of Sentence Management. ICM is the unified product of combining these two systems and has resulted in some modifications to the timescales and requirements of Circular 12/2002. This has now been incorporated into the draft guidance Manual for ICM and the revised Circular 12/2002 will be published in the near future taking account of these changes.

The ICM process is a Case Conference based model, which shifts the emphasis from the community in organising initial and annual contact with convicted prisoners during their sentence. This will now be arranged by a designated member of prison staff known in HMP Perth as the ICM Controller and in liaison with prison-based Social Workers who will in turn liaise with their community counterparts to share pertinent information.

At HMP Perth, we are currently organising our Case Conferences, which are scheduled to take place as from June 2006. As such, the following convicted prisoner in your area is due to be reviewed as follows:

Name of Prisoner	Colin McKay
Date of Birth	05.09.1979
Prison Number	17345
Address at Conviction	76 Collina Street, Glasgow, Lanarkshire, G20 8AU
Offence	Murder, Supply of a controlled drug, Firearms Act 1968 S1(1)(a) x2, Firearms Act 1968 S1(1)(aba), Attempt to manufacture a prohibited weapon x 2.

Sentence	Life – 14 year tariff
Parole Qualifying Date	-
Earliest date of Liberation	-

The Case Conference on the above prisoner is scheduled to take place at HMP Perth as follows:

Day	Tuesday
Date	11th
Month	December
Year	2007
Time	3.30pm

I would be obliged if you could confirm if you are able to attend the Case Conference by completing and returning the slip below to the Social Work Unit. If you are not able to attend then, please advise if a colleague can attend in your place or if you intend to provide any information in writing, which will assist the meeting in developing an action plan for the prisoner.

If you are submitting written information then, I would request that this is provided two weeks prior to the Case Conference which will allow all reports, including prison based risk assessments, to be circulated prior to the meeting.

If you have any questions regarding the ICM process then, please contact either Nicola Rogerson (Senior Social Worker) Tel No: 01738 626883 or Derrick Brydie (ICM Controller) Tel No: 01738 622293.

Yours sincerely

pp Susan Cassidy
Social Worker
HMP Perth

INTEGRATED CASE MANAGEMENT CASE CONFERENCE – *Colin McKay 17345*

I confirm that ..... will be able to attend the Case Conference.

I confirm that no-one is able to attend the Case Conference and a written submission will be provided two weeks prior to the date of the meeting.

Please delete the above as appropriate.

Signed: ..... Date: .....

Please return this slip to Social Work Unit, HMP Perth, 3 Edinburgh Road, Perth, PH2 8AT

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HEALTH CENTRE, HMP PERTH

APPOINTMENT REFERRAL FORM

NAME: COLIN MCKAY ..... SPIN NUMBER: 17345

LOCATION: A YOUR HALL & CELL NO. 4-20 DATE: 21/11/07

CONFIDENTIAL APPOINTMENT – Tick as appropriate.

CLINIC	TICK	PROBLEM	OUTCOME
ROUTINE NURSE	✓	THE PHSYCIATRIST SAID I COULD GET MY MEDS PUT UP IF I WANT.	Passed to Mental Health Team.
ASTHMA			
BLOOD BORNE VIRUS			
CHIROPODIST			
DENTIST			
DIABETIC			
OPTICIAN			
PHARMACIST			
VACCINATIONS			

Any Other Comments: PLEASE ADVISE DATES WHICH ARE NOT SUITABLE FOR APPOINTMENTS

Date Received: 22/11/07. Date of Reply .....

Nurse/Admin Signature ..... GAIL MCGREGOR

This referral form will be returned to you with an appointment date or advising that you have to the appropriate waiting list.

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SPS MENTAL HEALTH RECORDS

[PINK]

HM

SURNAME: M'Kay
FORENAME: Colin
Sheet No: 1
SPIN No: 173465.

Date Time	Entry Code	NOTES	Signature
		change in mood - maybe severity of sitestion might have hit him.	
18.9.05	mins	Attempted to see in Hall today for review. Spoke to hall staff he didn't want to be seen as he is coping fine. Hall staff advise they have no concerns with him - no challenging incidents & is just getting his head down until his transfer to Perth is concluded.	C Allen
7/5/07		HNAT REVIEW On L-3 watch. Neglect of personal hygiene. Loss of appetite loss taking fluids. Denies suicidal ideas (C. Hammond)	
12/5/07.		Seen today at the Segregation unit. Still on a watch. Stated that he is not guilty of the charges levelled against him (bullying) and does not feel he should be in the Seg. unit. Scared of being moved to another jail because of issues he has with other prisoners. To backache but refusing his medication because of fear of developing gastric ulcers. Appetite poor related to anxiety. To discuss with Doctor about weight loss. No psychotic symptoms. Neat in appearance. (C. Hammond)	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM KILMARNOCK.
Sheet No
SPIN No 17345

SURNAME McICAY
FORENAME COLIN

Date	Time	Entry Code	NOTES	Signature
17/5		07	Seen at the HCC. Feels anxious because of impending transfer to another jail. "I'll will have to put myself in the Seg unit for the next 10 yrs." Refused breakfast and lunch, but promised to eat the dinner. Drinks lots of fluids. Low mood, no eye contact, stated that sleep had been relatively better at the HCC than at the Seg. unit. NAD psychotic symptoms present. Mood low. — E. Hammonds (RMN)	
PM.			HRAT REVIEW Maintain on Level-2 watch 20 mins. at the HCC. — E. Hammonds.	
18/5		07	Following yesterday's HRAT, Colin is happy to be commenced on Citalopram 20mg. To be reviewed in two weeks. Karen Thomson (RMN)	
24/5		7	HRAT Review this a.m. level watch reduced till level 3, in health care for 24 hours A/R Cordtie to be contacted regarding Colins case Admn	

HCP

NHS Confidential: Personal data about a patient

MENTAL HEALTH RECORDS

[PINK]

Sheet No: 2

SURNAME MC KAY

FORENAME COLIN

SPIN No: 17345

Date Time	Entry Code	NOTES	Signature
13.30		Seen today mood is better according to Colin, although his sleeping is still poor. Colin is keen to go back to the wing but realises he will need to wait to hear from John Couttie. Citalopram to be increased to 40MG tomorrow. Colin has "issues" he wishes to discuss but is unsure if he wants to discuss this with a female.	Karen Thomson
27.5.07			
28.5.07	DJ	CONFERENCE - HRAT. Colin to be maintained on L3 watch in H.C.C. until a decision has been reached with regards to his re-location	J. McFarlane
31/5/07		HRAT REVIEW: Denies any self-harm ideation. To be re-located to the wing subject to changes in behaviour. Watch closed.	E. Hammonds (RMN)
5/6/07	N	HRAT REVIEW Colin states he has no thoughts of self harm - Upset at having to stay in segregation and not able to stay in H Wing - Reduce to level 3 risk condition for 24 hrs and also ~~relocate~~	

NHS Confidential: Personal data about a patient

MENTAL HEALTH RECORDS

[PINK]

Sheet No:

SURNAME McKay

FORENAME Colin

SPIN No: 17345

Date Time	Entry Code	NOTES	Signature
28 OCT 16.00	N	MAT review. Monitor by ward clinicians.	

NHS Confidential: Personal data about a patient

SPS MENTAL HEALTH RECORDS

[PINK]

HM	Barlinnie
Sheet No:	3
SPIN No:	17345

SURNAME: M'Kay

FORENAME: Colin

Date Time	Entry Code	NOTES	Signature
17/7/7	MHN	Seen today as per referral request - Purpose of assessment explained and consent form signed accordingly. 27 yr old male currently serving a life sentance for murder. Colin presented as an agitated, anxious individual pressure of speech evident throughout, minimal eye contact maintained, no evidence of perceptual disturbance, co-operative throughout interview, denied any thoughts of S/H or suicidal although did report of recent H/self strike. Stated this had been due to recent transfer. Colin stated he was transfered "for something he never done" - he allegedly had jewellery smuggled in to give to staff member. Colin denies this a reports former in-mate told this story to a newspaper but had been published. Very angry individual who stated he has enemies in every Scottish Establishments, reports he would attack someone if he felt he was in danger of his life. Stated he has always been an "angry man" & is agrieved at prison service for messing him about. P/H of drug misuse but stated he has never used illicit drugs for a number of years. Currently on 90mls methadone & is stable with same at present. Although Colin	

Date Time	Entry Code	NOTES	Signature
		was very Co-operative his mood appeared to be elevated, rambling about enemies and past incident, Colin appears an angry, irated individual who is fixated on violence and enemies past and present, very Paranoid, fragile strong young man, unsure if presentation is more paranoia than reality based. Have requested that MHT review Colin 1/52 to further assess mood and presentation, possible psych review required. Review 1/52 V. Ford	
20/7/17	MHN	Discussed at mdMHT, review 2/52. V. Ford.	
24/7/17	MHN	Settled throughout interview, quite chatty - very unhappy at being here + authority in general mood settled. DID not appear as previous. Spoke of numerous enemies (PR2 confirms this) Denied all thoughts suicide/self-harm at present. Reports coping in hall. Eating well, sleeping is disturbed but does nothing during the day and has no intention of doing anything. MHT will review in 3/52 due to different presentation NB MDMHT	
3/8/17	MHN	Discussed at MDMHT. Off caseload D Skelton	

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SPS MENTAL HEALTH RECORDS

[PINK]

HMP	Barlinnie
Sheet No:	4
SPIN No:	17345

SURNAME mckay

FORENAME colin

Date Time	Entry Code	NOTES	Signature
14/08/07	MHN	Seen today - appeared calm + settled throughout, again only issue was requesting transfer to Kilmarnock - advised ext with my remit. Denied all thoughts suicide/self-harm at present, denied any mental health issues + no signs no further input required from mht.	
25/4/7	MHN	Seen today for assessment in hall, clinic explained and consent form signed. Colin is known to mental hot. health team. He is currently serving a life sentence for murder, Colin presented himself as feeling angry, resentful and quite agitated when speaking about his sentence, reporting that he has enemies in every establishment he's been in, he states that if need be, he would hurt someone or even kill them if he was in danger. He had slight pressure of speech, maintained good eye contact, he hasn't touched drugs for 6 years and is currently on 90mls methadone, he doesn't drink. Colin denies any thoughts of suicide/self	

NHS Confidential: Personal data about a patient

Date Time	Entry Code	NOTES	Signature
		Risk: Colin was quite paranoid about certain people, felt he may end up dead if he doesn't watch his back. His main concern however was requesting to be transferred back to Kilmarnock prison - where he stated it would be easier for his family and friends to visit. Colin became quite hostile at this point, when asked he reported that the establishment in Kilmarnock "punched him in the face", because he was trouble.	
		Problem plan:	
		Colin reports that he has had dreams of violent natures, and felt quite jerking in movement at times when offered any relaxation therapy, stress or day care services, because he wasn't coming out of his cell, he declined all offers reporting that he wants to go back to Kilmarnock Prison.	
		No further input.	
		off caseload.	J Sc — STRAINE
29/9/7	MNS	Discussed at MDMHT off caseload	
18/10/07	N	Contacted Officer G. King Flat 4 "A" Hall and informed him that Mr McKay had informed P.N. O'Sullivan that he may be violent in order to "get to the seg" to sort his head out —	Mcintosh

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth.
Sheet No:	(5)
SPIN No:	17345

SURNAME: McKay
FORENAME: Colin

Date Time	Entry Code	NOTES	Signature
18/10/07	N	• Seen by myself because of referral to MHT dated 16/10/04 - person assessing ⇒ Nigel Sullivan MHN Nurse.	
	•	Confidentiality explained - he has signed form regarding "informed consent".	
	•	Purpose of assessment explained - he was very keen to talk. (I was initially going to do a brief review - but decided a full assessment would be more necessary.)	
	•	Confirmation of RDL etc: Been in HMP Perth a few weeks. Convicted for 14yrs - does 3½yrs - likely to be sentenced for 10½yrs still. Biggest concern - likely to be bullied or to kill someone if necessary to protect self. Has been initially in Perth ⇒ Barlinnie ⇒ Kilmarnock ⇒ Barlinnie ⇒ Perth. Presently in 3man cell but is on his own.	
	•	Social History: From Glasgow. Parents always but separated - brought up by mother. Not married - has girlfriend - no kids. Has not had visits from anyone - refuses to have visits - since Nov'06, parents do want to visit. No letters sent but he phones parents now and again. School - left when 12 to 13yrs - very disruptive in school. Has worked as van-boy for	

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Date Time	Entry Code	NOTES	Signature
		M^c Gee Baker, also labouring work, [illegible]	
		went into drug-dealing - saw the money often	
		cirabal made and "wanted some of that." Involved	
		with selling drugs, stealing cars - money was	
		important - overrided all else."	
		• Self-con: "Sometimes does, sometimes not". Do	
		cell by self - wants it that way. On Protection	
		but gos out to pick up food and gos immediately	
		back to cell to consume it. Wants TV on both.	
		Has a routine - causes problems if it changes ie	
		Rs routine.	
		• Other Professionals involved: When convicted	
		(murder) saw Psychiatrist who mentioned that	
		he was "disconnected from reality" - but Colin	
		cannot elaborate on this statement. No Psychiatrist	
		ch involved with him at present.	
		• Drug/Alcohol History: "No illicit stuff" taken -	
		for 5 yr Gym. Smoke joint if he can get one	
		- whilst in addiction Addiction team not involved	
		- but R is taking Methadone 90ml daily.	
		Before conviction: Using Heroin, Diazepam	
		and cannabis - especially latter. Smoked this	
		since Hyperdal. Was anxious if did not Cannabis	
		Alcohol: Social drinker	
		Past Psy History - was close to see Psychiatrist	
		in Barlinnie, but got moved before appt. When	
		young saw someone reg. Rs behaviour in primary	
		school (? who)	
		• History of medical issues: Head injury - hit on	
		skull by axe July 2004, Hep C Dec 2004 - cannot	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No:	6
SPIN No:	14345

SURNAME McKay

FORENAME Colin

Date Time	Entry Code	NOTES	Signature
18		by being attacked; also shotgun pellets to left leg (all removed)	
		Epilepsy - for a while - "no fits for ayes". Epilepsy caused as result of hammer attack to eye but he stopped as Epilim himself.	
		Stabbed in several places in body - inc. left upper side chest (says sometimes skin "burns" at site of stab wounds)	
	6	Current Problems: Very concerned about his personal safety - Describes self as "paranoid" - this is a "mega issue", eg "every single time cell door is opened - is really for anything"	
		Details this to previous involvement in gangs and especially to sentence. 3 others also sent down" - one of whom is "very dangerous" (Bird man - who is serving 20yrs in Shotts Jail). Says this man "has a lot of power" + says this man believes that - in some way Colin was instrumental in his conviction and is thus seeking retribution. Knows people everywhere and a lot of prisons believe they will earn this "Bird mans" favour by harming Colin (i.e. acting on his instructions)	
		Feels enclosed by as can't manoeuvre against enemies - would be outnumbered if attacked	

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Date Time	Entry Code	NOTES	Signature
		- Always "on edge" - anxiety very high - in a permanent state of watchfulness - grinds teeth. Has violent dreams - either violence happening to him or violence being dished out - "mad stuff" i.e extreme violent stuff in dreams eg being crucified.	
		• Brief features of depression: No dep. until Pen - Being enclosed contributory factor. SUD scale 1 to 10 - says 4 to 5, at times 1 to 2. No definite suicidal thoughts.	
		• Psychotic thinking: Lots of thoughts go through head - try to slow them down - says they are like voices but his own voice. I asked if it was as if his thoughts being echoed - replied. ("You could say that")	
		• No thought of self-harm	
		• Appt - lost 4½ stone since x-mas[06] (was 15 stone) Does not eat much. Interests - football on TV, documentaries. Says concentration within head.	
		• Sleep - Has not yet to sleep until 4 to 5 am - sleeps until 8 to 9 am. No referral by sleep.	
		- Routine - smoke - no tea/coffee	
		- Drinks dilute orange a lot.	
		No Breakfast - lost in queue for food (cell lost to be opened - further from kitchen) - has offer to make do with whatever is there.	
		• - Anger - Mostly using (counsel Carol is aware) Knows about Anger Management" - realises he'll have to go thro - otherwise there will be no parole.	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No:	(3)
SPIN No:	17345

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
18/10/02	N	Two major issues emerged a) He wants to go to the Seg Unit until he makes progress "until paranoid ideas subside" He does not believe it will help but wants to try - but ashamed. Will always leave to wait his turn. Does not want to go to shed. Wants medical number so that he'll not leave to go to work. b) Wants to see Psychiatrist - to get "madness out of his head". • Overall conclusion: Very normal at interview, pressure of speech. I feel he is being truthful about possibility of being attacked and is thus always on the alert. I don't feel he is mentally ill - but in view of all comments he's worked in past, perhaps this has contributed to his paranoid feelings - so in a way I'm not totally sure of his mental state eg paranoid ideas as are they psychotic or due to real threats, or a mixture of both. I feel he will attack others - "in a pre-emptive strike" in case they'll get him - but only if he feels threatened - in self-defence. "Listens" - will with leave anything to do will them - in case they pass info to other prisoners. Chaplain - will consider speaking to him. Staff My colleagues Mr. Hill spoke to him.	

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Date Time	Entry Code	NOTES	Signature
		staff Gordon King my possibility Colin may "absent" in order to go to say unit.	
		D.11 ask Colin for a psychiatric opinion.	
			Dr Hallam NHH Num
29/10/07	N	Briefly seen in the Hall. Asking for medication to help Colin sleep. Showing a cell, not to keen - not working at present. Has seen forensic about staff wanting Colin to go to work - not to work until forensic investigate. D.11 discuss Colin with Dr Tuddenham his work	Dr Hallam
2.11.07	P	Seen by Dr. Thomas ST3 under my supervision	
		- full letter to follow, but essentially life-sentence prisoner with history of serious offending related to drug dealing - violence with friends/known or rivals.	
		- increasingly aroused and paranoid about co-accused having a contract to kill him	
		- some of his fears clearly grounded in reality but some are implausible as everyone communicating by mobiles; wider involvement / wide prison officers & even doctors.	
		- Overvalued persecutory ideas most likely in premorbidly suspicious	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth.
Sheet No:	8
SPIN No:	17345

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
		anti social young man who does have reason to fear attacks.	
		Plan (1) Olanzapine 10mg nocte - Review by nurse in a few weeks if tolerate, ↑ to 20mg nocte.	
			L. Taddei Locum Consultant in Forensic Psychiatry
2/4/07	N	We spoken to Ward Staff re Mr McKay. Governor has said that he need no reason for him to go to ward - but I told them Dr Taddeichan would prefer Mr McKay to be given a couple of weeks respite for medication to take effect. They seem agreeable to this ∴ Mr McKay will not be going to ward.	Nat Pellion MHN Nurse
22.11.07	P	He is asking to see psych nurse & for increase in olanzapine dose → could be ↑ in 20mg nocte	
		I have asked Dr. Thomas ST3 to complete his assessment letter on Mr. McKay	L. Taddeichan Locum Consultant

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Date Time	Entry Code	NOTES	Signature
22/11/07 P.M.	N	Medication has been increased from Olanzapine 10mg to Olanzapine 20mg. Mr. McKay to be informed and monitored for side-effects —	
22/11/07	N	I saw Mr McKay following a self-referral	
	3.15 pm	form acute 21/11/07. He explained olanzapine	
		was helping with sleeps and agitation - which	
		is reduced, although not totally. His thoughts	
		about always having to watch his back are	
		still there - as prominent as previously when I	
		saw him on 18/10/07.	
23/11/07	N	Phone message from Susan Crosby, SW	
		at Perth Prison (5290) wanting info on Mr McKay.	
		She confirms that he has had involvement with	
		significant gang players in Glasgow. His	
		perception is that he is waiting to be killed	
		(he was a 'runner' for a gang leader Robert	
		O'Hara - Quasimodo "Bird Man"). Mr McKay	
		was attacking other prisoners in previous prison.	
		Mr McKay is isolating himself and Susan is	
		concerned about this. I explained	
		that medication ie Olanzapine has only just	
		been increased. We agreed to give an increase	
		in medication time to work before discussing	
		him again. I will review (Nurse/Fellows.	
		in 2 weeks. Then will be an ICM	
		meeting on 11/12/07 at 3.30 pm in New	
		Regents Building re Mr McKay.	
7/12/07	N	Received letter (ie reports) re Mr	
		McKay - written by Dr C. Thomas - elected	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM P	Perth
Sheet No:	8
SPIN No:	17345

SURNAME: McKay

FORENAME: Colin

Date Time	Entry Code	NOTES	Signature
7/10/07	CN	9-11-07 - have noted 'Plan' on page 4 relating to Epilepsy. I have spoken to Dr Golanek and he will see him in Dr. Clinic regarding the Nigel O'Sullivan RMN
7/10/07 15	N	Have seen Mr McKay in ball for review. Says increase in olanzapine has helped with sleep and makes him a little bit calmer.
		We spoke about his "twitching". Says he did not have this prior to hammer attack years ago (? 1995). Now has twitching" about every ½ hour so if he has something in hand it can flyaway from. Stopped Epilim about 1 ½ years ago says it did not affect the twitching - but far more tolerated than previous anti-epileptic medication. Does not describe major fits - except just after hammer attack.
		Still believes as strongly as ever he has enemies - always on the alert - will not go to work because of this. Only really mixes with an American call mate on next call - because as he is from USA - will not have knowledge of or involvement with gang players over here. I spoke to Nell

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Date Time	Entry Code	NOTES	Signature
		officer John Eyffe – who was on duty in B Hall when Mr McKay was stabbed some yrs ago and knows him well Colin's no trouble – he has not witnessed any seizures. Believes Colin's beliefs about being in closings are grounded in reality Colin Ashcroft was of	
		he can be informed. what psychiatrist has written about him – I've told him I'll have to speak to my colleagues about this – Rubi-epileptic medication was Epilim Chrono 500. Dr – he says-	
11/12/07		I attended ICM today re Mr McKay (minutes to come). Still very fearful very possibly of being attacked. He was part of him that certain places of work and/or education would be safe and he needs to consider this – as he is still very self-isolating. He is going to consider this	
11/12/07		Entered by Dr Ho	
		Sleep OK most of time, some thru	
		Appetite alright	
		Still refusing to go into work placements	
		"worried someone will stab him	
		I've done all sorts of things. I've got lots of enemies. It only takes one to do us!"	
		No current suicidal thoughts.	

no side effects reported or observed

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No.	9
SPIN No.	1345

SURNAME McKay DoB 5/9/74

FORENAME Colin SPIN/1345

Date Time	Entry Code	NOTES	Signature
20/12/97		Doesn't come out of cell to prevent himself from being harmed and to prevent himself from lashing out because of his paranoia.	
Dr Ho psychiatry		Not worried or paranoid about hall staff Worried about there being a price on his head On protection. Gets on well with other inmates CC At ease during interview Mood appears normal No F+D. Not overtly psychotic symptoms no suggestion of cognitive deficits. Plan Review routinely Check fasting glucose, fasting cholesterol (urea) creat please. (on clozapine) Monitor weights.	C/f Dr Ho
21.1.98.		Dr Ho + Dr Simpson.	
Psychiatry		Still worried he may be hurt by enemies Sleep much better Still on protection Remains fixed that he will need protection for whole sentence.	

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Date Time	Entry Code	NOTES	Signature
		No side effects on olanzapine apart from weight gain	
		Lung: No psychotic symptoms. Review in March, if no change, start olanzapine to 10mg/day. He is happy with this plan.	
6/3/08		Interviewed by Dr Ho & Dr Dewar.	
		· Some trouble sleeping. Claims not sleeping at all · No new anxieties or worries. · No additional paranoid thoughts or worries Has not received any threats to harm him No auditory hallucinations Accepts he will always be worried about his safety. Very insistent that I prescribe a sleeping preparat Asks for about tramadol, etc. Wants to stay on olanzapine because of sedative effect.	
		Review fortnightly.	

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DOB 5/9/79.

SPS MENTAL HEALTH RECORDS

[PINK]

HM	Letm.
Sheet No:	10
SPIN No:	17345

SURNAME Mc Kay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
20/2/08	P.		
		- Was seen initially in November 07.	
		- At that time it was ? he maybe becoming Paranoid & Psychotic because he had worries that people were out to kill him.	
		- Info from prison authorities is that these beliefs are based in reality & is currently on Paliperidone for ongoing threats.	
		- Also Dx chronic problems with his sleep & poor concentration	
		At IV.	
		- initially relaxed but became unstable & walked out when told Medication would be ↓	
		ECV	
		Speech (N) R.F.C.	

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Date Time	Entry Code	NOTES	Signature
		O Evidence RTO	
	-	Mood - S - "normal"	
		O - Euthymic	
		Reactive	
		Apv	
		Sleep - nad	
		O Nvc	
		O Suicidal	
	-	Worries about arm nearly	
		harming him - says he	
		realises this could happen	
		& happy to stay on protection	
	-	O Evidence of clear delusional	
		beliefs. Says these concerns	
		make him anxious esp around.	
	-	O [illegible]	
	-	O [illegible]	
	-	Gets a feeling of dread.	
		& gets a bit sweaty	
		O Evidence of panic attacks	
	-	O delusional beliefs	
		O perceptual abnormalities	
		O TI OTW OTB	
		O Passivity	
		F on P/ 37y.o. Sertraline.	
		Wtor MIO. normal	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No:	11
SPIN No:	17345

SURNAME: McKay
FORENAME: Colin

Date Time	Entry Code	NOTES	Signature
20/3/08	P.	Bipolar. - Stable for past 6/12 o clear Evidence of Psychosis. Plan/ Gradually ↓ Diazepam. - ↓ by 5mg today - Ct to monitor M.S - ↓ RV 2-4 [5]/52 until Diazepam Stop. Dr Pearsons	
1/5/08	N	Returned to be Seen by Psychiatrist. MHT Nurses to review - Meds.	
22/5/08	P.	Refused to attend for RV. Plan/ N/S to offer RV if refuses to check if How staff if any concerns if no concerns Reduced to ↓ Diazepam by 5mg.	

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Date Time	Entry Code	NOTES	Signature
		— offer: Letter N/S RV after 6/52. however if doesn't attend & concerns raised to ct to d. olanzapine ↓ 5mg fortnight. M/ McKay to be advised that it is time that his medication need for it is RIV & Plan at concerns by N/S Per Notes & Assessment	Adams COS
29/5/18	AN.	Seen today to review medications quite happy to continue with reduction Plan 6/6/18 → 19/6/18 olanz. 10mg 20/6/18 → 3/7/18 olanz. 5mg Worried he will have more sleep disturbance. Advised Colin that this was not a mental health issue and should he have problems the refer back to primary care.	Overlobbed
12/3/19	"	Retrospective entry from 10/3/19. Seen for Review following concern from staff that Colin was becoming increasingly suspicious and felt to be 'manipulating the system' to get a single	

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SPS MENTAL HEALTH RECORDS

[PINK]

HMP	Perth
Sheet No.	12
SPIN No.	17345

SURNAME McKay

FORENAME Colin.

Date Time	Entry Code	NOTES	Signature
Cont 12/3/09	N	Cont.	
		discusses various concerns re his safety, doesn't eat food prepared for eating apart from Soup twice per week. lives off Canteen usually crisps + sweets. thinks food is tampered with. very cautious about who he speaks to in hall and feels that staff are trying to have him up to fail - has asked to be moved to Segregation due to this. Describes chronic poor sleep pattern with intrusive imagery about violence often as he is the victim of violent act or him carrying out a violent act - feels he is going to explode or hurt someone and that he is fighting against this...	
		No Vent for his anger/frustration, now on Prolactin wing for 2 days - fearful of going mainstream anytime in SPS. little emotion displayed when discussing previous acts of violence. Unbalanced these may be more episodes of such which he has not been caught for. Violence preoccupies most of his day -	
		at interview: neat + tidy appearance. speech normal rate tone.	

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Date Time	Entry Code	NOTES	Signature
		Mood: Subjectively - Paranoid	
		objectively - Reactive & euthymic	
		No anxiety or agitated behaviour	
		Ruminating thoughts of violence,	
		Cold attitude towards Same	
		minimises people he has injured in life	
		"they were all deserving - drug dealers, gangsters,	
		I don't pick on anybody ya know"	
		No evidence of Psychotic Phenomena,	
		Reasonable grounds to be guarded, although	
		little distress in his day to day activity	
		that will escalate this.	
		Plan	
		1) discuss with base Supervisor	
		Concern re his Sentence management &	
		Risk to others	
		2) Advise single cell	
		3) ? Refer to RMO - will discuss	
		with base -	
		4) will see again for Support & Ventilation	
		Purposes only.	DENIS
11/3/9	12.30hrs	Discussed with Supervising officer Stuart McBean	
		Concern - he shares them - to approach Dep	
		Gov R. Smith re progressing to RMO and I	
		will see him thus by Psychology	DENIS

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No:	13
SPIN No:	17345

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
7/4/10	N.	Seen today after MHRF submitted by	
	1140	Addictions nurse Sarah Wellburn re: Colin's	
		mental state.	
		Currently serving 14 years tariff of life	
		sentence for murder. 8 yrs punishment still to do.	
		On protection for own safety as he ran with	
		major players in Glasgow	
		Describes his youth as being full of drugs,	
		alcohol, guns "I've killed and done some	
		terrible stuff".	
		Ongoing difficulties with sleep	
		"I don't sleep".	
		Describes nightmares that reflect similar	
		crimes he has committed being carried out	
		on him.	
		1 being where he is getting held by 4 or 5	
		men and another is plunging a large	
		kitchen knife into his stomach "but when I	
		look down it's like it's really happening to me".	
		another dream involves him being set up by	
		mates, going to meet a friend at a school	
		and him and 2 other men jump out the	
		bushes and attack Colin.	
		Colin feels that these dreams are payback	
		for the hurt and pain he has caused in	
		the past.	

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Date Time	Entry Code	NOTES	Signature
		"I've grown up over last wee while and accept I've no-one to blame but myself - I choose to lead the life I did, had nothing to do with my upbringing"	
		Couple of weeks ago took medication that belonged to someone else - "to break up the monotony of the day"	
		has no structure to day - doesn't work	
		"I am a lazy shit and won't do it"	
		No thoughts of self harm or suicide and accepting that there is no overnight cure for how he feels. Appreciates it is "just something I need to deal with"	
		No major mental illness evident.	
		No input required by MHT. Advised that should he feel any deterioration in his presentation to self-refer back. Discharged.	
29/10/10	MHT	Seen today in hall for mental health review due to referral in place, voice calm. has a present is "sharing a cell with someone "although" has in the past, disowned - feeling paranoid - due to offences committed previously. think people are out to "get him", "paedophile", get anxious due to this. usually calm throughout discussion, no agitation or restlessness during review. has not been on any medication past 2½ yr. Polys Continued to discuss a single cell move	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	PERTH
Sheet No:	14
SPIN No:	173615

SURNAME mckay

FORENAME Colin

Date Time	Entry Code	NOTES	Signature
Cont'd	mhr	Continues to have dreams of "people" trying to hurt him, also discussed only eating rubbish and does not trust food that is given, continued to discuss voices - worked not being able to cope with strong - discussed with Colin, that due to have not needed support past 2½ yr from mental health team (1-2 referral) in this time. Current Mood - "ok" just get anxious at thought of sharing with someone else, continues to have support, phone calls and visits, from family and friends, Colin also discussed, that "no urge" has ceased "to do" with reflective "thought" of past offences. Sleep = good Appetite = stated "eat" rubbish, not eat food "inside" in custody due "not" trust anyone. Con - good eye contact and communication slight throughout, no thought of self-harm or suicidal ideations at present time. - discussed further with Colin, no concern with mental health at present, to self refer	

Date Time	Entry Code	NOTES	Signature
Cont'd	MHT	if required, would discuss with staff if any concerns, spoke to HM & steward and discussed no markers for single cell in place, ward staff will discuss further with Colin — c Miss Rose Mills.	
18-1-11.	N.	Unable to facilitate protections in health centre today due to high volume of admissions will relist or see in hall. Amended	
31-1-11.	N.	Seen today to review mental health.	
	1345.	Continues to described similar symptoms as previously documented "Heads up my arse" states that his name is constantly in the papers and thinks someone in prison is revealing this, talking about his past crimes "I'm a hired assassin" feels he cannot trust anyone, and his relationship with staff have deteriorated over the last few weeks Requesting a single cell as he finds it extremely difficult sharing thought that has cell mate was on the toilet on a mobile phone. Speaking to the papers about him "I searched him for a phone when he came out". states he is worried about his safety as there are contracts out on him and that by sharing people will	

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SPS MENTAL HEALTH RECORDS

[PINK]

HM	Perth
Sheet No.	15
SPIN No.	17345

SURNAME McKay
FORENAME Colin.

Date Time	Entry Code	NOTES	Signature
31-1-11	cont	get to him easier.	
		Went on to state he had "a pathological hatred for peadophiles"	
		"I was abused as a wain and it's the way the coward away from it".	
		Very angry and agitated	
		Threatening presence (but not meaning to be)	
		Describes having vivid fantasies about 'grooming' a peadophile and horrifically murdering them.	
		States that over the last few weeks has had a significant increase in intrusive and violent thoughts about harming others	
		"David Cole is a moron - he said if "they put anyone in beside me I will leither them", So he fucking did, 2 days in seg and back to single cell, if that's what it takes that what I will do".	
		No Suicidal intent or behaviours	
		Speech loud and abrasive	
		limited eye contact at times	

14528

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Date Time	Entry Code	NOTES	Signature
		pressure of speech	
		"I don't want medication I just want someone to listen".	
		Plan// (1) 5x5 to security (2) discuss with ward managers (3) Review 2-3 weeks	
19/12/11	N	Info for ICM sent to Lupa assistant in Programme. No Evidence of allergies noted when. No Planned follow up Same behaviours to indicate Bipolar Illness.	ART Feels MHT.

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SPS MENTAL HEALTH RECORDS

[PINK]

HMP	SHOTTS
Sheet No:	
SPIN No:	17345

SURNAME: MCKAY
FORENAME: COLIN

Date Time	Entry Code	NOTES	Signature
5/8/13	N	SEEN IN HEALTH CENTRE FOLLOWING NURSE PRACTITIONER REFERRAL. STATED HIS MENTAL HEALTH WAS COMPROMISED DUE TO THE CONTRACT FOR HIS DEATH ARRANGED BY HIS CO-ACCUSED. DUE TO GO TO TRIBUNAL SOON BUT FEELS HE CANNOT GO DUE TO THE THREAT TO HIS LIFE. CONTINUALLY HAVING TO LOOK OVER HIS SHOULDER AND THIS HAS ALSO AFFECTED HIS ABILITY TO CONTROL HIS ANGER, ALBEIT HE HAS ATTEMPTED TO CHANGE HIS BEHAVIOUR OVER THE YEARS OF HIS IMPRISONMENT. REVIEW MEDICATION & DISCUSS YC PSYCHIATRIST NO THOUGHTS SELF HARM/SUICIDE.	JOHN GRANT
7/8/13	N	SEEN IN HALL FOR REVIEW. NO IMPROVEMENT IN MOOD. STILL FEELS IN A DARK PLACE. HE FULLY APPRECIATES HE HAS NO ONE TO BLAME BUT HIMSELF NO THOUGHTS OF SELF HARM / SUICIDE.	JOHN GRANT
23/8/13		D.A. TAYLOR c/o feeling low + hungry. Difficulty avoiding hitting out at times. Has c/o pains all to host him — previous diagnosis Nothing + lie of silence + hopelessness of crime. Able to distinguish dreams from reality No thoughts SH/Suicide.	

Date Time	Entry Code	NOTES	Signature
		Says reads Business Studies but I'm educated enough	
		No evidence of major mental disorder	
		(R) Agreed	

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SPS MULTI – DISCIPLINARY

MENTAL HEALTH TEAM: REFERRAL FORM

IF YOU ARE CONCERNED ABOUT A PRISONER AND FEELS HE NEEDS ADDITIONAL HELP OR SUPPORT, PLEASE COMPLETE THE FOLLOWING FORM AND GIVE ANY EXTRA INFORMATION ON THE REVERSE.

PRISONER NAME: COLIN McKAY

DATE OF BIRTH: 5/9/79

SPIN NUMBER: 17345

LOCATION: A 3-19

REMAND / (CONVICTED):

COURT DATE: EDL: LIFE

PRISONER AWARE OF REFERRAL: YES

DATE OF REFERRAL: 12/10/10

NAME: BILL YATES

SIGNATURE:

M.H.T. USE ONLY:

DATE REC'D: 13/10/10

DATE ASSESSED: 20/10/10

DATE DISCUSSED AT MDMHT:

PLEASE TICK THE RELEVANT BOXES:

SLEEPING MORE ☐ SLEEPING LESS ☑ NO CHANGE ☐

EATING MORE ☐ EATING LESS ☑ NO CHANGE ☐

AGGRESSIVE VERBALLY ☐ AGGRESSIVE PHYSICALLY ☐ BOTH ☐ NO CHANGE ☑

ISOLATING ☑ MIXING WITH OTHERS ☐ CONFRONTATIONAL WHEN MIXING ☐

RECEIVING VISTS ☑

OVER EXCITED ☐ QUIETER THAN USUAL ☑ NO CHANGE ☐

[redacted]

CONVERSATION

APPEARS DISTRACTED ☐ TALKING TO SELF/OBJECTS ☐ TALKING ABOUT SELF HARM/SUICIDE ☐ APPEARS FASTER/ INAPPROPRIATE ☐

NO CHANGE ☐

DRUG MISUSE

INCREASED ☐ DECREASED ☐ RECENTLY STARTED USING ☐ DOES NOT USE ☑

MOOD

HAPPIER THAN USUAL ☐ SADDER THAN USUAL ☐ TEARFUL/ ANXIOUS ☑ NO CHANGE ☐

RECENT CIRCUMSTANCES

PROBLEMS WITH FAMILY/PARTNER ☐ RECENT BEREAVEMENT ☐ PROBLEMS AT HOME ☐

NO CHANGE ☑

CHANGES IN APPEARANCE

UNNKEMPT/POOR HYGIENE UNSHAVED ☐ WELL GROOMED CLEAN SHAVEN, WASHES ☑ NO CHANGE ☐

PLEASE NOTE ANY OTHER CONTACTS WITH PRISONER: E.G. DAYCENTRES, CPN, PRISONER PROGRAMMES.

PLEASE GIVE ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT.

JUST REALLY NEED TO SEE SOMEONE FAIRLY URGENT

THANKS

NHS Confidential: Personal data about a patient

Review

Prisoner's Name: COLIN MCKAY Remand / Convicted (pleas

D.O.B.: 5/9/79

Prison No: 17345

Location: E1-24 e1/24.

Date of Referral: 13/9/07

Referral Completed by:

Signature: C McKay

Date: 13/9/07

1st Line Manager: *(only if referral source is prison officer / personal off*
Drug Service)

Signature:

Date:

Date Received by MDMHT Administrator: *(administrator to log in Physical Health and Mental He*
healthcare record that a referral has been received at th
establishment)

Signature: Gillian Boyle 18/09/07

Date passed to MH Nurse:

Signature:

MHN Assessment date due: *(ie within 24 hours of receipt of referral)*

Date Assessed by MHN:

Date Discussed at MDMHT

PASS ✓

NHS Confidential: Personal data about a patient

Guidance Notes

Referring a Prisoner to the Multi-Disciplinary Mental Health Team (MDMHT)

If you are concerned about a person in your care and feel he/she needs additional help or support please use the following as a guide and provide information if possible about these areas in this form. This information has been designed to enable people working in the MDMHT to assess and help people having difficulties coping due to mental health problems.

Have you noticed?

- *Changes in mood?* Is the person more elated or outgoing than normal or have they become withdrawn and stopped attending activities that were normal for them? Have you noticed the person choosing not to interact with others – is this normal or have you noticed the person choosing not to interact with others – is this unusual when you are speaking to them or when they are on their own?
- *Have you noticed changes in their appearance?* Does the person appear to have gained or lost weight – have you noticed that they maybe eating?
- *Is the person anxious?* – do they report feeling tense or irritable, frightened or worrying something dangerous about to happen and being unable to cope with this?
- *Has the person reported or have you noticed changes in sleep pattern?*
- *Is the person acting in a strange or bizarre manner or speaking about strange thoughts?*
- *Is the person talking about suspicions of other people that seem unreasonable?*
- *Are you aware of any previous psychiatric problems this person has experienced?* Are they currently receiving psychiatric medication e.g. depot injections and appear to have changes in mood? Have they previously been in hospital in relation to their Mental Health?

This list is meant only as a guide. If you feel the person in your care requires help but does not meet the descriptions above please give as much information as possible in the form to help the MDMHT nurse makes an full an assessment as possible. *(Cranston Workers: this information may come from the Common Addiction Assessment Recording Tool, CAART).*

In this section we are looking for YOUR comments or opinions regarding
difficulties.

Type of Contact with Prisoner
(eg Personal Officer)

Frequency of Contact with the Prisoner
(including length of time known)

Who has asked for the referral

Please provide a full description of the prisoners presenting problems:

- *"What is it that YOU think he needs help with?"*

Please provide your opinion of the problems that the prisoner presents:

(i) Possible cause(s):

(ii) Possible reasons why problem has not been resolved:

(iii) Why refer now?

Prisoner's personal circumstances

- *Offence(s) currently imprisoned for:* MURDER, ATTEMPT MUR FIREARMS, CONCERNED IN THE SUPPLY OF DRUGS, ROAD TRAFFIC, DRUGS
- *Date of sentence:* APR 2004
- *EDL:* LIFE
- *Offence history (brief details):* UNEMPLOYED
- *Current employment in prison:*

Mental Health Team (MHT/MHCT):

Name of Referrer : _____

Date: _____

Signature: _____

[redacted] below, outlines the common principles of confidentiality, which w
adhered to within the MDMHT.

On each occasion that a prisoner is assessed the mental health nurse will explain the common principles reg
confidentiality to the prisoner and 'informed consent' must be obtained. The prisoner will be informed th
the main, information from individual cases will be shared with the MDMHT. The prisoner and mental
nurse require to sign and date this form to demonstrate that informed consent has been given.

In general, the confidentiality of communications between prisoners and the MDMHT is protected. Standard
practice will be to maintain good communications with referrers' and other people as appropriate who are in
in the prisoners care. Brief correspondence regarding the prisoners referral to the MDMHT will be held in th
Healthcare Record, Sentence Management (Warrant) files and Addictions files (where appropriate). This bri
information will also be held within a database that will be used to assist the MDMHT in the administrative
management of the individual and for statistical purposes. It is not necessary or likely that all information pr
by a prisoner to a MDMHT member would be included in such communications. More detailed notes of a co
may be found in the Mental Health section of the Healthcare Record. Authorised persons only can access the
records relating to mental health will be held 'in perpetuity'.

There are some situations where a prisoners permission may not be sought and normal rules of confidentiality
not be adhered to. These are as follows:

1. Danger to Self: MDMHT members will generally disclose information necessary to protec
prisoners who appear to pose an imminent risk to themselves through self-harm or attempted suicide.

2. Danger to Others: If MDMHT members have reason to believe that a prisoner may put others
undue risk or harm then they are required to take protective action. This would involve disclosure of
information about the perceived risk to appropriate staff.

I have explained this policy to the prisoner and I am content that he/she understood the content of it and that he/
has given 'informed consent' as described above.

Mental Health Nurse: Name: _____

Signed: _____

Date: _____

The mental health nurse has explained this policy to me and I am content to provide 'informed consent' as descr
above.

Prisoner: Name: C McKAY

Signed: C. McKay

Date: 25/9/07

rod547

All staff conducting mental health assessments must use this tool. Documentat must be written in sequential order as laid down in the tool. If something is applicable, then this must be documented. The information in bold, must be used headings to allow easy access to a particular area of the assessment.

- **Date of assessment** and name of completing person
- **Confidentiality** – New form completed, global form resurrected
- **Purpose of assessment**, clients reaction to this
- **Confirmation** of EDL/court date and document offence history
- **Social History** – Family composition, place of upbringing, schooling employment, relationships, significant others, conflict/deterioration, supports
- **Functioning** – Self care, recreation, life-skills
- **Other Professionals** involved – community and prison
- **Drug/Alcohol history** – Prescribing expectations, longest time drug free
- **Past psychiatric history** – Significant medical history, e.g. head injury
- **History of medical/mental health issues**
- **Current problems**, limitations affecting routine/lifestyle
- **Brief features of** depression, psychotic thinking, self harm ideation/history, features of bi-polar affective disorder
- **Identify possible interventions/referrals**

During the course of the assessment, other issues may become apparent, that do not fall into any of the above categories. These can be documented under 'Any other relevant information'.

The various disciplines involved in the multi-disciplinary mental health team (MDMHT) have their own guic on confidentiality. The policy, as set out below, outlines the common principles of confidentiality, which wi adhered to within the MDMHT.

On each occasion that a prisoner is assessed the mental health nurse will explain the common principles regar confidentiality to the prisoner and 'informed consent' must be obtained. The prisoner will be informed tha the main, information from individual cases will be shared with the MDMHT. The prisoner and mental h nurse require to sign and date this form to demonstrate that informed consent has been given.

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2. **Danger to Others:** If MDMHT members have reason to believe that a prisoner may put others a undue risk or harm then they are required to take protective action. This would involve disclosure of information about the perceived risk to appropriate staff.

I have explained this policy to the prisoner and I am content that he/she understood the content of it and that he/sl has given 'informed consent' as described above.

Mental Health Nurse: Name: V. Purdi

Signed: [signature]

Date: 17/7/07

The mental health nurse has explained this policy to me and I am content to provide 'informed consent' as describe above.

Prisoner: Name: C. McKay

Signed: [signature]

Date: 17/7/07

All staff conducting mental health assessments must use this tool. Documentation must be written in sequential order as laid down in the tool. If something is not applicable, then this must be documented. The information in bold, must be used as headings to allow easy access to a particular area of the assessment.

- **Date of assessment** and name of completing person
- **Confidentiality** – New form completed, global form resurrected
- **Purpose of assessment,** clients reaction to this
- **Confirmation** of EDL/court date and document offence history
- **Social History** – Family composition, place of upbringing, schooling, employment, relationships, significant others, conflict/deterioration, supports
- **Functioning** – Self care, recreation, life-skills
- **Other Professionals involved** – community and prison
- **Drug/Alcohol history** – Prescribing expectations, longest time drug free
- **Past psychiatric history** – Significant medical history, e.g. head injury
- **History of medical/mental health issues**
- **Current problems,** limitations affecting routine/lifestyle
- **Brief features of** depression, psychotic thinking, self harm ideation/history, features of bi-polar affective disorder
- **Identify possible interventions/referrals**

During the course of the assessment, other issues may become apparent, that do not fall into any of the above categories. These can be documented under 'Any other relevant information'.

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NSW

SPS MDMHT REFERRAL FORM (PILOT)

Prisoner's Name: COLIN McKAY **Remand / Convicted** *(please circle)*

D.O.B.: 5/9/79

Prison No: 17345

Location: [redacted] (E1/24)

Date of Referral: 11/7/07

Referral Completed by: COLIN McKAY

Signature: C McKay

Date: 11/7/07

1st Line Manager: *(only if referral source is prison officer / personal officer / C Drug Services)*

Signature:

Date:

Date Received by MDMHT Administrator: *(administrator to log in Physical Health and Mental Health s healthcare record that a referral has been received & name o establishment)*

Signature: Gillian Bayle 16/07/07

Date passed to MH Nurse: 16/7/7

Signature: [illegible]

MHN Assessment date due: *(ie within 24 hours of receipt of referral)*

Date Assessed by MHN: 17/7/7

Date Discussed at MDMHT

GPASS ✓

Guidance Notes

Referring a Prisoner to the Multi-Disciplinary Mental Health Team (MDMHT)

If you are concerned about a person in your care and feel he/she needs additional help or support please use the following as a guide and provide information if possible about these areas in this form. This information has been designed to enable people working in the MDMHT to assess and help people having difficulties coping due to mental health problems.

Have you noticed?

- ***Changes in mood?*** Is the person more elated or outgoing than normal or have they become withdrawn and stopped attending activities that were normal for them? Have you noticed the person choosing not to interact with others – is this different to what is normal for this person? Does the person appear tearful or upset when you are speaking to them or when they are on their own?
- ***Have you noticed changes in their appearance?*** Does the person appear to have gained or lost weight – have you noticed that they are not eating?
- ***Is the person anxious?*** – do they report feeling tense or irritable, frightened or worrying something dangerous about to happen and being unable to cope with this?
- ***Has the person reported or have you noticed changes in sleep pattern?***
- ***Is the person acting in a strange or bizarre manner or speaking about strange thoughts?***
- ***Is the person talking about suspicions of other people that seem unreasonable?***
- ***Are you aware of any previous psychiatric problems this person has experienced?*** Are they currently receiving psychiatric medication e.g. depot injections and appear to have changes in mood? Have they previously been in hospital in relation to their Mental Health?

This list is meant only as a guide. If you feel the person in your care requires help but does not meet the descriptions above please give as much information as possible in the form to help the MDMHT nurse makes as full an assessment as possible. *(Granston Workers: this information may come from the Common Addiction Assessment Recording Tool, CAART).*

Information from Referrer

In this section we are looking for YOUR comments or opinions regarding the difficulties.

Type of Contact with Prisoner
(eg Personal Officer)

Frequency of Contact with the Prisoner
(including length of time known)

Who has asked for the referral PRISONER

Please provide a full description of the prisoners presenting problems:

- *"What is it that YOU think he needs help with?"*

IM ON A HUNGER STRIKE PROTESTING ABOUT THE WAY WE
BEEN TREATED RECENTLY AND SOMETIMES I FEEL WHA
THE POINT GOING ON I PEOPLE CAN DO THIS TO ME WH
EVEC THEY WANT

Please provide your opinion of the problems that the prisoner presents:

(i) Possible cause(s):

(ii) Possible reasons why problem has not been resolved:

(iii) Why refer now?

Prisoner's personal circumstances

- *Offence(s) currently imprisoned for:* MURDER, FIREARMS, DRUGS
- *Date of sentence:* 2004
- *EDL:* LIFE
- *Offence history (brief details):* VARIED
- *Current employment in prison:* UNEMPLOYED

Please state what you think could be achieved by a referral to the Multi-disciplinary Mental Health Team (MDMHT).

I HAVE A LOT GOING ON IN MY HEAD JUST NOW AND I REALLY NEED TO SPEAK TO A PSYCHIATRIST.

Name of Referrer : _____

Date: _____

Signature: _____

NHS Confidential: Personal data about a patient

SPS MULTI - DISCIPLINARY MENTAL HEALTH TEAM: REFERRAL FORM

IF YOU ARE CONCERNED ABOUT A PRISONER AND FEELS HE NEEDS ADDITIONAL HELP OR SUPPORT, PLEASE COMPLETE THE FOLLOWING FORM AND GIVE ANY EXTRA INFORMATION ON THE REVERSE.

PRISONER NAME: Colin McKay **DATE OF BIRTH:** 05 09 79 **SPIN NUMBER:** 173465 **LOCATION:** A **REMAND / CONVICTED:** **COURT DATE:** **EDL:** **PRISONER AWARE OF REFERRAL:** Yes **DATE OF REFERRAL:** 16/10/07 **NAME:** L J Pallas **SIGNATURE:** L Pallas	**M.H.T. USE ONLY:** **DATE RECEIVED:** 16 10 07 **DATE ASSESSED:** **DATE DISCUSSED AT MDMHT:**

PLEASE TICK THE RELEVANT BOXES:

SLEEPING MORE ☐ **SLEEPING LESS** ☑ **NO CHANGE** ☐

EATING MORE ☐ **EATING LESS** ☐ **NO CHANGE** ☐

AGGRESSIVE VERBALLY ☐ **AGGRESSIVE PHYSICALLY** ☐ **BOTH** ☐ **NO CHANGE** ☐

ISOLATING ☑ **MIXING WITH OTHERS** ☐ **CONFRONTATIONAL WHEN MIXING** ☐

RECEIVING VISITS ☐

OVER EXCITED ☐ **QUIETER THAN USUAL** ☐ **NO CHANGE** ☐

[redacted]

CONVERSATION

APPEARS DISTRACTED TALKING TO SELF/ OBJECTS ☐ | TALKING ABOUT SELF HARM/SUICIDE ☐ | APPEARS FASTER/ INAPPROPIATE ☐

NO CHANGE ☐

DRUG MISUSE

INCREASED ☐ DECREASED ☐ RECENTLY STARTED USING ☐ DOES NOT USE ☐

MOOD

HAPPIER THAN USUAL ☐ | SADDER THAN USUAL ☐ | TEARFUL/ ANXIOUS ☐ | NO CHANGE ☐

RECENT CIRCUMSTNACES

PROBLEMS WITH FAMILY/ PARTNER ☐ | RECENT BEREAVEMENT ☐ NO CHANGE ☐ | PROBLEMS AT HOME ☐

CHANGES IN APPEARANCE

UNNKEMPT/POOR HYGIENE UNSHAVED ☐ | WELL GROOMED/ CLEAN SHAVEN,WASHES ☐ | NO CHANGE ☐

PLEASE NOTE ANY OTHER CONTACTS WITH PRISONER: E.G DAYCENTRES, CPN, PRISONER PROGRAMMES.

Seen in Unit for Work Clinic. States Paranoid and head feels 'wadded' lots of issues — Previously stabbed in D Hall 2 years ago. and feels constantly under threat. Discussed Manipulative behaviour but claims issues are genuine.

PLEASE GIVE ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT.

NHS Confidential: Personal data about a patient

HMP PERTH HEALTH CENTRE

MENTAL HEALTH TEAM

ASSESSMENT TOOL

All staff conducting mental health assessments must use this tool. Documentation must be written in sequential order as laid down in the tool. If something is not applicable, then this must be documented. The information in bold, must be used as headings to allow easy access to a particular area of the assessment.

- **Date of assessment** and name of completing person
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- **Past psychiatric history** – Significant medical history, e.g. head injury
- **History of medical/mental health issues**
- **Current problems**, limitations affecting routine/lifestyle
- **Brief features of** depression, psychotic thinking, self harm ideation/history, features of bi-polar affective disorder
- **Identify possible interventions/referrals**

During the course of the assessment, other issues may become apparent, that do not fall into any of the above categories. These can be documented under 'Any other relevant information'.

Scottish Prison Service
Multi-disciplinary Mental Health Teams (MDMHT's)

Policy on Informed Consent regarding Confidentiality

The various disciplines involved in the multi-disciplinary mental health team (MDMHT) have their own guidelines on confidentiality. The policy, as set out below, outlines the common principles of confidentiality, which will be adhered to within the MDMHT.

On each occasion that a prisoner is assessed the mental health nurse will explain the common principles regarding confidentiality to the prisoner and 'informed consent' must be obtained. **The prisoner will be informed that, in the main, information from individual cases will be shared with the MDMHT.** The prisoner and mental health nurse require to sign and date this form to demonstrate that informed consent has been given.

In general, the confidentiality of communications between prisoners and the MDMHT is protected. Standard practice will be to maintain good communications with referrers' and other people as appropriate who are involved in the prisoners care. Brief correspondence regarding the prisoners referral to the MDMHT will be held in the Healthcare Record, Sentence Management (Warrant) files and Addictions files (where appropriate). This brief information will also be held within a database that will be used to assist the MDMHT in the administrative management of the individual and for statistical purposes. It is not necessary or likely that all information provided by a prisoner to a MDMHT member would be included in such communications. More detailed notes of a contact may be found in the Mental Health section of the Healthcare Record. Authorised persons only can access these. All records relating to mental health will be held 'in perpetuity'.

There are some situations where a prisoners permission may not be sought and normal rules of confidentiality will not be adhered to. These are as follows:

1. **Danger to Self:** MDMHT members will generally disclose information necessary to protect prisoners who appear to pose an imminent risk to themselves through self-harm or attempted suicide.

2. **Danger to Others:** If MDMHT members have reason to believe that a prisoner may put others at undue risk or harm then they are required to take protective action. This would involve disclosure of information about the perceived risk to appropriate staff.

I have explained this policy to the prisoner and I am content that he/she understood the content of it and that he/she has given 'informed consent' as described above.

Mental Health Nurse:
Name: Nigel O' Sullivan
Signed: Nigel O'Sullivan
Date: 18/10/07.

The mental health nurse has explained this policy to me and I am content to provide 'informed consent' as described above.

Prisoner:
Name: C MCKAY
Signed: C. McKay
Date: 18/10/07

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F.A.O. Alvie

SPS MULTI – DISCIPLINARY

MENTAL HEALTH TEAM: REFERRAL FORM

IF YOU ARE CONCERNED ABOUT A PRISONER AND FEELS HE NEEDS ADDITIONAL HELP OR SUPPORT, PLEASE COMPLETE THE FOLLOWING FORM AND GIVE ANY EXTRA INFORMATION ON THE REVERSE.

PRISONER NAME: COLIN McKAY	M.H.T. USE ONLY:
DATE OF BIRTH: 05-09-79.	DATE REC'D: Rec 19/3/10.
SPIN NUMBER: 17345	DATE ASSESSED:
LOCATION: A3/19.	DATE DISCUSSED AT MDMHT:
REMAND / (CONVICTED): LIFE.	
COURT DATE: EDL:	
PRISONER AWARE OF REFERRAL: YES.	
DATE OF REFERRAL: 19/3/10.	
NAME: S. [illegible]	
SIGNATURE:	

PLEASE TICK THE RELEVANT BOXES:

SLEEPING MORE ☐ SLEEPING LESS ☑ NO CHANGE ☐

EATING MORE ☐ EATING LESS ☐ NO CHANGE ☐

AGGRESSIVE VERBALLY ☐ AGGRESSIVE PHYSICALLY ☐ BOTH ☐ NO CHANGE ☐

ISOLATING ☐ MIXING WITH OTHERS ☐ CONFRONTATIONAL WHEN MIXING ☐

RECEIVING VISTS ☐

OVER EXCITED ☐ QUIETER THAN USUAL ☐ NO CHANGE ☐

CONVERSATION

APPEARS DISTRACTED TALKING TO SELF/OBJECTS ☐ | TALKING ABOUT SELF HARM/SUICIDE ☐ | APPEARS FASTER/ INAPPROPRIATE ☐

NO CHANGE ☐

DRUG MISUSE

INCREASED ☐ | DECREASED ☐ | RECENTLY STARTED USING ☑ X | | DOES NOT USE ☐

MOOD

HAPPIER THAN USUAL ☐ | SADDER THAN USUAL ☐ | TEARFUL/ ANXIOUS ☐ | NO CHANGE ☐

RECENT CIRCUMSTANCES

PROBLEMS WITH FAMILY/PARTNER ☐ | RECENT BEREAVEMENT ☐ | PROBLEMS AT HOME ☐

NO CHANGE ☐

CHANGES IN APPEARANCE

UNNKEMPT/POOR HYGIENE UNSHAVED ☐ | WELL GROOMED CLEAN SHAVEN, WASHES ☐ | NO CHANGE ☐

PLEASE NOTE ANY OTHER CONTACTS WITH PRISONER: E.G. DAYCENTRES, CPN, PRISONER PROGRAMMES.

PLEASE GIVE ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT.

COLIN HAS BEEN EXPERIENCING VIVID & FRIGHTENING DREAMS & FLASHBACKS -> CAUSING HIM A LOT OF ↑ ANXIETY. SCARED TO SLEEP.

NHS Confidential: Personal data about a patient

HEALTH CENTRE
HMP PERTH

17345

Memo

To: COLIN McKAY
From: AMANDA TOD
Date: 26TH MAY 2008
Re: MISSED APPOINTMENT

Mr McKay you refused to attend the health centre on 22nd May to see Dr Friel psychiatrist about a further reduction in your olanzipine. A further appointment has been made for you to discuss this with myself on 27th May. Should you refuse again then your medication will be reduced in your absence.

Amanda Tod
Mental Health Nurse

NHS Confidential: Personal data about a patient

Seen in HMP Perth on 20 March 2008 by
Dr Andrea Friel

3

Name: **Colin McKay**
Date of Birth: **05.09.79 (Current Age 28)**
Spin No: **17345**

I reviewed Mr McKay at HMP Perth today along with one of the mental health nurses. He has been seen previously by my colleagues, Dr Tuddenham, Dr Thomas and by Dr Hilda Ho. There have been some concerns raised that he may have developed a paranoid psychosis ?in the background of drug abuse. He had had worries at that time that people were out to kill him. Subsequently, from information retrieved from the prison authorities, most of these beliefs appear to be based in reality and he is currently on protection because of ongoing threats against his life. When he was first assessed there was no evidence of any other psychotic symptoms. He also complains of chronic problems with his sleep and poor concentration.

At interview today he was initially relaxed and spontaneous but he became irritable and walked out of the interview when I told him my plan to reduce his medication. Eye contact was reasonable. His speech was normal in rate, form and content with no evidence of any formal thought disorder. His mood was subjectively paranoid, objectively euthymic. Affect was reactive. His appetite was normal, his sleep pattern is chronically poor, there were no thoughts of life not worth living or suicide ideation. He continued to express concerns that other people are out to harm him. He told me that he realises this could happen and is based in reality. I could find no evidence of other delusional beliefs and was not convinced that his current worries were held to delusional extent. He also complained of some anxiety particularly in crowds, which again is reasonable given the threats on his life. There was no evidence, however, of any panic attacks. I was unable to elicit any other psychotic phenomena. There were no perceptual abnormalities, no evidence of any thought insertion, thought withdrawal, thought broadcasting, no passivity phenomena.

Impression
My impression was of a 28 year-old gentleman ~~with a history of ?paranoid episode~~, which has now been stable for the past six months, with no clear evidence of psychosis.

Plan
1. My plan would be to gradually reduce his Olanzapine whilst continuing to monitor his mental state and I have reduced it by 5mgs today.
2. I have asked the mental health nurses to continue to monitor his mental state closely and arrange assessment should his mental state deteriorate.
3. I will advise psychiatric review in two to four weeks' time.
4. I will continue to keep him under review and am reassured that his mental state has remained stable.

Dr Andrea Friel
Locum Consultant Forensic Psychiatrist

NHS Confidential: Personal data about a patient

Seen on 31st January 2008 in HMP Perth by
Dr Hilda Ho

Name: **COLIN MCKAY**
Date of Birth: **05/09/79**
SPIN: **17345**

I saw Mr McKay with Anthea Simpson, FY2 Trainee. Mr McKay told me that he was still worried that he would be hurt by his enemies, but this appeared to be very much due to his situation and his previous offending. He has continued to take **Olanzapine,** 20mgs per day and reports that this has helped him sleep better, however he remains worried for his safety. He is still under protection and states that he will require this for his whole sentence. He has gained some weight on the **Olanzapine,** but has had no other side-effects.

I see no evidence of any psychotic symptoms currently. I will review him again in a month's time.

Should there be no change in his presentation, I proposed to cut his **Olanzapine** to 10mgs and then discontinuing it thereafter. Mr McKay appeared happy with this plan.

Dr Hilda Ho M.B., Ch.B, MRC Psych
Locum Consultant Forensic Psychiatrist
Murray Royal Hospital

NHS Confidential: Personal data about a patient

Prison Doctor's Copy

Seen in HMP Perth on 20 December 2007 by
Dr Hilda Ho

Colin McKay d.o.b. 05.09.79
Spin No. 17345

Mr McKay has previously been seen by Dr Tuddenham and Dr Thomas. He is prescribed Olanzapine 20mgs per day for symptoms of paranoia.

On review today he reported that his sleep had improved although he complained of some early morning wakening. He had a good appetite. He was still refusing to go on to work placements because he was worried that someone would stab him. He told me that he had lots of enemies as he had done all sorts of things including assaults, shooting people, and being involved in this murder for which he is serving a life sentence. He denied any suicidal thoughts. He reported staying in his cell for most of the day to avoid being harmed and to prevent himself from lashing out at others because of his paranoia. He had no such worries about the hall staff. He was worried about there being a price on his head and is currently on protection. He certainly gets on well with his other cell-mate.

At interview he appeared at ease, his mood appeared normal. There is no evidence of formal thought disorder or hallucinations. His worries did not appear excessive considering his current situation. There was no clear evidence of overtly paranoid delusional thoughts. There was no suggestion of cognitive deficits.

Plan
I will review him monthly. I have asked Nigel to check his fasting glucose, fasting cholesterol and routine bloods, due to his being on the highest dose of Olanzapine at 20mgs per day. I have also asked for his weight to be checked monthly.

Dr Hilda Ho
Locum Consultant Forensic Psychiatrist

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SCOTTISH PRISON SERVICE

HEALTH CARE MARKER

BASIC CARE PLAN

SPIN No.: [redacted] SURNAME: McKAY FORENAME: COLIN

ESTABLISHMENT: HMP PERTH LOCATION: ..... WORK PARTY: A

HEALTH CARE MARKER : Cell ×1

BASIC CARE PLAN FOR RESIDENTIAL STAFF USE

Please ensure that the following care plan requirements are taken into cognisance in the day to day management of the above named prisoner in relation to the health care marker identified above. Hall Supervisor's should ensure that this information is passed on to Work Party Supervisors or other staff responsible for the prisoner's management (including escorts, recreation, etc.) to ensure continuity of care when outwith the Hall. If any member of staff has cause for concern or views on the prisoner's management relating to the above marker, please contact a member of Health Care Staff.

CARE PLAN REQUIREMENTS

1. Report any health care concerns to Health Centre staff immediately.
2. Has been referred to MHT
3. .....

DATE OF COMMENCEMENT: 16/10/07

REVIEW: 17/10/07

LJ Ballard

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Seen on 9th November 2007 in HMP Perth by
Dr Carlo Thomas ST2 in Psychiatry
For Dr L Tuddenham

Name: **Colin McKay**
Date of Birth: **5/9/79**
SPIN: **17345**

Presenting Complaint:

'Not doing too good'
'Problems with staff'
'Problems with being paranoid'

History of presenting complaint:

Onset of the problems started 4 years ago since he was brought to Perth Prison. There was an incident of him being stabbed by another inmate. Colin claims there are 4 –5 people inside the prison who have assaulted him. There have been several incidents of assault. The last incident was a few months ago in Kilmarnock.

Colin claims the co-accused are paying these people inside the prison to torment him. Now he does not interact with anyone. He fears anyone can be paid by the co-accused. He has mentioned the names of the suspects to the Governor. He feels safer where there are cameras etc.
He does not think they are planting bugs.
He has protested regarding his safety and went on a hunger strike, which he claims was for 15 days.
He has attacked Staff, as they did not listen to him.
6 months ago he was thinking of suicide. He had bad dreams, violent dreams, sometimes gets startled while watching TV. Suddenly gets a shock. Sometimes he feels the dreams are real during the day. He has flashbacks of the incident.
No history of symptoms of thought insertion, withdrawal or broadcast.
No auditory hallucinations.
No history of somatic hallucinations.
No evidence of symptoms of delusional perception.
No symptoms of mania.
No evidence of symptoms of obsessive-compulsive disorder.

Family History

[redacted]

Personal History

Born in Glasgow, he attended St. Gregory's Primary School. Said he was intelligent in school. He was hyperactive. Has good memories of school. His parents split when he was 4 years of age. His mother married an American man who used to assault people in front of him. Years later the mother was with another man who was alcohol dependent and encouraged him to drink. Colin lived with his friends and used to go home as little as possible. At 10 years of age he was placed in a home.



When he was 15 years old he was on remand for stealing, gangs, shoplifting. He has been in and out of prison ever since then.
He has been dealing in guns, stolen cars and drugs for several years.
Never had a long relationship, his longest relationships lasted for two months.
Never used alcohol much.
First smoked hash at 10 years of age. He drinks wine now and then. Started dabbling in smack at 14 years of age and spent a maximum of £300 a day, this has stopped for several years now. He has occasionally used Valium and Cocaine at parties. Never used injectables.
He was started on Methadone 5 years ago at Maryhill Health Centre. He is currently on 90ml a day. He smokes roll ups around 4 ounce as week.

Past Psychiatric History.

Saw a Psychiatrist in Glasgow in 1996 at the LG ? Remand Centre. He was seeing things that were not there. The next time he saw a Psychiatrist was in prison.

Past Medical History.

In 1995 he was diagnosed with epilepsy. Started on Tegretol then changed to Epilim 300 mg. He stopped taking the medication after around a year.
The episodes of startling has been there for many years.

Social History.

Does not have any contact with anyone apart from his parents. He has had a few jobs such as working as a van cleaner, and a landscape gardener. He worked at Glasgow Airport as a cleaner, which was his longest job. His main source of income was from drug dealing.
He is not in receipt of benefits.

Mental State Examination.

Mr. Mc Kay was a young white male of average build and nutrition, initially appeared suspicious and hesitant to answer questions, the rapport subsequently improved, although he did mention that we (the doctors) may be involved with the people he thinks are planning to harm him.
Speech was normal, relevant and coherent.
Mood was objectively and subjectively anxious and worried.
No evidence of formal thought disorder.
No abnormality in stream of thought.
He continues to believe that there are people who are trying to harm him.
Oriented to time, place and person.
No history of symptoms of thought insertion, withdrawal or broadcast.
No auditory hallucinations.
No history of somatic hallucinations.
No evidence of symptoms of delusional perception.
No symptoms of mania.
No evidence of symptoms of obsessive compulsive disorder.
No abnormality in perception.
He does not think he has a mental illness. Thinks there is nothing that can be done to help him. Just wants medication to relax.

Provisional Diagnosis:

Possibly on the verge of becoming psychotic. Increasingly implausible ideas about plans to kill him although clearly has well founded reasons for being wary. Note that he has not been taking anticonvulsant for some time and he gets increasing jerking movements and startled .

The incident of him being assaulted in prison may have precipitated the the paranoid ideation which have become overvalued and increasingly implausible. This may be a sign of sub threshold seizure activity. His great grandfather had a history of being placed in a psychiatric institution and

hence he may be genetically predisposed. His premorbid personality indicated borderline traits. His occupation in dealing in illicit substances, stolen cars, guns and fallout with the co accused are additional perpetuating factors.

Plan:

He has agreed to a trial of Olanzapine and has been started on 10mg nocte.
Details of his history of epilepsy needs to be obtained and a decision needs to be taken regarding restarting him on anti epileptics.

Dr C Thomas
ST2 in Forensic Psychiatry
Murray Royal Hospital
22.11. 07

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17345

Seen in HMP Perth on 06 March 2008 by
Dr Hilda Ho

Colin McKay d.o.b. 05.09.79

Mr McKay told us that he was having great trouble sleeping and claimed not to have slept at all for some time. He was very insistent that I prescribe him a sleeping preparation. He asked about Tramodol and appeared quite annoyed when I declined. He did not report any new anxieties or worries. When asked about his paranoid thoughts, he replied that they were much the same as before and he remained under protection.

He has not received any threats to harm him. He denies any auditory hallucinations. He accepts that he will always be worried about his safety because of his enemies out there.

Mr McKay was insistent that he remained on his Olanzapine 20mgs per day despite an explanation about the need to test him without antipsychotic medication.

He will need to be reviewed regularly with a view to negotiating a decrease of the antipsychotic medication and a gradual withdrawal.

Dr Hilda Ho
Locum Consultant Forensic Psychiatrist

NHS Confidential: Personal data about a patient

NHS
Lanarkshire

Gerry McGeoch
Physiotherapist
Health Centre
HMP Shotts
ML7 4LE

Enquiries: 01501 824053
Fax: 01501 824051

D

Dear Dr

Date: 15 January 2015

PHYSIOTHERAPY DISCHARGE SUMMARY

Patient's Name: MCKAY COLIN DOB: 05/09/1979
SPIN: 17345

Referral Source: SELF REFERRAL
Date Referral Received: 17/05/2014
Date Treatment Commenced/Discharged: 15/01/2015
Number of Treatments: 0

Diagnosis: N/A

Treatment: N/A

Outcome:

- ☐ Symptom-free
- ☐ Marked reduction in symptoms
- ☐ Met agreed goals
- ☐ Minimal improvement
- ☐ No benefit
- ☐ Failed to opt-in
- ☒ Failed to attend initial appointment
- ☐ Failed to complete Treatment
- ☐ Triaged and discharged with advice
- ☐ Triaged – open appointment, no further treatment sought
- ☐ Referred to GP/consultant/other
- ☐ Equipment supplied
- ☐ Discharged to self-manage
- ☐ Other

Comments:
The above patient refused to attend for his Physiotherapy assessment today. Nil reason was supplied to staff. He is now discharged from my care.

Yours Sincerely,

Gerry McGeoch
Physiotherapist

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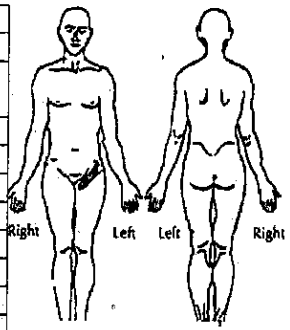
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Outpatient Musculoskeletal (MSK) Physiotherapy Page 1

Patient Completed Self Referral Form

Deep Pain Shoot Lt

Name	Colin McKay
SPIN	17345
Current working Role	Laundry
GP Name	Prison
Referrer Details	Self Refer.
DoB	05-09-79
PMH	Epilepsy - nil
	Lit for 8/12
Medication	Carbamezpin



Please mark on the Body Chart the area of your problem?

Pa
0/10 Tummy
7/10 worst
AGG
Gait from WB

EASE
Nil

Please describe how the injury was sustained?

c/HPC @ Hip Pain - 1yr Hx Fx frequency
Nil trauma - ? Cause; Nil Cause
Nil improvement.

Do you give consent to an assessment and agreed treatments
Yes ☑ No ☐

How long have you had your current problem?
Less than 2 weeks ☐ 2 - 6 weeks ☐ 7 -12 weeks ☐ Please state how long: 1yr

Is your problem getting?
Better ☐ Worse ☐ Not changing ☑

If in pain, how would you describe it?
Mild ☐ Moderate ☑ Severe ☑

Is pain disturbing your sleep? On waking On rising Through the day
Yes ☐ No ☑

Are you off work duties because of this problem?
Yes ☐ No ☑ If yes how long:

Is your problem from an injury sustained during active military service?
Yes ☐ No ☑

How are your day to day activities affected by your pain?
Not at all ☐ Mild ☑ Moderately ☐ Severely ☐

Do you have any special requirements? (e.g Interpreter?) Please describe
Nil

Physiotherapist Name: Gerry McGeoch Signature: Date: 13/8/14

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Patient Name Colin McKay SPIN 17365

PHYSIOTHERAPY SUBJECTIVE ASSESSMENT RECORD

See page 1

Contraindications / precautions / allergies: NK

Patient's perceptions? ? Bone issue Expectations of Physiotherapy? ↓ Pain

Relevant Investigations: NK

Red / Yellow Flags:

Lumbar Spine		Cervical Spine		Yellow Flags	
Age (<20 or >55)		Headaches		Attitudes	
Constant, unremitting non-mechanical pain		Paraesthesia/Anaesthesia		Behaviour	
PMH Cancer		Dizziness		Compensation issues	
Systemically unwell		Double Vision		Diagnosis and Treatment issues	
Thoracic pain		Blackout/Fall for no reason		Emotions	
Weight loss		Difficulty swallowing		Family and Work	
HIV/IV drug user		Difficulty Talking			
Steroid Use		Family History RA		Comments:	
History of trauma		Nausea			
Night Pain/Sweats					
Bladder/Bowel Disturbance					
Saddle Anaesthesia					
+ve cough/ sneeze					
Major loss flexion					

Comments:

Physiotherapist Name: Gerry McGeoch **Signature:** GM **Date:** 13/8/14

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Patient Name Colin McKay SPIN 173 45

PHYSIOTHERAPY OBJECTIVE ASSESSMENT RECORD

Observation: (Gait/Posture) Slumped Sitting Posture
" WB "
Symmetrical Iliac Heights

Range / Power / Tone / Sensation / Neuro / Special Tests / Palpation

HIP PROM

	(R)	(L)
Flex	WFL	WFL @ ↑ Gen
Ext	WFL	WFL
ABD	WFL	WFL @ ↑ Gen
ADD	WFL	WFL
IR	WFL	WFL @ ↑ Gen
ER	WFL	WFL " " "

Resisted

(R)	(L)
5/5	4/5 @ ↑ Gen
	-@ ↑ Inner Rom
▽	▽

OST
Fair Test the
Thomas Test the } (L)
Fabers Test the (Guarding)
H/S Length 90/90 Test
- 40° Deficit (L) + (R)

Pain
Tender @ Ant Hip Joint Line

Manual handling risk: Low / med / high

Impression/ diagnosis:
(R) (L) Hip Dysfunction - ? Due to weak L-L muscles.
? Fair Test the = FAI

Subjective Marker: Pain free Gait

Objective Marker:
Pain & (L) Hip PROM

Agreed Goal:
↓ Pain

Timed Goal:
1/52

Limitations	Goals
Weak (L) LL muscles	↑ Strength
+ve Thomas Test	-ve Thomas Test
Tight H/S	↓ Tightness

Physiotherapist Name: Gerry McGeoch Signature: Date: 13/8/14

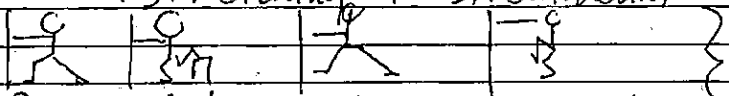
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Patient Name Colin McKay SPIN 173 45

PHYSIOTHERAPY OBJECTIVE ASSESSMENT RECORD

Treatment Plan	Executed by
Active ex	PT

Outcome Measure Used	On Initial Assessment	On Discharge
the THOMAS TEST	See o/e	
Oxford Scale	See o/e	

13/8/14	Rx ① Advice re- PC ② Active ex: . Stretching + Strengthening  2 x 3 ⑥/7 THOMAS Test ISG P: RW 1/52 Ax 6/52

Physiotherapist Name: Gerry McGeoch Signature: Date:

6 CARE PLAN- Substitute Prescribing

Name: C MCKAY **Named Nurse:** D HADDOW

Chi No: 050979 6095 **SPIN Number** 17345

Date	Presenting Issues	Intervention
5.2.13 17.6.13 5.8.13 28.7.13	Client requires substitute prescribing. Opiate Addiction. Risk taking behaviour.	1. Meet with client at mutually agreed times to review progress and titrate substitute prescribing regime against withdrawal symptoms and current illicit drug use. Ask client to report any side effects of medication and pass on to responsible medical officer for advice in management of same. 2. Obtain urine screens on a regular basis for assessment and monitoring purposes. 3. Provide client with relevant information/ education and self help literature to help them understand their problems and facilitate their recovery. Use treatment process model with client when at relevant stage of their recovery 5. Discuss importance of avoiding use of all substances on top of prescription in order to reduce risk of overdose or other health related harm. 6. Client will be offered Hepatitis B vaccinations and this will be recorded/ reported using associated paperwork. 7. Client will be offered Blood Born Virus Testing. Client will be linked into appropriate support and treatment services available locally to them. 8. Client will be offered overdose awareness training on liberation to help encourage uptake of take home Naloxone to help reduce drug related deaths in the community. 9. Client will be sign posted to Mutual aid Groups for additional support if appropriate on liberation. 10. Liaise with G.P./ Consultant and outside agencies as and where appropriate. Review as required/ minimum 3 monthly. Document progress of each intervention in turn in care plan evaluation sheet.
	Goals Reduce/ stop illicit drug use. Reduce risk of harm resulting from elicit opiate misuse. Promote recovery.	

Appropriate	Tick (✓)
Pre-Contemplation	
Contemplation	
Action	
Maintenance	✓

Signed Nurse	
DHaddow	
Date	5.2.13
Signed Patient	
+ C. McKay	
Date	5.2.13

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CARE PLAN EVALUATION/REPORT

Care Plan Evaluation NAME C MCKAY SPIN 17345 CHI NO 0509796095

DATE	RECORD	SIGN
8.8.17	Methadone ↑10mls to 30mls at clinic.	
15.8.17	methadone ↑10 ⇒ 40mls at clinic.	
29.8.17	methadone ↑10 ⇒ 50mls at clinic.	
21.9.17	methadone ↑10 ⇒ 60mls as planned.	
10.1.18	Clinical review Colin reattending to discuss reduction plan recognises no value of staying on a prescription but would like to reduce, no date. Plan is to start reducing 5mls every 2 weeks starting the beginning of February Colin to agree. To can stop this reduction at any time if he struggles, will continue to receive support	
1.2.18	Methadone ↓5mls to 55mls at clinic	
22.2.18	Methadone ↓ 5mls to 50mls at clinic	
8.3.18	Methadone ↓ 5mls to 45mls at clinic	
23.3.18	Methadone ↓ 5mls to 40mls at Addiction Clinic.	
3.5.18	Clinical review feels stable on 40mls this could with no recent reduction	
25.5.18	Methadone ↓5mls to 35mls at clinic Colin plans to reduce by 5mls every 2 weeks starting at 20mls for further review	
7.6.18		
22.6.18	methadone ↓5mls ⇒ 30mls at clinic	
3.7.18	Methadone ↓5mls to 25mls at clinic	
5.7.18	Clinical review due to reduce to 20mls this week at clinic, happy for this reduction to stop at 20mls will be reviewed before any further reduction	
30.8.18	Methadone ↓5mls to 20mls at clinic	
	Clinical review now feels ready to start reducing dose of methadone again plans to start next week reducing 2mls a fortnight. Will continue to be monitored during this shift	
6.9.18	Methadone ↓2mls to 18mls at clinic.	
20.9.18	Methadone ↓2mls to 16mls at clinic.	
5.10.18	Methadone ↓2mls to 14mls at clinic	

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CARE PLAN EVALUATION/REPORT

Care Plan Evaluation NAME C McKAY SPIN 17345 CHI NO 0509796095

DATE	RECORD	SIGN
15.10.18	Clinical review now on 14 mls of methadone plans to continue with 2nd decrease every 2 weeks + will stop at 10mls. Colin plans to stay on 10mls for 1 week to feels stable when no care plan will be further reviewed. Pros + cons of this reduction discussed. Colin appears motivated to reduce + remain drug free, is due on next RMT for purposes to NTE	
19.10.18	Methadone 14 ⇒ 12 mls as requested	
2.11.18	Methadone 12 ⇒ 10 mls as requested	
16.12.18	Clinical review Colin now on 10mls he is struggling at present to back reduced to have moved to NTE. Other clinicians to be asked if his methadone could go back to 30mls does not want to have a relapse. Discussed with Dr Conway methadone increased back to 30 mls for tomorrow Will continue to receive support	

19/6/14.	Methadone reduced by 2mls to 36mls today at clinic.	Hgaw/ASARR
17/7/14.	Methadone ↓ by 2mls → 34 mls today at clinic.	Hgaw/ASARR
7/8/14	Methadone ↓ 2 mls to 32 mls at clinic	AHaddow/DHAPOOK
21/8/14	Methadone ↓ 2mls to 30 mls at clinic	AGaw/ASARR
10/10/14	Seen for routine review stable on 30mls is consideering reduction over next few weeks will tell me when to be ready long term plan is to detox from methadone	
11.11.14	Seen in hall for routine review would like to start reduction plan again from 21/11/14. Plans to reduce 2mls every 2 weeks stopping at 20 mls. Coping strategies discussed	AHaddow/DHTTOOW
20.11.14	Methadone ↓ 2mls to 28 mls at Addiction Clinic.	AHaddow/DHTTOOW
11.12.14	Methadone ↓ 2mls to 26 mls at Addiction Clinic	AGaw/ASARR
19.1.15	Methadone ↓ 2mls to 24 mls at Addiction Clinic 15.1.15	AGaw/ASARR
2.2.15	methadone ↓2 → 22 mls at clinic	AGaw/ASARR
19.2.15	Methadone ↓ 2mls to 20mls at clinic	EHahn
27.4.15	Seen in hall today feels stable on 20 mls no planned change to this meantime	AHaddow/DHAPOOK
28.7.17	Colin returned from HMP Shotts on a downgrade prescribed 10 mls of methadone seen at methadone dispensary feels he needs increase discussed with GP increased to 20 mls from 29.4.17 booked for next Addiction Clinic to discuss any addiction problems re his downgrade	AHaddow/DHTTOOW
31.7.17	Clinical review would like a further increase this week Colin is aware to keep clinic appointment this week ↑ increase will be discussed there. Admitts to using Diazepam + Subutex on left of his prescription which resulted in downgrade. Willl continue to receive support + will take support from Addiction Case Worker	AHaddow/DHAPOOK

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CARE PLAN EVALUATION/REPORT

Care Plan Evaluation **Name** C MCKAY **Spin** 17345

DATE	RECORD	SIGN
5.2.13	Interviewed in hall care plan discussed and signed. At present stable on 60mls, long term plan is to delete from methadone and be stable and clean before liberation. Still has 6 years to serve before eligible for parole.	
	⑤ Discussed importance of not using on left of methadone, harm reduction discussed.	
	⑥ States to had all Hep B vaccines in HMP Belmont	
	⑥ Had previous diagnosis in 2005 Hep C +VE PCR negative in course. BBV testing is available does not feel to require re-testing.	
	Will continue to receive support	AHaddow
12.6.13	Seen in hall for routine review, continues stable on 60mls feels he would like to start reduction plan with long term plan to delete completely. Plans to reduce by 5mls every second week to will alert at either 40 or 30mls he will let me know once he has reduced to this level. Discussed dangers of relapse and coping strategies he can use. Will continue to receive support	AHaddow
27.6.13	Methadone reduced by 5mls to 55mls by Dr Conroy as per care plan	AHaddow
5.8.13	Seen in hall would like to recommence reduction this will start next week then every 2nd week Chris will let me know when he wants to start this reduction	AHaddow
15/8/13	Methadone reduced by 5ml to 50ml by Dr Conroy	AHaddow
30/8/13	methadone ↓ 5mls → 45mls by Dr Conroy	AHaddow
12/9/13	Methadone reduced by 5mls to 40 mls by Dr Conroy at clinic	AHaddow
26/9/13	Calvin has requested to alter reduction, at present to will inform me when he wants to re start this planned detox	AHaddow
19.2.14	Reviewed in hall feels stable on 40mls only issue is physical health which he is discussing with GP	AHaddow/DHannon
2.6.14	Seen in hall feels motivated to start reduction plan again plans to reduce by 2mls every 2 weeks, to will inform me when he wants to start reduction.	AHaddow/DHannon
5.6.14	Methadone ↓ 2mls to 38mls at clinic	AHaddow/DHannon

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MEDICAL TRANSFER FORM
HMP BARLINNIE

Name: C McKay SPIN: 7345 DOB: 5/9/79.

Receiving Prison: Shotts

Relevant Medical History (for current medication please refer to Kardex)

Relevant Mental Health History:

	Yes (please tick)	No (please tick)
Previous contact with Psychiatrist		
History of Self Harm		
History of Suicide Attempt		
Previously subject to ACT to Care		

Outstanding Appointments/Referrals please give details:

ITEMS INCLUDED IN TRANSFER BAG	Yes (please tick)	No (please tick)
Medical Notes (blue)	✓	
GP Notes (brown)	✓	
Medication Kardex Suspended	✓	
Medication		—
Methadone Kardex		—
Detox Paperwork		—

Date of Transfer: 22.7.17

Date of Completion: 26/7/17

Completed By: JMcL (PRINT)

(SIGNATURE)

NHS Lanarkshire

Care Plan /Addiction Casework

Name.....Colin...M:Kay.....SPIN ...1.7.3.4.5.....

Caseworker....Jayne.....Bone..... Date....5.-.12.-.17.....

Substance Misuse Care Plan

Support Need / SMART Goals	Intervention Required	Source	Target Date	Outcome
Enhance knowledge of harms associated with drug/alcohol misuse	Harm reduction & Tolerance advice	Addiction caseworker	Ongoing.	Provided at meeting: advice will be reiterated at all future meetings & interventions.
Assistance to identify and enhance motivation and commitment to change – (cease /reduce substance misuse); increase self-efficacy; explore & promote current skills and personal attributes to assist recovery plan	1:1 psycho-social support employing a range of interventions/techniques to assist with change in achieving recovery goals: relapse prevention. (current downgrade)	Addiction caseworker	Ongoing during downgrade.	Support will be ongoing : 4 weekly basis agreed
Review current progress; further support needs and recovery goals	Care Plan Review	Client & Caseworker	Ongoing : 3 monthly minimum	Ongoing review of goals and progress
Stop smoking	Smoking cessation support group	Caseworker & nurse	Dec 2017.	Declined to attend support group.

SMART Goals are characterised by being Specific, Measurable, Achievable, Realistic and Time-bound.

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NHS Lanarkshire

Care Plan /Addiction Casework

Name....Colin mckay.....SPIN ...17365.....

Caseworker...Jane Bone..... Date...11.8.17.....

Substance Misuse Care Plan

Support Need / SMART Goals	Intervention Required	Source	Target Date	Outcome
Enhance knowledge of harms associated with drug/alcohol misuse	Harm reduction & Tolerance advice	Addiction caseworker	August 2017.	Provided at meeting: advice will be reiterated at all future meetings & interventions.
Assistance to identify and enhance motivation and increase self-efficacy; to sustain changes achieved regarding recovery plans.	1-1 psycho-social support employing a range of interventions/techniques to assist with change in achieving/sustaining recovery goals: relapse prevention.	Addiction caseworker	monthly basis.	Support will be ongoing : 4 weekly basis agreed
Review current progress; lifestyle changes further support needs. Explore & review recovery goals	Care Plan Review	Client & Caseworker	Ongoing : 3 monthly minimum	Ongoing review of goals and progress
Stop smoking	Smoking cessation support group	Caseworker & nurse	December 2017.	BA delivered on smoking cessation: Listed for intervention

SMART Goals are characterised by being Specific, Measurable, Achievable, Realistic and Time-bound.

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34

Lanarkshire Alcohol and Drug Service — Initial Medical Examination

1	ID					
Site		Date	19/9/13	Last SMR	/ /	
Name	COLIN McKAY	DOB	5/9/79	Postcode		

2	CONTACTS	
CAT		Last seen
GP		Last seen
SW		Last seen
Other		Last seen

3	CURRENT TREAT	
Principle Medication	MTD	Dose 40mls. ▲ ▼ =
Pick up regimen:	Not supervised – Supervised at Chemist – Other Sup.....	

4	MEDICATION			
GABAPENTIN		mg	/day - PRN	LADS – GP - .....
		mg	/day - PRN	LADS – GP - .....
		mg	/day - PRN	LADS – GP - .....
		mg	/day - PRN	LADS – GP - .....
		mg	/day - PRN	LADS – GP - .....

5	MENTAL HEALTH		
Recent self harm			
Mood	Appropriate Depressed Elevated	Details	Referred to: GP Addiction Consultant General Adult Other
Psychosis	No features +ve features -ve features cog features	Details	Referred to: GP Addiction Consultant General Adult Other

6	NEW GENERAL HEALTH PROBLEMS		
		No of Admissions -	OPD – Past OPD - Nil
		No of Admissions -	OPD – Past OPD - Nil
		No of Admissions -	OPD – Past OPD - Nil
		No of Admissions -	OPD – Past OPD - Nil
		No of Admissions -	OPD – Past OPD - Nil

7	GU	
Contraception Currently using Contraception	Nil – Sterilised – Barrier- OCP Y/N	If yes what? If No – Do you need it? I.e. are you sexually active and would you like to be referred for advice re this?
Last Smear Have you had a smear within the last three years? (If over 20) Y/N	Date / /	Result If no, would you like referred for this? (Check not on annual follow-up or defaulted from colposcopy).

8	INJECTING		
Injected ever Y / N Injected past year Y/N	Shared - Y / N Shared Y/N	Peripheral / femoral / neck	On Examination Nil / clean / infected/ scarring

9	BBV	
B Vac	0 1 2 3 Booster	Year of last immunisation..
B	Year of last test	Positive / negative /not known/decline to answer
C	Year of last test	Positive / negative /not known/decline to answer
HIV	Year of last test	Positive / negative /not known/decline to answer

10	TOXICOLOGY	
Last / /	Dip – Lab- Swab	Amph - Meth - BZD - Opiate - Coc - Can – Esctasy-Bup

11	PHYSICAL EXAM			
Height 6'0"	Weight 85kg.	BMI	Pulse 84	BP 94/70.

General appearance

Looks well

CVS	Normal - Abnormal	Details	Referred to: GP Hospital Consultant Other
Resp	Normal - Abnormal	Details	Referred to: GP Hospital Consultant Other
Abdo	Normal Hepatomegaly Other abnormal	Details	Referred to: GP Hospital Consultant Other
CNS	Normal - Abnormal	Details	Referred to:

			GP Hospital Consultant Other
Musculo Skeletal	Normal - Abnormal	Details	Referred to: GP Hospital Consultant Other

12 SUMMARY OF EXISTING AND ANY NEW PROBLEMS

On MTD 11Y. Only Spdl. On it ~14 before imprisonment. Max 40mls. Actively ↓. Last H use ~ & 15Y. Never been tempted by it.

Ran ~15Y, trying to replace Temazepam. 5Y on it.

Valium too, but not for yrs. Only thing = occasional Cannabis.

Just got sick of it 1 day.

13 Treatment Plan

Medication: Gradual ↓.

Starting Dose: Abstinence ultimate goal

Maximum Dose:

Dose to be titrated and maintained in accordance with NHS Lanarkshire protocol/"Orange Book" Guidelines.

If notified of 3 or more missed doses please contact prescriber, if available, or deputy

Target month of next review: 9/14

Completed by	Name	Signature

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NHS Lanarkshire

Addiction Casework: Care Plan Review Notes

Name... Colin McKay ..... SPIN ..... 17345 .....

Date	Notes	Signature
11.8.17.	Attended Care Plan - (transfer into Shotts); Review today. Prisoner discussed his Recovery plans and goals, current daysrede to discuss conditions and support requirements. Delivered BI on smoking cessation - he requests to be listed asap for intervention. Delivered ABI - enquired re. alcohol support and group sessions - no support required. Agreed ongoing 1-1 psycho-social support, on a 3-4 weekly basis. Requests drug awareness harm reduction info/literature - will be delivered at all sessions. Enquired re. clinical intervention requirement - he is currently prescribed OST - liaise with chaplaincy re same. Support to continue as requested ———	J Bone.
16.10.17.	1-1 meeting attended. Colin reiterates that he is settled well, behaviour fresh rather 'flat' as a result of daysrede. He advises he is attending work party and is in contact with his family. Discussed current prison drug trends, particularly NPS, cannabis and opiates. HR advice reinforced re same. Listed for smoking cessation support - 1-1 support ongoing ———	J Bone.
5/12/17	Care plan reviewed. Colin advises his annual LCM caused him distress as he will not be considered for 'low cat' following	

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NHS Lanarkshire

Addiction Casework: Care Plan Review Notes

Name..Colin..McKay..... SPIN ..17365.....

Date	Notes	Signature
5.12.17 (contd)	positive drug test for Cannabis on top of his current downside. Discussed relapse management and responsibility to prevent relapse thinking. Colin declined to attend smoking cessation group - he may re-refer again in future if motivated. 1-1 support ongoing 4-6 weeks is requested. Colin asked me to speak with MHT to enquire if someone would meet with him, following his recent disappointment at ICM. Spoke with MHT and passed on his request.	JBan
12.12.17	1-1 meeting attended - reviewing affect and presentation/attitudes following practice meeting. Colin presented in more elevated mood today, stating that he is more settled, despite ongoing disappointment regarding his recent ICM. Discussed motivation and self responsibility around relapse management, recovery planning and service progression readiness. 1-1 meetings to continue 3 monthly basis	J Ban
21/3/18	1-1 review - Colin notes he copes well, has no substance misuse concerns and hopes to TR to NTE in near future. Low affect noted - he specified this regular for his native. HR advice given.	J Ban
20/4/18	Reviewed care plan - Colin states he has no concerns after Hep retronic progression. He hopes to TR to NTE soon. HR advice reiterated	JBan

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NHS Lanarkshire

Addiction Casework: Care Plan Review Notes

Name.....Colin.....McKay..... SPIN .....17345.....

Date	Notes	Signature
15/6/12	1-1 meeting attended. Colin advises he continues to cope well. He discussed a positive daily routine and describes himself as being efficient re Relapse management. Agreed 12 weekly reviews.	J Bon.
18/9/12	Declined to attend - will relist appointment	J Bon

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NHS
Ayrshire & Arran

Transfer Summary

The following information is regarding a prisoner being transferred from our establishment to yours.
We hope the subsequent information is of help in the provision of his continuing care.

From:-

HMP Kilmarnock
Mauchline Road
Kilmarnock
KA1 5AA
Tel: 01563 548900
Fax:

TO:-

HMP SHOTTS

Prisoner

Name COLIN McKAY
Pr2 No. G 17345
D.O.B. 5/9/1979

Medication currently being prescribed by HMP Kilmarnock Medical Officer –

Medication	Start Date	Stop Date	Dose	Route	AM	Noon	PM	Night

Immunisations	Date Received	Booster Due

Current / Chronic - Problems /Issues:-

Physical Health	Mental Health
Current / ongoing Treatment :-	Current / ongoing Treatment :-

[redacted] rrently receiving **BBV** Treatment — YES / NO

BBV Programme contact details — 01563 827138

Methadone

Currently on a Methadone Programme — YES / NO

Current methadone Status — Maintenance / Reducing / Increasing

Current Dose — ..... mls

Signed .....
Date 12/9/12
Designation PN

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REFERRALS

IF ANY PERSON HAS ANY OF THE FOLLOWING CONDITION THEN COMPLETE AND SEND TO APPROPIATE NURSE

ASTHMATIC	☐
DIABETIC	☐
EPILEPTIC	☑
CARDIAC	☐
METHADONE	☑
SUBOXONE	☐
MENTAL HEALTH HISTORY	☑

NAME COLIN McKAY

SPIN 17345 LOC D.

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SPS HEALTHCARE RECORDS

RE-ADMISSION INTERVIEW

DATE: 12/9/12 HM: P SHOTTS

SURNAME: MCKAY DOB: 5/9/79

FORENAME: COLIN SPIN No.: 17345

MEDICAL HISTORY

	YES	NO
INFESTATIONS	☐	☑
ASTHMATIC	☐	☑
DIABETES	☐	☑
EPILEPTIC STATES PREVIOUSLY (YEAR 16?)	☑	☐
FITS/BLACKOUTS	☐	☑
ALCOHOL PROBLEMS	☐	☑
DRUG PROBLEM	☐	☑
PSYCHIATRIC HISTORY	☑	☐
SKIN INFECTIONS	☐	☑
ALLERGIES	☐	☑

TYPE IF KNOWN

CURRENT MEDICATION (PRESCRIBED) AND NON PRESCRIBED)

METHADONE 60mg/ml

GABAPENTIN 300mg TID

DERMOL. PRN.

OTHER RELEVANT INFORMATION (e.g. appearance at interview)

83Kg.

127/70

68 HR

ILLICIT

NIL STATED.

NURSES SIGNATURE [signature] PRINT P.HARKNESS

WKB0280S

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serco

bringing service to life

RECEPTION RISK ASSESSMENT
(Reception Officer)

ANNEX B
SECTION 1

Admission/Transfer [T] Production/Return [ ]

- On admission or transfer the prisoner must be assessed by the nurse and doctor and on completion of the form filed in Healthcare records.
- On subsequent receptions (productions, home leave etc.) a reception assessment must be carried out and if found negative no further action is required.
- Negative returns to be attached to prisoners warrant.
- If positive, an HRA book must be started immediately. This form is then passed to the Nurse for completion.
- When transferred the HRA book must accompany the prisoner.

SURNAME: McKAY	FORENAME(S): COLIN
D.O.B: 5-9-79	OFFENCE & SENTENCE:
ADDRESS: 76 COLLINA ST GLASGOW	SPN NUMBER: ~~173146~~ 17345

PRISONER RECEIVED Date: 4.5.12 Time: 15:00

COURT SUICIDE RISK FORM RECEIVED? Yes [ ] No [✓]

BEHAVIOUR AND ATTITUDE please record your observations to these questions. Tick response as appropriate.

	+VE YES	-VE NO		+VE YES	-VE NO
Is this your first time in prison?	[ ]	[✓]	ANXIOUS	[ ]	[✓]
Was your imprisonment/transfer Unexpected?	[ ]	[✓]	ANGRY	[ ]	[✓]
Did you receive a bigger sentence Than you expected?	[ ]	[✓]	LOW MOOD (e.g. withdrawn, poor eye contact)	[ ]	[✓]
Do you feel you need to be protected?	[✓]	[ ]	CONFUSED (e.g. unclear re. to date or place)	[ ]	[✓]
Will you have or have you had problems Contacting your family or friends?	[ ]	[✓]	DRUGGED / DRUNK	[ ]	[✓]
Are you expecting any problems with visits?	[ ]	[✓]	DISTURBED BEHAVIOUR	[ ]	[✓]
Are you feeling suicidal?	[ ]	[✓]			

COMMENTS: Outline the prisoners general behaviour and note any other relevant information provided or practical concerns raised (e.g. child care)

NO PROBLEMS AT INTERVIEW.

RISK ASSESSMENT: If after your assessment, you feel the prisoner is at risk you should raise an HRA book immediately and inform a member of Healthcare staff of your decision.

PLEAS RECORD YOUR DECISION HERE:
NO APPARENT RISK [✓] OR HRA book RAISED (HEALTH CARE STAFF INFORMED) [ ]

RECEPTION OFFICER'S DETAILS: (Please PRINT)

NAME: C BURNEY	DATE/TIME: 4.5.12 15:15hrs
SIGNATURE:	ESTABLISHMENT KILMARNOCK

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SPS Medical Transfer Form

SCOTTISH PRISON SERVICE

From: HMP Edinburgh ⟹ **To:** Kilmarnock

Surname McKay
Forename Colin
D.O.B. 5-9-79
Prisoner ID 7345

Medical Problems

Active

Sciatic pain

Inactive

Current Medication | Dose | Date Started

Menadone.

Outstanding Referrals: OP Appointments, operations awaited, psychiatric/psychology nurse referrals.
Give Details:

Orthopaedics outpatients

Psychiatric history

Previous contacts with Psychiatrist
Yes/No
Date:

ACT history within last 6 months
High Risk Yes/No
Low Risk Yes/No
Date Stopped:

History		Date	Other/Details
Depression	Yes/No		
Psychosis	Yes/No		
Self Inflicted Injury	Yes/No		
Suicide Attempt	Yes/No		

Completed by GStewart
Print Name GStewart
Designation RMN

Transfer date 4/5/12
Date form completed
Doctor (if appropriate)

HMP Edinburgh, Health Centre
Tel: 0131 444 3027
Fax: 0131 444 3072

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SPS HEALTHCARE RECORDS

DATE: 7/2/12 **RE-ADMISSION INTERVIEW** HM Edin

SURNAME: Mckay DOB: 5/9/79.

FORENAME: Colin SPIN No.: 173455

MEDICAL HISTORY	YES	NO
INFESTATIONS	☐	☑
ASTHMATIC	☐	☑
DIABETES	☐	☑
EPILEPTIC	☐	☑
FITS/BLACKOUTS	☐	☑
ALCOHOL PROBLEMS	☐	☑
DRUG PROBLEM	☐	☑
PSYCHIATRIC HISTORY	☐	☑
SKIN INFECTIONS	☐	☑
ALLERGIES	☐	☑

TYPE IF KNOWN

CURRENT MEDICATION (PRESCRIBED) AND NON PRESCRIBED)

Methadone - daily

OTHER RELEVANT INFORMATION
(e.g. appearance at interview)

Nil

ILLICIT

Nil

NURSES SIGNATURE SJones PRINT S JONES.

WKB0280S

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SPS HEALTHCARE RECORDS

DATE: 2.7.7 **RE-ADMISSION INTERVIEW** HM BARLINNIC

SURNAME: M-KAY DOB: 5.9.79

FORENAME: Colin SPIN No.: 17345

MEDICAL HISTORY	YES	NO	CURRENT MEDICATION (PRESCRIBED) AND NON PRESCRIBED
INFESTATIONS	☐	☑	Hx of epilepsy but not on medication
ASTHMATIC	☐	☑	Methadone 90ML.
DIABETES	☐	☑	CITALOPRAM.
EPILEPTIC	☑	☐	
FITS/BLACKOUTS	☐	☑	
ALCOHOL PROBLEMS	☐	☑	
DRUG PROBLEM	☑	☐	
PSYCHIATRIC HISTORY	☐	☐	
SKIN INFECTIONS	☐	☐	
ALLERGIES	☐	☐	
TYPE IF KNOWN			

OTHER RELEVANT INFORMATION (e.g. appearance at interview)	ILLICIT
	Heroin. not used for 6yrs ago ~~a~~
	RASH

NURSES SIGNATURE [signature] PRINT J CARLIN

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HMP Kilmarnock Reception Assessment

Name	Colin McKay	PR2 No	17345	DOB	5/9/79.

	YES	NO	Details
Have you ever been in Prison before	✓		
Sentenced			
Remanded			
Transferred	✓		Edinburgh LTP.

GP - Name & Address

tx Edinburgh.

Current Prescribed Medication

Methadone - 60ml.
Amitriptyline 200mg.
Cocodamol 8/500
Dermol 500

		YES	NO
1	**Physical Health do you suffer from any of the following:-**		
A	Asthma		✓
	Chest Pain		✓
	Epilepsy or Fits		✓
	Diabetes		✓
	Blood pressure High /Low		✓
B	Hiv, Hep – A, B, C		✓
	Any outstanding hospital of Dr's appointments		✓
	Any other concerns about your health	✓	
	Do you have any Allergies - Medication / Foods etc		✓
	Any Injuries within the last few days		✓

Details of current injuries

Sciatica.

HMP Kilmarnock Reception Assessment

Have you ever been tested for the following? :-

	Yes	No	+	neg		Yes	No		Yes	N
Hepatitis A	✓			✓	Vaccinated?			Do you wish to be vaccinated?		
Hepatitis B	✓			✓	Vaccinated?			Do you wish to be vaccinated?		
Hepatitis C	✓			✓	Test request?			Currently receiving treatment?		
HIV	✓			✓	Test request?			Currently receiving treatment?		

Refer to BBV Nurse if appropriate

6 Do you have any difficulty with:-

	Yes	No
A Eyesight		✓
B Hearing		✓
C Reading		✓
D Writing		✓
E Numbers		✓

7 Physical

	Observations
Blood Pressure	148/82
Pulse	82
Respirations	14
Height	176cm
Weight	

8 **Mobility**

	Yes	No
Do you have any ability which would hinder you getting into & out of an upper bunk?		✓
Physical disability (consider - cognisance of age, injury or infirmity)?		✓
Physical illness (consider – vertigo, dizziness, fits etc)?		✓
Mental illness?		✓
Do you suffer from any medication side effects or any withdrawal symptoms?		✓
<u>If Yes to any of the above inform - Reception Supervisor</u>		✓

9 **Oral Condition**

	Yes	No
Do you have any problems with your mouth or teeth?		✓
Have you been seen by a dentist recently?	✓	
Bad breath		✓

Specific issues	Yes	No
Pain		✓
Ulcers		✓
Bleeding gums		✓

Serco Internal

HMP Kilmarnock Reception Assessment

10 Substance Use – Alcohol

	YES	NO
A Do you drink Alcohol?		✓
B Do you consider your alcohol consumption problem?		✓
C Any obvious symptoms of withdrawl present ?		✓

Details of use before custody :-

DO YOU SMOKE

YES	NO
✓	

Nausea / Vomiting	0-7	0-none; 1-mild nausea; 4-intermittent nausea; 7-constant nausea, dry heaves & vomiting	
Tremors	0-7	0-none; 1-not visible but can be felt; 4-moderate with arms extended; 7-severe even without arms extended	
Anxiety	0-7	0-at ease; 1-mild; 4-moderate anxiety or guarded; 7-acute panic state	
Agitation	0-7	0-normal activity; 1-somwhat normal activity; 4-modederately fidgety/restless; 7-pacing or thrashing about	
Paroxysmal Sweats	0-7	0-no sweats; 1-barely perceptible sweating, palms moist; 4-beads of sweat obvious on forehead; 7-drenching in sweat	
Orientation	0-4	0-orientaated; 1- uncertain about date; 2-disoreintated to date by no more than 2 days; 3-disorietated to date by> 2days; 4-disorientated to place &/or person	
Tactile Disturbance	0-7	0-none;1-mild itch, P&N, numbness; 2-as before + burning; 3-as before+ moderate itch; 4- moderate hallucinations; 5- severe hallucination; 6-eternely severe hallucinations; 7-contiulous hallucinations	
Auditory Disturbance	0-7	0-none; 1-very mild harshness/ability to startle; 2-mild harshness/ ability to startle; 3-moderateharshness/ ability to startle; 4- moderate hallucinations; 5- severe hallucination; 6-eternely severe hallucinations; 7-contiulous hallucinations	
Visual Disturbance	0-7	0-none; 1-very mild sensitivity; 2-mild sensitivity; 3-moderate sensitivity 4-moderate hallucinations; 5- severe hallucination; 6-eternely severe hallucinations; 7-contiulous hallucinations	
Headache	0-7	0-none; 1-very mild; 2-mild; 3-moderate; 4-moderately severe; 5-severe; 6-very severe; 7-extremely severe	
			Total

11 Substance Use - Illicit Drugs

	YES	No
A Do you use Illicit Drugs?		✓
B Do you consider you drug use to be a problem?		✓
C Do you take any drugs intravenously		✓
D Have you used drugs in the last month		✓

Details of use:-

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HMP Kilmarnock Reception Assessment

If YES to 11B, C, D	Frequency	Last used	Urine result
Heroin			
Benzodiazepines			
Amphetamines			
Cocaine / Crack			
Other			
Methadone			

Methadone (Yes) No

Are you currently on a Methadone programme			Community prescriber & dispensers Details:- last dose. 4/5/12
Current Dose:- 60mls.			tx Edinburgh

If +ve to any of 11 **Complete** **Initial Drug Withdrawal Assessment**

Physical Signs	2 points	1 point	0 points	score
Pupil Size	Wide	Normal	Pinned	
Palms	Wet	Moist	Dry	
Skin	Goosed	Cold	Warm	
Nasal	Running	Sniffing	Dry	
Agitated	Can't Sit	Agitated	calm	
G.I.T	Vomiting	Nausea	Normal	
Pulse	>100 bpm	80-100 bpm	<80 bpm	
B. P.	> Normal Parameters		<Normal Parameters	
			TOTAL	

Serco Internal

HMP Kilmarnock Reception Assessment

12 Mental Health

		YES	NO
A	Have you ever been diagnosed with a - Mental Illness		✓
B	Have you ever been admitted to a - Mental Health Hospital / Ward		✓
C	Have you ever been section under the - Mental Health Act		✓
D	Are you currently receiving care from a *community* - Consultant Psychiatrist		✓
E	Are you currently receiving care from a *community* - Mental Health Team (CPN)		

Details:-

		YES	NO
F	Have you ever received medication for any mental health problem		✓

Details -What, When, Dose:-

13

		YES	NO
A	Have you ever tried to harm yourself? In last 6 Month		✓
B	6month +		✓

Date of last & most serious incident :-

		YES	NO
C	For some people, coming into prison can bee difficult and a few find it so hard that they consider harming themselves. **DO YOU FEEL LIKE THAT?**		✓

Impression of prisoners presenting behaviour / mental state:-

No concerns regarding cain's mental health at time of assessment.

HMP Kilmarnock Reception Assessment

HRAT Risk Factors	YES	NO	comments
Do you expect family/friends support?	✓		
Do expect visits?	✓		
Do you expect your court case / conviction to attract media attention?		✓	
Is your charge / conviction of a sexual nature?		✓	
Is you charge / conviction of a violent nature?	✓		
Is your charge / conviction against a family member or partner?		✓	
Do you believe your safety could be at risk within this prison?		✓	
Do you feel anxious about your stay in prison?		✓	
Did you receive a longer sentence than expected?		✓	

If YES to 12A &/or 12C – Complete the following **Non Verbal HRAT Indicators**

Attitude	Negative	(Neutral)	Positive	
Behaviour	(Calm)	Agitated	Hostile	aggressive
Appearance	Unkempt	(Normal)		
Mood	Low	(Neutral)	Happy	Elated
Speech	(Normal rate & flow)	pressured		
Orientation	(Full)	Partial	Disorientated	Withdrawn
Eye contact	(Good)	poor		

HMP Kilmarnock Reception Assessment

HRAT Check List

	YES	NO
Previous HRAT or Act		✓
Does Directors Rule apply		✓
Community At Risk Alert received		✓
Other considerations		
1st time in prison		✓
Learning Disability / Vulnerable Adult		
Young Offender		
Severe addiction withdrawal		
Major mental health diagnosis		
HRAT Book Opened Today		✓

6yrs Ago on HRAT.

Assessing Nurse:- Karen Steel **Date** 4/5/12

Print: - Karen Steel

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T/F BDN.
10:20 HR.

HMP Kilmarnock Reception Assessment

Medical Officer

Physical Health

Hx Bronchitis (LA).
Ops — Nil.
Life — ———

Mental Health

Denies any thoughts of self harm.
Good eye contact.
Drug/Alcohol — None.

Addiction

	YES	NO	Details
Alcohol Withdrawal		X	
Drug Withdrawal		X	
Detox Prescribed		X	
Methadone prescribed		X	

Medications Prescribed

Kardex done as before.
(Co-codamol 8/500 Night only)
Amitriptyline 25mg.
NKDA.

Medication confirmed? Yes ✓ / No

Doctors Signature ..... Print R. ARMOUR.

Date 05/12/12

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SPS PHYSICALCARE RECORDS

HM	BARLINNIE
Sheet No.	
SPIN No.	17345

SURNAME McKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
10/05	N	Rash on arms, unable to determine native. Ref for Derm Clinic	
		11-1-06 T.C Rec'd	
		- S Life 14/11	
		- PMH Constipation Epilepsy	
		Drug - Epilim Loxapine	
		Diazepam 10	
		Lofthexine	
		- Medical	
		Nil	
		not known	
		Medication prescribed	
		Monitored	
13/5/06	N	C/O pains in (L) mouth: On examination swollen and could hardly open his mouth. Discussed with Dr. Has been commenced on amoxy/ 500mg tid and Diclofenac 50mg t.d.s for a week.	
19/6/06	A	Refused to attend dental appt	
27/11/06	14.30.	DENTAL ABCESS. DC HAVES RECEIVED COURSE OF AMOXYCILLIN 500mg T.I.D ONE WEEK.	

E 03075

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SPS PHYSICALCARE RECORDS

HM	
Sheet No.	
SPIN No.	

SURNAME [redacted]

FORENAME [redacted]

Date Time	Entry Code	NOTES	Signature
		27-1-6 Seen today [illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
		[illegible]	
3/3/17	N	Phone call from ward staff. Mr Mc passing	
	2125	blood in his urine. Have asked for	
		sample to be supplied to examine.	
		States he has just been to the toilet, so	
		unable to supply a sample. Advised to	
		take sample next to nurse at	
		morning triage. K Donnachie	
5/3/17	N	Phone call from ward staff stating	
	0300	that Mr Mackay has managed to pass	
		urine. Attended the ward. Urine very dark	
		in colour. Multistix done,	
		Blood ++++	
		protein ++	
		leuc ++	
		MSU bottle given and to see nurse at	
		triage. K Donnachie	

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PHYSICALCARE RECORDS

SURNAME: MCKAY	Sheet No.
FORENAME: COLIN	SPIN No.

Date/ Time	Entry Code	NOTES	Signature
1/5/07	1800	Officers in Seg Unit raised that pt has not eaten for 24 hrs. dr informed	
2/5		Methadone withheld today until advice taken from doctor as he is refusing food.	
	0800		
	1300	Food refusal discontinued. Methadone given	DMcCabe
4/5		HRAT review - in Seg for accusations of bullying. Remained on watch because father is concerned that he may hurt himself. Has no immediate thoughts of self harm but is not ruling it out. No previous self harm. Mood low. Remain on L3 meanwhile RV 7/5/07	MCCabe
		9.5.7 Seen today in Seg stating that [illegible] symptoms [illegible] Advised on detoxification [illegible] and Detoxed [illegible] to [illegible] Advised [illegible] fluid intake [illegible]	
10/5/07	17.00	HRAT Review - Maintain Level 3. Review Thursday 17 May 2007. [illegible] (Rev)	
10/5/07	1810	Unable to administer medications as pharmacy did not have them in stock. Pharmacist will recheck this.	GMaguire.

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PHYSICALCARE RECORDS

SURNAME: MURRAY	Sheet No.
FORENAME: Colin	SPIN No. 7345

Date/ Time	Entry Code	NOTES	Signature
10·5·7	N 18·15	Dispenser advised me that pts medication would be ordered for 11/5/7 – however medication won't be available for evening meds.	G Haggarty
10·5·7	N 18·35	Administered pts evening medication, however withheld ibuprofen as pt has not eaten today. Encouraged pt to drink plenty of fluids.	G Haggarty
11/5/7	07·55 N	Withheld AM ibuprofen as pt has not eaten and states he does not think he will manage food today. Encouraged pt to drink plenty fluids	G Haggarty
16/5/7	N	Hem. Conference – Prisoner states that if he does not go back to H wing, he will kill himself. He is feeling suicidal at present. level 2 watch Commenced and move to Healthcare.	F Dessa.
		16-5-7 – Has been put on L2 watch due to he said if he moved to another prison, he is going to harm himself. To get checked by MDT Ram	Dr Kapur



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SPS PHYSICALCARE RECORDS

HM	
Sheet No:	
SURNAME	Mckay
FORENAME	Colin
SPIN No:	17345
DOB	5.9.79

Date Time	Entry Code	NOTES	Signature
9.7.07		Transfer for Kidney Ach for Lumbar Puncture See Data Sheet BP - 109/65 P - 64. BWell	
11.7.07.		On Hunger Strike - Day 11 day. Prison against movement from Kilmarnock to HMP Barlinnie. Taking fluids - Drinking juice & occasionally just a wee bit of Salt in the water. Daily weights daily Urine & Ketones	
12.7.07		fluids. → drinks → 1.5-2 litres. urine output → 3 litres daily. → sugar containing drinks. 10th day of hunger strike — not eating solids.	
		HS. 5½ right beats Alert, orientated Chest clear. Abd NAD. BP: 130/74 mmHg. Grazed skin finger	
		limb HS. + FBC + LFT + U+E + Lipids.	

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Date Time	Entry Code	NOTES	Signature
13.7.7		on 11m diary + Temperature Tablets 2 3 3 y daily + Diluted Juice on Drowsy but not Sleeping on Methadone 90 mls / day If appropriate to continue the same dose if Nursing clinical Condition	
		after - 1/2 agreed to start take - Sandwiches & Cereal - if not - 1/2 the Methadone dose to 45 mls	
		If he Complies - to Continue the same dose	
14/7/07		Started eating again	
18/7/07	J	Refused to have bloods taken Boardman	
14/08/07	MHN	SEEN BY MHT	

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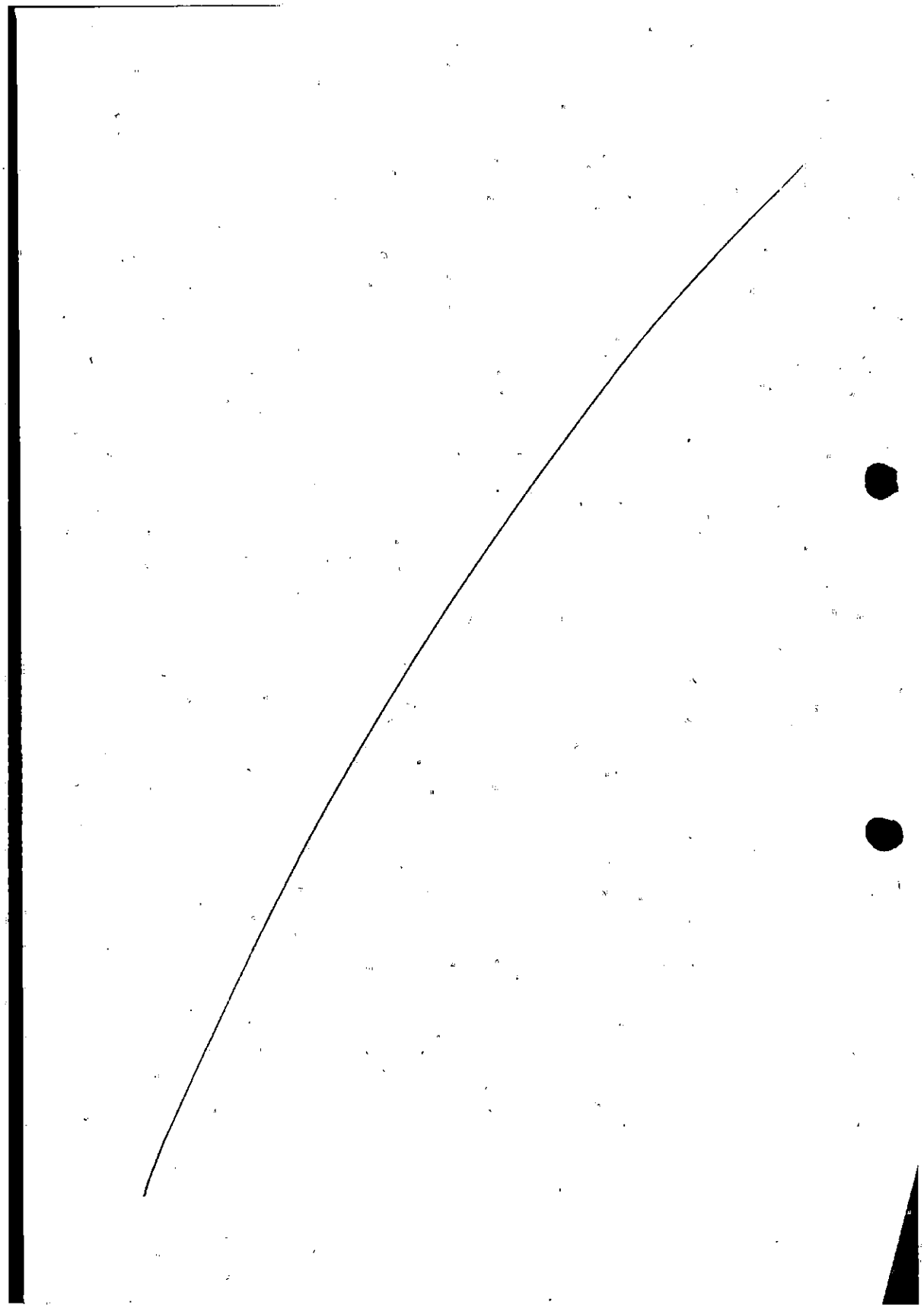
SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No.	
SURNAME	M°KAY
FORENAME	Colin
SPIN No.	

Date Time	Entry Code	NOTES	Signature
5/10/7	IN	✕ Barlinnie	
		O/E Methadone 90ml	
		No Script Scr	
		Nausea Breakfast An urgent	
		No Suicidal Thoughts	
6/10/07		Transfer Barlinnie.	
		→ Fit and well	
		→ On methadone 90ml	
		→ No mental health problem	
		Asking if he can get a detox in	
		- say had it done in Kilmarnock	
		- advised that as not had in	
		Barlinnie would not get here	
		off Good eye contact	
		Good communicable	
		Understands	

9
15272

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SPS PHYSICALCARE RECORDS

DAILY OBS + WEIGHT.

HM	Barlinnie
Sheet No:	
SPIN No:	17345.

SURNAME McKay

FORENAME Colin

Date Time	Entry Code	NOTES	Signature
10.7.07	PJ	BP 140/96 P101 . 64kg. Not eating but drinking. G Pass updated.	
10.7.07		He is presenting Peacefully. He wants to see Mental Health team. Unsafe normal procedures. He is not complying any pens. Tongue moist. BP 108/82 Asking Multivitamin and Paracetamol for his both ache. He is drinking well. Passed clear clear BP - at home : Able soft - bedbug on feet bumps Cradle dandruff -	
16/10/7 11.05	N	Unfit for work clinic. Head feels heated - feels Paranoid. wishes referral to MHT Currently in 3 man cell - claims should be in single cell but on Protection see further on.	

Date Time	Entry Code	NOTES	Signature

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SPS PHYSICALCARE RECORDS

HM	Prison-1
Sheet No:	
SPIN No:	173465

SURNAME McKAY
FORENAME COLIN

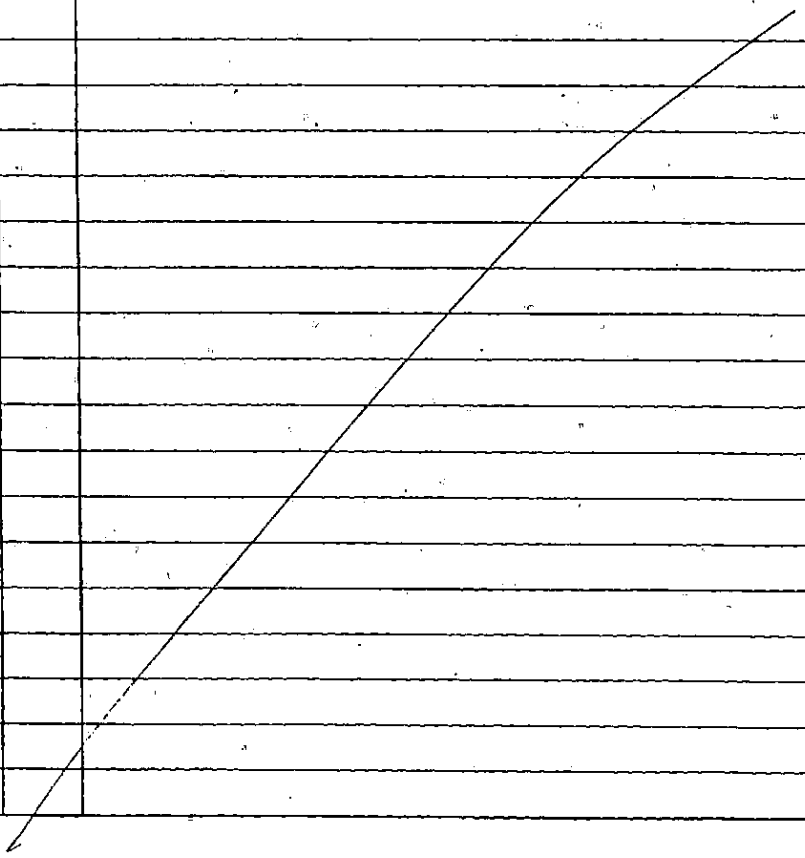
Date Time	Entry Code	NOTES	Signature
16/10/07	N	Unfit for Work Clinic	
1105		Head feels washed - feels Paranoid. Wishes referral to MHT.	
		Currently in 3 man cell - claims should be in single cell but on Protection Previously in 'D' Hall and was stabbed about 2 years ago. Claims there is a contract out on him. Wishes help.	
		Referred to MHT. Wallet	
7/11/07	N	gum boil Amoxyl from NO xx dental abcess Dixon.	
7/12/07	N	To be referral to Dr Golanek req. a decision regarding restarting him on anti-epileptics - (see page 4 of report by Dr C Thomas - ST2 in Forensic Psychiatry - which is in xxx of mental health notes.) I have spoken to Dr Golanek about this. Wayelo Sullivan MHN	
10.12.07 -		Stopped his epi treatment	
17.12.07		about 16/12 ago (his own decision) - med. Epilim chronic 500mg BD - Since leaving wing no fits. (has been treated for epi for over 10 years).	
		Verbal	

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Date Time	Entry Code	NOTES	Signature
	o/e	neurological - normal.	
		Patient asked why to have any epi. meds (seizures) For additional opinion and maybe diagnostic (EEG. neurology referral.	
27/11/19.	N	Treatment list - did not fast - retest for fasting bloods.	



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SPS PHYSICALCARE RECORDS

HM	PERTH.
Sheet No:	
SPIN No: 17345.	

SURNAME McKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
	N	Treatment – bloods drawn (~~difficult~~ slow venepuncture blood flow) as requested by Dr Ho for fasting glucose, cholesterol, TFT, LFT, U+Es + FBC Height 84Kg.	Slapes
11.01/08	ALH		
14 HT		Anaemic – (Macrocytic) – probably Fe deficiency (Hb 11,7, RBC 3,9 HT 0,37 L, MCV / MCH / MCC – normal). → Patient taking olanzapine 20 mg + amoxicillate (?) → patient started – there was no any usable blood, no cells spread vacutainer new machine → but saw blood on urination → for urine test for hidden blood test (Combi). Also – TSH – 4,22 ↑ Thyroxine 16,0)	
		to be check in 6 weeks → for MMT + psychiatrist consultation (for olanzapine change?) → for Fe treatment may after admission given. if no reason → for gastroscopy.	

WOE0307S 0801

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Date Time	Entry Code	NOTES	Signature
15/1/8	1100 RN	Treatments - Sample bottle given to get faecal sample	
14/3/08	NM	URINE RESULTS METH=Pos	
15.00		OPIA = NEG	
		BENZ = NEG	
29/07/08	dw	Clonazepam tds - as requested by Anaesthetic (stopping after dose)	
21/7/08	[illegible]	Fx 2 keys	
8/9/08	[illegible]	15[th] IoA 10ic Ketamine	
29/10/08	[illegible]	4/XA 20ic Ketamine	
25[th] of	N	Listed for Dr Clinic this afternoon.	
	1540	Refused to attend	[illegible] HARRISON
12/12/08	[illegible]	2/7 PO 1 day No Expense STAFF	
1/1/09 11:38	PN	MHT ref done as prisoner states he is not sleeping well — [illegible]	
21/1/09	[illegible]	10[mg] PO qi day LAF	
5.39	N	Here Dentist [illegible] needs	
		A/R	
		Here Dentist has [illegible]	
		[illegible] — [illegible] STEDMAN RN	
5/3/09	MO	Review: amoxicillin 5mg TDS for 1/52 for dental abscess per nurse's request	

M. [illegible], MALAGA

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SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No:	
SPIN No:	17345

SURNAME: MURRAY
FORENAME: COLIN

Date Time	Entry Code	NOTES	Signature
10 MAR 2009 1203	DR	1) Dry skin - 2) Old stat wounds (R) thigh - Patch with new ? ? ? Not able to find his ? ? a new ? from Rx: E 45 cream Improved ? ? Is on ?	Dr Tomas Schayna
18/5/09	Nurse	8) ? ? ?	
18/5/09	Nurse	D1 AZ for P/	
18/5/09	N	Nurse Clinic	
1015		Previously seen on 10/04/09 ? rash on arms and on body (chest/abdomen), prescribed E45 with no effect and ? for arm which helped, no evidence of fungal infection. will ? to MO.	
6/5/9	Dr	See above	
		List for MO	

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Date Time	Entry Code	NOTES	Signature
6/5/9		Hx of myelocytic anaemia (Hb 11.7. Dec 2007)	
		Has rash on (L) arm & torso → very dry & some lesions infected.	
		O/E: pale, steady regular pulse, white conjunctivae.	
		(P) Fucidin for 1 week. Dermol 500 instead of soap.	
		Diprobase	
		For bloods:	
		FBC	
		Ferritin	
		Vit B12	
		Folate	
		Glucose	
		LFTs	
		U&Es	
		GGT	
		TFTs	
		Coag screen	
		MO review & results	
		S/N L. Dawson	C. Parish
12/5/09	N	Bloods obtained by venepuncture: FBC, Ferritin, Vit B_{12} + Folate, Glucose, LFTs, U+Es, G.G.T, TFT & Coagulation Studies	S. Hamy

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SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No:	
SPIN No:	

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
14/5/19 1100	N	REFUSED TO ATTEND FOR TREATMENT / NURSES CLINIC THIS MORNING.	S. Young SN
15/5/19	DV	Hb 147 WBC 5.9 Plat 297 Coag screen NAD	
20/5/19		Discussed with Dr DOW (Duty Consultant Biochemist) in	
TSH		NWH → for thyroid studies (? hypo- thyroidism).	
		List for: -TSH -T4 -Total T3 -Thyroid antibodies → sample is to be marked on request form as "DISCUSSED WITH DR. DOW, CONS BIOCHEMIST" MO review results.	
26/5/19 1645	N	Treatment - blood ; ? trained for above studies.	

WOE03073 05/01

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Date Time	Entry Code	NOTES	Signature
1/6/9		TSH 0.48 ↓	
		T4 14.2 =	
		Awaiting T3.	
2/6/9		T3 2.1 =	
		TSH & T4 as above	
		Thyroid antibodies 3 =	
		List for MO to review	
		dermatitis	
		- discuss	
		referral	
		to Endo-	
		crinology	
		C Paish	
8/6/9	DVI	(1) Dermatitis much improved.	
		(P) Continue Dermol & Diprobase.	
		(2) Discussed thyroid levels	
		& referral to Endocrinology → agreed to F7.	
		(P) Refer to Endocrinology.	
		S/N M. Buffin.	

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SPS PHYSICALCARE RECORDS

HM	
Sheet No:	
SPIN No:	17345

SURNAME McKay.
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
20/5/99	DR	Addictions. On 90ml methadone. Stable. Had many chances to use on top but never has. Five years into a 15yr Tariff and intends to work within the halls and get ~~from~~ through his sentence. Intends to reduce and stop before he goes to a high end hall. Review.	RD

Date Time	Entry Code	NOTES	Signature

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SPS PHYSICALCARE RECORDS

HM	PERTH
Sheet No:	
SPIN No:	17345

SURNAME MCKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
15/6/09	D2	D2. Bite Pl-	
15/6/09	N.	Hep A/B vaccine given - no adverse effects	Sister.
21.7.9	N.	P/C Dermatitis O/E NOV to irritated skin States used Poris Shave on skin last night - advised most probable cause of inflamation ! advised:- 1) Not to use Poris Shave 2) to use R/ Dermol 3) to use R/ Dupotaze - unhappy with advice stood up and walked out of Consultation - 4) advised that long term drug abuse has effect on body - as asked if thyroid problem could cause skin irritation SEEN BY	

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Date Time	Entry Code	NOTES	Signature
22/7/09	[illegible]	Ref Vir	
14/9/9	DV	Seen by Endocrinology, rec. correspondence. No action required at present.	
16/11/09	[illegible]	Review. No Vam.	
14/10/09	[illegible]	Review TP	
25/10/09	[illegible]	D1	
29/6/09	[illegible]	D2 Bite	
8/12/9	2000 PN	Officer J. Fyffe States "orange tablets were found in Colin's bin" he thinks they may be ~~Steroids~~ another prisoners. This said prisoner is on an ~~any~~ orange Cap - Gabapentin. Colin is on Methadone. IMU Informed. Will alert Addictions Nurse. DONE	
21/12/09	[illegible]	Inj I + Ref repeat	
13/1/10	M35 N	Seen during evening medication rounds. Patient has dental abcess. Passed to MO for consideration for antibiotics. A Johnston (Johnston)	
14/1/10	mo	Amoxicillin prescribed as required above.	

WALLACE

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SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No:	
SPIN No:	17345

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
22.1.10 10[45] am	N	Nurse clinic - attended with dental pain (ongoing complaint). Has apt with Dentist and currently on antibiotic therapy. Area still remains painful and swollen. Previously on bufen with success, will discuss with MO for further prescription —— gm	
22.1.10 11[10]	N	Further ibuprofen prescribed by MO —— gm	
27/1/10	2nd D	Dt PUt denture finished but not fitted as needs extraction. Denture retained	
12/10	Nurse 2	8/x1 10/q Hero —— Tit 8/-	
17/3/10	N	Request from officer N. Mason to assess Mr McKay as he stated he was very drowsy and struggling to stay awake during conversation. When I went to the cell it was clear he had taken something. He claims he took 1/2 a sleeping tablet, o/e BP 133/83 P105, Urine Sample requested - unable to provide. Put on hourly obs until he has been re-assessed tomorrow. Explained to him that	

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Date Time	Entry Code	NOTES	Signature
		his methadone will be withheld	
		until such time.	
18/3/10	AN	SB ACCIDENTS - SEE ACCIDENTS NOTES	
19/4/10	Visit 5	2 3 4 5 GI AT deep deep PE deep	
28/4/10 0400	MJ	ATS in A Hill as emergency as collapsed on unresponsive. No hx pain prior hx ? drug OD O/E Unresponsive GCS = 3 Peripheral pulse BP 100/64 RR5 SpO_2 = 95% BP drops to 96/61 SpO_2 = 93% then BP 82/45 P63 SpO_2 = 96% Oxygen therapy given via pocket face mask BP 101/66 P66 SpO_2 = 98% Anaesthetic insertion of oropharyngeal airway and right hand side pupil dilated sluggish and oropharyngeal airway removed. Procedure carried out procedure given PMH epilepsy and propofol pupils procedure given normal. Patient became more responsive (place to A&E patient removed unresponsive to verbal/physical cues and person given IV emergency medication) and able to maintain On walking in the corridor on way to ambulance patient collapsed and transfer right hand side and was then transferred to a wheelchair PRI	
1455		Telephoned A+E Lead relevant information about patient: PMH of epilepsy, Hep C positive, P63	

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SPS PHYSICALCARE RECORDS

HM	PERTH
Sheet No:	
SURNAME: MCKAY	SPIN No: 017345
FORENAME: COLIN	

Date Time	Entry Code	NOTES	Signature
28/4/10	MU	Negative (2005) IVDU Also advised A+E patient on methadone per resp teams wish patient was to be bed between 8-9 am today.	M Wallace, WALLACE M.
28/4/10	N	Attended patient in bed as above. A Johnston (JOHNSTON) SMcCa (MCCAMACHIE)	
28/4/10 1520	MG	Message from nursing team that HDU would give bed report information re that medication used in overdose no discharge. Tel A+E and CAT and spoke with Dr Nicoll and relayed above information. Dr Nicoll had received a message that I had called earlier to advise Hep C positive but HIV negative. Advised Dr Nicoll that in 1995 Hep C previous test negative but no representation since HIV status. Also replaced patient line he IVDU and therapy should be regarded as high risk for BBVs.	M Wallace, WALLACE
29/4/10.	12'15	Telephone call made to Ward 4 for patient update information. Staff informed me that Colin was awaiting a bed transfer to Ward 8 PR as Xray showed he had # ankle. I checked with Staff that this was the case & she confirmed so. He is conscious & orientated	

Date Time	Entry Code	NOTES	Signature
		at this time.	SJ28t.

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Colin M°Kay.

SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No:	
SURNAME	McKay
FORENAME	Colin
SPIN No:	7345

Date Time	Entry Code	NOTES	Signature
1340.		BP 100/64 P. 85 SPO2 95%	
		GCS - 3.	
1350		BP 96/61 P. 72 SPO2 93%.	
1355		BP 82/45 P. 63 SPO2 94%.	
1410		BP 101/66 P. 66 SPO2 98%.	
29/4/10	2029 PN	Returned from hospital - on enteros. Advised Locate Lower Ground floor - he politely declined tx refusal form signed Darren	
29/4/10	NJ	Mentally capable of making this decision & have this recorded as witnessed and aware of outcome of hospital admission. Liaised w/ M/O [redacted]	
30/4/10	AN	Urine - Negative for all CNS tests. Mentally Assures me he has had taken anything feels he has options. Similar to this in '10 past. Seen by	

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Date Time	Entry Code	NOTES	Signature
		[redacted]	
		Removed from hospital	
		(1) Fracture legs well. Cast in place.	
		Nursing says child - good movement of	
		toes + well pulses	
		Parent has bought bad appearance when	
		will require Fracture Clinic review. Rx diclofenac	
		(2) Parent states did not take illicit	
		drugs prior to hospitalisation. NO	
		drug use when from hospital.	
		Plan: Nursing says to show up	
		discharge letter.	
		(3) Had methadone in hospital yesterday,	
		Alert + Ind. PEAR. Pupils: nil.	
		Plan: Send to Addiction Team: see	
		re methadone today.	
		re wrist cast	
7/5/10 1000	N	Attended Hall to see patient.	
		% discomfort in (L) foot; states it is	
		occurring approx every ½hour. He states	
		it feels hot and starts to throb.	
		On examination, no swelling evident,	
		good circulation in leg and foot.	
		At time of examination, patient states	
		it was fine. Observations as follows.	
		BP 119/67 Resp 18 P. 68 Temp 36·4.	
		Advised to continue with Diclofenac and	
		to take regular paracetamol and advised	
		staff if symptoms persist or worsen.	

SM'C P/N

(M'Grinachie)

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SPS PHYSICALCARE RECORDS

HM	PERTH.
Sheet No:	—
SPIN No:	17345

SURNAME: MCKAY
FORENAME: COLIN

Date Time	Entry Code	NOTES	Signature
7/5/10 2000	N	Asked to see Mr McKay who is in hall doing medication. Still c/o Cast on leg been too tight, digging into his small toes, O/E Circulation does not appear to be affected, good colour, Contacted Health Centre and requested agency nurse F. McCulloch to contact the Doctor for advice. LD — SenRGN	
7/5/10 2030	N	DIW Dr Sinclair advised to keep leg elevated and if no circulation affected to try gauze swabs to prevent rubbing but to contact A+E for more advice. Spoken with Staff Nurse Paula in A+E PRI re situation advised if a cast for support only Mr McKay should not be walking on it as this could cause trauma ie rubbing if not a walking cast Therefore he must not put pressure on cast at all. Also advised to Elevate leg if any circulation affected to toes or leg Mr McKay needs to ~~contact~~ attend A+E. Nurse L Dawson informed re this information	

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Date Time	Entry Code	NOTES Signature
7/5/10 2040	N	Information relayed back to Mr McKay ~~from~~ error received from nurse F. Macllorh, no swelling or circulation problems visible. Mr McKay was requesting scissors to cut it off! Told him to keep taking his painkillers as prescribed and to elevate his leg only walking using crutches when absolutely necessary. Will be reviewed in morning if no improvement. — Sam RGN
3/6/10	Nelf E	5/52 5/c GI Legal LAF
17/6/10 2010	N	Seen yesterday at Well Man Clinic Random Blood Glucose raised, to be listed to be seen at Health Care Centre. — [illegible] DN/PN
6/7/10 11[16].	PN	Nurse clinic – previously blood glucose high, today 9.7*. Will relist for fasting bloods. Also c/o pain to (L) ankle at previous break. See. for pain control. ~~ibuprofen~~ Dihydrocodeine and R/r 2-3 days — gmurray.
6 JUL 2010 12/8	DN	Dihydrocodeine 50mg TDS PRN per written — settle pain. hol – seen, nurse clinic
		Dr Tomas Schayna
12/7/10	Nelf L	4/52 3/7 GI LAF + dent com 5)

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SPS PHYSICALCARE RECORDS

HM	PERTH
Sheet No:	
SURNAME McKAY	SPIN No: 17345
FORENAME COLIN	

Date Time	Entry Code	NOTES	Signature
15/7/10	MO	Pain in left calf has flared up again for past 2/52. No new trauma. Worse on movement.	
		O/E Afeb, mildly SOBOE. No haemoptysis. Tender cords lateral midline + dorsal surface of foot, 4 + 5th metatarsal. Good ROM. No neurovasc deficit.	
		Imp: ? Sup misuse injury	
		? Fracture or healing properly	
		Plan: - Stop dalteparin (stress prophylaxis)	
		- Commence naproxen 500	
		- Refer back to orthopaedics	
		- Advise to seek further medical help if worsening symptoms.	
		M. Wallace WALLACE	
2/10/10	PN	Called to ward where patient was suffering	
	1455	from chest pain. On entering cell patient	
		sitting in chair having fallen on	
		floor. ? unwitnessed seizure. BP 126/79	
		P 94 Sats 97%. No involuntary urination	
		or tongue biting. Good air entry to both	
		lungs. Taken to healthcentre for ECG. Pain	
		continues, more pinpoint on inhalation central	
		chest tender on palpation. Phoned on call MO	
		Dr Medics (Dr HM) advises paracetamol & buscopan	
		400 mgs TDS. Script to be faxed through. Call	

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Date Time	Entry Code	NOTES	Signature
		witnessed by P/N M Robertson. Patient	
		placed on hourly obs. Advised to contact	
		HC if symptoms worsen or change.	
		A Johnston (JOHNSTON) M ROBERTSON	
2/10/10	P/N	Telephoned ward for update, patient has	
	1720	taken ibuprofen and appears settled.	
		A Johnston (JOHNSTON)	
3/10/10	P/N	Patient seen in ward for methadone, nil	
	0930	complaints removed from obs. A Johnston (JOHNSTON)	
Studies	0800 PN	phone call from Officer K. Kinnear	
		Mr McKay in agony, thinks ribs	
		broken & puncturing lung. O/E Good air	
		entry, Sats 99%; BP ® 116/92 Ⓓ 97/60	
		P70. T. 34 C. Room cold. only had	
		T shirt on feels S.O.B. holding breath	
		on inhaling & exhaling feels the air	
		isn't going in. 2 hr Hx. had pain, since	
		Sat when woke up on floor. - why	
		See above. States in agony & is tender	
		to touch. When pressing on lower back	
		Ⓓ side, flung arm round & examined	
		for words. Good arm extension. Will	
		get Dr to see this am. Advised	
		paracetamol & bath meantime.	
		COENEN	

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SPS PHYSICALCARE RECORDS

HM	Perth
Sheet No:	
SPIN No:	

SURNAME Mc [illegible]
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
		Reviewed in health centre.	
		Colin reports he awoke on the floor on Saturday morning. He believes he "had a fit" because he had bitten his tongue.	
		Nil history of fever or unusual circumstance.	
		Reports previous "fit" but none for several years and no history of precipitant.	
		Denies use of illicit drugs.	
		Only head injury (although not otherwise)	
		Today, reports (R) - aided chest wall discomfort.	
		On RIH 9/7 (air)	
		Pulse 74bpm regular.	
		Chest clear to percussion and auscultation, clear to auscultation.	
		Examination - unable to provide exam.	
		No evidence of bruising or injury.	
		Impression:	
		Impression: Reports (R) chest wall discomfort in gentleman who has an apparent history of "fit".	
		Otherwise, unproven - likely muscular injury (+ pain).	
		Issue of "fit" - notes medical report required as necessary.	

WOE0307S 08/01

NSV CODE WOE 0307S
HCR.1999.04

NHS Confidential: Personal data about a patient

Date Time	Entry Code	NOTES	Signature
13/3/11	13 PN	NC. C/O varicca on ® heel. for Varicca removal Solution CPratt	
14/3/11	Mo	Selected pour prescribed on WALLAC	
20/5/11	dn	R Heel Splinter? V/P?	MD
2/6/11	1415 N	Requesting diuretics as states has water retention and excessive sweating BP 110/66 P64 Weight 82.6kg. Advised ↑ Sweating may require further investigation states had this investigated before and ? due to methadone feels retaining water around chest and stomach area no swelling noted suggesting this states can't loose weight despite attending gym. Advised would not recieve diuretics for this and dietary and exercise advise given if no improvement to re-refer. — CPratt	
16/6/11	1615 PN	NC. Sciatica ©. back through to leg. Hx intermittent not had for 4-5 wks prev. not taken anything for it. States on no meds @ all. Prev ibuprofen for this & didn't help. ~~will get me to pharmacy accordingly~~ CPratt. Advised reg Paracetamol 2 wks. Nic. Weight lifting centre exercise. Happy for try this & if no better then. Good ROM, flexion & Strength in both legs. CPratt.	

NHS Confidential: Personal data about a patient

SPS PHYSICALCARE RECORDS

HM	PERTH
Sheet No:	
SURNAME MCKAY	SPIN No: 17345
FORENAME COLIN	

Date Time	Entry Code	NOTES	Signature
21/7/11	N	NURSE CLINIC.	
	1425	Still c/o sciatica (L) side. States paracetamol not helping. Took unprescribed ibuprofen and that didn't help. Advised I will D/W Mo. MR HUSSAIN P/N	
21/7/11	MO	Diclofenac prescribed	
28/11.	1145 PN	NC - Sciatica on abxe. Worse @ night. C/L Good, flexion & movement in both legs. Can bend forward but it's sore. Has been doing back exercises in Gym - ? aggravated Sciatica. Not tender to touch. but says it's "too deep to touch". For Mo referral re ongoing issue. Also to continue Diclofenac but take paracetamol too. Requesting info about TENS machine - to see Mo about this. Gratt.	
10/8/11	MO	5 year hx intermittent sciatica. Right sided burning pain radiates to right foot + shooting pain. No red flags. O/E Tender right buttock. Spine: good ROM but pain at extremes. Hips: good. SLR reduced on right.	

WOE0307S 08/01

NSV CODE WOE 0307S
HCR.1999.04

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Date Time	Entry Code	NOTES	Signature
		PLAN (1) conservative discharges	
		(2) Re amitriptyline. Advised can have increase every 3/52 but patient not been to medical about reduction	
		Agreed could require baclofen in 3/52 if amitriptyline not successful.	
		(3) OK patient on a TENS machine	
		Agreed would like for review to discuss on next detail	
		(4) Advice to seek further medical help if symptoms worsen/change	
26/8/11	MC	Amitriptyline increased.	
		Baclofen prescribed	
28-8-11	N	Amitriptyline 10mg x 6 tablets issued	
		Amitriptyline 25mg issued as patient. Murphys Duffins	
29.8.11	N	Nurse Clinic. TENS Machine + Batteries x4 AAA + 4 pads issued. —— Murphys Duffins	
3/9/11	1345 N	Seen at detox this am states fell and landed on hand few days ago at football and has hurt (L) side breast tenderness area, which is painful to touch no shortness of breath no other symptoms states on baclofen advised may need NSAID (as steroid) however pt request as Mr McKay then will try paracetamol and continue with baclofen and if no improvement re-refer to nursing staff. —— E McCauley	

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SPS PHYSICAL CARE RECORDS

HM	PERTH.
Sheet No.	
SPIN No.	173455

SURNAME McKay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
21/9/11	Mo	Nursing request to see MO re chronic sciatica and meds for nursing. Patient was seen + examined 10/8/11 and on diclofenac + amitriptyline + baclofen. Discussed on handover and nursing staff will advise patient that amitriptyline will be increased for further 3/52 trial and that patient can request further increase in 3/52 if no change	
22/9/11 1900	N	Patient informed of above. ——— Medication issued	
24/9/11	(MO)	C/O of Sciatica - says still painful even after the pain killer - says known to have sciatica pain for long time - pain radiate from (L) buttock down to leg. No urinary/bowel problem - No pins + needle in (L) leg - No limping. on Diclofenac / amitriptyline / Baclofen + Methadone	

JNSV CODE.WOE 0307S

15272

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→ Continued

24/10/11 O/E Gait — (N)

- No tenderness at lower limb spine
- SLR - (-VE) both side.
- FROM at all joint.

Q - Analgesic Changed
- Rx Xray needed

18/1/12 Patient lifting Weights in gym
few days ago on aggravated his
Sciatica.

Legs lower back pain radiating down back of
leg to foot. NO red flags. Patient has
overall has amitriptyline/baclofen — advised
not to do so. but I will increase dose
O/E Tender legs lumbar paravertebral area.

Pain on flexion & Spine + hip on legs.
Reduced SLR on legs

Inv : Scoliosis

Plan : (1) Increase baclofen to 1mg TDS
(2) Increase amitriptyline to 75mg
(3) Rx reassured (4) Advice re gentle
mobilisation (5) Advice TCB if not settled 4-6/52
↳ walk

NHS Confidential: Personal data about a patient

SPS PHYSICAL CARE RECORDS

HM	PERTH
Sheet No.	
SPIN No.	17345

SURNAME McKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
27.1.12 2000	N	Patient questioned medication whether he should be on Nefopam and naproxen - Naproxen handed back to patient - For review by Dr am. Steve (21 Nefopam 30mg handed ~~back~~ into medical custody).	
31/1/12		Noting taken Nefopam discontinued in error.	

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SPS PHYSICAL CARE RECORDS

HM	
Sheet No.	

SURNAME	SPIN No.
FORENAME	

Date Time	Entry Code	NOTES	Signature

15272

NHS Confidential: Personal data about a patient

RESTRICTED - MEDICAL

SPS PHYSICAL CARE RECORDS

HM	Edin
Sheet No.	1
SPIN No.	17345

SURNAME: Mckay
FORENAME: Colin

Date Time	Entry Code	NOTES	Signature
7/2/12	N	Seen in reception. No issues. On methadone prescription. S JONES / Signed.	
3-7-12	D	Transfer from Perth	
		Current Medication (as known)	
		Methadone 60ml	
		Amitriptyline 75mg nocte (prescription)	
		Baclofen 10mg tds (prescription for 5 months)	
		NSAID = naproxen, diclofenac - no issue	
		Current	
		Baclofen = as above	
		Analgesia - morphine dose increased to 60mg bd helped him with all the pain. Sleep is now 4 hourly 3-4 hours reduced by getting up at night.	
		PMH:	
		Chronic back pain & leg pain from early 20's	
		Knee # 2011	
		Epilepsy childhood (Grand mal - no seizures)	

25667

RESTRICTED - MEDICAL

NSV CODE WCE 0307S

NHS Confidential: Personal data about a patient

[redacted]

NHS Confidential: Personal data about a patient

SPS PHYSICAL CARE RECORDS

HM	Ed.
Sheet No.	2
SPIN No.	17375

SURNAME M°Kay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
8-2-12	ND	PAIN,	
		Pt unable to weight bear on left leg due to pain	
		no deformity	
		no DSI-1	
		BACK PAIN	
		Exam by lumbar flex & lateral flex painful	
		Exam by palpation	
		Ext to R+	
		SLR 15° (unable NT)	
		Impr: chronic pain	
		? ext muscle strain	
		discuss with SHO NT	
		Impr: Chronic Pain: Large emotional component to pt physical	
		there were also functional aspects	
		most helpful would be	
		letter to GP with	
		referral phys Dr	

15272

NSV CODE WOE 03078

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SPS PHYSICAL CARE RECORDS

HM	Grampian
Sheet No.	
SPIN No.	17345

SURNAME
FORENAME

Date Time	Entry Code	NOTES	Signature
17/2/12 1030	N	SRF Seen at Mage requesting pain management States does not want opiate medication wants help will list for GP review Gstewart (Stewart RN)	
21/2/12	Dr	LBP, radiating down (R) leg to heel - S/B Nil - 2/52 ago =) referral to physio - Naproxen & co-codamol =) stop States Nad Diclofenac and Gabapentin in past does not want opiate - is trying to come off medication pain, paresthesia to (R) calf/heel Oral Morph =) sciatic pain, states has had type - had pain before admission, then started lifting weights =) worsened =) change med =) ? Amitriptyline to help as well as Mefenamic acid stop Ibu =) await opinion from physio =) ? neg response referral to neurosurgeons ? no need to re-enter after o/p physio Gstewart Grampian	
29/2/12	(LM)	PHYSIO: Seen for probable L5 radiculopathy secondary to disc protrusion. RIV in 1/52. See notes in care plan. Laura McLean (LM)	

15272

ASV CODE WOE C

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SPS PHYSICAL CARE RECORDS

HM	EDIN
Sheet No.	
SPIN No.	

SURNAME M^c^Kay
FORENAME Colin

Date Time	Entry Code	NOTES	Signature
6/3/12 10:15	A	Out at Hospital last night for ? appendicitis - sent back - "Read Him" ? :) Rx in letter x came with him for CT Scan today - not available :) faxed letter + try to get at for CT. :) Rx analgesia - already on methadone, flucloxacillin + naproxen acid add Rx naproxen 30g BD TDS for now review Mon	Green
6/3/12 1100	N	Telephone call received from Surgical doctors at hospital. Prisoner out at A&E yesterday. Sent back to prison with plan for CT KUB today. Doctors at hospital asking how prisoner is today. d/w Debs nurse, who saw prisoner this morning - no concerns. Spoke with hall staff - nil complaints from prisoner. Hospital staff informed of this. Not for CT KUB at present. If becomes acutely unwell, or ↑ pain, to reconsider CT KUB. No further action at present.	PWSDevine : PWSDevine
7/3/12	(PT)	Physio: Refused physio - re-list for next week:	Lauren McK (LM)
7/3/12 (1500)	N	Telephone call from hall staff. Prisoner looking for analgesia following m/o clinic yesterday. On checking kardex, no changes noted. Seen prisoner in cell. Complaining of ↑ pain (R) IF), especially at night + ? difficulty passing urine. With d/w m/o at earliest opportunity.	PWSDevine PW.SDevine

152272

NSV CODE WDE 0307S

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SPS PHYSICAL CARE RECORDS

HM	EDINBURGH
Sheet No.	
SPIN No.	17345

SURNAME MCKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
7/3/12 (16:00)	N	d/w M/O re: @ IF pain. Diclofenac prescribed + ordered. (X 4 issued from stock today). If pain continues, M/O advises that he is seen by doctor, available tomorrow. PWS Devine. PWS DEVINE	
8/3/12	MO	- c/o RIF + groin pain since	
	1045	few doses past 3/7.	
		- pain diclofenac + bloods noted	
		∴ see nurse later. ? renal colic	
		o/e pain currently at its best	
		in pain - walking stable	
		BP 100/70 PR regular	
		^	
		↑° BSV	
		tender suprapubic	
		INP - renal colic	
		TC to Mr Tullon's team	
	1110	urgent bloods urology direct	
		* took 10-15 mins to get nurse	
	1125	→ TC urology put through to admin office	

*initials given general medicines

15272

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RESTRICTED - MEDICAL

SPS PHYSICAL CARE RECORDS

HM	
Sheet No.	
SURNAME	SPIN No.
FORENAME	

Date Time	Entry Code	NOTES	Signature
	11.20	TC Urology on call, collected will not take mine until abx scanned and proven need to emergency care	
	1180	A+E Surgeon ⇒ FAO Surgeon. TC surgeon – will see M q. D/Bradley	
		Ward ✓	
9/3/12		Removed from A+E – told Urol need passed stone & told me he had not. must have passed between me seeing him and attending A+E &	
14/3/12	PHYSIO	S/B physio for notes in car plan. R/V in 3/52. Laura M (lm)	

25667

RESTRICTED - MEDICAL

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RESTRICTED - MEDICAL

SPS PHYSICAL CARE RECORDS

HM	
Sheet No.	
SURNAME	SPIN No.
FORENAME	

Date Time	Entry Code	NOTES	Signature
27/3/12	Dr	SHO to Gail given /scenario has tried "all" the medication at present on methadone, amitriptyline + dolpan has tried all other medication mentioned and all have failed wanna what else to suggest -) ↑ amitriptyline to 150mg daily add Pk controlled 8/500 TDS already getting physio -) admit contact with the rule out psychosis for opinion of both wants to living in his own home for an opinion -) says is able for work but is not able to do any lifting. unable to put in "medical review" as no access to computer.	
30/3/12 13:15	D	Discussed with MO. Will be put on with medical review	
4/4/12	PHYSIO	Seen by physio. – see notes in care plan. Symptoms largely unchanged (although no leg pain today) Keen to cont. ↑ physio – advised patient of timeframe for neurogenic pain to settle. R/V in 2/52. Laura MC (PT)	
18/4/12	PHYSIO	S/B physio. See notes in care plan Laura M (PT)	

RESTRICTED - MEDICAL

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SPS PHYSICAL CARE RECORDS

HMP	Edinburgh
Sheet No.	
SURNAME	MCKAY
FORENAME	COLIN
SPIN No.	17345

Date Time	Entry Code	NOTES	Signature
		NRF Received. Patient requesting meds review. listed for MO 24.4.12. Nil further to note at this time.	SFOLEY
24/4/12	Dr.	Reviewed in clinic. Looking for stronger analgesia for Lt sciatica on co-codamol 30/500 + methadone 60mg. asking for stronger co-codamol. I suggested ↑ amitriptyline instead Rx 150mg → 200mg at night. (Mentioned pregabalin – I said specialist Rx not normally GP) NB Awaiting orthopaedic appt Rt back pain/sciatica	ANDREW MAXWELL
2/5/12	(PT)	PHYSIO: S/B physio – see notes in care plan. To use exs bible 5 min daily.	Laura MA (PT)
16/5/12	(N)	Attended triage room complaining of sciatic pain. Colin advised to submit med app to doctor for pain relief and agreed to discuss sick line with MO Kavanagh emn. Discussed with MO who will not issue sick line, advised submit MRO app if unhappy with the decision Kavanagh RMN.	
18/5/12		Sick visit	

15272

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[redacted]

SPS PHYSICAL CARE RECORDS

HM	
Sheet No.	

SURNAME	SPIN No.
FORENAME	

Date Time	Entry Code	NOTES	Signature

15272

NSV CODE WOE 0307S

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I do [redacted] (delete as appropriate) want the Covid vaccination

Name: Colin McKay SPIN: 17345 Location: Chrisswell C04

5-9-79

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NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	**SPIN NUMBER:**	19345
Date of Birth:	5.9.79	**Hall & Cell No:**	C Hall
Date of Request:	21.7.21	**Lib Date:**	STP.

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*	[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:-

Colin has request information re: c/o Buvidal.

DATE RECEIVED: 21.07.2021 SMG.	**REFERRED TO:** Addictions
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:** 21/7/21

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

will be listed for K. Clark next addiction clinic

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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 INTERVENTIONS SERVICE

Referral Form for HMP Barlinnie, HMP Low Moss & HMP Greenock

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1. Prisoner Details

NAME	Colin McKay			
DOB	05/09/1979	SPIN	17345	
PRISON	Greenock	HALL	Ailsa	
INDEX OFFENCE	Murder CON MISUSE OF DRUGS ACT 1971, SECTION 4(3)(b) CON FIREARMS ACT 1968, SECTION 1(1)(a) Firearms Act 1968,S5(1)(aba) CON FIREARMS ACT 1968, SECTION 5(1)(a) CON FIREARMS ACT 1968, SECTION 1(1)(b) Firearms Act 1968,S5(1A)(f)	LEGAL STATUS	TRIED Lifer	
DATE OF PPED	09/08/2018	EDL < 3 MONTHS?		NO

**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

Helen Pulford had indicated that the MH nurses may obtain this through TTM discussions but if not happy to go and speak to him

2. Screening Questions

		If 'YES' please specify details
MENTAL HEALTH		
Has a mental health assessment been completed?	YES / NO	I imagine so based on TTM status
Do they have ongoing contact with the team?	YES / NO	Currently due to TTM status
INTERVENTIONS		
Referred to/engaged with Offending Behaviour Programmes?	YES / NO	Has previously engaged in OBPs – CARE and VPP
Referred to/engaged with any other interventions?	YES / NO	Mr McKay was recommended after ACRMT to have a review for top up programme work
RISK FACTORS		
Is there any ongoing substance misuse?	YES / NO	Not currently
Is there any history of self-harm, suicidal ideation or behaviour?	YES / NO	Mr McKay is currently on TTM
Are there identified risks to clinician?	YES / 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:

Mr McKay was a National Top End prisoner. He was subject to an Adverse Circumstances RMT on 06/11/19 due to being placed on report. The decision was to downgrade Mr McKay and return him to Shotts. He was subsequently placed on Talk To Me and Shotts did not have a suitable cell to take him.

The ACRMT had recommended that when returned to closed conditions there was a review for top up work looking at decision making, consequential thinking and how he relates to his peers. Mr McKay asked to speak to myself about potential programme work and I met with him on 21/11/19. Mr McKay was genuinely in fear of his safety if he returned to HMP Shotts due to credible threats to life from his co-accussed. For context Mr McKay has been labelled a "grass" through the prison system and has been on protection for most of his sentence; he has also been seriously assaulted twice throughout his sentence.

Since then operational decisions have been made (on 27/11/19) in terms of Mr McKay's safety which mean he is going to remain in Ailsa hall in Greenock.

The reason for referral is that due to Mr McKay's current assessment of threat I do not think that I will able to complete any risk focussed work until he can manage his arousal level to engage his cognitive processes.

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Mr McKay has engaged with clinical psychology before in HMP Shotts and indicated that he had asked about it here but had been told the waiting list was long and therefore decided not to bother (not sure where he gained this information) – so although I have not officially gained consent for this referral I am sure he will be amenable to this.
Please list current distressing experiences and/or difficulties: Although there is a credible threat of harm to Mr McKay this has been persistent throughout his sentence. At the moment his assessment of risk does not seem proportionate to the actual risk and it is impacting on his ability to make rational decisions. Hyper arousal to threat Low mood impacted by current position – this may have lifted slightly as he now knows he is remaining at HMP Greenock.
How do these impact on their current functioning? Mr McKay isolates himself due to these threats He is also currently on TTM Impacting on decision making processes

4. Referrer Details

SIGNATURE:	Hazel McBride
NAME:	Hazel McBride
DESIGNATION:	Psychology Manager
DATE:	29/11/19

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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Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
14/5/20			3		
15/5/20			3		
16/5/20			3		
17/5/20			3		
18/5/20			3		
19/5/20			3		
20/5/20			3		
21/5/20			3		
22/5/20			3		
23/5/20			3		
24/5/20					
25/5/20			3		
26/5/20			3		
27/5/20			3		
28/5/20					
29/5/20			3		
30/5/20			3		
31/5/20			3		
01/6/20			3		
02/6/20			3		
03/6/20			3		
04/6/20					
5/6/20			3		

DATE	A.M.	NOON	NIGHT	PM	NIGHT	COMMENTS
6/6/20				3		
7/6/20				3		
8/6/20				3		
9/6/20				3		
10/6/20			3			
11/06/20			3			
12/06/20			3			
13/6/20				3		
14/6/20				3		
15/6/20				3		
16/6/20				3		
17/6/20				3		
18/6/20				3		
19/6/20				3		
20/6/20				3		
21/6/20				3		
22/6/20				3		
23/6/20			3			
24/6/20				3		
25/6/20				3		
26/6/20				3		
27/6/20				3		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 173455 LOC: DOS - 5/9/79 mi - 299941

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/74	Hall & Cell No:	A1 Ba / 1 / 32
Date of Request:	29/4/20	Lib Date:	Life

GENERAL REQUESTS FOR NURSE CLINIC (including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:-

I would like my mirtazipine dose to be put back down to 30mg as I have hardly slept since I was put up to 45mg. If it could be done as soon as possible that would be great.

Thanks ✓

	**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 RECEIVED: 29/4/20	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR: 1/5/20	**DATE SEEN:**

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
5/1/20			1		
6/1/20			1		
7/1/20			1		
8/1/20			1		
9/1/20			1		
10/1/20			1		
11/1/20			1		
12/1/20					
13/1/20			1		
14/1/20			1		
15/1/20			1		
16/1/20			1		
17/1/20			1		
18/1/20			1		
19/1/20			1		
20/1/20			1		
21/1/20			1		
22/1/20			1		
23/1/20			1		
24/1/20			1		
25/1/20			1		
26/1/20			1		

DATE	A.M.	NOON	~~NIGHT~~ PM	NIGHT	COMMENTS
27/1/20			1		
28/1/20			1		
29/1/20			1		
30/1/20			1		
31/1/20			1		
1/2/20			1		
2/2/20			1		
3/2/20			1		
4/2/20			1		
5/2/20			1		
6/2/20			1		
7/2/20			1		
8/2/20			1		
9/2/20					
10/2/20			1		
11/2/20			1		
12/2/20			1		
13/2/20			1		
14/2/20			1		
15/2/20			1		
16/2/20			1		
17/2/20			1		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McVay SPIN No.: 17345 LOC: ..... mi• 299941

NHS Confidential: Personal data inside packet

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
18/2/20			1		
19/2/20			1		
20/2/20			1		
21/2/20			1		
22/2/20			1		
23/2/20			1		
24/2/20			1		
25/2/20			1		
26/2/20			1		
27/2/20			1		
28/2/20			1		
29/2/20			1		
1/3/20			1		
2/3/20			1		
3/3/20			1		
4/3/20			1		
5/3/20			1		
6/3/20			2		
7/3/20			2		
8/3/20			2		
9/3/20			2		
10/3/20			2		

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
11/3/20		2			
12/3/20		2			
13/3/20			2		
14/3/20		2			
15/3/20			2		
16/3/20			2		
17/3/20			2		
18/3/20			3		
19/3/20			3		
20/3/20			3		
21/3/20			3		
22/3/20			3		
23/3/20			3		
24/3/20			3		
25/3/20			3		
26/3/20			3		
27/3/20			3		
28/3/20			3		
29/3/20			3		
30/3/20			3		
31/3/20			3		
1/4/20			3		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: C. McKay SPIN No.: 17345 LOC: DOB - 5/9/79

NHS Confidential. Personal data about patient

NHS Confidential: Personal data about a patient

Glasgow City HSCP

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

Private & Confidential

Mr Colin McKay
Spin 17345, Ailsa 1/32
HMP Greenock
85 Old Inverkip Road
Greenock
PA16 9AJ

Clinical Psychology Interventions Service
HMP Barlinnie
Health Centre
81 Lee Avenue
Glasgow
G33 2QX

Tel: 0141 770 2050

Date: 9th December 2019
Our ref: CR/CMcK

Dear Mr McKay,

We can now offer you an initial assessment appointment with Karen Muir, Mental Health Therapist on the 12th December 2019 at 10am within the link centre. It is important that you remain within the hall on this date.

Please ensure Residential Officers are aware of this appointment.

I have also enclosed a questionnaire about your mental health. It would be very helpful if you could complete this in advance of your appointment and bring it with you on 12th December. Don't worry if there's any questions you're unsure about though as Karen will discuss the questionnaire with you in more detail during your appointment.

Yours sincerely,

Claire Reid
Clinical Psychology Interventions Service Administrator

NHS Confidential: Personal data about a patient

McKay Colin J CHI: 0509796095

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2490
Enquiries to: karen.barton@ggc.scot.nhs.uk

Dr. UNK-Unknown GP
Patients Where Practice Code Is Unknown And Who Are Not Covered By codes 99942 99957 99976 99981 99995 99961

Letter Date: 28/01/2020
Reference: RKN/KB
Dictated Date: 28/01/2020
Transcribed Date: 06/02/2020

Dear Dr. UNK-Unknown GP,

Colin J McKay; D.O.B: 05 Sep 1979; CHI: 0509796095
THE HEALTH CENTRE, P.O. BOX 19605, Greenock, Renfrewshire, PA15 9ET

Attendance: Specialty - Neurology; Clinic - SGRKNNE3-DR NEKKARE EPILEPSY CLINIC TUESDAY AM
Date and Time of Appointment - 28/01/2020 10:00

Follow Up: NIL- DNA

Clinical Comments:
Your patient failed to attend their appointment with me in the neurology clinic today. Due to the pressure on appointments they will not be re-appointed.

Yours sincerely

Dr Ramesha Kallakatta Nekkare

Consultant Neurologist

Electronically Signed: Dr Ramesha Nekkare, Consultant

cc.

NHS Confidential: Personal data about a patient

ding Sheet for Prescriptio

Name: ..... SPIN No.: .....

Drug Recording Sheet

DATE	A.M.		NOON	P.M.		NIGHT		COMMENTS
7/11/19	2	DS		3	DS			
10/11/19	2	DS		3	A DS			A given supd.
11/11/19	2	um		3	um			
12/11/19	2	um		3	um	A	um	
13/11/19	2	um		3	um			
14.11.19	2	uk		3	DS	A	DS	A = ~~supd~~ supd
15/11/19	2	DS		3	DS	A	DS	A = supd
16/11/19	2	um		3	A um			A = slus
17/11/19	2	um		3	A um			A = slus
18/11/19	2	um		3	um			
19/11/19	2	DS		3	DS	A	DS	A = supd.
20/11/19	2	uk		3	DS		DS	
21/11/19	2	uk		3	uk	A	uk	
22/11/19	2	uk		3	uk	A	uk	
23/11/19	2	uk		3 A	uk			
24/11/19	2	uk		3	uk			
25/11/19	2	um	1 uk	3	um			1 = R Dec Jab
26/11/19	2	uk		3	uk	4	AS	
27/11/19	2	um		3	uk	4	uk	
28/11/19	2	um		3	uk	A	uk	
29/11/19	2	um		3	um	4	um	
30/11/19	2	uk		3	uk	4	um	SIUS

DATE	A.M.		NOON		NIGHT ~~PM~~		NIGHT		COMMENTS
30/11/19									
1/12/19	2	uk			3	uk	4	uk	A = SIUS
2/12/19	2	uk			3	uk	4	uk	
3/12/19	2	uk			3	E uk			E = 2/7
4/12/19	2	um			3	uk			
5/12/19	2	uk	E	um	3	um			E = 1/52
6/12/19	2	um			3	um			
7/12.19	2	um			3	um			
8/12/19	2	uk			3	uk			
9/12/19	2	um			3	um			
10/12/19	2	uk			3	uk			
11/12/19	2	uk			3	uk			
12.12.19	2	um	E	uk	3	um			E = 1/9
13/12/19	2	um			3	um			
14/12/19	2	um			6	uk			
15/12/19	5	uk			6	uk			
16/12/19	5	um			6	um			
17/12/19	5	DS							
18.12.19	5	uk			6	DS			
19/12/19	5	um	E	uk					E = 1/52
20/12/19	5	DS			6	DS			
21/12/19	5	DS			6	DS			

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: COLIN MCKAY SPIN No.: 17345 LOC: 05.09.19 NKDA mi · 299941

Sheet for Prescription She

Name: Colin McKay SPIN No.: LOC:

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
22/12/19	5 am		6 am		
23/12/19	5 am		6 am		
24/12/19	5		6 am		
27.12.19	5 LW		6 LW		
26.12.19	E 5 LM		6 LM		E = 1/2
27.12.19	5 LM		6 LM		
28.12.19	5 LM		6 LM		
29.12.19	5 LM		6 LM		
30.12.19	5 LM		6 LM		
31.12.19	5 LW		6 LW		
1.1.20	5 LW		6 LW		
2.1.20	5 am E		6 pm		F = 1/2
3.1.20	5 pm		6 am		
4.1.20	5 am		6 am		
5/1/20	5 LW		6 LW		
6/1/20	5 pm		6 pm		
7.1.20	5 pm		6 pm		
8/1/20	5 LW		6 LW		
9.1.20	5 pm E SW		6 pm		E = 1/2
10.1.20	5 LM		6 LM		
11.1.20	5 LM		6 LM		
12.1.20	5 LM		6 LM		

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
13.1.20	5 LM				
14/1/20	5 LW		6 LW		
15/1/20	5 LW		6 LW		
16/1/20	5 E SW		6 LM		F = 1/2
17/1/20	5 pm		6 pm		
18/1/20	5 am		6 am		
19/1/20	5 am		6 am		
20/1/20	5 am		6 am		
21/1/20	5 DB		6 DB		
22/1/20	5 DB		6 DB		
23/1/20	5 pm	E SW	6 pm		E = 1/2
24/1/20	5 pm		6 pm		
25/1/20	5 pm		6 pm		
26/1/20	5 pm		6 pm		
27/1/20	5 LW		6 LW		
28/1/20	5 LW		6 LW		
29/1/20	5 pm		6 pm		
30.1.20	5 pm	E SW	6 pm		F = 1/2
31/1/20	5 pm		6 pm		
01.02.20	5 LM		6 LM		
2/2/20	5 LW		6 LW		
3/2/20	5 pm				

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: COLIN MCKAY SPIN No.: LOC:

NHS Confidential: Personal data about a patient

1

Seen by addictions

NHS Prison Healthcare Self Referral Form

27/1/20 no.

Glasgow City HSCP

FULL NAME:	Colin McKay	**SPIN NUMBER:**	17345
Date of Birth:	5/9/79	**Hall & Cell No:**	A1 5a 1/32
Date of Request:	15/1/20	**Lib Date:**	LIFE

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	
	**OPTICIAN** Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	*√ (Please Tick)*		**SMOKING CESSATION**	*√ (Please Tick)*
				**WOUND DRESSINGS**	*√ (Please Tick)*

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:- I want to start reducing my methadone again. 2ml per fortnight is the way I want to do it.

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.

V2 Jan 2018

NHS Confidential: Personal data about a patient

Seen 17/3/20

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell No:	Ailsa 1/32
Date of Request:	10/3/20	Lib Date:	LIFE

GENERAL REQUESTS FOR NURSE CLINIC (including Asthma, Diabetes, BBV, Sexual Health, Smoking Cessation, Wound Dressings)

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	√ (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:- Ive spoken to Kirsty already and would like to go up another 10 ml to 40 on my methadone. I went up to 30 last week and another 10 will be enough. If you could put me up as soon as and then that would be great as im still feeling a bit rough. 40 will be enough. Ive already spoken to Kirsty so theres no need to see her again. Thanks,

DATE RECEIVED: 10/3/20 20/3/20	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.

V2 Jan 2018

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

CLINICAL PSYCHOLOGY INTERVENTIONS SERVICE

First Contact Template

NAME	Colin McKay.		
LOCATION	A1-32.	CELL	
SPIN	17345.	DOB	5/9/79. 40.
CHI		EDL	
INDEX OFFENCE	Murder. LTP.		

Is the patient ex-forces/veteran? YES/(NO)

Consent & Confidentiality		
Explain confidentiality principles	(YES) / NO	
Complete consent form	(YES) / NO	
Offer copy of Privacy Policy	*UNDER DEVELOPMENT – N/A at present*	
Ongoing Contact With Other Services		**Please provide details if applicable**
Do they have ongoing contact with the Mental Health Team?	YES / (NO)	recently off TTM. about 10 days ago.
Do they have ongoing contact with the Addictions Team?	YES / NO	on methadone.
Are they referred to/engaged with Offending Behaviour Programmes?	YES / NO	Hazel is going to have a think re 1:1 work.
Referred to/engaged with any other interventions?	YES / (NO)	
Previous Contact with Psychology and/or Mental Health Services		
Have they previously been involved with psychology and/or mental health services?	(YES) / NO	
If yes, please provide details:		

Check consent to request and access records from previous contact with services

Jay Kerr in Shotts. For a few months once a fortnight. More coming to speak to her.

Grievance Counsellor in Barlinnie

Progression		Please provide details if applicable
Likely to be liberated or transferred in the next 6 months?	YES / NO	LTP.

Brief Discussion - Presenting Problems

Please list their main current distressing experiences and/or difficulties:

Heard few years ago in Burundi not getting at ~~otto~~ alive
feel anxiety has got better and coping with it better
Still hypervigilance but not get more or better. sleep alright.
either that or keep being confrontational Intrusive images.

How do these impact on their current functioning?

move self away from situations able to switch off think about science
@ night in cell far off mathematics & physics.
Studied psychology
Can't go to education. / NO breathing / grounding / relaxation
Sometimes ruminate on threat. Wanting to come.

Initial impressions on motivation to engage in a psychological intervention and preferences around type of intervention Can struggle with isolation.

Does the patient seem ready, willing and able to engage in psychological therapy? Do they have any preferences around 1:1 or groups, etc

Knows about fight / flight..

Still depressed

Risk to Self/Others		Please provide details if applicable
Is there any ongoing substance misuse?	YES / NO	on methadone..
Is there any current and/or historical self-harm, suicidal ideation or behaviour?	YES / NO	recently on TTM.. No plans.

Are there identified risks to others including staff?	YES / (NO)	
REVIEW RISK ITEMS ON CORE-34	YES / (NO)	**Notes:**

INTERVENTIONS	**Please provide details**
Has activity pack been offered?	(YES) / NO - *Please give details:*
Has self-help material or any other intervention been offered at this stage?	YES / (NO) - *please give details:*

PATIENTS PREFERRED AVAILABILITY i.e. Monday AM etc	N/A.

FIRST CONTACT COMPLETED BY		
Name:	Karen Muir	
Designation:	Mental Health Therapist	
Signature:	Kmuir	
Date:	12/12/19	
CORE-34 outcome measure completed:	YES / NO *Pass to AP to add to database* YES/NO	Total (all items) score/range: Did patient complete CORE-34 in advance of session? YES / NO

TRIAGE	
Date discussed at triage meeting	20/12/19
Triage outcome & agreed actions	Not presenting with any mental health - difficulties relating to long standing situational stressors. Psychological intervention not indicated. Discharge

Sign off by Clinical Psychologist in attendance	Name:	Dr Mette Kurs
	Designation:	Principal Clin. Psychol.
	Signature:	
	Date:	20/12/19

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
24/12/2019

17345.

Colin McKay
THE HEALTH CENTRE
P.O. BOX 19605
Greenock
PA15 9ET

Dear Colin McKay

CHI Number: **0509796095**

An Outpatient appointment has been arranged for you as follows:

Consultant: Dr Ramesha Nekkare
Specialty: Neurology
Date and time: Tuesday 28/01/2020, at 10:00
Location: Neurological Outpatient Department Neurology Building 2 Queen Elizabeth University Hospital

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 347 8347 or email* **VictoriaAppointments@ggc.scot.nhs.uk** as soon as possible so that other arrangements can be made, and your appointment can be offered to another patient. Not Attending costs NHS Scotland approximately £135 per appointment.

You can contact us between the hours of 9am to 5pm, Monday to Friday, excluding Public Holidays

Please note if you cancel this appointment, we may place you back on the waiting list and contact you in due course. Should we require to contact you by telephone about your appointment, this will be from an 0800 number.

*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.

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.: _____ HMP: SIBBENOCK
Start Date: _____ Location: _____
Rewritten Date: _____

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	19.01.19	17.05.19		26.02.19		Methadone Mixture 1mg/ml SF	30ml	PO	Once daily			S		THURLEY				
2	27.02.19	27.05.19		12.08.19		Methadone Mixture 1mg/ml SF	25ml	PO	Once daily			S						
3	13.03.19	13.05.19		23.09.19		Methadone Mixture 1mg/ml SF	20ml	PO	Once daily			S						
4	27.03.19	27.05.19		30.09.19		Methadone Mixture 1mg/ml SF	15ml	PO	Once daily			S	S					
5	29.04.19	13.05.19		12.05.19		Methadone Mixture 1mg/ml SF	13ml	PO	Once daily			S	S					
6	13.05.19	~~13.05.19~~		9.7.19		Methadone Mixture 1mg/ml SF	10ml	PO	Once daily			S	S					
7	6.7.19	06.08.19		5.8.19		Methadone Mixture 1mg/ml SF	8ml	PO	Once daily			S	S					
8	25.07.19	25.08.19		26.9.19		Methadone Mixture 1mg/ml SF	18ml	PO	Once daily			S						
						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	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: Celia McKAY Spin No: 17345 CHI No. or DOB: 05-09-79 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

mu • 29/09/11.0

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
22/11/19			1	SD	
23/11/19			1	PK	
24/11/19			1	PM	
25/11/19				TW	
26/11/19				MS	
27/11/19				SB	
28/11/19				VM	
29/11/19			1	DO	
30/11/19			1	MM	
01/12/19			1	SB	
02/12/19			1	PK	
03/12/19			1	SM	
04/12/19			1	MS	
05/12/19			1	SB	
06/12/19			1	MM	
07/12/19			1	PK	
08/12/19			1	SM	
09/12/19			1	MS	
10/12/19			1	SB	
11/12/19				MM	
12/12/19				PK	
13/12/19			1	SM	

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
14/12/19		1	DO		
15/12/19			1	MS	
16/12/19				SB	
17/12/19				MM	
18/12/19			1	PK	
19/12/19			1	SM	
20/12/19			1	MS	
21/12/19			1	SB	
22/12/19			1	MM	
23/12/19			1	PK	
24/12/19			1	SM	
25/12/19			1	MS	
26/12/19			1	SB	
27/12/19			1	MM	
28/12/19			1	PK	
29/12/19			1	SM	
30/12/19			1	MS	
31/12/19			1	SB	
1/1/20			1	MM	
2/1/20			1	PK	
3/1/20			1	SM	
4/1/20			1	MS	

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: Colin McKay SPIN No.: 17345 LOC: D06 5/9/29

MI - 299941

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
9.10.19	1	BT			
10/10/19	1	DD			
11/10/19	1	DD			
12/10/19	1	LK			
13/10/19	1	DD			
14/10/19	1	WO			
15/10/19	1	BT			
16/10/19	1	DD			
17/10/19	1	LM			
18.10.19	1	WO			
19/10/19	1	DD			
20/10/19	1	DD			
21/10/19	1	LM			
22/10/19	1	DD			
23/10/19	1	BT			
24/10/19	1	DD			
25/10/19	1	DD			
26/10/19	1	LK			
27/10/19	1	LM			
28/10/19	1	WO			
29/10/19	1	DD			
30/10/19	1	BT			

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
31/10/19	1	DD			
1.11.19	1	WO			
2/11/19	1	LK			
3/11/19	1	WO			
4/11/19	1	DD			
5/11/19	1	BT			
6/11/19			1	DD	
7/11/19			1	LK	
8.11.19			1	WO	
9/11/19			1	DD	
10/11/19			1	DD	
11/11/19			1	LM	
12/11/19			1	DD	
13/11/19			1	DD	
14/11/19			1	LK	
15.11.19			1	BT	
16/11/19			1	LK	
17/11/19			1	DD	
18/11/19			1	LM	
19/11/19			1	DD	
20/11/19			1	WO	
21/11/19			1	WO	

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: COLIN MCKAY SPIN No.: 17345 LOC: 05.09.19

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Glasgow City HSCP

Health & Social Care Partnership

Appointment/ Treatment Refusal Form

I confirm that on 23/12/2019 I refused to attend appointment/treatment in relation to:-

Hospital Appointment - Neurology

my reason for non attendance is ~~don't need testing done~~ If you want to take my meds then do so. I don't know what else to tell you,

I note that I need to take responsibility for my actions in failing to attend the allocated appointment / treatment and that my non-attendance or refusing treatment may limit the extent to which health centre staff are able to meet my healthcare needs.

Patient Details Name: Colin McKay

SPIN NO: 17345 D.O.B: 05/09/1979 Hall: A1/03

Signature..... C. McKay

Date & Time 4:00pm 23/12/19

Witness Name (Block)..... David Mccue.

Signature..... David Mcc Designation..... Staff Nurse.

Date & Time..... 23-12-19.

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 ☐

Date of Appointment:

Other service please specify ☐

Nurse - Primary care

Addictions ☐

Mental Health ☐

NHS Confidential: Personal data about a patient

Glasgow City HSCP

Health & Social Care Partnership

Appointment/ Treatment Refusal Form

I confirm that on 21/11/2019 I refused to attend appointment/treatment in relation to:-

Hospital Appointment - Neurology

my reason for non attendance is didnt feel motivated. Does Lent another GPPt Please

I note that I need to take responsibility for my actions in failing to attend the allocated appointment / treatment and that my non-attendance or refusing treatment may limit the extent to which health centre staff are able to meet my healthcare needs.

Patient Details Name: Colin McKay

SPIN NO: 17345 D.O.B: 05/09/79 Hall: A1/03

Signature... X C. McKay

Date & Time... 26/11/19 16:20

Witness Name (Block)... A J INGRAM

Signature... A Designation... NURSE

Date & Time... 26/11/19 1620

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 ☐

Date of Appointment:

Other service please specify ☐ - New Appt 23/12/19.

Nurse - Primary care

Addictions ☐

Mental Health ☐

NHS Confidential: Personal data about a patient

17345

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
22/11/2019

Colin McKay
THE HEALTH CENTRE
P.O. BOX 19605
Greenock
PA15 9ET

Dear Colin McKay

CHI Number: **0509796095**

An Outpatient appointment has been arranged for you as follows:

Consultant: **Dr John Paul Leach**
Specialty: **Neurology**
Date and time: **Monday 23/12/2019, at 09:00**
Location: **Neurological Outpatient Department Neurology Building 2 Queen Elizabeth University Hospital**

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 347 8347 or email* **VictoriaAppointments@ggc.scot.nhs.uk** as soon as possible so that other arrangements can be made, and your appointment can be offered to another patient. Not Attending costs NHS Scotland approximately £135 per appointment.

You can contact us between the hours of 9am to 5pm, Monday to Friday, excluding Public Holidays

Please note if you cancel this appointment, we may place you back on the waiting list and contact you in due course. Should we require to contact you by telephone about your appointment, this will be from an 0800 number.

*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.

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
3/8/19	2		2		A=1&2
4/8/19	2		2		
5/8/19	2		3		
6/8/19	2		3		
7/8/19	2		3		
8/8/19	2		3		
9/8/19	2		3		
10/8/19	2		3		A=1&2
11/8/19	2		3		
12/8/19	2		3		
13/8/19	2		3		
14/8/19	2		3		
15/8/19	2		3		
16/8/19	2		3		
17/8/19	2		3		A=1&2
18/8/19	2		3		
19/8/19	2		3		
20/8/19	2		3		
21/8/19	2		3		
22/8/19	2		3		
23/8/19	2		3		
24/8/19	2		3		A=1&2

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
4/9/19	2		3		
5/9/19	2		3		
6/9/19	2		3		
7/9/19	2		3		
8/9/19	2		3		
9/9/19	2		3		
10/9/19	2		3		A=1&2
11/9/19	2		3		
12/9/19	2		3		
13/9/19	2		3		
14/9/19	2		3		
15/9/19	2		3		
16/9/19	2		3		
17/9/19	2		3		A=1&2
18/9/19	2		3		
19/9/19	2		3		
20/9/19	2		3		
21/9/19	2		3		
22/9/19	2		3		
23/9/19	2		3		
24/9/19	2		3		A=1&2
25/9/19	2		3		

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: Colin McKay ..... SPIN No.: 17345 ..... LOC: D08.5.9.29

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: CORIN McKAY SPIN No.: 17345 LOC: CHRISSWELL

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
26/9/19	2 PD			3 Z	
27/9/19	2 WM		3 LJ		
28/9/19	2 LJ		3 LJ		
29/9/19	2 LJ		3 LJ		
30/9/19	2 LJ		3 LJ		
1.10.19		A DB	3 DB		A = 1Q
2/10/19	2 WM MT		3 LM		
3/10/19	2 PD		3 LJ		
4/10/19	2 PD LM		3 LJ		
5/10/19	2 LJ		3 LM		
6/10/19	2 LJ		3 LJ		
7/10/19	2 PD		3 LK		
8.10.19	2 PD MT	A JW	3 LK		A = 1Q
9.10.19	2 MT LM		3 LJ		
10/10/19	2 PD		3 LJ		
11/10/19	2 PD		3 LK		
12/10/19	2 PD		3 DB		
13/10/19	2 LM		3 LJ		
14/10/19	2 WM		3 LM		
15.10.19	2 MT PD	A DB	3 DB		A = 1Q
16/10/19	2 PD		3 LJ		
17/10/19	2 LJ		3 LM		

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
18.10.19	2 WM		3 LJ		
19/10/19	2 PD		3 DB		
20/10/19	2 PD		3 DB		
21/10/19	2 PD		3 LJ		
22.10.19	2 PD MT	A	3 DB		A = 1Q
23/10/19	2 PD MT		3 DB		
24/10/19	2 PD		3 LJ		
25/10/19	2 PD		3 LJ		
26/10/19	2 LJ		3 LK		
27/10/19	2 LM		3 LM		
28/10/19	2 WM		3 DM		
29.10.19	2 PD	A JW	3 DM		A = 1Q
30/10/19	2 PD MT		3 LK		
31/10/19	2 PD		3 LK		
1/11/19	2 WM		3 DB LJ		
2/11/19	2 LJ		3 LM		
3/11/19	2 LJ		3 LJ		
4/11/19	2 DB		3 DB		
5.11.19	2 PD MT	A DB	3 DB		A = 1Q
6/11/19	2 LM		3 LM		
7/11/19	2 DB		3 DB		
8.11.19	2 LM		(3) LM	A LM (3) = 2	

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: CORIN McKAY SPIN No.: 17345 LOC: CHRISSWELL MI - 299941

NHS Confidential: Personal data should a patient

NHS Confidential: Personal data about a patient

[redacted]

Health Centre
HMP Greenock

NHS
Greater Glasgow and Clyde

DOB: 05/09/79

Please arrange for:

Name: Colin McKay Spin No: 17345

To Attend: Neurology @ West Glasgow ACH.

Date: 21/11/19 Time: 1.30

Telephone Message Received by: _____

Date: _____ Time: _____

Name and Department of advisor:

_____

Appointment Letter Received: Yes/No

If Yes, Date Received _____

Could Escorting Officer please report to Health Centre on return

Special Notes: _____

_____

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
27/9/19	1				
28/9/19	1				
29/9/19	1				
30/9/19	1				
1/10/19	1				
2/10/19	1				
3/10/19	1				
4/10/19	1				
5/10/19	1				
6/10/19	1				
7/10/19	1				
8/10/19	1				
9/10/19	1				
10/10/19	1				
11/10/19	1				
12/10/19	1				
13.9.19	1				
14/9/19	1				
15/9/19	1				
16/9/19	1				
17.9.19	1				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
18/9/19	1				
19/9/19	1				
20/9/19	1				
21/9/19	1				
22/9/19	1				
23/9/19	1				
24/9/19	1				
25/9/19	1				
26/9/19	1				
27/9/19	1				
28/9/19	1				
29/9/19	1				
30/9/19	1				
1/10/19	1				
2/10/19	1				
3/10/19	1				
4/10/19	1				
5/10/19	1				
6/10/19	1				
7/10/19	1				
8/10/19	1				
9/10/19	1				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
Code) 1=Prisoner not in establishement, 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: Colin McKay ..... SPIN No.: 17345

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
14/7/19	7				
15/7/19	7				
16/7/19	7				
17/7/19	7				
18/7/19	7				
19/7/19	7				
20/7/19	7				
21/7/19	7				
22/7/19	7				
23/7/19	7				
24/7/19	7				
25/7/19	8				
26/7/19	8				
27/7/19					
28/7/19					
29/7/19					
30/7/19	1				
31/7/19	1				
1/8/19	1				
2/8/19	1				
3/8/19		1			
4/8/19		1			

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
5/8/19	1				
6/8/19	1				
7/8/19	1				
8/8/19	1				
9/8/19	1				
10/8/19	1				
11/8/19	1				
12/8/19	1				
13/8/19	1				
14/8/19	1				
15/8/19	1				
16/8/19	1				
17/8/19	1				
18/8/19	1				
19/8/19	1				
20/8/19	1				
21/8/19	1				
22/8/19	1				
23/8/19	1				
24/8/19	1				
25/8/19	1				
26/8/19	1				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
(Code) 1=Prisoner not in establishement, 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 rec

..... SPIN No.: 17345 LOC: ..... NKDA

NHS Confidential: Personal data about a patient

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Colin McKay
17345
05/9/79

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	(3)		Nearly all the time
	2	A lot of the time	2		Very often
	(1)	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		(0)	Not at all
1		Not quite so much		1	Occasionally
(2)		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	(0)	Not at all	(0)		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
(1)		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		(0)	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	(2)	A lot of the time	(1)		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
(2)		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		(0)	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	(1)	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	(3)		Very seldom

Please check you have answered all the questions

Scoring:
Total score: Depression (D) 12 Anxiety (A) 4
0-7 = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
30/6/19	2	MG	3		
1/7/19	2	LM	3		
2/7/19	2	LM	3		A = 1/52
3/7/19	2	MG	3		
4/7/19	2	LM	3		
5/7/19	2	LM	3		
6/7/19	2	DB	3		
7/7/19	2	DB	3		
8/7/19	2	DB	3		
9/7/19	2	LM	3		A=1/52
10/7/19	2	DB	3		
11/7/19	2	DB	3		
12/7/19	2	DB	3		
13/7/19	2	LM	3		
14/7/19	2	DB	3		
15/7/19	2	DB	3		
16/7/19	2	DB	3		A=1/52
17/7/19	2	DB	3		
18/7/19	2	DB	3		
19/7/19	2	DB	3		
20/7/19	2	LM	3		
21/7/19	2	LM	3		

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
22/7/19	2	MG	3		
23/7/19	2	LM	3		A=1/52
24/7/19	2	DB	3		
25/7/19	2	DB	3		
26/7/19	2	DB	3		
27/7/19	2	LM	3		
28/7/19	2	LM	3		
29/7/19	2	DB	3		
30/7/19	2	DB	3		
31/7/19	2	DB	3		A=1/52
1/8/19	2	DB	3		
2/8/19	2	DB	3		
3/8/19	2	DB	3		
4/8/19	2	DB	3		
5/8/19	2	DB	3		
6/8/19	2	DB	3		A=1/52
7/8/19	2	DB	3		
8/8/19	2	DB	3		
9/8/19	2	DB	3		
10/8/19	2	DB	3		
11/8/19	2	DB	3		
12/8/19	2	DB	3		1=(D) PROMOLD BN-80934

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 ...

6xP-12/2019

Name: .....

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
17.5.19	2		2		
18/5/19	2		2		
19/5/19	2		2		
20/5/19	2		3		
21.5.19	2	A	3		A = 1R
22/5/19	2		3		
23/5/19	2		3		
24/5/19	2		3		
25/5/19	2		3		
26/5/19	2		3		
27/5/19	2		3		
28/5/19	2	A	3		A = 1152.
29/5/19	2		3		
30/5/19	2		3		
31/5/19	2		3		
1/6/19	2		3		
2/6/19	2		3		
3/6/19	2		3		
4.6.19	2	A	3		A = 1R
5/6/19	2		3		
6/6/19	2		3		
7/6/19	2		3		

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
8/6/19	2		3		
9/6/19	2		3		
10/6/19	2		3		
11.6.19	2	A	3		A = 1R
12/6/19	2		3		
13/6/19	2		3		
14/6/19	2		3		
15/6/19	2		3		
16/6/19	2		3		
17/6/19	2		3		
18.6.19	2	A	3		A = 1R
19/6/19	2		3		
20/6/19	2		3		
21/6/19	2		3		
22/6/19	2		3		
23/6/19	2		3		
24/6/19	2		3		
25.6.19	2	A	3		A = 1R
26/6/19	2		3		
27/6/19	2		3		
28/6/19	2		3		
29/6/19	2		3		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
(Code) 1=Prisoner not in establishement, 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

mi · 299941

Name: COLIN MCKAY SPIN No.: 17345 LOC: 05/09/19

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

MDMHT(Mental Health) REFERRAL FORM

Name. COLIN McKAY.. Spin Number....17345.....

D.O.B...5|9|79..... Date of Admission.....

Referral completed by.....

Date of referral....12|8|19.....

Please state the reasons why you are referring to the Mental Health Team in the box below

Im feeling a bit low at the moment. Mood wise. Im worried about the threats toward me and how it could affect my progression and future chances of parole. I would like to try and address it by speaking to the MHT

Please complete the following

Have you/the patient seen the Mental Health Team before?	**Yes/No**
Are you/the patient on anti-psychotic medication	**Yes/No**
Have you/the patient received support from a CPN?	**Yes/No**
Is there a history of self harming behaviour	**Yes/No**

FOR ADMINISTRATION PURPOSES ONLY

Admin	Date	Initial	Allocated	Date	Initial
	13|8|19	JB			
Triage	**Date**	**Initial**	**MH Meeting**	**Date**	**Initial**

Seen 20.8.19

NHS Confidential: Personal data about a patient

Name Colin McKay
SPIN 17345
Location Chrisswell
Date triaged

Mental Health Brief Assessment Checklist

Referral made by: self

Presenting Problem: no energy, "classic signs of depression". Loss of interest in things. Couple of contracts on me - due to previous social life on and off attacks in prison for - 15 years. Driver - blames his past for getting fail "30 grand contract". Does not wish psychology referral at present.

Mental Health diagnosis and history of mental health problems?
anxiety and depression

Current input from mental health services:
MH Greenock

Is there a history of attempted suicide or self-harming behaviour?
~~No~~ Dartinnie - thoughts of suicide 2017

Are there any current thoughts of suicide or self harming behaviour?

NO - Strongly denies any current thoughts

Current Medication: gabapentin 900mg daily
methadone 20mls
mirtazepine 30mg

What does patient want from service?
colin unsure what can be done

Outcome: wants to focus getting off methadone then gabapentin

Timescale for further assessment :

Assessing Nurse Kylie Rodgers

Date 20.8.19

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
31/5/19	6				
1/6/19	6				
2/6/19	6				
3/6/19	6				
4/6/19	6				
5/6/19	6				
6/6/19	6				
7/6/19	6				
8/6/19	6				
9/6/19	6				
10/6/19	6				
11/6/19	6				
12/6/19	6				
13/6/19	6				
14/6/19	6				
15/6/19	6				
16/6/19	6				
17/6/19	6				
18/6/19	6				
19/6/19	6				
20/6/19	6				
21/6/19	6				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
22/6/19	6				
23/6/19	6				
24/6/19	6				
25/6/19	6				
26/6/19	6				
27/6/19	6				
28/6/19	6				
29/6/19	6				
30/6/19	6				
1/7/19	6				
2/7/19	6				
3/7/19	6				
4/7/19	6				
5/7/19	6				
6/7/19	6				
7/7/19	6				
8/7/19	6				
9/7/19	6				
10/7/19	7				
11/7/19	7				
12/7/19	7				
13/7/19	7				

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: CORIN MCKAY SPIN No.: 17845 LOC: 5/9/19 mi • 299941

[redacted]

Recording Sheet for Prescription-Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
17/4/19	4				
18/4/19	4				
19/4/19	4				
20/4/19	4				
21/4/19	4				
22/4/19	4				
23/4/19	4				
24/4/19	4				
25/4/19	4				
26/4/19	4				
27/4/19	4				
28/4/19	4				
29/4/19	5				
30/4/19	5				
1/5/19	5				
2/5/19	5				
3/5/19	5				
4/5/19	5				
5/5/19	5				
6/5/19	5				
7/5/19	5				
8/5/19	5				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
9/5/19	5				
10/5/19	5				
11/5/19	5				
12/5/19	5				
13/5/19	5				
14/5/19	6				
15/5/19	6				
16/5/19	6				
17/5/19	6				
18/5/19	6				
19/5/19	6				
20/5/19	6				
21/5/19	6				
22/5/19	6				
23/5/19	6				
24/5/19	6				
25/5/19	6				
26/5/19	6				
27/5/19	6				
28/5/19	6				
29/5/19	6				
30/5/19	6				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McGrath SPIN No.: [redacted] LOC:

NHS Confidential: Personal data about a patient

Side A

NHS Lanarkshire

RESTRICTED - MEDICAL

Prescription Sheet No. 2

HM P SHOTTS

Start Date 13.12.2018

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Once Daily	Instr.	Prescriber's Signature	Discontinued: Date	Discontinued: Initials	Pharmacist: Initials	Pharmacist: Date
A	13.12.18	3.6.19		METHADONE MIXTURE 1mg/ml ~~SF~~ sc	30mls	PO	✓		Tues Fri			S					
B				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
C				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
D				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
E				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
F				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
G				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
H				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
J				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
K				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
L				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
M				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
N				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
P				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
Q				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
R				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
S				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
T				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					
U				METHADONE MIXTURE 1mg/ml ~~SF~~ sc		PO						S					

Name: COLIN MCKAY Spin No: 17345 DoB: 5.9.79 Location: A1 Allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

RESTRICTED - MEDICAL

NHS Confidential: Personal data about a patient

Medication Administration Record

HMP Shotts Healthcare Services
Sheet no: ..... of .....

NHS Lanarkshire

Date	AM		Noon	PM	Night	Comments
15/12/18	A	AS				
15/12/18	A	DT				
16/12/18	A	DT				
16/12/18	A	AS				
17/12/18	A	DT				
18/12/18	A	AS				
19/12/18	A	DT				
20/12/18	A	AS				
21/12/18	A	AS				
22/12/18	A	AS				
23/12/18	A	DT				
24/12/18	A	AS				
25/12/18	A	AS				
26/12/18	A	AS				
27/12/18	A	AS				
28/12/18	A	AS				
29/12/18	A	AS				
30/12/18	A	DT				
31.12.18	A	AS				
1.1.19	A	DT				

Date	AM		Noon	PM	Night	Comments
2/1/19	A	DT				
3/1/19	A	AS				
4/1/19	A	AS				
5/1/19	A	DT				
6/1/19	A	DT				
7/1/19	A	AS				
8/1/19	A	DT				
9/1/19	A	DT				
10.1.19	A	AS				
11/1/19	A	AS				
12/1/19	A	DT				
13/1/19	A	DT				
14.1.19	A	DT				
15/1/19	A	AS				
16/1/19	A	DT				
17.1.19	A	AS				
18/1/19	A	AS				

Numbers to be written after medication letter A, B, C, etc. when medication is not given as prescribed. Medication not given key:

1 = prisoner not in establishment
2 = prisoner declined to accept medication
3 = prisoner failed to appear
4 = medication not available
5 = medication not given for other reason - record why in patient records

Patient name: COLIN MCKAY **SPIN:** 17345 **Date of birth:** 59.7.9 **Location:** A1

Pub. date: Apr. 2018 | Review date: Apr. 2021 | Issue No: 01

NMAHP.SPMEDA.18_06622.L CAT134

NHS Confidentiality: Personal data should be protected

Patient name:	SPIN:	Date of birth:	Location:

Numbers to be written after medication letter A, B, C, etc. when medication is not given as prescribed. Medication not given key:

1 = prisoner not in establishment
2 = prisoner declined to accept medication
3 = prisoner failed to appear
4 = medication not available
5 = medication not given for other reason - record why in patient records

Medication Administration Record

Date	AM	Noon	PM	Night	Comments	Date	AM	Noon	PM	Night	Comments

Pub. date: Apr 2018 | Review date: Apr. 2021 | Issue No: 01

NHS Confidential Personal data about a patient

ıg Sheet for Prescription She

Name: ..... SPIN No.: .....

Drug Recording Sheet

DATE	A.M.		NOON	P.M.	NIGHT	COMMENTS
4/3/19	2	MK				
5/3/19	2	MK				
6/3/19	2	MK				
7/3/19	2	MK				
8/3/19	2	MK				
9/3/19	2	MK				
10/3/19	2	MK				
11/3/19	2	MK				
12/3/19	2	MK				
13/3/19	2	MK				
14/3/19	3	MK				
15/3/19	3	MK				
16/3/19	3	MK				
17/3/19	3	MK				
18/3/19	3	MK				
19/3/19	3	MK				
20/3/19	3	MK				
21/3/19	3	MK				
22/3/19	3	MK				
23/3/19	3	MK				
24/3/19	3	MK				
25/3/19	3	MK				

DATE	A.M.		NOON	NIGHT	NIGHT	COMMENTS
26/3/19	3	MK				
27/3/19	4	MK				
28/3/19	4	MK				
29/3/19	4	MK				
30/3/19	4	MK				
31/3/19	4	MK				
1/4/19	4	MK				
2/4/19	4	MK				
3/4/19	4	MK				
4/4/19	4	MK				
5/4/19	4	MK				
6/4/19	4	MK				
7/4/19	4	MK				
8/4/19	4	MK				
9/4/19	4	MK				
10/4/19	4	MK				
11/4/19	4	MK				
12/4/19	4	MK				
13/4/19	4	MK				
14/4/19	4	MK				
15/4/19	4	MK				
16/4/19	4	MK				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 17345 D.O.B: 05/09/79 PNC: 299941

NHS Confidential: Personal data about a patient

lling Sheet for Prescription Sh

Name: ..... SPIN No.: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
19/1/9	1				
20.1.19	1				
21/1/19	1				
22/1/19	1				
23/1/19	1				
24.1.19	1				
25/1/19	1				
26/1/19	1				
27.1.19	1				
28.1.19	1				
29.1.19	1				
30/1/19	1				
31.1.19	1				
1.2.19	1				
2/2/19	1				
3/2/19	1				
4.2.19	1				
5/2/19	1				
6/2/19	1				
7/2/19	1				
8/2/19	1				
9/2/19	1				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
10/2/19	1				
11/2/19	1				
12/2/19	1				
13/2/19	1				
14/2/19	1				
15/2/19	1				
16/2/19	1				
17/2/19	1				
18/2/19	1				
19/2/19	1				
20/2/19	1				
21/2/19	1				
22/2/19	1				
23/2/19	1				
24/2/19	1				
25/2/19	1				
26/2/19	1				
27/2/19	2				
28/2/19	2				
1/3/19	2				
2/3/19	2				
3/3/19	2				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: 1345 LOC: .....

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NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2 [redacted]

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
3/4/19	2			3	
4.4.19	2		3		
5.4.19	2		3		
6.4.19	2		3		
7/4/19	2		3		
8.4.19	2		2		
9.4.19	2	A	2		A = 1|2
10.4.19	2		3		
11.4.19	2		3		
12.4.19	2		3		
13.4.19	2		3		
14/4/19	2		3		
15.4.19	2		3		
16.4.19	2	A	3		A = 1|2
17/4/19	2		3		
18.4.19	2		3		
19.4.19	2		3		
20/4/19	2		3		
21/4/19	2		3		
22/4/19	2		3		
23.4.19	2	A	3		A = 1|2
24/4/19	2		3		

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
25.4.19	2		3		
26/4/19	2		3		
27/4/19	2		3		
28/4/19	2		3		
29.4.19	2		3		
30.4.19	2	A	3		A = 1|2
1/5/19	2		3		
2/5/19	2		3		
3/5/19	2		3		
4.5.19	2		3		
5.5.19	2		3		
6.5.19	2		3		
7.5.19	2	A	3		A = 1|2
8/5/19	2		3		
9/5/19	2		3		
10/5/19	2		3		
11.5.19	2		3		
12.5.19	2		3		
13.5.19	2		3		
14.5.19	2	A	3		A = 1|52
15/5/19	2		3		
16/5/19	2		3		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: C.McCann SPIN No.: 17345 LOC: D.O.B: 05/09/99

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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	COMMENTS
27/1/19		A B			AB = 1/2
29.1.19		A B			AB = 1/2
2/2/19			A R		AB = 3/7
4.2.19		A B			AB = 1/2
12.2.19		A B			AB = 1/2
9/2/19		A B			AB = 1/2
10.2.19		A B		2	AB = 1/2
27/2/19	2			2	
28/2/19	2			3	
1/3/19	2			3	
2/3/19	2		5		
3/3/19	2		3		
4/3/19	2			3	
5.3.19	2	A		3	A = 1/2
6.3.19	2		3		
7.3.19	2		3		
8.3.19	2			3	
9/3/19	2		3		
10/3/19	2		3		
11/3/19	2		3		

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
12/3/19	2	A	3		A = 1/2 AB = 1/2
13/3/19	2		3		
14/3/19	2		3		
15/3/19	2		3		
16/3/19	2		3		
17/3/19	2		3		
18/3/19	2		3		
19/3/19	2		3		
20/3/19	2		3		A=6 tabs
21/3/19	2		3		
22/3/19	2		3		
23/3/19	2		3		
24/3/19	2		3		
25.3.19	2		3		
26.3.19	2	A	3		A = 1/2
27/3/19	2		3		
28/3/19	2		3		
29/3/19	2		3		
30/3/19	2		3		
31/3/19	2		3		
1.4.19	2		3		
2.4.19	2	A	3		A = 1/2

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, 4=Medication not available, 5=Medication not given for other reason & record reason in health care record.

Name: COLIN MCKAY SPIN No.: 17346 LOC: ..... mi- 299941

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP
Health and Social Care Partnership

FULL NAME:	Colin McKay	**SPIN NUMBER:**	17345
Date of Birth:	5/9/79	**Hall & Cell No:**	Chrisshell D2
Date of Request:	22/4/19	**Lib Date:**	Life

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*	[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 HCSW NURSE

Please give brief detail of reason for request:- I want to start reducing my methadone again by 2mls per fortnight please.

thanks

Ps I don't need to speak to anyone as I've already been refused any help by the doctor

Seen by addictions 25/4/19 KS

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.

V2 Jan 2018

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form



FULL NAME:	Colin McKay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell No:	Chrisswell D2
Date of Request:	10/4/19	Lib Date:	Life

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	√ (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 would like to speak to the addictions Doctor concerning my Methadone, I have recently halved my dose and want to discuss with them my eventual outcome of coming off it altogether.

DATE RECEIVED:	**REFERRED TO:**
DATE LISTED FOR NURSE:	**DATE SEEN:**
DATE LISTED FOR DOCTOR:	**DATE SEEN:**

discussed + listed for GP for 15.4.19 KClodges

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

NHS Confidential: Personal data about a patient

To

07/03/2019

Dr George MacDonald
Consultant Psychiatrist
HMP Greenock

Colin McKay
SPIN 17345
CHI 0509796095

Dear Dr MacDonald

Thank you for assessing Colin who reports has high levels of anxiety , has had lots of input from psychologist while at HMP Shotts and has been given gabapentin for the same.

In view of the relicensing of this drug and change in schedule your assessment and recommendation is of high importance.

Thank you

Dr Senthil

GP
HMP Greenock

NHS Confidential: Personal data about a patient

To

07/03/2019

Dr George MacDonald
Consultant Psychiatrist
HMP Greenock

Colin McKay
SPIN 17345
CHI 0509796095

Dear Dr MacDonald

Thank you for assessing Colin who reports has high levels of anxiety , has had lots of input from psychologist while at HMP Shotts and has been given gabapentin for the same.

In view of the relicensing of this drug and change in schedule your assessment and recommendation is of high importance.

Thank you

Dr Senthil

GP
HMP Greenock

Appendix 2: In Possession Spot Check Form

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde Prison Healthcare

In Possession Spot Check Form

HMP Greenock Date of spot check: 23/2/19

PATIENT AND MEDICATION DETAILS

Patient Name: Colin McKay SPIN: 17345

D.O.B: 5/9/79 Location:

Medication Prescribed	Amount required to be in possession
Mirtazepine 30mg tabs	3
Gabapentin 300mg tabs	8

SPOT CHECK

Medication in possession	Number of tablets found	Discrepancy from amount required
Mirtazepine 30mg tabs	2	-1
Gabapentin 300mg tabs	7	-1

ACTION TAKEN

PASS / (FAIL) (circle)

Comments / details of medication removed from patients' possession:

Discuss with GP.

Documented on VISION: (YES) NO (circle)

Appointment with doctor arranged: YES / (NO) (circle) Date of appointment:

Signature of person carrying out spot check: .....

Signature of witness: .....

NHS Confidential: Personal data about a patient

Appointment Refusal Form

I confirm that on 15/2/19. I refused an appointment in relation to:-

Addictions

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) COLIN McKAY

SPIN NO. 17345 D.O.B. 5/9/79

Signature. C. McKay

Date & Time. 15/2/19 10:30

Witness Name (Block). Kirsty Bung

Signature. K. Bung... Designation. Nurse

Date & Time. 18/2/19 08:30

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 ☐

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin McKay	**SPIN NUMBER:**	17345
Date of Birth:	5/9/79	**Hall & Cell No:**	Chrisswell D2
Date of Request:	31/1/19	**Lib Date:**	Life

GENERAL REQUESTS FOR NURSE CLINIC (Including Asthma, Diabetes, BBV, sexual health and vaccinations for example)

Please give brief detail of reason for request:-

	Date	Initial		Date	Initial
Admin	30/1/19	GMC	Allocated		
Triage	Date	Initial	MDT Meeting	Date	Initial

	**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:-

I would like to start reducing my methadone again.

Seen by addictions 19/2/19 ms

DATE RECEIVED: 30/1/19	**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.

V2 Jan 2018

NHS Confidential: Personal data about a patient

Patient name: (or attach label) Colin McKay Date of Birth: 5/9/79 CHI number:	HMP Shotts Healthcare Services, NHS Lanarkshire Mental Health Assessment and Treatment **Nursing Assessment: Mental Health Presentation Checklist**

Expansive mood and ideation (elation, excessive optimism)

Not evident

Over activity (pacing, restlessness, impacting on day to day activities)

None evident
a bit frustrated re things moving too slow

Depressed mood and ideation (hopelessness, low self-worth, low self esteem)

Feels disappointed about being here still not progressing
But knows things will probably move quicker after Xmas period is over

Anxiety, phobias and panics (intense worry, fear feelings of panic, catastrophic thought, etc.)

None

Somatic pre-occupations (excessive worries about physical self/health; unresponsive to levels of reassurance, despite absence of physical evidence)

None

Sleep disturbance (insomnia, early morning waking, disrupted sleep pattern, excessive sleep)

Sleep okay no problems

Appetite (eating problems, loss of appetite, binge eating, purging, poor nutritional intake, self-starvation, special dietary requirements)

Never had a good appetite - No change in this

Memory (difficulty recalling familiar names or events, losing way, loses objects or forgets plans)

None

Attention/concentration (easily distracted or finds it difficult to follow programmes or conversation)

TV +
reading - no change

NH 3 Confidential: Personal data about a patient

Patient name: (or attach label) Colin McKAY Date of Birth: 5/9/79 CHI number:	HMP Shotts Healthcare Services, NHS Lanarkshire Mental Health Assessment and Treatment **Nursing Assessment: Mental Health Presentation Checklist (cont.)**

Energy, drive and interest (poverty of thought, lack of interest in normal social activity)

- lost a bit of volition - work can't be bothered

Obsessional ideas and compulsive behaviour (excessive pre-occupation, checking, counting, washing, hoarding)

-

Hallucinations (auditory, visual, gustatory, tactile, olfactory)

-

Delusions (unusual beliefs, guilt or worthlessness, hypochondriacal, grandiosity, paranoia, nihilistic, etc.)

-

Behaviour and aggressive behaviour (physical harm to others, history of assault, violence, thoughts or harming others, carrying weapons/potential dangerous objects, domestic abuse, aggressive behaviour, damage to property, abusiveness, irritability, threatening behaviour)

Some fights since incarceration

History of alcohol or drug problems

failed drug test. feels downgraded & has been excessive

Conclusions

Staff Perception and Formulation (use continuation sheet if required)

feels disappointed/frustrated re recent events. has lost volition and can't face work just now. However by the end of interview Colin felt a bit more positive and decided it would be better to return to work + get some money. Advised to speak to MH team again if he felt the need.

Advance Statement	Yes	No
Does the patient have an Advance Statement?	☐	☐
If yes, are there any deviations in the care from the statement recorded and if so, has the Mental Welfare Commission been informed? (please describe)	☐	☐
Note: File relevant documents in Legislation Section		
Assessment of need completed for patient within local/national timescales? (18 weeks)	☐	☐

Assessor: (Print name) EGAnt	Signature: Elizabeth Gant	Date and Time: (24 hour clock) 17/12/18 16:30hrs.

NHS Confidential. Personal data about a patient

17345 LTP

Patient Registration

already perm

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? COLIN
middle name(s)

2. What is your surname? MCKAY
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 5 0 9 1 9 7 9

5. Address
THE HEALTH CENTRE, P.O. BOX 19605, GREENOCK
Postcode PA15 9ET

6. What is your town of birth,
and country of birth?

7. What is your mother's maiden name?

8. What was your last address in the United Kingdom?
FLAT 4B, 76 COLLINA STREET, GLASGOW
Postcode G20 8AU

9. If you have a doctor, what is their name and address?
Postcode

10. Do you know your:
Community Health Index(CHI) number 0509796095
NHS number 615/79/558

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 X C McKay Date [illegible]

PRACTICE ACCEPTANCE AGREEMENT (for GP Practice use only)

PRACTICE CODE: 31391

GP NAME:

GP REFERENCE NUMBER:

OFFICIAL USE ONLY		
Input By: GMCC	Date: 18/1/19	Checked By:

Patient set up on GP IT System as: (please tick one box only)

TR ☐ PR ☑ already perm

If status has changed from TR to PR please tick ☐

Please store this form in the prison "blue file" health record

NHS Confidential: Personal data about a patient

CHI: 0509796095 05/09/1979 M
MCKAY, COLIN
The Health C,P.O. Box 9116,ML7 9AE

4508791
Dr Joe Daly, PA15 9ET 33523
HMP Greenock, Practice:
17/01/2019 12:14

NHS Greater Glasgow and Clyde

Possession Medication Contract

NHS Greater Glasgow and Clyde Prison Healthcare

In Possession Medication Contract – Patient Responsibilities

HMP Greenock

Medication prescribed for you may be administered to you by a nurse or given to you to take as instructed on the label.

It has been agreed that you can be responsible for keeping medicines in your possession and taking them correctly.

Failing to look after or take your medicines properly may result in them being removed from your possession.

In particular:

- You must follow the instructions on the label of any medication you are prescribed
- You must not give or sell any medication to anyone
- You must return any unused medication to the Health Centre
- You must not have in your possession any medication or medication containers that have been issued to anyone else
- You must keep any medication issued to you in the original labelled container
- You must not tamper with any medication or container in your possession, and,
- If you lose any medication in your possession, or are unable to comply with this contract, you must report this to a member of staff immediately

You are fully responsible for the safe keeping of your own medication.

Declaration of Understanding

I have read (or had read to me) the above instructions and understand that failure to comply with them will result in me not being allowed to be responsible for keeping and taking my own medication.

Failure to comply with these instructions may also be in breach of discipline in terms of the Prison Rules and result in disciplinary action being taken against me.

Patient Name: C. MCKAY SPIN No: 17345
Signed: C. McKay Date: 17/1/19
Witnessed by (signature): ..... Witness Name: D. Dillon

In possession contract discontinued by:

Name: ..... Date: .....
Reason: .....

METHADONE AS CHARTED

METHADONE KARDEX	YES/NO
BUPRENORPHINE KARDEX	YES/NO

re Prescription Sheet No:...../.....of..... Kardex Re-written [illegible] 7-17

Side A

REGULAR PRESCRIPTIONS — HMP SHOTTS

	Start Date	Review Date / Initials	Review Date / Initials	Review Date / Initials	Stop Date / Initials	MEDICATION / FORM	Dose	Route	Times of Administration AM 12 PM Night MD	Issue	Prescriber's Signature	Discontinued Date / Initials	Pharmacist Date / Initials
A	28/7/17	28/7/17			19.9.18 SC	MIRTAZAPINE	30mg	O	✓	28 (5)			ATTG
B	28/7/17	28/7/17				AMITRIPTYLINE	10mg	O	✓	28 (5)		28/8/18 MU	
C	14/8/17	14/8/17 SC				DULOXETINE	30mg	O	✓	28 (5)		28/8/18	
D	28/8/17	28/8/18 SC	13.9.18 MC	19.9.18 MC	19.9.18 SC	DULOXETINE	60mg	O	✓	28 (5)			
E	15.9.17	15.9.18 SC	13.9.18 MC	19.9.18 MC		MIRTAZAPINE	30mg	O	✓	W		13/9/18 MC 22/10/18 MC	
F	15.9.17	15.9.18 SC				DULOXETINE	60mg	O	✓	W		12/10/18 MU	
G	12/10/17	12/10/18 MC				CARB							
H	12/10/17	12/10/18 MC				DULOXETINE	60mg	O	✓	W			Phrafa 23/10/18
I	5/12/18				1/52 MC	CARBAMAZAPINE	100mg	O	✓	W			
J	28/12/17	14/5/18 MC				CARBAMAZAPINE	200mg	O	✓	W			
K	12/10/17												
L	12/6/18	12/6/18				CARBAMAZAPINE	200mg	O	✓	W		18/10/18 MU	
M	15/6/18	15/6/18 MC	19/10/18 MC	30/9/18		GABAPENTIN (MR)	300mg	O	✓	W		15/10/18 MU	28/9/18 MKM
N	15/6/18				4 DAYS MC	KOLPITOEM	10mg	O	✓	C			
O	24/4/18				4 DAYS MC	ZOPICLONE	7.5mg	O	✓	C			
P	26/4/18				3 DAYS MC	ZOPICLONE	7.5mg	O	✓	C			
Q	26/6/18				3 DAYS MC	ZOPICLONE	7.5mg	O	✓	C			
R	1.7.18				3 DAYS MC	ZOPICLONE	7.5mg	O	✓	W			
S	18/10/18	18/10/18 MC				MIRTAZAPINE	30mg	O	✓	W			
T	18/10/18	18/10/18 MC				GABAPENTIN	300mg	O	✓	W			

NAME COLIN McKAY (COLIN Mc KAY) SPIN NO. 17545 DOB 5-9-79 LOCATION A1 ALLERGIES NKOA

Issue Key: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

Side B

AS REQUIRED PRESCRIPTIONS

HMP SHOTTS

	Start Date	Review Date / Initials	Review Date / Initials	Review Date / Initials	Stop Date / Initials	MEDICATION / FORM	Dose	Route	Frequency of Administration	Issue	Prescriber's Signature	Discontinued Date / Initials	Pharmacist Date / Initials
1	15/7/19	12/6/19	4/6/19			DER MOL							
2	15/11/19				4/5/2 MC	TERBINAFINE	APP	TOP	BD	C			
3	12/9/18	13/12/19			2/5/2	CLOTRIMAZOLE 1%	APP	TOP	DSIPN	C			
4	13/12/19	13/12/19				CALCICHEW TABS	1	O	BD	M			
5	13/12/19	13/12/19				FOLIC ACID	5mg	O	DAILY	M			
6	13/12/19	13/12/19				HYDROXOCOBAMIN	1mg/1ml	IM	EVERY 3 MONTHS				
7													
8													
9													
10													
11													
12													
13													
14													

ONCE ONLY PRESCRIPTIONS

	Administration Date	Administration Time	MEDICATION	Dose	Route	Prescriber's Signature	Given By	Time Given	Pharmacist Initials	Pharmacist Date
18			HYDROXOCOBALAMIN	1ml	IM					
19			HYDROXOCOBAMIN	1ml	IM					
20			HYDROXOCOBAMIN	1ml	IM					
21										

NAME [illegible] MCKAY SPIN NO. 17345 DOB 5/9/79 LOCATION AI ALLERGIES

Issue Key: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised Individual Doses

23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/5/18		EH AH			
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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 MEDICATION, 3= PRISONER FAILED TO APPEAR
4=MEDICATION NOT AVAILABLE, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME SPIN No. LOC

NHS Confidential: Personal data about a patient

CHI No: 0509796095
MCKAY COLIN
05/09/1979 M
P.O. Box 19605
Greenock PA15 9ET
06114405 Kevin MacIver
95068 PO Box 9116

HMP Shotts Healthcare Services, NHS Lanarkshire
Mental Health Assessment and Treatment

Nursing Assessment: Mental Health Presentation Checklist

Expansive mood and ideation (elation, excessive optimism)

Not evident

Over activity (pacing, restlessness, impacting on day to day activities)

None evident
a bit frustrated re things moving too slow

Depressed mood and ideation (hopelessness, low self worth, low self esteem)

Feels Disappointed about being here still not progressing
But knows things will probably move quicker after
Xmas period is over

Anxiety, phobias and panics (intense worry, fear feelings of panic, catastrophic thought, etc.)

None

Somatic pre-occupations (excessive worries about physical self/health, unresponsive to levels of reassurance, despite absence of physical evidence)

None

Sleep disturbance (insomnia, early morning waking, disrupted sleep pattern, excessive sleep)

Sleep okay no problems

Appetite (eating problems, loss of appetite, binge eating, purging, poor nutritional intake, self-starvation, special dietary requirements)

Never had a good appetite - No change in this

Memory (difficulty recalling familiar names or events, losing way, loses objects or forgets plans)

None

Attention/concentration (easily distracted or finds it difficult to follow programmes or conversation)

TV +
Reading - no change

CHI No: 0509796095
MCKAY COLIN
05/09/1979 M
P.O. Box 19486 PA16 9JT
Greenock
0611440S Kevin MacIver
95068 PO Box 9116

HMP Shotts Healthcare Services, NHS Lanarkshire
Mental Health Assessment and Treatment

Nursing Assessment: Mental Health Presentation Checklist (cont.)

Energy, drive and interest (poverty of thought, lack of interest in normal social activity)

- lost a bit of volition - work can't be bothered

Obsessional ideas and compulsive behaviour (excessive pre-occupation, checking, counting, washing, hoarding)

—

Hallucinations (auditory, visual, gustatory, tactile, olfactory)

—

Delusions (unusual beliefs, guilt or worthlessness, hypochondriacal, grandiosity, paranoia, nihilistic, etc.)

—

Behaviour and aggressive behaviour (physical harm to others, history of assault, violence, thoughts or harming others, carrying weapons/potential dangerous objects, domestic abuse, aggressive behaviour, damage to property, abusiveness, irritability, threatening behaviour)

Some fights since incarceration

History of alcohol or drug problems

failed drug test. feels downgraded & has been excessive

Conclusions

Staff Perception and Formulation (use continuation sheet if required)

feels disappointed/frustrated re recent events. Has lost volition and can't face work just now. However by the end of interview Colin felt a bit more positive and decided it would be better to return to work + get some money. Advised to speak to MH team again if he felt the need.

Advance Statement	Yes	No
Does the patient have an Advance Statement?	☐	☐
If yes, are there any deviations in the care from the statement recorded and if so, has the Mental Welfare Commission been informed? (please describe)	☐	☐
Note: File relevant documents in Legislation Section		
Assessment of need completed for patient within local/national timescales? (18 weeks)	☐	☐

Assessor: (Print name)	Signature:	Date and Time: (24 hour clock)
E Grant	Elizabeth Grant	17/12/18 10:30hrs

NHS Confidential: Personal data about a patient

West of Scotland Specialist Virology Centre.
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
Tel: 0141 201 8722 e-mail:west.ssvc@nhs.net

Surname	Forename	CHI	DOB/Age	Sex
MCKAY	COLIN	0509796095	05.09.79	M

Source	Consultant		
Micro Wishaw General	Dr Tom Gillespie	Sholts Prson	
Specimen			
DRIED BLOOD SPOT	WoSSVC Lab No.	Source no.	Report Status
	V,18.0807585.G	180434607	Authorised

HIV antibody/antigen Not detected by Architect
HBsAg : Not detected by Architect
Anti-HBcore IgG : Not detected by Architect
HCV antibody : Not detected by Architect

Date Received 13/12/18	Initials J.M
To Be By Mo	
File	D. Sig

HBV: No evidence of previous exposure to HBV.
This is a DRIED BLOOD SPOT sample.
HBV: This is a DRIED BLOOD SPOT sample.
HCV: This is a DRIED BLOOD SPOT sample.
HIV: This is a DRIED BLOOD SPOT sample.

V S18 Addchaw
A Jaw 13/12/18

Date collected	Date received	Date authorised
27.11.18	28.11.18	29.11.18
		Authorised by
Report for: Micro Wishaw General Hosp		Ms J Bell

LA05

NHS Confidential: Personal data about a patient

Health&Social Care
North Lanarkshire

BLOOD BORNE VIRUS TESTING

Name Colin McKay SPIN 17345

DOB 5/9/79 LOC A1

Ever been diagnosed with BBV? YES / NO

If yes, what _____

When _____

Specialist/Hospital attended and when

_____

1. Have you ever received a blood transfusion before September 1991?
   YES **NO** DON'T KNOW

2. Have you ever shared needles or any other equipment for injecting/snorting drugs? (Even just once)
   YES **NO** DON'T KNOW

3. Have you ever had a tattoo or piercing using equipment which may not have been sterilised?
   YES **NO** DON'T KNOW

4. Have you ever had unprotected sex with someone who has or may have Hepatitis C/B or HIV?
   YES NO DON'T KNOW 14 YEARS

5. Have you ever had medical or dental treatment abroad or in unsterile conditions?
   YES **NO** DON'T KNOW

6. Have you ever shared a razor or toothbrush with someone who has or may have Hepatitis C/B or HIV?
   YES NO **DON'T KNOW**

I consent for blood to be taken to test for: HIV HBV HCV

Prisoner signature C McKay SPIN 17345

Nurse signature _____ Date 27/11/18

North Lanarkshire Council

Letter sent with results 13/12/18 JFW

NHS Lanarkshire

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	180334379

Requesting Clinician: Nurse. D HADDOW
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
REQUEST ROUTINE STI CHECK

Specimen: Urine
Anatomical Site:

Chlamydia trachomatis PCR Negative
Neisseria gonorrhoeae PCR Negative

Date Received 4/12/18	Initials J.M
To Be Seen By Mo	
File L/DH.	Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
27/11/2018 00:00	27/11/2018 16:10	30/11/2018 13:30		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	184151352

Copy to Clinician: Dr. Z SHAH
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: WELL MEN CLINIC

Results relate to blood unless otherwise stated

Hb	14.3	g/dL	(13.5-18.0)	WBC	5.4	$x10^9$/L	(4.0-11.0)
PLT	279	$x10^9$/L	(140-450)				
MCV	93.3	fL	(80.0-100.0)	Neutrophils	2.3	$x10^9$/L	(2.0-7.5)
RBC	4.62	$x10^{12}$/L	(4.50-6.50)	Lymphocytes	2.6	$x10^9$/L	(1.0-4.0)
HCT	0.431	L/L	(0.400-0.540)	Monocytes	0.3	$x10^9$/L	(0.2-0.8)
MCH	31.0	pg	(27.0-32.0)	Eosinophils	0.2	$x10^9$/L	(0.0-0.4)
MCHC	33.2	g/dL	(32.0-36.0)	Basophils	0.0	$x10^9$/L	(0.0-0.1)
RDW	13.4	%	(11.0-16.0)				
				NRBC's	0.00	$x10^9$/L	

B12 and Folate results to follow

Date Received: 26/11/18 Initials: AM

To Be Seen By: Mo

File: Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
20/11/2018 10:55	20/11/2018 15:50	21/11/2018 09:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	184151352

Copy to Clinician: Dr. Z SHAH
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: WELL MEN CLINIC

Results relate to blood unless otherwise stated

Serum B12	151.1 L	pg/mL	(197.0-771.0)
Serum Folate	2.40 L	ng/mL	(3.90-26.80)
Fol haem Comment	Note low Serum Folate - there is haemolysis in the sample, therefore the reported result maybe falsely elevated.		
Serum Ferritin	81.6	ng/mL	(28.0-285.0)

GP 13/12/18

Date Received 26/11/18 | Initials YM

To Be ... by Mo — ✓ Positive 4 pet.

File | Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
20/11/2018 10:55	20/11/2018 15:50	21/11/2018 09:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Wishaw -

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	184151352

Copy to Clinician: Dr. Z SHAH
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: WELL MEN CLINIC

Results relate to blood unless otherwise stated

Laboratory Comment:
GLU: Reference Range quoted for Glucose is based on a fasting sample.

Date Received: 26/11/18 nittals
To Be ... Mo
File — Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
20/11/2018 10:55	20/11/2018 15:50	21/11/2018 07:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	184151352

Copy to Clinician: Dr. Z SHAH
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: WELL MEN CLINIC

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)	LDL Chol.(Calc)	2.6	mmol/L	(0.0-3.0)
Potassium	4.6	mmol/L	(3.5-5.3)	Chol./HDL Ratio	3.9		(0.0-5.0)
Chloride	99	mmol/L	(95-108)	Albumin	43	g/L	(35-50)
Bicarbonate	27	mmol/L	(22-29)	Adj. Calcium	2.19 L	mmol/L	(2.20-2.60)
Urea	5.1	mmol/L	(2.5-7.8)				
Creatinine	96	umol/L	(60-110)				
EGFR	>59	ml/min/1.73m^2	(>59)				
ALT	11	U/L	(5-55)				
ALP	65	U/L	(30-130)				
Bilirubin Total	<3	umol/L	(0-20)				
Albumin	43	g/L	(35-50)				
Fasting	?						
Glucose	4.6	mmol/L	(3.0-6.0)				
Cholesterol	4.2	mmol/L	(0.0-5.0)				
Triglyceride	1.20	mmol/L	(0.00-2.30)				
HDL Cholesterol	1.09	mmol/L	(0.90-1.80)				

Date Received 26/11/18 Initials JM

To Be [illegible] By Mo

File

Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
20/11/2018 10:55	20/11/2018 15:50	21/11/2018 07:30		LIMS	

NHS Confidential: Personal data about a patient

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Barlinnie
81 Lee Avenue
Glasgow
G33 2QX

Mental Health Team
HMP Shotts
Canthill Road
Shotts
ML7 4LE

02nd February 2018

Dear Mental Health Team,

Re: Colin McKay, Spin 17345, DOB 05.09.1979, CHI 0509796095,C/o HMP Shotts

Mr McKay was referred to the Clinical Psychology & Low Intensity Psychological Interventions Service by the NHS Mental Health Team at HMP Barlinnie, as a result of childhood trauma. Mr McKay had been allocated to one of our Clinical Psychologists for assessment, but unfortunately was transferred to HMP Shotts before his initial assessment appointment. I have enclosed a copy of the original referral for your information.

Should you wish to discuss anything further, please do not hesitate to get in touch.

Yours sincerely,

Claire Reid
Secretary to Dr Laura Williams
Clinical Psychologist

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

NHS
Greater Glasgow and Clyde

HMP Barlinnie
81 Lee Avenue
Glasgow
G33 2QX

Ms Yvonne Darbinson
Addictions Nurse
HMP Barlinnie
81 Lee Avenue
Glasgow
G33 2QX

16th August 2017

Dear Ms Darbinson,

Re: Colin McKay, Spin 17345, DOB 05.09.79, CHI 509796095, C/o HMP Barlinnie

Thank you for referring Mr McKay to the Clinical Psychology & Psychological Interventions Service. I have no record of any previous referral for Mr McKay to our service, so I'm unclear as to what psychology service he's referring to. I have however placed Mr McKay on our waiting list for assessment, and 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 McKay 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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NHS
Greater Glasgow and Clyde

HMP Barlinnie

MENTAL HEALTH ASSESSMENT AND PLAN

Name	Date of Birth
COLIN MCKAY.	5/9/79.
SPIN 17345	Location DNU 19

Offence History (including current charges, previous charges, last time in custody, liberation/court date)

CAR THEFT, MURDER) CURRENT CONVICTS X MURDER ASSAULT; GVWS. 14YRS. TARIFF UP NEXT 4/1, NO LIB DATE.

Description of Presenting Complaint/Problem

HEARD BURSTING. NOT HAPPY BEING DOWNGRADED DUE TO FAILED DRUG TEST.
LOW MOOD.
- REFERRED PSYCHIATRY APT 7 MONTHS AGO

MM AP

Mental Health History/Treatment	Family History of Mental Illness
NO DIAGNOSIS.	NONE

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Social History (including drug/alcohol abuse, relationship status, education, employment)

MINIMAL ONLINE OVER THE YEARS. 13-14 - SMOKING, DRINK & ONLY DRUG UNDER THE SUN. NEVER IV. PREVIOUSLY ON 90ml MM -> 10ml.
SINGLE, NO KIDS, LEFT SCHOOL 12YRS - CHILDHOOD TRAUMA,
SECURE UNIT - PRISON, MOST OF ADULT LIFE IN PRISON.

Current Medication

10ml METHADONE.
MIRTAZAPINE 30mg PM
DULOXETINE 30mg PM

Current Medical Conditions/Ongoing Investigations

REGULAR ALCOHOL TOOK H/S. NOT HAD ANY FOR A FEW YEARS.

Mental Status Examination

Appearance and Behaviour WELL GROOMED	**Mood** ANXIOUS FINE.
Thinking/Thought Pattern GOOD TRAIN OF THOUGHT.	**Affect**
Distress/Distraction NONE	**Sleep** POOR - BROKEN SLEEP.
Posture/Body language GOOD.	**Appetite** POOR.
Attention/Concentration GOOD	**Motivation/Energy** GOES TO EXCERSISE.
Memory GOOD	**Insight** GOOD - SITUATIONAL & HISTORIC TRAUMA IN CHILDHOOD.
Orientation GOOD	**Speech** GOOD.

Risk Assessment			
Suicidal Thoughts Previous History	NO.	Suicidal Intent	NONE.
Current plan	NONE, NO THOUGHTS, PLAN OR SELF HARM OR SUICIDE.	Risk to Others	REPORTS NO CURRENT THOUGHTS TO OTHERS.

Provisional Diagnosis/Current Problems	
Alcohol and Drug Disorder	Anxiety Disorder
Mood Disorder CAN MOOD ✓	Psychotic Disorder
Sleep Problems	Other/Unknown

Support in community

OCCASIONAL PHONE CALLS TO FAMILY.
ASKED FAMILY NOT TO VISIT.
NOT SEEN MUCH PEER OVER A YEAR BUT TALK OCCASIONALLY ON PHONE.

Summary

DISCUSS MM ↑ WITH TEAM.
FOLLOW UP REFERRAL TO PSYCHOLOGIST
MEDICATION = IMPROVE SLEEP.
↑ FLUOXETINE.

Outcome.

Mental Health Care Plan

Problem	Interventions	Outcomes	Review Date

Signature	Date

NHS Confidential: Personal data about a patient

MHT Received	RO	Admin Received	SC
Category	Rahe	Date	26/6
Date	26/6/17	Discussed at Allocation Meeting	ADD/MH

ONV 19 Life

NHS Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name Colin McKay **Spin Number** 17345

D.O.B 5/9/79 **Date of Admission** Aug 04

Referral completed by

Date of referral

Please state the reasons why you are referring to the Mental Health Team in the box below

I put in a referral form to see the psychologist in January as I was told to by the RMT board when I was downgraded in January. I have been waiting ever since to see one. Geraldine my meneal healer nurse at the time who has since left also referred me. Im really struggling at the moment as Im being downgraded and can't cope with it. I really am having to think about weather I want to go on with this life sentence or just take the easy way out. I really need to see someone who can help me as im under immense pressure and feel hopless and helpless as I said I have referred myself and been referred by a MH nurse and six month later Ive still not seen anyone its all coming to a head and I feel its very long to wait as we are told the help is there if we need it.

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 **Signature**

NHS Confidential: Personal data about a patient

5/9/17
DNU3-19
LIFE

MHT Received	✓	Admin Received	MM
Category	RUHE	Date	6/7/17
Date	5/7/17	Discussed at Allocation Meeting	Anything addicted

NHS Greater Glasgow & Clyde HMP Barlinnie
05 JUL 2017
Received

MLA

NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name Colin McKay Prison Number 17345

D.O.B 5/9/79 Date of Admission 04

Nursing Contact ... EDL/Cat Date Life

Please state the reasons why you are referring to the Mental Health Team in the box below

I have been a bit low in myself and I am thinking of ending my life. I do not know who else I can speak to for help as I have a family & I would like to stay clean & sober but I need help & support if I am to do this. I have asked for ...

Please complete the following

Have you/the prisoner seen the Mental Health Team before?	Yes/No
Are you/the prisoner currently on anti-psychotic medication?	Yes/No
Do you/the prisoner receive support from a CPN?	Yes/No
Is there a history of self-harming behaviour?	Yes/No

23732

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/4/17	MS	M			
2/4/17		M			
3/4/17	M				
4/4/17	M				
5/4/17		M			
6/4/17		M			
7/4/17		M			
8/4/17	M				
9/4/17		M			
10/4/17		M			
11/4/17		M			
12/4/17		M			
13/4/17	M				
14/4/17		M			
15/4/17	M				
16/4/17	M				
17/4/17		M			
18/4/17		M			
19/4/17		M			
20/4/17		M			
21/4/17		M			
22/4/17		M			
23/4/17		M			
24/4/17		M			
25/4/17	M				
26/4/17		M			
27/4/17		M			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
28/4/17		M			
29/4/17		M			
30/4/17		M			
1/5/17					
2/5/17		M			
3/5/17		M			
4/5/17		M			
5/5/17		M			
6/5/17	M				
7/5/17		M			
8/5/17		M			
9/5/17	M				
10/5/17		M			
11/5/17		M			
12/5/17		M			
13/5/17		M			
14/5/17	M				
15/5/17		M			
16/5/17		M			
17/5/17		M			
18/5/17		M			
19/5/17		M			

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 COLIN MCKAY

SPIN No. 17345

LOC 5-9-79 WKI0115S

NAME 19/5/17

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No. [redacted]

LOC

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
18/5/17					
21/5/17					
22/5/17					
23/5/17					
24/5/17					
25/5/17					
26/5/17					
27/5/17					
28/5/17					
29/5/17					
30/5/17					
31/5/17					
1.6.17					
2.6.17					
3/6/17					
4/6/17					
5.6.17					
6/6/17					Withheld prior to [redacted]
7/6/17					
8/6/17					
9/6/17					
10/6/17					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
11/6/17					
12/6/17					
13/6/17					
14/6/17					
15/6/17					
16/6/17					
17/6/17					
18/6/17					
19/6/17					
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24/6/17					
25/6/17					
26/6/17					
27/6/17					
28/6/17					
29/6/17					
30/6/17					
1/7/17					
2/7/17					

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 Colin McKay

SPIN No. 17345

LOC

NHS Confidential: Personal data about a patient

NV 15/8

18/7

NHS BARLINNIE

DENTAL TREATMENT REQUEST FORM

Name Colin McKay SPIN 17345

Date of Birth 5/9/79 Location D.W.U. 19. Liberation Date LIFE 8/18

EMERGENCIES WILL BE DEALT WITH AS SOON AS POSSIBLE

THERE IS A WAITING LIST FOR ROUTINE TREATMENT

Please tick the box that describes your main problem

Problem	Tick One
Swollen Face	
Bleeding won't stop after tooth was removed	
Severe continuing pain	
Problem with fitting	
New Dentures or repair	✓
Check up & scale & polish	

Other comments Recieved a new denture on the 27th June I was told I would be seen again a week later to see if it fits, it is so oversized and over pressed that I can't use it as it won't stay in even slightly I can't eat in fear my gums as I've no top teeth. I feel I've been lied to again. I've had nothing but problems since I got here I put a mail slip out which got answered by Kelly Whom I spoke to the other day now this is please it will take two minutes to fix which one had it in as it falls out. What happened to I'll see you in a week, it's nearly three

Date 13/7/17

Dental Appointment

Name: **SPIN:**

Location: **Date request received**

You have been added to the waiting list and will be seen as soon as possible.
You do not have to submit another form unless your situation changes



Start date 01/05/15 HMP Bedlinnie

Rewritten date _____ Location _____

[redacted]

17345 - McKay

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	Initials	Pharmacist: Initials	Date
A	1/5/15	1/9/15				~~Methadone 1mg/ml~~	20ml	O	✓				S					
B	9/5/15	9/11/15	2/11/16	2/9/16	17.02.16	~~Methadone SF 1mg/ml~~	30ml	O	✓				S					
C	18.02.16				02.03.16	METHADONE SF mixture 1mg/ml	28mg	O	✓				S					
D	02.03.16				16.03.16	METHADONE SF mixt. 1mg/ml	26mg	O	✓				S					
E	17.03.16				30.03.16	METHADONE SF mixt. 1mg/ml	24mg	O	✓				S					
F	31.03.16				12.04.16	METHADONE SF mixt. 1mg/ml	22mg	O	✓				S					
G	13.04.16	13.10.16			27/5/16	METHADONE SF mixt. 1mg/ml	20mg	O	✓				S					
H	9/5/16				22/5/16	~~methadone mix SF 1mg/ml~~	18ml	O	✓				S					
J	23/5/16				5/6/16	~~methadone mix SF 1mg/ml~~	16ml	O	✓				S					
K	6/6/16				19/6/16	~~methadone mix SF 1mg/ml~~	14ml	O	✓				S					
L	20/6/16	4.7.16	8.9.16		3.11.16	~~methadone mix SF 1mg/ml~~	12ml	O	once daily				S					
M	4.11.16	4.7.16	9/8/17			METHADONE MIXTURE SF 1mg/ml	10ml	O	once daily				S	[illegible]				
N																		
P																		
Q																		
R																		
S																		
T																		

Name: Colin McKay SPIN No: 17345 CHI No or DOB: 05/9/79 Drug allergies: NKDA

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

Lothian

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3/7/17		M SA			
4/7/17		M AP			
5/7/17		M ∿			
6/7/17		∿∿ ∿			
7/7/17		∿∿ ∿			
8/7/17		M M			
9/7/17	M AP				
10/7/17		∿∿ ∿			
11/7/17		M ∿∿			
12/7/17		∿∿ ∿			
13/7/17		∿∿ ∿			
14/7/17		M ∿			
15/7/17		M AS			
16/7/17		M ∿∿			
17/7/17		∿∿ ∿			
		M ∿∿			
18/7/17					
19/7/17		∿∿ ∿			
20/7/17		∿∿ ∿			
21/7/17		M AP			
22/7/17	M ∿				
23/7/17	M AP				
24/7/17		M AP			

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25/7/17		M AP			
26/7/17		M AS			
27/7/17	M AP				

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 Colin McKay

SPIN No. 1231.S

LOC

NHS Confidential: Personal data about a patient

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

HMP Barlinnie, Low Moss & Greenock

CONFIDENTIAL

Prisoner Details

NAME	COLIN MCKAY.		
SPIN	17345	EDL	
HALL	DNU.	CELL	3:19.
DOB	5/09/79	CHI	0809796095.
INDEX OFFENCE	MURDER (1994)		

Reason for referral, please give a brief description of current difficulties, impact on current functioning, etc.

REFERRAL PREVIOUS REFERRAL 7 MONTHS AGO - YET TO BE SEEN.

CHILDHOOD TRAUMA AND WOULD LIKE TO DISCUSS THIS FURTHER WITH A PSYCHOLOGIST.

DECLINED TO DISCUSS THIS FURTHER WITH M/H NURSE.

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Have they consented to the referral?	✓	
Has a MH assessment been completed?	✓	
Do they have ongoing contact with the MH Team?	✓ Addiction w/ MH.	
Are they currently engaging in psychological interventions with anyone else? If so, who? (including programmes to address criminogenic needs)		✓
Any current Risks e.g Talk 2 Me, ongoing substance misuse, violence?		✓

Referrer Details

Name:	Wendie Johnson
Designation:	Addiction Nurse
Date:	26/7/17

(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

Processed by:	Date:	Database Updated: Y/N

CONFIDENTIAL

NHS Confidential: Personal data about a patient

5/9/79.
DNU19. Life.

15/8/17

HMP Barlinnie
Dental Referral Sheet

1177

NHS Greater Glasgow & Clyde
HMP Barlinnie
29 JUN 2017
Received

Name: Colin McKay

Date: 28/6/17

Prison No: 17345

Location: DNU

To aid clarity and assist treatment planning and service provision, please describe in your own words what dental problems you are experiencing. A **detailed description** of your symptoms will aid the assessment process. This should include what painkillers you are prescribed and how frequent you are taking them:

N.B Dental Pain is NOT considered to be an emergency.

Pain Description	Name of Painkillers/Daily Amount Used
I was given a new denture but it is far too big. I have waited until the numbness and swelling has went down as I had two teeth removed and now the swelling is down the denture has far too much mass theres too much material it needs to be drastically filed down as it doesn't stay in my mouth it will only take a couple of minutes to fix it. I can't eat as it's so big if I could see the dentist right away it could be fixed in no time, it's really too big not just a bit I mean ludicrously I can't even wear it all around the top rim needs filed down as it doesn't even touch my gums it's so deep and wide I can't wait as I can't eat I need it done right away as it's so big and bulky and it's not just because it's new and feels weird I understand that happens but this is so misshapen and has too much material on it.	

Complete the referral form and return it to the **HALL NURSE**. Please note that we will do our best to allocate you a dental appointment, but if the appointment is refused and/or further treatment is refused, then you will be **REMOVED** from the waiting list and no further treatment will take place.

then I'll S

Signature: C McKay

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKay		
Prisoner No.	17345	DATE OF BIRTH:	5/9/79
Date of Request:	19/6/17	EDL or Lib Date:	Life
		Hall Location:	DNU 19

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:	
WRITE YOUR REASON: I need to see the doctor about my leg pain and anti epilepsy meds, I was given a new med recently but it isn't working the pain is a lot worse now. Can I see Dr Vandarbeek	

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 (seasonal)	

Dentist Please Complete Dental Referral Form		
Podiatrist Only available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

NHS Confidential: Personal data about a patient

* letter *

MHT Received		Admin Received	SA
Category	routine	Date	19/6.
Date	19/6/17	Discussed at Allocation Meeting	

NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

DNU 19. Life.

Name Colin McKay Prison Number 17345

D.O.B 5/9/79 Date of Admission 2004

Remand/Convicted EDI/CRD Date Life

Referral Source

Address

Please state the reasons why you are referring to the Mental Health Team in the box below:

I have been see up with a failed drug test which will result in me spending the rest of my life in prison. I'm not telling to deceive I just want someone to find out why before I take action against myself. I have never ever taken a bucket and have failed a test for it so it has been done with me knowing which has happened before. I have just lost everything and I've done nothing wrong. I was told I was getting back to the hall so why would I take drugs I had passed every test since coming down here six months ago.

Please complete the following:

Have you/the prisoner seen the Mental Health Team before? Yes/No

Is you/the prisoner currently on anti-psychotic medication? Yes/No

Does you/the prisoner receive support from a CPN? Yes/No

Is there a history of self-harming behaviour? Yes/No

Letter Scott 19-6-17

NHS Confidential: Personal data about a patient

fol - no apps

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKAY		
Prisoner No.	17345	DATE OF BIRTH:	5/9/79
Date of Request:	7/7/17	EDL or Lib Date:	LIFE
		Hall Location:	DNJ

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:

WRITE YOUR REASON: I need to see the doc about meds as the one I was taking had no effective relief whatsoever so I stopped taking it. My family and friends pay for those drugs along with every other caregiver if they aren't working its just wasting money by continuing to take them. I haven't had a seizure since I've started the meds that I was struck off of but im worried I might end up having one again. I broke my nbs the last time I took one as I was out before I fell and hit the worktop which I was told were partial seizures

Nurse Led Clinics (Please tick the relevant box below): I've started jerking involuntary again

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 (seasonal)	

Dentist Please Complete Dental Referral Form		
Podiatrist Only available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKay		
Prisoner No.	17345	DATE OF BIRTH:	5/9/79
Date of Request:	26/5/17	EDL or Lib Date:	LIFE
		Hall Location:	DNU

Please Tick the relevant box below to indicate the service you require:

REQUESTING TO SEE A NURSE:
WRITE YOUR REASON: I need referred to the pain clinic or doctor ASAP. My meds were short 2wo weeks ago and I got struck off completely. I have a gun shot wound and scab wounds on my right leg which severed a main nerve, I was recieving the same meds for epilepsy and partial [redacted] seizures also but my main concern is the pain in my leg, I also have really bad toothache which is why I took more of my meds than I should have which left me short.

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 (seasonal)	

Dentist Please Complete Dental Referral Form		
Podiatrist Only available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
OPTICIAN Only Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION Please order 7 Days before Liberation Date		
MENTAL HEALTH SERVICES		

IF YOU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

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[redacted]

MCKAY	COLIN	17345	D HALL	NU19	JL	04/04/2017	J CARSON	
MCKAY	COLIN	17345	D HALL	DNU19	AL	11/04/2017	M QUARSHIE	
MCKAY	COLIN	17345	D HALL	DNU	N	14/04/2017	G LOGIE	

PS2

NAME kfz

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
9/27					
22/7					
1328					
26/1					
1941	A				
1602					
2007					
1811					
0108					
0113					
771					
1431	MCS				
5517	MSh				
1630					
1381					
1830					
1530					
1031					
1134					
1001					
1347					
1137					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1530					
1617					
1331					
1830					
2031					
2131					
1103					
1331					
2131					
2531					
2631					
2731					
2831					
0931					
3031					
1331					
1141					
2401					
3417					
1441					
2431					

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 Colin McKay

SPIN No. 17345.

LOC

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/17	HC				
9/17	MAP				
10/17	MAP				
11/17	MAP				
12/17	MAP				
13/17	MAP				
14/17	MAP				
15/17	MAP				
16/17	MAP				
17/17	MAP				
18/17	MAP				
19/17	MAP				
20/17	MAP				
21/17	MAP				
22/17	MAP				
23/17		MSH MAP			
24/17		MAP			
25/17		MAP			
26/17		MAP			
27/17		MAP			
28/17		MAP			
29/17	MAP				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
30/17		MAP			
31/17		MAP			
1/2/17		MAP			
2/2/17		MSH MAP			
3/2/17		MAP			
4/2/17	MAP				
5/2/17	MSH				
6/2/17		MSH MAP			
7/2/17		MAP			
8/2/17		MAP			
9/2/17		MAP			
10/2/17		MAP			
11/2/17	MAP				
12/2/17	MAP				
13/2/17		MAP			
14/2/17		MAP			
15/2/17		MAP			
16/2/17		MAP			
17/2/17		MAP			
18/2/17	MAP				
19/2/17	MAP				
20/2/17		MSH			

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 Colin Mckay

SPIN No. 17[illegible]5

LOC

WX/0115S

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5-9-79

NHS
Greater Glasgow and Clyde

Multi-disciplinary Mental Health Team (MDMHT)

The various disciplines involved in the multi-disciplinary mental health team have their own guidelines on confidentiality. The policy, as set out below, outlines the common principles of confidentiality, which will be adhered to within the MDMHT

On each occasion that a prisoner is assessed the mental health nurse will explain the common principles regarding confidentiality to the prisoner and "informed consent" must be obtained. The prisoner will be informed that, in the main, information from individual cases will be shared with the MDMHT. The prisoner and mental health nurse require to sign and date this form to demonstrate that informed consent has been given.

The confidentiality of communications between prisoners and the MDMHT is protected. Standard practice will be to maintain good communication with referrers and other people as appropriate, who are involved in the prison care. Brief correspondence regarding the prisoner referral to the MDMHT will be held in Health care records, this brief information will also be held in a database that will be used to assist the MDMHT in the administrative management of individuals. It is not necessary or likely that all the information disclosed by a prisoner to the MDMHT member would be included in such communications. All records relating to mental health will be held in perpetuity.

There are some situations where a prisoner's permission may not be sought and the normal rules of confidentiality may not be adhered to, these are as follows;

Danger to self MDMHT members will generally disclose information necessary to protect prisoners who appear to pose an imminent risk to them through self-harm or attempted suicide.

Danger to others If MDMHT members have reason to believe that a prisoner may put others at undue risk or harm then they are required to take proactive action. This would involve disclosure of information about the perceived risk to the appropriate staff.

Mental health nurse ..... Geraldine Doherty 17345

The mental health nurse has explained this policy to me and I am content to provide "informed consent" as described above

Prisoner ..... Colin McKay ..... C McKay .....

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5/9/79
~~Unknown~~
DNU-19
Convicted-life

MHT Received	NJG	Admin Received	MD
Category	routine	Date	8/3/17
Date	6/3/17	Discussed at Allocation Meeting	Add

NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name COLIN McKAY **Spin Number** 17345

D.O.B 05/09/79 **Date of Admission** 01/05/15

Referral completed by R ALLAN PERSONAL OFFICER

Date of referral 6/3/17

Please state the reasons why you are referring to the Mental Health Team in the box below

DURING AN INTERVIEW WITH MR McKAY HE APPEARED DISHEVELED AND APPEARED TO BE HAVING RACING THOUGHTS CONCERNING A MEMBER OF HIS FAMILY.
LAST ENTRY ON PR2 FOR MENTAL HEALTH IS 17.11.2012 (CARE REPORT)
LAST ON ACT 19.01.17.

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 ..... **Signature**.....

NHS Confidential: Personal data about a patient

NHS
ater Glasgow
and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	COLIN MCKAY		
Prisoner No.	17345	DATE OF BIRTH:	5/9/79
Date of Request:	2/2/17	EDL or Lib Date:	AUG 18
		Hall Location:	DNU 19

Please Tick the relevant box below to indicate the service you require:

QUESTING TO SEE A NURSE:	
RITE YOUR REASON: I WOULD LIKE TO SPEAK TO SOMEONE WITH REGARDS TO GOING ON A BLOCKER. I WANT TO EITHER COME OFF 4E 10ML OF METHADONE IM ON OR SUBSTITUTE IT FOR SUBOXONE F POSSIBLE AND THEN COME OF THE SUBOXONE FAIRLY QUICKLY SO IM DRUG FREE	

urse Led Clinics (Please tick the relevant box below):

thma		Diabetes	
xual Health		WellMan/ Woman	
g Ulcer & Wound essing Clinic		HIV & Hep C Treatment & Testing	

DICTION Clinics

pointment with diction Nurse	✓	Smoking Cessation			

cinations

p A		Hep B		Flu (seasonal)	

Dentist **Please Complete Dental Referral Form**		
Podiatrist **ly available to prisoners serving over 3 months or have Medical condition i.e. Diabetic**		
OPTICIAN **Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic**		
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**		
MENTAL HEALTH SERVICES		

U REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

5-9-79

NHS
Greater Glasgow and Clyde

Self-Referral

Enhanced Addiction Casework Team

Name	COLIN MCKAY
Spin	17345
Location	DNU 19
Date	2/2/17

Remand (serving under 31 days)		Please tick
Fully Committed		Please tick
Convicted	✓	Please tick

Reason for Referral:

I WAS ON AN ADVERSE RMT AND WAS TOLD I WAS TO BE ASSESSED FOR CONSIDERATION FOR RE-INSTATEMENT TO LETHAM HALL. I HAVENT BEEN DOWNGRADED AS YET I HAVE TO WORK WITH YOU TO PROVE I DONT HAVE A DRUG ISSUE AND THAT THIS WAS A ONE OFF. IF YOU COULD SEND SOMEONE TO SPEAK TO ME IT WOULD BE GREATLY APPRECIATED AS I WANT TO GET BACK ON TRACK AS SOON AS POSSIBLE.

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Last Appointment 28/2/17

5/9/79
Convicted - life.
DNU - 19.

11/4

E



HMP Barlinnie
Dental Referral Sheet

Name: Colin McKay **Prison No:** 17345

Date: 1/3/17 **Location:** DNU 19

To aid clarity and assist treatment planning and service provision, please describe in your own words what dental problems you are experiencing. A **detailed description** of your symptoms will aid the assessment process. This should include what painkillers you are prescribed and how frequent you are taking them:

N.B Dental Pain is NOT considered to be an emergency.

Pain Description	Name of Painkillers/Daily Amount Used
I saw the dentist and I have to get an impression done and have two teeth out I had an appointment for the 28/2/17 but I had education and no one came for me so I have been relisted for 11/4/17. One of the teeth to be removed has broken since I last saw the dentist and is very painful I have made a complaint about not being picked up from education. People are picked up from sheds so why not education. I have stayed in the hall before and no one has came for me even though they told me to stay in so its a lottery whether they'll come or not I have to sit in pain for another six weeks at least I think that is excessive especially as I have been let down in the past and present regarding health care. I think I should get another appointment sooner as I never refused to go to my appointment.	

Complete the referral form and return it to the **HALL NURSE**. Please note that we will do our best to allocate you a dental appointment, but if the appointment is refused and/or further treatment is refused, then you will be **REMOVED** from the waiting list and no further treatment will take place..

Signature: C. McKay

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[redacted]

[Form:GRI]

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

Surname:	MCKAY	Location:	Health Centre
Forename:	COLIN		PO Box 2309
DOB/Age:	05.09.79 Sex: Male		Glasgow
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Dr D. VD Meersschaut
Details:	Not given	Ext Labno:	

			[[CURRENT]]	
Lab Number			B,17.5931546.B	B,15.6400175.J
Date/Time collected			07.03.17 10:45	10.11.15 07:50
Date/Time received			07.03.17 13:55	10.11.15 13:54
WBC	x10^9/l	(4.0-11.0)	4.7	6.4
RBC	x10^12/l	(4.50-6.50)	5.20	4.82
Haemoglobin	g/l	(130-180)	151	145
Haematocrit	l/l	(0.400-0.540)	0.465	0.429
MCV	fl	(80.0-100.0)	89.4	89.0
MCH	pg	(27.0-32.0)	29.0	30.1
Platelet Count	x10^9/l	(150-400)	251	271
Neutrophils	x10^9/l	(2.0-7.5)	2.4	2.2
Lymphocytes	x10^9/l	(1.5-4.0)	1.9	3.7
Monocytes	x10^9/l	(0.2-0.8)	0.3	0.4
Eosinophils	x10^9/l	(0.00-0.40)	0.09	0.2
Basophils	x10^9/l	(0.0-0.1)	0.0	0.0
Nucleated RBC	x10^9/L		0.0	0.0
Myelocytes	x10^9/L			
Blasts	x10^9/L			
Others	x10^9/L			
ESR	mm/hr	(1-10)		
Retics	x10^9/L	(10-90)		

Glan Fever Scr
Blood Film

Hb GPAA

Result Comments:

DATE RECEIVED	13 MAR 2017
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	
KARDEX	
SIGNATURE	

Date reported: 07.03.17 Authoriser: Run No: 787

NHS Confidential: Personal data about a patient

[GRI Run: 780

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

Surname: MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Details:

Location: Health Centre
PO Box 2309
Glasgow
Greater Glasgow & Clyde
Requestor: Dr D. VD Meersschaut
Ext Labno:

Lab No: B,17.4484491
Collected: 07.03.17 10:45
Authorised: 07.03.17

Received: 07.03.17 13:44
Authoriser:

B12			
Serum Vitamin B12	246	ng/l	(200-900)
SF			
Serum Folate	3.7	ug/l	(3.1-20.0)
FER			
Serum Ferritin	88	ug/l	(20-300)

Hb SF APP

DATE RECEIVED	
APPOINTMENT	13 MAR 2017
NURSE TO INFORM PATIENT	
FILE	
KARDEX	
SIGNATURE	

Comments:
FER: Males 20-300 (<20 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.

Enquiries: Phone 0141 211 4461

Date reported: 08.03.17

NHS Confidential: Personal data about a patient

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEA Run: 299

Surname:	MCKAY	Location:	Health Centre
Forename:	COLIN		PO Box 2309
DOB/Age:	05.09.79 Sex: Male		Glasgow
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Dr D. VD Meersschaut
Details:		Ext Labno:	

			[[CURRENT]]	
Lab Number			B,17.4484491.Y	B,15.5253588.P
Date/Time collected			07.03.17 10:45	10.11.15 07:50
Date/Time received			07.03.17 13:44	10.11.15 13:34
Sodium	mmol/L	(133-146)	137	140
Potassium	mmol/L	(3.5-5.3)	4.5	4.0
Chloride	mmol/L	(95-108)	98	103
Bicarbonate	mmol/L	(22-29)		
Urea	mmol/L	(2.5-7.8)	4.9	5.4
Creatinine	umol/L	(40-130)	97	73
GFR (est'd)	ml/min	(>60)	>60	>60
CRP	mg/L	(0-10)		
Magnesium	mmol/L	(0.70-1.00)		
Calcium	mmol/L	(2.20-2.60)		
Adj Calcium	mmol/L	(2.20-2.60)		
Phosphate	mmol/L	(0.80-1.50)		
Albumin	g/L	(35-50)	40	35
Alk Phos	U/L	(30-130)	111	84
Tot Bilirubin	umol/L	(<20)	9	13
Conj Bilirubin	umol/L			
AST	U/L	(<40)	19	17
gGT	U/L	(<70)		
ALT	U/L	(<50)	17	10
Amylase	U/L	(<100)		
CK	U/L	(40-320)		
Total Protein	g/L	(60-80)		
Globulins	g/L	(23-38)		
Urate	umol/L	(200-430)		
Cholesterol	mmol/L			
Triglyceride	mmol/L	(0.2-2.3)		
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				
TSH	mU/L	(0.35-5.00)	0.88	2.38
Free T4	pmol/L	(9.0-21.0)	12.5	15.6
Total T3	nmol/L	(0.9-2.5)		

HAS GP

Result Comments:

DATE RECEIVED	13 MAR 2017
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	
KARDEX	
SIGNATURE	

Date reported: 08.03.17 Authoriser: Automatic release by system

NHS Confidential: Personal data about a patient

DNU 3/19

Geraldine

MHT Received		Admin Received	MA
Category	Routine	Date	6/2/17
Date	3-2-17	Discussed at Allocation Meeting	Add

NHS
Greater Glasgow and Clyde

MDMHT REFERRAL FORM

Name COLIN MCKAY Prison Number 17345

DOB 5/9/79 Date of Admission AUG 04

Referred by [redacted] EDD/Est Date LIFE PAROLE AUG 18

Telephone number [redacted]

Ward/Hall [redacted]

Please state the reasons why you are referring to the Mental Health Team in the box below:

I WAS ON ANTABUSE - DR'S FOR FAILING A DRUG TEST AND WAS TOLD I HAD TO WORK WITH MENTAL HEALTH TO BE ASSESSED BEFORE CONSIDERATION FOR RE-INSTALLMENT. TO CONTINUE WELL I WANT TO GET THIS DONE AS QUICKLY AS POSSIBLE SO I CAN START MOVING FORWARD AGAIN.

Please complete the following:

Have you/the prisoner seen the Mental Health Team before? Yes/No

Are you/the prisoner currently on anti-psychotic medication? Yes/No DON'T KNOW I'M ON MIRTAZAPINE

Does you/the prisoner receive support from a CPN? Yes/No

Is there a history of self-harming behaviour? Yes/No

1278

Surname: McKAY		Establishment: BARLINNIE	
Forename(s): COLIN		Prison Number: 7345	Gender: M
Date of Birth: 5/9/79	Admission Date:		Sentence: LIFE
EDL: LIFE		Tribunal Date:	
PQD:		HDC Qualifying Date:	

Integrated Case Management
Substance Misuse Assessment



Care Plan Agreed & Copy Received by Prisoner			
Prisoner (Print Name): COLIN McKAY	Signature: C. McKay	Date: 9/2/17	
Caseworker (Print Name): ROBERT WASSOO	Signature: R.W	Date: 9/2/17	

SMR25 Assessment Report has also been completed as part of this Assessment (please tick) ☐

SCOTTISH PRISON SERVICE

Integrated Case Management
Substance Misuse Assessment

INFORMATION SHARING

I _____ **accept** support for my substance use 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 SPS and between the SPS and other relevant agencies including ISD. This information may be used for research and evaluation purposes. Confidentiality will be maintained at all times unless I compromise security, expose self-harm or harm to others, or cause concerns over children who may be under my care under the Children (Scotland) Act 1995..

Client Signature: X C. MURRAY Date: 9/2/17

SECTION A - INITIAL INFORMATION

A1. CLIENTS REASON FOR REFERRAL

A2. DISCLAIMER

I ..... **do not** require any support for my substance misuse from the establishment addictions team and do not wish to take up the offer of an addictions assessment at this time. The support services available have been fully explained to me. I take full responsibility for my own health and fully understand the potential consequences of my substance use. I understand that I can access substance misuse support at a later date by the self referral route.

Client Signature: Staff Signature: Date:

SECTION B - EVIDENCE TO SUPPORT CARE PLAN

SOCIAL PROFILE

B1. LIVING WITH

Are any of the People you are living with problematic substance misusers? Yes ☐ No ☑

Declined to Respond? ☐

RECENT SUBSTANCE MISUSE

B2. AGE PROFILE

	Drugs	Alcohol	Solvents	Tobacco
Age first Started Using:	14	14	—	15

First Illicit substance used: CANNABIS Where and with whom: WITH FRIENDS

Reason first used: CURIOUSITY | PEER PRESSURE

Age at onset of problem: 16 Age help first sought: 18

Place first sought Help (Community, Prison, other e.g. hospital): COMMUNITY

B3. RECENT ALCOHOL USE (In past month)

None ☑

Frequency of Consumption: Daily ☐ Weekend ☐ Social ☐ Drink Alone ☐ Poly Drug Use ☐ Never / Ceased ☐

Periods of alcohol consumption _____

Is alcohol always drunk to intoxication? Yes ☐ No ☐

Binge Drinking ☐ Length of Bouts _____ Period Between Bouts _____

Relief Drinking ☐ Problematic Drinking ☐ Details: _____

Has tolerance increased? Yes ☐ No ☐ Details: _____

	Type or Brand	Mixes Drinks (Y or N)	Units		Cost	
			Per Day	Per Wk	Per Day (£)	Per Wk (£)
Alcopops						
Beer						
Cider						
Fortified Wine						
Spirits						
Wine						
Other						

How is Alcohol Use Funded? _____

B4. RECENT SOLVENT USE (In Past month)

Frequency of Use: Daily ☐ Weekly ☐ Weekend ☐ Never ☐ Stopped ☐

	Amount Used		Cost	
	Per Day	Per Wk	Per Day (£)	Per Wk (£)
Gas Lighter, Refill, Bottled or cylinder gas				
Aerosol Deodorant, Hairspray, Cleaning Fluids etc				
Glue Contact adhesives, Model glue etc.				
Other Products Solvents, Thinners, Dry cleaning Fluids etc				

How is Solvent Use Funded?

B5. SMOKING

Do you smoke? Yes ☑ No ☐ (If "no" proceed to next section)

Would you like to stop? Yes ☐ No ☑ (If "yes" and meets criteria refer for specialist Groupwork)

Have you tried to stop smoking before? Yes ☑ No ☐

What help do you think you need to stop smoking?

NRT

What do you see as the benefits of stopping?

Health

B6. SEVERITY OF DEPENDANCE (in the last 30 days)

Key: Never/Almost Never = 0, Sometimes = 1, Often = 2, Always/Nearly Always = 3
Or for Question 5 – Not difficult = 0, Quite difficult = 1, Very Difficult =2, Impossible = 3

	Alcohol	Solvents	Cigarettes	Stimulants	Depressants	
1.Do you think your use of (named drug) was out of control						
2. Does the prospect of missing a fix/dose make you anxious or worried?						
3. Do you worry about your use of (named drug)?						
4. Do you wish you could stop?						
5. How difficult do you find it to stop or go without (named drug)?						
Total SDS Score						
Level of Dependency Indicated						

Scoring:

The SDS is a five-item measure of dependence; altered to suit the type of substance used (Gossop et al, 1995). Each item is scored on a four – point scale from 0-3, giving a range of possible scores form 0-15.

A Total Score of 0- 3 = Low Dependency, 4-6 = Medium Dependency; 7+= High Dependency

B7. CHILDREN

None ☑

Child Name	DOB	Child Details	Other Name known by	Name of Main Carer	Relationship to child	Main Carer Tel. No

Referral to Social work if child concern

Date Passed and Signature:

PREVIOUS CONTACT WITH SERVICES

Date of last Contact with Community Specialist Service	DAY	MONTH	YEAR	Agency name	

Contact Name | **Tel No**

Address

Treatment Outcome

If in contact with more than one service please complete below.

Date of last Contact with Community Specialist Service	DAY	MONTH	YEAR	Agency name	

Contact Name | **Tel No**

Address

Treatment Outcome

Date of last Contact with Community Specialist Service	DAY	MONTH	YEAR	Agency name	

Contact Name | **Tel No**

Address

Treatment Outcome

INTEGRATED MANAGEMENT CARE PLAN
Recommended Interventions (to be marked within Activity below)

National Harm Reduction Awareness Session	Care Plan Review	One to One Motivational Interview	Throughcare Addiction Service
Alcohol Initial One to One Contact	Alcohol Educational Group	Alcohol Therapeutic Group	Safer Injecting
Harm Reduction Recovery planning Group	Smoking Cessation Brief Advice	Smoking Cessation Specialist Groupwork	Pre-release Groupwork

Assessment Summary

- THIRTY SEVEN YEAR OLD.
- LIFE SENTENCE
- SELF REFERRAL.
- THIRTEEN YEARS INTO LIFE SENTENCE.
- WISHES TO ENGAGE FOLLOWING PROVIDING POSITIVE DRUG TEST.
- CURRENTLY ON SUBSTITUTE SCRIPT (METHADONE)
- DISPLAYED MOTIVATION TO MAKE CHANGES.

	Need for Intervention			Need for support		
Drugs	1	2	3	1	2	3
Alcohol	1	2	3	1	2	3
Smoking	1	2	3	1	2	3

Action Identified:	Source:	Referred to:	Date:	Outcome:

Activity:	Date on Waiting List:	Assessed By:	Start Date:	Completion Date:	Outcome:

NHS Confidential: Personal data about a patient

[redacted]

NHS Confidential: Personal data about a patient

SPS PHYSICAL CARE RECORDS

HM	
Sheet No.	
SURNAME	SPIN No.
FORENAME	

Date Time	Entry Code	NOTES	Signature

15272

NHS Confidential: Personal data about a patient

LPCT 043

NHS Lanarkshire

Synergy Health
PODIATRY NAIL SURGERY (NHS LANARKSHIRE)
S/N: 228924406
P/C: 23CF0001W1

Department of Podiatry

NAME: Colin McCuaig D.O.B. 5/9/79 TEL No.: _____

ADDRESS: HMP Shotts.

G.P.: C/O HMP SHOTTS.

ADDRESS: HMP. SHOTTS

CHI Number: _____

Local Analgesia 3% Plain Solution of Scandonest - Amounts Used:	LEFT	RIGHT
	2.2 ml.	ml.

DATE OF INJECTION 17/10/14 BATCH No.: B101728A EXPIRY DATE: 04/17.

LEFT	TOURNIQUET TIME	RIGHT
10.53	APPLIED	
10.58	RELEASED	
5 mins	TOTAL TIME ELAPSED	

TREATMENT OF CONDITION: Please insert procedure and delete as appropriate.

LEFT	TYPE OF PROCEDURE	
1st	✓	With/~~without 2 x 1 min~~/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
2nd		With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
3rd		With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
4th		With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
5th		With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol

Dressed with _____

RPL0477

NHS Confidential: Personal data about a patient

TREATMENT OF CONDITION: Please Insert procedure and delete as appropriate.

RIGHT	TYPE OF PROCEDURE	
1st	_____	With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
2nd	_____	With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
3rd	_____	With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
4th	_____	With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol
5th	_____	With/without 2 x 1 min/3 x 1 min application of 80% liquefied Phenol BP irrigated with 70% Isopropyl Alcohol

Dressed with Allevyn gentle border, guaze swabs, TG + melzo

Care Aim Reduction

Signature (Local Anaesthetic) _____

Signature (Procedure) _____

Date 17/10/14

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP
Health and Social Care Partnership

FULL NAME:	Colin Mckay	SPIN NUMBER:	17345
Date of Birth:	5/9/79	Hall & Cell No:	Chrisswell E-4
Date of Request:	22/3/22	Lib Date:	Life

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:-

I want to start reducing my methadone by 5ml a fortnight until I get to 20ml, then 2ml a fortnight after that, I may even look at going on the monthly jag or move onto espranol. I'll see nearer the time, I don't need to speak to the doctor about it I'll just start wherever you can sort it.

DATE RECEIVED:	REFERRED TO: Addictions AO 23/3/22
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.

V2 Jan 2018

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.: _____ HMP: _____
Start Date: _____ Location: _____
Rewritten Date: _____

SIDE A GREENOCK

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	22/7/21	[illegible]	22/6/21		6/7	Methadone Mixture 1mg/ml SF	70ml	PO	Once daily				S					
2	6/7/21	[illegible]				Methadone Mixture 1mg/ml SF	70ml	PO	Once daily				S					
3	16/7/21	[illegible]				Methadone Mixture 1mg/ml SF	60ml	PO	Once daily				S					
4	8/12/21	[illegible]			8/3	Methadone Mixture 1mg/ml SF	40ml	PO	Once daily				S					
5	9/12/21	9/4/21			5/5	Methadone Mixture 1mg/ml SF	25ml	PO	Once daily				S					
6	31/5/21	[illegible]			6/4/21	Methadone Mixture 1mg/ml SF	30ml	PO	Once daily				S		7/4/21	BW		
X	7/4/21	7/4/21				Methadone Mixture 1mg/ml SF	25ml (10+15ml)	PO	Once daily				S					
8	8/4/21	[illegible]			21/4/21	Methadone Mixture 1mg/ml SF	25ml (10+15ml)	PO	Once daily				S					
						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	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	7/6/21	10 am	Methadone 1mg/ml SF	5ml FIVE	O	AM	S		09:35		
17											
18											

Name: Colin McKay Spin No: 17345 CHI No. or DOB: 05-09-79 Drug allergies: NKDA.

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

ITA • 2969/3v1.0

NHS Confidential: Personal data about a patient

SIDE A

NHS Greater Glasgow and Clyde

...E SCRIPT? ☐ YES ☐ NO

...MORPHINE SCRIPT? ☐ YES ☐ NO

...AMPIX 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	Discontinued: Initials	Pharmacist: Date	Pharmacist: Initials
1	24/4/21	23/6/21			21/5/21	Methadone Mixture 1mg/ml SF (Formulary Equiv)	28ml	PO				ONCE DAILY	S					
2	8/5/21	8/5/21			21/5/21	Methadone Mixture 1mg/ml SF	26ml	PO				ONCE DAILY	S					
3	22/5/21	22/5/21			2/6/21	Methadone Mixture 1mg/ml SF	24ml	PO				ONCE DAILY	S	Kell TWENTY-SIX				
4	3/6/21	3/6/21			18/6/21	Methadone Mixture 1mg/ml SF	22ml	PO				ONCE DAILY	S	Kell				
5	19/6/21	19/6/21			7/7/21	Methadone Mixture 1mg/ml SF	20ml	PO				ONCE DAILY	S	Kell (Twenty Two)				
6	8/7/21	8/7/21			28/7/21	Methadone Mixture 1mg/ml SF	18ml	PO				ONCE DAILY	S					
7	29/7/21	29/7/21			9/8/21	Methadone Mixture 1mg/ml SF	16ml	PO				ONCE DAILY	S	EIGHTEEN				
8	10/8/21	9/11/21			30/9/21	Methadone Mixture 1mg/ml SF	14ml	PO				Once daily	S	SIXTEEN FOURTEEN				

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: Colin McKay Spin No: 17345 CHI No. or DOB: 5/9/79 Drug allergies: NKMA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

NHS 296903

METHADONE SCRIPT? ☐ YES ☐ NO

BUPRENORPHINE SCRIPT? ☐ YES ☐ NO

CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE

PGD ☐ YES ☐ NO

Prescription Sheet No.: _____

Start Date: 21/1/19

Rewritten Date: _____

HMP: GREENOCK

Location: _____

SIDE A

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	21/1/19					HYDROXOCOBALAMIN	1mg/1ml	IM	EVERY 3 MONTHS				S					
2	25/2/19					GABAPENTIN	400mg	O	✓				S					
3	25/3/19					GABAPENTIN	300mg	O			✓		S					
4	25/4/19					MIRTAZAPINE	30mg	O				✓	S					
5	16.5.19					GABAPENTIN	400mg	O	✓				S					
6	13.6.19					GABAPENTIN	300mg	O			✓		S					
7	9/7/19					GABAPENTIN	300mg	O			✓		S					
8	30/7/19					GABAPENTIN	300mg	O	✓		✓		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	12/19					DERMOL LOTION	APP	TOP	ONCE PER	M					
10	2/4/21				7/7	CANESTEN CREAM 1%	APP	TOP	BD	C					A 3/7
11	13/8/21					IBUPROFEN	400mg	O	3x day	W					
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: COLIN MORAN Spin No: 173145 CHI No. or DOB: 5/9/79 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

01-0282 v1.0

SIDE B

NHS Greater Glasgow and Clyde

METHADONE SCRIPT? ☐ YES ☐ NO
BUPRENORPHINE SCRIPT? ☐ YES ☐ NO
CHAMPIX or NRT ☐ YES ☐ NO ☐ COMPLETE
PGD ☐ YES ☐ NO

Prescription Sheet No.:
Start Date: 21/1/19
Rewritten Date:

HMP: GREENOCK
Location: CHSU

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	Initials	Pharmacist: Date	Initials
A	21/1/19	21/1/19	30/1/19	11/2/19		MIRTAZAPINE	30mg	O				✓	W					
B	21/1/19	21/1/19				GABAPENTIN	300mg	O	✓	✓	✓		W		6/2/19am			
C	21/1/19	21/1/19				CALCICHEW D3	1+0	O	✓			✓	M					
D	21/1/19	21/1/19	18/2/20			FOLIC ACID	5mg	O	✓				M					
E	2/1/19	2/1/19	22/10/20			MIRTAZAPINE	30mg	O				✓	W		10/01/20			
F	10/01/20	10/01/20				MIRTAZAPINE	45mg	O				✓	W					
G	11/5/20	11/5/20	4/10/20	2/2/21		MIRTAZAPINE	30mg	O				✓	W					
H	2/2/21	2/2/21	2/2/21	2/2/21		MIRTAZAPINE	30mg	O				✓	W					
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
Q																		
R																		
S																		
T																		

Name: COLIN MCKAY Spin No: 17845 CHI No. or DOB: 05/09/79 Drug allergies: NKDA

ISSUE KEY: M = Monthly F = Fortnightly W = Weekly D = Daily Issue S = Supervised US = Unsupervised

[redacted]

[redacted] Recording Sheet for Prescription Sheet PS [redacted]

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
21/12/21	8 LM		8 LM		
22/12/21	8 ST				
23/12/21	8 KA	H (11)	8 GL		H (11) = 11.52
24/12/21	8 M		8 GL		
25/12/21	8 KA		8 GL		
26/12/21	8 M		8 GL		
27/12/21	8 LM		8 LM		
28/12/21	8 LM		8		
29/12/21	8 NT		8		
30/12/21	8 KA	H	8		H = 11.52
31/12/21	8 LM		8 GL		
1/1/22	8 AA		8 GL		H = 11.52 Discharged from [redacted]
2/1/22	8 KA		8 GL		
3/1/22	8 KA		8 GL		
4/1/22	8 KA		8 LM		
5/1/22	8 GL		8 GL		
6/1/22	8 ST		8 GL		
7/1/22	8 KA	H (2) GL	8 GL		H = 11.52 Returned
8/1/22	8 KA		8 GL		
9/1/22	8 KA		8 GL		
10/1/22	8 NT		8 LM		
11/1/22	8 GL		8 GL		
12/1/22	8 GL		8 GL		

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
13/12/21	8 GL			8 GL	
14/12/21	8 GL	H	H	8 GL	H = 11.52
15/12/21	8 GL			8 GL	
16/12/21	8 NT			8 GL	
17/12/21	8 GL			8 GL	
18/12/21	8 LM			8 LM	
19/12/21	8 LM			8 LM	
20/12/21	8 NT			8 LM	
21/12/21		(11) H		8 NT	(11) H = 11.52 M = 11.52
22/12/21	8			8 GL	
23/12/21	[redacted]				✱ new Kardex
28/12/21		(11)			(11) = 11.52

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: [redacted] SPIN No.: [redacted] LOC: [redacted]

D.O.B

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
8/10/21	8 JW		8 KC		
9/10/21	8 JW		8 JW		
10/10/21	8 KA		8 KA		
11/10/21	8 JW		8 JW		
12/10/21	8 JW	H	8 KC		H = 1/52
13/10/21	8 JW		8 KC		
14/10/21	8 KA		8 KC		
15/10/21	8 KA		8 KC		
16/10/21	8 JW		8 KC		
17/10/21	8 JW		8 KC		
18/10/21	8 JW		8 KC		
19/10/21	8 JW	H 2nd	8 KC		H = 1/52
20/10/21	8 JW		8 KC		
21/10/21	8 JW		8 KC		
22/10/21	8 JW		8 KC		
23/10/21	8 KA		8 KC		
24/10/21	8 KA		8 KC		
25/10/21	8 KA		8 KC		
26/10/21	8 JW	H 2nd	8 KC		H = 1/52
27/10/21	8 KA		8 KC		
28/10/21	8 JW		8 KC		
29/10/21	8 JW		8 KC		

DATE	A.M.	NOON	NIGHT PM	NIGHT	COMMENTS
30/10/21	8 KC		8 KC		
31/10/21	8				
1/11/21	8		8 KC		
2/11/21	8 JW	H	8 KC		H = 1/52
3/11/21	8 JW		8 KC		
4/11/21	8 JW	KC	8 KC		
5/11/21	8 JW		8 KC		
6/11/21	8 KC		8 KC		
7/11/21	8 KC		8 KC		
8/11/21	8 KC		8 KC		
9/11/21	8 JW	H NJ	8 NJ		H = 1/52
10/11/21	8 JW		8 KC		9= 1/12 4m
11/11/21	8 JW		8 KC		
12/11/21	8 KC		8 KC		
13/11/21	8 KC		8 KC		
14/11/21	8 KA		8 KC		
15/11/21	8 KA		8 KC		
16/11/21	8 JW	H 2nd	8 KC		H = 1/52
17/11/21	8 JW		8 KC		
18/11/21	8 KA		8 KC		
19/11/21	8 JW		8 KC		
20/11/21	8 KC		8 KC		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.
(Code) 1=Prisoner not in establishement, 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: Colin McKay SPIN No.: [illegible] LOC: S1 9 74 MI • 299941

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
25/10/21	2				
26/10/21	2				
27/10/21	2				
28/10/21	2				
29/10/21	2				
30/10/21	2				
31/10/21	2				
1/11/21	2				
2/11/21	2				
3/11/21	2				
4/11/21	2				
5/11/21	2				
6/11/21	5				* New Warder *
7/11/21	3				
8/11/21	5				
9/11/21	4				
10/11/21	4				
11/11/21	4				
12/11/21	4				
13/11/21	4				
14/11/21	4				
15/11/21	4				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
16/11/21	4				
17/11/21	4				
18/11/21	4				
19/11/21	4				
20/11/21	4				
21/11/21	4				
22/11/21	4				
23/11/21	4				
24/11/21	4				
25/11/21	4				
26/11/21	4				
27/11/21	4				
28/11/21	4				
29/11/21	4				
30/11/21	4				
01/12/21	4				
2/12/21	4				
3/12/21	4				
4/12/21	4				
5/12/21	4				
6/12/21	4				
7/12/21	4				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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.

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
11921	8	SC			
12921	8	GA			
13/9/21	8	KM			
14/9/21	8	SC			
15/9/21	8	SH			
16/9/21	8	SC			
17/9/21	8	SC			
18/9/21	8	SC			
19/9/21	8	HA			
20/9/21	8	SH			
21/9/21	8	SC			
22/9/21	8	SC			
23/9/21	8	SC			
24/9/21	8	SC			
25/9/21	8	SC			
26/9/21	8	SC			
27/9/21	8	SC			
28/9/21	8	SC			
29/9/21	8	SH			
30/9/21	8	SC			
1/10/21	8	SC			*new kardex
2/10/21		NT			

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
3/10/21	1	NT			
4/10/21	1	SH			
5/10/21	1	SC			
6/10/21	1	SC			
7/10/21	1	SC			
8/10/21	1	SC			
9/10/21	1	SC			
10/10/21	1	SC			
11/10/21	1	SC			
12/10/21	1	SC			
13/10/21	1	SC			
14/10/21	1	SC			
15/10/21	1	SC			
16/10/21	2	SC			*new kardex*
17/10/21	2	SC			
18/10/21	2	SH			
19/10/21	2	SC			
20/10/21	2	SC			
21/10/21	2	SC			
22/10/21	2	SC			
23/10/21	2	SC			
24/10/21	2	SC			

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: COLIN MURRAY SPIN No.: 17345 LOC: 5/9/79 D.O.B MI: 299941

NHS Confidential: Personal data about a patient

NHS Prison Healthcare Self Referral Form

Glasgow City HSCP

FULL NAME:	Colin mclg	SPIN NUMBER:	173615
Date of Birth:	05 09 79	Hall & Cell No:	Cwell
Date of Request:	4 11 21	Lib Date:	LTP

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	
	OPTICIAN Only available to patients with 3 months left to serve or who have a medical conditions i.e. Diabetic	*√ (Please Tick)*		SMOKING CESSATION	*√ (Please Tick)*
				WOUND DRESSINGS	*√ (Please Tick)*

REQUESTS FOR ADDICTIONS NURSE

Please give brief detail of reason for request:-

Colin requesting increase in methadone - not managing on current dose - recent stressors. Wants to titrate from 10-30mls

DATE RECEIVED:	
DATE LISTED FOR NURSE:	REFERRED TO:
DATE LISTED FOR DOCTOR:	DATE SEEN: 04/11/2021 (Ada)
	DATE SEEN:

IF YOU REQUIRE HELP COMPLETING THIS FORM, PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE.

V2 Jan 2018

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet P52

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
25/8/21					
26/8/21					
27/8/21					
28/8/21					
29/8/21					
30/8/21					
31/8/21					11 H = 1/52
1/9/21					
2/9/21					
3/9/21					
4/9/21					
5/9/21					
6/9/21					
7/9/21					11 H = 1/52
8/9/21					
9/9/21					
10/9/21					
11/9/21					
12/9/21					
13/9/21					
14/9/21					H, 11 = 1/52
15/9/21					

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
16/9/21					
17/9/21					
18/9/21					
19/9/21					
20/9/21					
21/9/21					H 11 = 1/52
22/9/21					
23/9/21					
24/9/21					
25/9/21					
26/9/21					
27/9/21					
28/9/21					H 11 = 1/52
29/9/21					
30/9/21					
1/10/21					
2/10/21					
3/10/21					
4/10/21					
5/10/21					H 11 = 1/52
6/10/21					
7/10/21					

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: Colin mckay SPIN No.: 17345 LOC: Laurel

mf 296941

NHS Confidential: Personal data about a patient

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
12/7/21					H = 1/52
13/7/21					
14/7/21					
15/7/21					
16/7/21					
17/7/21					
18/7/21					
19/7/21					
20/7/21					H = 1/52
21/7/21					
22/7/21					
23/7/21					
24/7/21					
25/7/21					
26/7/21					
27/7/21					H = 11/52
28/7/21					
29/7/21					
30/7/21					
31/7/21					
01/8/21					
02/8/21					

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
3/8/21					H = 1/52
4/8/21					
5/8/21					
6/8/21					
7/8/21					
8/8/21					
9/8/21					
10/8/21					H = 1/52
11/8/21					
12/8/21					
13/8/21					
14/8/21					11 = 3/7
15/8/21					
16/8/21					
17/8/21					11, H = 1/52
18/8/21					
19/8/21					
20/8/21					1 = (R) 05 M. 21, D - [illegible]
21/8/21					D = 3/7
22/8/21					
23/8/21					
24/8/21					H = 7/52

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: COLIN MCKAY ..... SPIN No.: 173465 ..... LOC: .....

NHS Confidential: Personal data about a patient

Seasonal Flu Vaccination

Prison Health Care are due to commence the Seasonal Flu Vaccination Programme.
If this was to be offered to you would accept? YES (NO) (please circle)

Please return by submitting in the nurse referral box within the residential area.

NHS
Greater Glasgow and Clyde

Name:	Colin McKay
Spin:	17345
Location:	Chrisswell C04
Date of Birth:	9/5/1979

Delivering better health

www.nhsggc.org.uk

GGC0013

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
29/7/21	7				
30/7/21	7				
31/7/21	7				
01/8/21	7				
2/8/21	7				
3/8/21	7				
4/8/21	7				
5.8.21	7				
6/8/21	7				
7/8/21	7				
8/8/21	7				
9/8/21	7				
10/8/21	7				
11/8/21	7				
12/8/21	7				
13/8/21	7				
14/8/21	7				
15/8/21	7				
16/8/21	7				
17/8/21	7				
18/8/21	7				
19/8/21	7				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
20/8/21	7				
21/8/21	7				
22/8/21	7				
23/8/21	7				
24/8/21	7				
25/8/21	7				
26/8/21	7				
27/8/21	7				
28/8/21	7				
29/8/21	7				
30/8/21	7				
31/8/21	7				
1/9/21	7				
2/9/21	7				
3/9/21	7				
4/9/21	7				
5/9/21	7				
6/9/21	7				
7/9/21	7				
8/9/21	7				
9/9/21	7				
10/9/21	7				

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: Colin McKay SPIN No.: 174645 DOB DOB 5/9/99 ms 299941

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
15/6/21	4				
16/6/21	4				
17/6/21	4				
18/6/21	4				
19/6/21	5				
20/6/21	5				
21/6/21	6				
22/6/21	5				
23/6/21	5				
24/6/21	5				
25/6/21	5				
26/6/21	5				
27/6/21	5				
28/6/21	5				
29/6/21	5				
30/6/21	5				
1/7/21	5				
2/7/21	6				
3/7/21	5				
4/7/21	5				
5/7/21	5				
6/7/21	4				

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
7/7/21	5				
8/7/21	6				
9/7/21	6				
10/7/21	6				
11/7/21	6				
12/7/21	6				
13/7/21	6				
14/7/21	6				
15/7/21	6				
16/7/21	6				
17/7/21	6				
18/7/21	6				
19/7/21	6				
20/7/21	6				
21/7/21	6				
22/7/21	6				
23/7/21	6				
24/7/21	6				
25/7/21	6				
26/7/21	6				
27/7/21	6				
28/7/21	6				

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: COLIN M°KAY SPIN No.: 173465 LOC: .....

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

Date: 9/9/21

Name: Colin McKay

Number: 7345

Location: CH C04

Blood Results	✓	Hospital Letter	
Urine Results		Other	✓
Ultrasound/X-Ray			

Immunology

No treatment required

Treatment as already issued

You have been listed to be seen by the Medical Officer

Bloods normal. No coeliac disease. No pernicious anaemia. Vitamin B12 injections and folate will continue

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS Confidential: Personal data about a patient

S O U T H G L A S G O W H O S P I T A L S
I M M U N O L O G Y R E P O R T
(Tel 0141 347 8872/0141 354 9337)

CB Run: 35

Surname	MCKAY	Location:	HMP Greenock Prison
Forename:	COLIN		PO Box 19605
DOB/Age:	05.09.79 Sex: Male		Greenock
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Gen.Pris GP Greenock
Diagnosis:		Ext Labno:	
Details:			

Lab No: B,21.3621962.Z
Collected: 19.08.21 11:21 Received: 20.08.21 11:50
Authorised: 25.08.21 Authorised by: Automatic release by sys

COELIAC SEROLOGY

TTG Ab (IgA)	0.4	U/mL	(0.0-7.0)

Comments:
I Coeliac Serology: 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
If known to have coeliac disease,
this negative result suggests adherence to gluten free diet.

Date reported: 26.08.21

NHS Confidential: Personal data about a patient

[CB Run: 3B

S O U T H G L A S G O W H O S P I T A L S
I M M U N O L O G Y R E P O R T
(Tel 0141 347 8872/0141 354 9337)

Surname MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Diagnosis:
Details:

Location: HMP Greenock Prison
PO Box 19605
Greenock
Greater Glasgow & Clyde
Requestor: Gen.Pris GP Greenock
Ext Labno:

Lab No: B,21.3621962.Z
Collected: 19.08.21 11:21
Authorised: 30.08.21

Received: 20.08.21 11:50
Authorised by: Automatic release by sys

INTRINSIC FACTOR ANTIBODY (Quantitative)

Intrinsic Factor Ab	2.1	Units	(0.0-25.0)

Comments:
I Intrinsic factor Q: Ref range: 0-20=Negative, 20.1-24.9=Equivocal, >24.9=Positive

Date reported: 31.08.21

NHS Confidential: Personal data about a patient

Health Centre
HMP Greenock

Date: 20/8/24

Name: Colin McKay

Number: 17345

Location: CHCO4

Blood Results	✓	Hospital Letter	
Urine Results		Other	
Ultrasound/X-Ray			

No treatment required	
Treatment as already issued	
You have been listed to be seen by the Medical Officer	✓

If you wish to discuss your test results/hospital letter further please return the slip below to the health centre.

GP
HMP Greenock

Health Centre – Communication

I would like to see the doctor to discuss my recent test results/hospital letter.

Name: _____ Location: _____

Number: _____ Date: _____

NHS Confidential: Personal data about a patient

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

orm: CIA Rund1

Surname: MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Details: Previous Abnormal Results

Location: HMP Greenock Prison
PO Box 19605
Greenock
Greater Glasgow & Clyde
Requestor: Not known
Ext Labno:

			[[CURRENT]]		
Lab Number			B,21.7602023.K	B,21.7657475.J	B,20.7257451.N
Date/Time collected			19.08.21 11:20	17.08.21 10:45	26.03.20 17:04
Date/Time received			19.08.21 13:29	17.08.21 13:27	26.03.20 17:04
Sodium	mmol/L	(133-146)		138	141
Potassium	mmol/L	(3.5-5.3)		4.3	*5.4
Chloride	mmol/L	(95-108)		101	104
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)		6.2	5.9
Creatinine	umol/L	(40-130)		112	116
GFR (est'd)	ml/min	(>60)		>60	>60
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)		2.20	
Adj Calcium	mmol/L	(2.20-2.60)		2.25	
Phosphate	mmol/L	(0.80-1.50)		0.97	
Albumin	g/L	(35-50)		36	*33
Alk Phos	U/L	(30-130)		107	67
Tot Bilirubin	umol/L	(<20)		8	6
Conj Bilirubin	umol/L				
AST	U/L	(<40)		22	19
gGT	U/L	(<70)			
ALT	U/L	(<50)		14	18
Amylase	U/L	(<100)			
CK	U/L	(40-320)			
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	umol/L	(200-430)			
Cholesterol	mmol/L			4.7	
Triglyceride	mmol/L	(0.2-2.3)		1.0	
VLDL Chol	mmol/L			0.5	
LDL Chol	mmol/L			3.1	
HDL Chol	mmol/L			1.1	
Chol/HDL				4.3	
TSH	mU/L	(0.35-5.00)	1.34		1.57
Free T4	pmol/L	(9.0-21.0)	14.2		13.8
Total T3	nmol/L	(0.9-2.5)			

Result Comments:

Date reported: 20.08.21 Authoriser: Automatic release by system

NHS Confidential; Personal data about a patient

[Form:IRS]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname:	MCKAY	Location:	HMP Greenock Prison
Forename:	COLIN		PO Box 19605
DOB/Age:	05.09.79 Sex: Male		Greenock
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Gen.Pris GP Greenock
Details:	NO CLINICAL DETAILS ON FORM	Ext Labno:	

[[CURRENT]]

Lab Number			B,21.7657477.X	B,20:7257452.E	B,17.5931546.B
Date/Time collected			17.08.21 10:45	26.03.20 17:04	07.03.17 10:45
Date/Time received			17.08.21 13:27	26.03.20 17:04	07.03.17 13:55
Specimen type			Blood	Blood	Blood
WBC	x10^9/l	(4.0-10.0)	3.6	4.5	4.7
RBC	x10^12/l	(4.50-6.50)	4.33	4.38	5.20
Haemoglobin	g/l	(130-180)	136	126	151
Haematocrit	l/l	(0.400-0.540)	0.401	0.398	0.465
MCV	fl	(83.0-101.0)	92.6	90.9	89.4
MCH	pg	(27.0-32.0)	31.4	28.8	29.0
Platelet Count	x10^9/l	(150-410)	239	243	251
Neutrophils	x10^9/l	(2.0-7.0)	1.5	2.0	2.4
Lymphocytes	x10^9/l	(1.1-5.0)	1.7	2.2	1.9
Monocytes	x10^9/l	(0.2-1.0)	0.2	0.2	0.3
Eosinophils	x10^9/l	(0.02-0.50)	0.09	0.10	0.09
Basophils	x10^9/l	(0.0-0.1)	0.0	0.0	0.0
Nucleated RBC	x10^9/L		0.0	0.0	0.0
Myelocytes	x10^9/L				
Blasts	x10^9/L				
Others	x10^9/L				
ESR	mm/hr	(0-10)			
Retics	x10^9/L	(50-100)			

Glan Fever Scr

Blood Film

Result Comments:

Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except GFST

Date reported: 18.08.21 Authoriser: Run No: 29

NHS Confidential: Personal data about a patient

[IRH Run: 29]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname:	MCKAY	Location:	HMP Greenock Prison
Forename:	COLIN		PO Box 19605
DOB/Age:	05.09.79 Sex: Male		Greenock
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Gen.Pris GP Greenock
Details:	NO CLINICAL DETAILS ON FORM	Ext Labno:	

Lab No:	B,21.7657475	Specimen:	Blood
Collected:	17.08.21 10:45	Received:	17.08.21 13:27
Authorised:	17.08.21	Authoriser:	

B12				
Serum Vitamin B12	- 187	ng/l		(200-883)
SF				
Serum Folate	- 2.0	ug/l		(3.1-20.0)
FER				
Serum Ferritin	156	ug/l		(15-300)

Comments:
FER: 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.

NHS Confidential: Personal data about a patient

Form: CIA Run29

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname:	MCKAY	Location:	HMP Greenock Prison
Forename:	COLIN		PO Box 19605
DOB/Age:	05.09.79 Sex: Male		Greenock
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Gen.Pris GP Greenock
Details:	NO CLINICAL DETAILS ON FORM	Ext Labno:	

			[[CURRENT]]		
Lab Number			B,21.7657475.J	B,20.7257451.K	B,17.4484491.Y
Date/Time collected			17.08.21 10:45	26.03.20 17:04	07.03.17 10:45
Date/Time received			17.08.21 13:27	26.03.20 17:04	07.03.17 13:44
Sodium	mmol/L	(133-146)	138	141	137
Potassium	mmol/L	(3.5-5.3)	4.3	*5.4	4.5
Chloride	mmol/L	(95-108)	101	104	98
Bicarbonate	mmol/L	(22-29)			
Urea	mmol/L	(2.5-7.8)	6.2	5.9	4.9
Creatinine	umol/L	(40-130)	112	116	97
GFR (est'd)	ml/min	(>60)	>60	>60	>60
CRP	mg/L	(0-10)			
Magnesium	mmol/L	(0.70-1.00)			
Calcium	mmol/L	(2.20-2.60)	2.20		
Adj Calcium	mmol/L	(2.20-2.60)	2.25		
Phosphate	mmol/L	(0.80-1.50)	0.97		
Albumin	g/L	(35-50)	36	*33	40
Alk Phos	U/L	(30-130)	107	67	111
Tot Bilirubin	umol/L	(<20)	8	6	9
Conj Bilirubin	umol/L				
AST	U/L	(<40)	22	19	19
gGT	U/L	(<70)			
ALT	U/L	(<50)	14	18	17
Amylase	U/L	(<100)			
CK	U/L	(40-320)			
Total Protein	g/L	(60-80)			
Globulins	g/L	(23-38)			
Urate	umol/L	(200-430)			
Cholesterol	mmol/L		4.7		
Triglyceride	mmol/L	(0.2-2.3)	1.0		
VLDL Chol	mmol/L		0.5		
LDL Chol	mmol/L		3.1		
HDL Chol	mmol/L		1.1		
Chol/HDL			4.3		
TSH	mU/L	(0.35-5.00)		1.57	0.88
Free T4	pmol/L	(9.0-21.0)		13.8	12.5
Total T3	nmol/L	(0.9-2.5)			

Result Comments:

Date reported: 18.08.21 Authoriser: Automatic release by system

NHS Confidential: Personal data about a patient

I do [redacted] (delete as appropriate) want the Covid vaccination

Name: Colin McKay SPIN: 17345 Location: Chrisswell C04

5-9-79

NHS Confidential: Personal data about a patient

Recording Sheet for Prescription Sheet PS2

Name: ..... SPIN No.: ..... LOC: .....

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
15/4/21	7 WM		7 KC		
16/4/21			7 KC		
17/4/21	7 WM		7 KC		
18/4/21	7 WM		7 KC		
19/4/21	7 WM		7 KC		
20/4/21	7 WM	H 2pm	7 KC		H = 1/2
21/4/21	7 WM		7 KC		
22/4/21	7 KC		7 KC		
23/4/21	7 WM		7 KC		
24/4/21			7 KC		
25/4/21	7 KC		7 KC		
26/4/21	7 WM		7 KC		
27/4/21	7 WM	H 2pm	7 KC		H = 1/2
28/4/21	7 WM		7 KC		
29/4/21	WM		7 KC		
30/4/21	7 WM		7 KC		
1/5/21	7 WM		7 KC		
2/5/21	7 WM		7 KC		
3/5/21	7 WM		7 KC		
4/5/21	7 WM		7 KC		
5/5/21	7 WM		7 KC		
6/5/21	7 WM	H 2pm	7 KC		H = 1/2
7/5/21	7 KC		7 KC		
8/5/21					

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
7/5/21	WM		7 KC		
8/5/21	7 WM		7 KC		
9/5/21	7 KC		7 KC		
10/5/21	7 NT		7 KC		
11/5/21	7 KC	H 2pm	7 KC		H = 1/2
12/5/21	7 WM		7 KC		
13/5/21	7 WM		7 KC		
14/5/21	7 WM		7 KC		
15/5/21	7 WM		7 KC		
16/5/21	7 WM		7 KC		
17/5/21	7 WM	H 2pm	7 KC		H = 1/2
18/5/21	7 KC		7 NT		
19/5/21	7 NT		7 KC		
20/5/21	7 WM		7 KC		
21/5/21	7 WM		7 KC		
22/5/21	7 KC		7 KC		
23/5/21	7 KC		7 KC		
24/5/21	7 NT		7 KC		
25/5/21	7 KC	H 2pm	7 KC		H = 1/2
26/5/21	7 KC		7 KC		
27/5/21	7 KC		7 KC		
28/5/21	7 KC		7 KC		

Numbers to be written after medication letter A.B.C. etc. when medication not given as prescribed.

(Code) 1=Prisoner not in establishement, 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: [redacted] SPIN No.: [redacted] LOC: [redacted]

NHS Confidential: Personal data about a patient

[redacted]

Recording Sheet for Prescription Sheet PS2

Name: [redacted] SPIN No.: [redacted] LOC: [redacted]

Drug Recording Sheet

DATE	A.M.	NOON	P.M.	NIGHT	COMMENTS
29/5/21	7			7	
30/5/21	7			7	
31/5/21	7			7	
1/6/21	7			7	H = 1/52
2/6/21	7			7	
3/6/21	7			7	
4/6/21	7			7	
5/6/21	7			7	
6/6/21	7			7	
7/6/21	7			7	
8/6/21	7			7	H = 1/52
9/6/21	7			7	
10/6/21	7			7	
11/6/21	7			7	
12/6/21	7			7	
13/6/21	7			7	
14/6/21	7			7	H = 1/52
15/6/21	7			7	
16/6/21	7			7	
17/6/21	7			7	
18/6/21	7			7	
19/6/21	7			7	

DATE	A.M.	NOON	NIGHT	NIGHT	COMMENTS
20/6/21	7		7		
21/6/21	7		7		
22/6/21	7		7		H = 1/52
23/6/21	7		7		
24/6/21	7		7		
25/6/21	7		7		
26/6/21	7		7		
27/6/21	7		7		
28/6/21	7		7		
29/6/21	7		7		H = 1/52
30/6/21	7		7		
1/7/21	7		7		
2/7/21	7		7		
3/7/21	7		7		
4/7/21	7		7		
5/7/21	7		7		
6/7/21	7		7		11-11-52
7/7/21	7		7		
8/7/21	7		7		
9/7/21	7		7		
10/7/21	7		7		
11/7/21	7		7		

Numbers to be written after medication letter A.B.C. etc when medication not given as prescribed.

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

[redacted] m 299941

NHS Confidential: Personal data about a patient

out @ MDT 13/2

WGT bb·4

NHS
ater Glasgow
and Clyde

NHS Prison Healthcare Self Referral Form

Print Full Name:	Colin McKay		
Prisoner No.	17345	DATE OF BIRTH:	5/9/79
Date of Request:	10/2/17	EDL or Lib Date:	Life 8/8/18
		Hall Location:	DNU

Please Tick the relevant box below to indicate the service you require:

EQUESTING TO SEE A NURSE:	
RITE YOUR REASON: I want to see if I can get [redacted] build up PNKS or appetice enhancing drugs as I can't eat and have no appetite due to depression.	

urse Led Clinics (Please tick the relevant box below):

sthma		Diabetes	
exual Health		WellMan/ Woman	
g Ulcer & Wound essing Clinic		HIV & Hep C Treatment & Testing	

DDICTION Clinics

pointment with ldiction Nurse		Smoking Cessation			

ccinations

p A		Hep B		Flu (seasonal)	

Dentist **Please Complete Dental Referral Form**		
Podiatrist ly available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
OPTICIAN y Available to prisoners serving over 3 months or have Medical condition i.e. Diabetic		
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**		
MENTAL HEALTH SERVICES		

OU REQUIRE HELP COMPLETING THIS FORM PLEASE SPEAK TO THE HALL NURSE FOR ASSISTANCE

Surname MCKAY First Name COLIN

Address 17345

Post Code

Date of Birth 5-9-79 Tel. No Mobile

Doctor's Name Doctor's Telephone No

Doctor's Address

Name/Address/Tel No of School

TO OBTAIN THE BEST AND SAFEST TREATMENT, YOUR DENTIST NEEDS TO KNOW OF ANY PROBLEMS WHICH MAY AFFECT YOUR TREATMENT – PLEASE NOW COMPLETE THE FOLLOWING MEDICAL HISTORY QUESTIONS.

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

IF YOU DO NOT UNDERSTAND ANY OF THE QUESTIONS, PLEASE ASK THE DENTIST FOR HELP.

	ARE YOU CURRENTLY	YES	NO	GIVE DETAILS
1	Are you currently pregnant?		✓	
2	Are you currently receiving treatment from a doctor, hospital or clinic?		✓	
3	Are you taking any prescribed medicines (e.g. tablets, creams, ointments or inhalers – including contraceptives and hormone replacement therapy)	✓		Methadone 8ml Gabapentin Mirtazepine
4	Do you suffer from any allergies to any medicines (e.g. penicillin) substances (e.g. latex) or foods?		✓	
5	Do you suffer from heart problems, angina or blood pressure problems?		✓	
6	Do you suffer from bronchitis, asthma or other chest conditions?		✓	
7	Have you ever had liver disease (e.g. jaundice or hepatitis) or kidney disease?		✓	
8	Do you suffer from fainting attacks, giddiness, blackouts of epilepsy?		✓	
9	Do you have diabetes?		✓	
10	Do you suffer from bruising or persistent bleeding following injury or surgery (including dental extraction)?		✓	

11	Have you ever had any treatment that required you to be in hospital?	✓	4 Shots
12	Have you ever had a bad reaction to a general or local anaesthetic?		✓
13	Do you have any close relatives with CJD?		✓
14	Have you ever had brain surgery?		✓
15	Did you have growth hormone before the mid 1980s?		✓
16	Do you suffer from any infectious diseases (e.g. HIV, tuberculosis)?		✓
17	Do you have arthritis?		✓
18	Do you smoke or use tobacco products?	✓	
19	Do you carry a medical warning card?		✓
20	Is there any other information, which your dentist might need to know about (such as self prescribed medicines such as aspirin, stroke, dementia, etc)?	✓	6 roll ups.

Signature C McKay Date 13/2/17

Relationship to Patient

UPDATE:

Please check that the above information is still correct and amend as necessary or note any changes below:

DATE	NO CHANGE	LIST ANY CHANGES BELOW	PATIENTS INITIALS

NHS Confidential: Personal data should be protected

NHS Greater Glasgow and Clyde

Appendix 1: In Possession Medication Contract

NHS Greater Glasgow and Clyde Prison Healthcare

In Possession Medication Contract – Patient Responsibilities

HMP BARLINNIE

Medication prescribed for you may be administered to you by a nurse or given to you to take as instructed on the label.

It has been agreed that you can be responsible for keeping medicines in your possession and taking them correctly.

Failing to look after or take your medicines properly may result in them being removed from your possession.

In particular:

- You must follow the instructions on the label of any medication you are prescribed
- You must not give or sell any medication to anyone
- You must return any unused medication to the Health Centre
- You must not have in your possession any medication or medication containers that have been issued to anyone else
- You must keep any medication issued to you in the original labelled container
- You must not tamper with any medication or container in your possession, and,
- If you lose any medication in your possession, or are unable to comply with this contract, you must report this to a member of staff immediately

You are fully responsible for the safe keeping of your own medication.

Declaration of Understanding

I have read (or had read to me) the above instructions and understand that failure to comply with them will result in me not being allowed to be responsible for keeping and taking my own medication.

Failure to comply with these instructions may also be in breach of discipline in terms of the Prison Rules and result in disciplinary action being taken against me.

Patient Name: COLIN MC IVAY SPIN No: 17345
Signed: C. McIvay Date: 12/5/16
Witnessed by (signature): ✓ Witness Name: K JACKSON

In possession contract discontinued by:

Name: ..... Date: .....
Reason: .....



Prescription Sheet No. 42 SIDE B

Start date 1/5/15 HMP

Rewritten date Location Lstn Hall 3 DNU 19

* LETHAM A

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: Initials	Pharmacist: Date
A	1/5/15	1/9/15	11/11/15	26/01/16	14/6/16	GABAPENTIN:	300mg	O	✓	-	✓	✓	W					
B						~~GABAPENTIN~~	~~600mg~~	O				~~✓~~	~~W~~					
C	1/5/15	1/9/15	11/11/15	26/01/16		Hydroxychloroquine	1 ml.	1/M	ewn 3/12				S					
D	3.06.15	3.06.15				SERTRALINE	50mg	O	✓				W					
E	24.06.15	24.06.15			15/7/15	MIRTAZAPINE	15mg	O				✓	W					
F	~~15/7/15~~	~~15/7/15~~	~~15/7/15~~	~~26/01/16~~		~~Mirtazapine~~	~~30mg~~	O				✓	W					
G	30.03.16				J Webb	IBUPROFEN (with food)	400mg	O	✓	✓		✓	W					
H	24.5.16	24.5.16				Mirtazapine	30mg	O				✓	W					
J	14/6/16	14/6/16	2.2.16	26/01/16		Gabapentin	300	O	✓	✓	✓	✓	W					
K																		
L																		
M																		
N																		
P																		
Q																		
R																		
S																		
T																		

Name: Colin McKay SPIN No: 17345 CHI No or DOB: 0519179 Drug allergies: NKDA

ISSUE KEY M = Monthly F = Fortnightly W = Weekly D = Daily issue S = Supervised US = Unsupervised

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/12			#A	D	CIP
1S1216			H S	[illegible]	CIP
2R16			H J	KC	CIP
2016/2			H S	K	CIP
7/1/17			# J	MA	CIP
12117			H 3	QU	CIP
19117			# 9	MA	CIP
26/1/17			H S	QU	CIP
3217			H	MA	CIP
6217			S	QU	CIP
10217			H	QU	CIP

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, 5= MEDICATION NOT GIVEN FOR OTHER REASON & RECORD REASON IN HEALTH CARE RECORD.

NAME COLIN McKAY

SPIN No. 17345

LOC

WKI0115S

NHS Confidential: Personal data about a patient

Appendix 2: In Possession Spot Check Form

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde Prison Healthcare

In Possession Spot Check Form

HMP Barlinnie Date of spot check: 12/2/17

PATIENT AND MEDICATION DETAILS

Patient Name: Colin Macay SPIN: 17345

D.O.B: 05/ 9/ 79. Location: ONO 19

Medication Prescribed	Amount required to be in possession
Mirtazapine 30mg	5 tablets.
Gabapentin 300mg	5 tablets.

SPOT CHECK

Medication in possession	Number of tablets found	Discrepancy from amount required
Mirtazapine 30mg	5	0
Gabapentin 300mg	5	0

ACTION TAKEN

(PASS) / FAIL (circle)

Comments / details of medication removed from patients' possession:

Documented on VISION: YES / (NO) (circle)

Appointment with doctor arranged: YES (NO) (circle) Date of appointment:

Signature of person carrying out spot check: .....

Signature of witness: .....

NHS Confidential: Personal data about a patient

5/9/79.
Life.
DNV3-79

(V)

HMP Barlinnie
Dental Referral Sheet

Name: COLIN MCKAY **Prison No:** 17345

Date: 23/1/17 **Location:** DNV 19

To aid clarity and assist treatment planning and service provision, please describe in your own words what dental problems you are experiencing. A **detailed description** of your symptoms will aid the assessment process. This should include what painkillers you are prescribed and how frequent you are taking them:

N.B Dental Pain is NOT considered to be an emergency.

Pain Description	Name of Painkillers/Daily Amount Used
I DON'T HAVE ANY PAIN I PUT A REFERAL IN WHEN I WAS IN LETHAM HALL AND GOT A REPLY, SAYING IM ON THE LIST BUT DIDN'T SAY WHEN. IM NOW IN DNV 19 SO THIS IS JUST TO LET YOU KNOW IVE MOVED HALLS.	

Complete the referral form and return it to the **HALL NURSE**. Please note that we will do our best to allocate you a dental appointment, but if the appointment is refused and/or further treatment is refused, then you will be **REMOVED** from the waiting list and no further treatment will take place.

Signature: C. McKay

NHS Confidential: Personal data about a patient

05/09/79

E.

10 JAN 2017

HMP Barlinnie
Dental Referral Sheet

Name: COLIN McKAY **Prison No:** 17345

Date: 9/1/17 **Location:** LEM 43

To aid clarity and assist treatment planning and service provision, please describe in your own words what dental problems you are experiencing. A **detailed description** of your symptoms will aid the assessment process. This should include what painkillers you are prescribed and how frequent you are taking them:

N.B Dental Pain is NOT considered to be an emergency.

Pain Description	Name of Painkillers/Daily Amount Used
I WAS RECENTLY ASSAULTED IN A HALL BY RECIEVING A KICK IN THE FACE. IT RESULTED IN A BROKEN CHEEK BONE, IT ALSO BROKE MY PLATE, ONE OF THE TEETH ON IT HAVE BROKEN OFF AND THE MOULD THAT GOES UP OVER MY GUM AT THE FRONT HAS LOST A BIG PIECE OFF IT SO NOW IT HARDLY GRIPS ON TO MY GUM AND KEEPS FALLING OUT WHEN IM EATING. I ONLY HAVING MY TWO CANINE TEETH LEFT AT TOP SO I NEED THEM TAKEN OUT AND A NEW PLATE FITTED AS A COMPLETE SET OF TOP TEETH AS THE REMAINING CANINES ARE BROKEN AND ALL BLACK AND HERRIBLE. PLEASE HELP ME MISS OR SIR AS I CAN HARDLY EAT AND IM REALLY EMBARASSED AND SELF CONSCIOUS ABOUT IT AND I CANT SMILE OR ANYTHING AS I DONT WANT PEOPLE TO SEE IT. I WONT EVEN TAKE VISITS FROM MY NEW GIRLFRIEND AS I DONT WANT HER TO SEE ME LIKE THIS PLEASE HELP AS I FEEL THIS IS AN EMERGENCY DUE MY DIFFICULTY EATING IM LO WEIGHT. I CA TAKE IT OUT AN AS I DONT HAVE TOP TEETH APAR FROM THE LEFT [redacted] RIGHT CA	IM ON 10MLS OF METHADONE AND 4 X 300MG OF GABAPENTIN A DAY.

Complete the referral form and return it to the **HALL NURSE**. Please note that we will do our best to allocate you a dental appointment, but if the appointment is refused and/or further treatment is refused, then you will be **REMOVED** from the waiting list and no further treatment will take place.

Signature: C. McKay

R ✓

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7.5.15			A Q		CIP - 7 days
4.5.15			A NS		CIP
2.5.15			A NS		CIP
1.5.15			A LM		CIP
31.5.15			A DW		CIP
21.5.15			A ND		CIP
28.5.15			Q		CIP
29.4.15	C	LM	A D ICC		CIP
4.6.15			A D ND		CIP
11.6.15			A D ND		CIP
18.6.15			A D ND		CIP
25.6.15			A E MF		CIP
2.7.15			A E DW		CIP
9.7.15			A E MF		CIP
16.7.15			F A 2 LM		CIP
16.7.15			A F KC		CIP
23.7.15			A F NS		CIP
30.7.15			A F DW		CIP
6.8.15			F A DW		CIP
13.8.15			A F MF		CIP
20.8.15			A F KC		CIP
27.8.15			A F DW		CIP
4.9.15			F A		CIP

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10.4.15			A E LM		CIP
17.4.15			A E LM		CIP
24.9.15			A F DW		
1.10.15			A E DW		CIP
8.10.15			A E LM		CIP
15.10.15			A E KC		CIP
22.10.15			F A MD		CIP
29.10.15		C VE	A F LM		CIP
22.11.15			A F DW		CIP
5.11.15			A F KC		CIP
12.11.15			A F MD		CIP
19.11.15			A F DW		CIP
26.11.15			A F LM		CIP
3.12.15			A F MD		CIP
10.12.15			A F DW		CIP
17.12.15			A F DW		CIP
24.12.15			A F KC		CIP
31.12.15			A F KC		CIP
7.1.16			B F KC		CIP
14.1.16			A E LM		CIP
21.1.16			A E MD		CIP

CIP one 24-hour

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 Colin McKay

SPIN No. 17345

LOC Leon 14

23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME _____ SPIN No. _____ LOC _____

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
4/2/16			EF KS		CIP
11-2-16			AE MM		CIP
16-2-16			AE MM		CIP
2-2-16			AE MM		CIP
3/3/16			EA MM		CIP
10/3/16			EA KC		CIP
17-3-16			AE QM		CIP
24/3/16			AE KC		CIP
30-3-16			G KS	3 x G. CIP.	
3/3/16			AEG HA		CIP
6/4/16			AEG KS		CIP
14-4-16			AEG MM		CIP
21/4/16			AE KC		CIP
28/4/16			AE KS		CIP
5/5/16			EA QM		CIP
12/5/16			EA MM		CIP
19/5/16			AE QM		CIP
26/5/16			AE KS		CIP
2/6/16			AN HA		CIP
9-6-16			AH HA		CIP
16/6/16			HJ QM		CIP
23/6/16			HJ QM		CIP

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
30/6/16			HJ QM		CIP.
7/7/16			HJ MM		CIP
14/7/16			HJ HA		CIP
21/7/16			HJ KC		CIP
28/7/16			HJ MM		CIP
4/8/16			HJ HA		CIP
11/8/16			HJ MM		CIP
18/8/16			HJ KS		CIP
25/8/16			HJ HA		CIP
1/9/16			HJ HA		CIP
8/9/16			HJ QM		CIP
15/9/16			HJ MM		CIP
22/9/16			HJ KS		CIP.
6/10/16			HJ HA		CIP
13/10/16			HJ QM		CIP
20/10/16			HJ MM		CIP
27/10/16			HJ MM		CIP
3/11/16			HJ QM		CIP.
10/11			HJ MM		CIP
17/11			HJ KS		CIP
24/11/16			HA HA		CIP.
1/12/16			HJ QM		CIP

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 Conn McKay SPIN No. 17345 LOC

WKI0115S

NHS Confidential: Personal data about a patient

[redacted]

Spt: 17345
D MM.

POLICE
SCOTLAND
Keeping people safe

AUTHORISATION FOR DISCLOSURE OF DETAILS OF MEDICAL EXAMINATION

I, Colin McKay (37)

(Full name, age and date of birth of Signatory)

of c/o HMP Barlinnie, 81 Lee Ave, Glasgow

(Address)

hereby authorise **all medical authorities** to provide officers of **Police Scotland** and the **Procurator Fiscal** with such details of my medical examination as are pertinent to the injuries sustained by me on Monday 19 December 2016

(Date of Incident)

as a result of a kick on the face "A" Hall

(Brief Details of Incident)

Grantor:

Signature: C. McKay Date: 22/12/16

Witness:

Signature: A. Gilmour Name: Amanda Gilmour

Rank: PC Reg No: 191650

Station: London Rd Date: 22/12/16

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC 5-9-79

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
12016					
13016					
14916					
15016					
16016					
17916					
18916					
19016					
20016					
21016					
22016					
23916					
24916					
25916					
26916					
27916					
28916					
29916					
30916					
31016					
1111					
2111					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
3111/16					
4111/16					
5111/16					
6/11/16					
7/11/16					
8/11/16					
9/11/16					
10/11/16					
11/11/16					
12/11/16					
13/11/16					
14/11/16					
15/11/16					
16/11/16					
17/11/16					
18/11/16					
19/11/16					
20/11/16					
21/11/16					
22/11/16					
23/11/16					
24/11/16					

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 Colin Mc KAY

SPIN No. 17345

LOC

23752

RECORDING SHEET FOR PRESCRIPTION SHEET

PS2

NAME

SPIN No.

LOC 5-9-79

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
25"16	MSh				
26116	M				
27116	M				
28"16	MSh				
29"16	M AP				
30"16					
31716	MSh				
1/1/16					
2/1/16					
3/1/16					
4/1/16					
5/1/16	MSh				
6/2/16					
7/1/16					
8/1/16	MSh				
9/1/16	M AP				
10/2/16	M AP				
11/2/16	M AP				
12/1/16	M				
13/2/16	M AP				
14/2/16	M AP				
15/2/16	M				
16/2/16	MSh				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
17/2/16	MCL				
18/2/16	MSh				
19/2/16	M				
20/2/16	M AP				
21/2/16	MGS				
22/2/16	M				
23/2/16		MGS			
24/2/16		M			
25/2/16		MD			
26/2/16	HB				
27/2/16		MGS			
28/2/16		MD			
29/2/16		M			
30/2/16		M			
31/2/16	MSh				
1/17	M				
2/17	M				
3/17		MSh			
4/17		M AP			
5/17	HC				
6/17	MGS				
7/17	MC				

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 COLIN MCKAY

SPIN No. 1224=

LOC

WKW1165

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

To
AE Department
GRI

21/12/2016

Re Colin McKay
DOB 5-9-1879
PIN 17345

Thank you for seeing this man who was kicked to his face 2 days ago.
Swelling and pain in the Rt zygomatic
Able to move lower jaw / open and sideways. Nose NAD.
Patient collecting Memadane 10 mg
Gabapentin 300 mg QDS, mirtazapine 30mg

Allergies - None recorded

J Oldhoodw, GP

23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

PS2

NAME **SPIN No.** **LOC**

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
16/16	L				
17/16	L				
18/16	L				
19/16	L				
20/16	L				
21/16	L				
22/16	L				
23/16	L				
24/16	L				
25/16	L				
26/16	L				
27/16	L				
28/16	L				
29/16	L				
30/16	L				
31/10/16	L				
1/11/16	L				
2/11/16	L				
3/11/16	L				
4/11/16	L				
5/11/16	L				
6/11/16	L				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7/11/16	L				
8/11/16	L				
9/11/16	L				
10/11/16	L				
11/11/16	L				
12/11/16	L				
13/11/16	L				
14/11/16	L				
15/11/16	L				
16/11/16	L				
17/11/16	L				
18/11/16	L				
19/11/16	L				
20/11/16	L				
21/11/16	L				
22/11/16	L				
23/11/16	L				
24/11/16	L				
25/11/16	L				
26/11/16	L				
27/11/16	L				
28/11/16	L				

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.

NHS Confidential Personal data about a patient

NAME [redacted] SPIN No. [redacted] LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
29816	LSh				
3816	LSh				
3/8/16	LSh				
1916	L				
2916	L				
5916	L				
6916	L				
7916	LSh				
8916	LSh				
9916	L				
10916	L				
11916	L				
12916	L				
13916	LSh				
14916	L				
15916	L				
16916	L				
17916	L				
18916	L				
19916	L				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
20916	LSh				
21916	L				
22916	LSh				
23916	L				
24916	L				
25916	LSh				
26916	LSh				
27916	L				
28916	L				
29916	LSh				
30916	LSh				
1/9/16	L				
2/10/16	L				
3/10/16	LSh				
4/10/16	L				
5/10/16	L				
6/10/16	L				
7/10/16	L				
8/10/16	L				
9/10/16	L				
10/10/16	L				
11/10/16	LSh				

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 Colin McKay SPIN No. 17345. LOC

DRUG RECORDING SHEET

SPIN No.

LOC

PS2

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/6/16					
3/6/16					
4/6/16					
5/6/16					
6/6/16					
7/6/16					
9/6/16					
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20/6/16					
21/6/16					
22/6/16					
23/6/16					

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/6/16					
2/6/16					
3/6/16					
4/6/16					
5/6/16					
6/6/16					
7/6/16					
8/6/16					
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11/7/16					
12/7/16					
13/7/16					
14/7/16					
15/7/16					

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 Colin Mc Kay

SPIN No. 17345.

DOB 05.9.79.

LOC

23752

RECORDING SHEET FOR PRESCRIPTION SHEET

SPIN No.

LOC

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
8/5/16	GSD				
8/9/16	G CS				
8/10/16	G my				
8/11/16	G SH				
8/14/16	G N				
8/16/16	G V				
8/16/16	G SH				
8/16/16	G W				
8/16/16	G CS				
8/24/16	G SH				
8/24/16	G SH				
8/26/16	G V				
8/30/16	G CS				
8/31/16	G N				
9/1/16	G N				
9/5/16	G SH				
9/5/16	G SH				
9/6/16	H N				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
10/5/16	HW				
11/5/16	HSh				
12/16	H V				
13/16	HCS				
14/5/16	HSh				
15/5/16	HW				
16/5/16	H				
18/5/16	H N				
19/5/16	H N				
20/5/16	H W				
21/5/16	H N				
22/5/16	H V				
23/5/16	H N				
24/5/16	H W				
25/5/16	H Sh				
26/5/16	H V				
27/5/16	H SC				
28/5/16	H CS				
29/5/16	H SH				
30/5/16	H N				
31/5/16	H W				
1/6/16	H Sh				

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.

SPIN No.

LOC

WKI0115S

NHS Confidential: Personal data about a patient

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN MCKAY		
No.	17345		
Date of Request:	10/6/16	**Hall & Cell No:**	LETHAM 4-43
Date request processed by Nurse Nurses Name/Signature		**EDL or Lib Date:**	LIFE
		Court Date:	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR
WRITE YOUR REASON:



Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**	
Sexual Health / C Card		**Well Man**	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		**Smoking Cessation**	
Methadone	✓		

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer	
CHIROPODIST	
OPTICIAN	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN McKAY		
No.	17345	Hall & Cell No:	LETH 43
Date of Request:	9/2/16	EDL or Lib Date:	LIFE
Date request processed by Nurse Nurses Name/Signature		Court Date:	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR
WRITE YOUR REASON:



Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health / C Card		Well Man	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		Smoking Cessation	
Methadone ✓	WANT TO START COMING OFF METH		

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer	
CHIROPODIST	
OPTICIAN	
DISCHARGE MEDICATION Please order 7 Days before Liberation Date	
MENTAL HEALTH SERVICES (Please Complete Pink Referral Form)	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

Glasgow Royal Infirmary: Diagnostic Imaging Report

MCKAY, COLIN J DoB: **05/09/1979**

THE HEALTH CENTRE, P.O. BOX 2309, GLASGOW, G33 9BS CHI. No.: **0509796095**

Ref. Locn.: **HM Prison - Barlinnie** CRIS No.: **5970515**

Referrer: **Dr Adnan Malik** Curr Ward: **G101P**

VERIFIED Verified By: Dr Colin Noble 08/04/16 1220.

Clinical History :

Injury left side of chest. Previous chest abnormal re rib cage.

XR Chest :

PA film. Normal heart and mediastinal contour. The lungs are clear. The bony thorax is intact. No change when compared with the previous film of 05/03/2012.

DATE RECEIVED	15/4/16
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓
KARDEX	
SIGNATURE	

Event Number: E-30430798 Examination Date: **08/04/16**

Ref. Source: Dr Adnan Malik, H M Prison, Barlinnie Prison, 81 Lee Avenue, Glasgow, G33 2QX

Examinations: **XR Chest**

NHS Confidential: Personal data about a patient

File

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN MCKAY		
Prisoner No.	17345	**Hall & Cell No:**	LETHAM 43
Date of Request:	25/3/16	**EDL or Lib Date:**	LIFE
		Court Date:	

Please Tick the relevant box below to indicate the service you require: 5/9/79.

REQUESTING TO SEE A NURSE/ DOCTOR

WRITE YOUR REASON: I NEED THE DOC TO TAKE A LOOK AT MY CHEST AND THE LEFT SIDE OF MY RIB CAGE AS IT IS TOTALLY UNALIGNED WITH THE RIGHT SO IT MUST BE SOME CONDITION I'VE GOT. I'VE WANTED TO KNOW FOR YEARS IT'LL TAKE TWO MINUTES.



Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**		**Daycare Services**		
Sexual Health / C Card		**Well Man**				
Leg Ulcer & Wound Dressing Clinic		**Keep Well Over 35'sOnly**				

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		**Smoking Cessation**		**Naloxone Training**		
Changes to Methadone Prescription		**Appointment With Addiction Nurse**				

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 **DENTIST** Please Only Complete Dental Referral Form if you are <u>Convicted.</u> If you are Untried and have dental pain please see the Hall Nurse.	
 **CHIROPODIST** 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 (Please Complete Pink Referral Form)	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEA Run: 807

Surname: MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Details:

Location: Health Centre
PO Box 2309
Glasgow
Greater Glasgow & Clyde
Requestor: Dr D. VD Meersschaut
Ext Labno:

			[[CURRENT]]
Lab Number			B,15.5253588.P
Date/Time collected			10.11.15 07:50
Date/Time received			10.11.15 13:34
Sodium	mmol/L	(133-146)	140
Potassium	mmol/L	(3.5-5.3)	4.0
Chloride	mmol/L	(95-108)	103
Bicarbonate	mmol/L	(22-29)	
Urea	mmol/L	(2.5-7.8)	5.4
Creatinine	umol/L	(40-130)	73
GFR (est'd)	ml/min	(>60)	>60
CRP	mg/L	(0-10)	
Magnesium	mmol/L	(0.70-1.00)	
Calcium	mmol/L	(2.20-2.60)	
Adj Calcium	mmol/L	(2.20-2.60)	
Phosphate	mmol/L	(0.80-1.50)	
Albumin	g/L	(35-50)	35
Alk Phos	U/L	(30-130)	84
Tot Bilirubin	umol/L	(<20)	13
Conj Bilirubin	umol/L		
AST	U/L	(<40)	17
gGT	U/L	(<70)	
ALT	U/L	(<50)	10
Amylase	U/L	(<100)	
CK	U/L	(40-320)	
Total Protein	g/L	(60-80)	
Globulins	g/L	(23-38)	
Urate	mmol/L	(0.20-0.43)	
Cholesterol	mmol/L		
Triglyceride	mmol/L	(0.2-2.3)	
VLDL Chol	mmol/L		
LDL Chol	mmol/L		
HDL Chol	mmol/L		
Chol/HDL			
TSH	mU/L	(0.35-5.00)	2.38
Free T4	pmol/L	(9.0-21.0)	15.6
Total T3	nmol/L	(0.9-2.5)	

Result Comments:
10.11.15 LFTS : Alkaline Phosphatase results IFCC aligned from 03/08/15.

DATE RECEIVED	17/11/15
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓
KARDEX	
SIGNATURE	SE

Date reported: 11.11.15 Authoriser: Automatic release by system

NHS Confidential: Personal data about a patient

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: MEGLU Run: 805

Surname: MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Details: Not given

Location: Health Centre
PO Box 2309
Glasgow
Greater Glasgow & Clyde
Requestor: Dr D. VD Meersschaut
Ext Labno:

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,15.5253589.F	10.11.15 07:50	10.11.15 13:34	4.1	
B,15.6400175.J	10.11.15 07:50	10.11.15 13:54		33

Result Comments:
10.11.15 HbA1C IFCC: Please note change in method for HbA1c analysis from 28/10/15.

DATE RECEIVED	11/11/15
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓
KARDEX	
SIGNATURE	

Date reported: 11.11.15 Authorised by: Automatic release by system

NHS Confidential: Personal data about a patient

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEGLU Run: 802

Surname:	MCKAY	Location:	Health Centre
Forename:	COLIN		PO Box 2309
DOB/Age:	05.09.79 Sex: Male		Glasgow
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Dr D. VD Meersschaut
Details:		Ext Labno:	

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,15.5253589.F	10.11.15 07:50	10.11.15 13:34	4.1	

Result Comments:

DATE RECEIVED	16/11/15
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓ 18/11/15
KARDEX	
SIGNATURE	

Date reported: 10.11.15 Authorised by: Automatic release by system

NHS Confidential: Personal data about a patient

Form: NTEU Run : 803

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Surname:	MCKAY	Location:	Health Centre
Forename:	COLIN		PO Box 2309
DOB/Age:	05.09.79 Sex: Male		Glasgow
CHI/Unit No:	0509796095		Greater Glasgow & Clyde
Address:	THE HEALTH CENTRE	Requestor:	Dr D. VD Meersschaut
Details:		Ext Labno:	

Lab No: B,15.5253588.P
Collected: 10.11.15 07:50 Received: 10.11.15 13:34
Authorised: 10.11.15 Authorised by: Automatic release by syst

Transferrin	2.42	g/L	(2.00-4.00)
Iron	21	umol/L	(10-30)
T'ferrin Saturation	35	%	(25-55)

Comments:

DATE RECEIVED	16/11/15
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓ 18/11/15
KARDEX	
SIGNATURE	

Date reported: 10.11.15 Tel : 0141 211 4003

NHS Confidential: Personal data about a patient

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[Form:GRI]

Surname: MCKAY
Forename: COLIN
DOB/Age: 05.09.79 Sex: Male
CHI/Unit No: 0509796095
Address: THE HEALTH CENTRE
Details: Not given

Location: Health Centre
PO Box 2309
Glasgow
Greater Glasgow & Clyde
Requestor: Dr D. VD Meersschaut
Ext Labno:

[[CURRENT]]

Lab Number			B,15.6400175.J
Date/Time collected			10.11.15 07:50
Date/Time received			10.11.15 13:54
WBC	x10^9/l	(4.0-11.0)	6.4
RBC	x10^12/l	(4.50-6.50)	4.82
Haemoglobin	g/l	(130-180)	145
Haematocrit	l/l	(0.400-0.540)	0.429
MCV	fl	(80.0-100.0)	89.0
MCH	pg	(27.0-32.0)	30.1
Platelet Count	x10^9/l	(150-400)	271
Neutrophils	x10^9/l	(2.0-7.5)	2.2
Lymphocytes	x10^9/l	(1.5-4.0)	3.7
Monocytes	x10^9/l	(0.2-0.8)	0.4
Eosinophils	x10^9/l	(0.0-0.4)	0.2
Basophils	x10^9/l	(0.0-0.1)	0.0
Nucleated RBC	x10^9/L		0.0
Myelocytes	x10^9/L		
Blasts	x10^9/L		
Others	x10^9/L		
ESR	mm/hr	(1-10)	
Retics	x10^9/L	(10-90)	

Glan Fever Scr
Blood Film

Result Comments:

DATE RECEIVED	16/11/15
APPOINTMENT	
NURSE TO INFORM PATIENT	
FILE	✓ 18/11/15
KARDEX	
SIGNATURE	

Date reported: 10.11.15 Authoriser: Run No: 311

NHS Confidential: Personal data about a patient

Ace

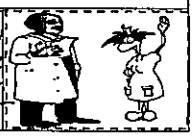
HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN McKAY		
No.	17345	**Hall & Cell No:**	L 4-43
Date of Request:		**EDL or Lib Date:**	LIFE
Date request processed by Nurse Nurses Name/Signature		**Court Date:**	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR
WRITE YOUR REASON: I NEED TO SPEAK TO THE DOCTOR ABOUT MY ANAEMIA, I FEEL ILL CONSTANTLY AND CAN HARDLY FUNCTION DUE TO LACK OF ENERGY. IVE BEEN TOLD TO SPEAK TO YOU ABOUT IT. IM TRYING TO GET A CHANGE OF DIET AS IM GOING SEVERAL DAYS WITHOUT A MEAL REGULARLY. 

Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**	
Sexual Health / C Card		**Well Man**	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		**Smoking Cessation**	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 ***Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer***	
 **CHIROPODIST**	
 **OPTICIAN**	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN McKAY		
No.	17345	**Hall & Cell No:**	L-4-43
Date of Request:	20/10/15	**EDL or Lib Date:**	LIFE
Date request processed by Nurse **Nurses Name/Signature**		**Court Date:**	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR

WRITE YOUR REASON: I WAS TOLD AT THE START OF THE YEAR THAT I HAD PERNICIOUS ANAEMIA AND WOULD HAVE TO RECIEVE A VITAMIN B JAG EVERY 3 MONTHS. I CAME HERE IN MARCH OR APRIL AND HAVENT HAD ANY JAG YET, MY DIET IS TERRIBLE I REGULARLY GO 4 OR 5 DAYS WITHOUT A HOT MEAL. I LIVE OFF CRISPS AND RUBBISH WHICH I HAVE TO BUY FRO CANTEEN IT'S TAKING ITS TOLL ON ME. I FEEL ILL ALL THE TIME AND HAVE NO ENERGY. I NEED TO SPEAK TO A DOCTO



Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health / C Card		Well Man	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		Smoking Cessation	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 ***Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer***	
 **CHIROPODIST**	
 **OPTICIAN**	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION.

NHS Confidential: Personal data about a patient

9/10 E

NHS
Greater Glasgow and Clyde
03 AUG 2015
RECEIVED

HMP Barlinnie
Dental Referral Sheet

Name: COLIN MCKAY D.O.B 5/9/79 **Prison No:** 17345

Date: 25/7/15 **Location:** L 1-14 Life

To aid clarity and assist treatment planning and service provision, please describe in your own words what dental problems you are experiencing. A **detailed description** of your symptoms will aid the assessment process. This should include what painkillers you are prescribed and how frequent you are taking them:

N.B Dental Pain is NOT considered to be an emergency.

Pain Description	Name of Painkillers/Daily Amount Used
I HAD FILLING IN BOTTOM TOOTH WHICH FELL OUT TOOTH IS IN VERY POOR STATE EVEN WHEN FILLING WAS FITTED. IT HAS LEFT HOLE EXPOSING ROOT. THE FEAR IS THE ROOT BECOMING INFECTED AND ABCESS FORMING WHICH SEEMS TO HAPPEN EVERY TIME WITH ME. IM JUST LOOKING FOR QUICK EXTRACTION. PAIN IS PROBABLY SEVEN OUT OF TEN,	NOT RECIEVING ANY THING FOR TOOTH BUT RECIEVE GABAPENTIN FOR STAB WOUNDS 4 X 300MG PER DAY,

Complete the referral form and return it to the **HALL NURSE**. Please note that we will do our best to allocate you a dental appointment, but if the appointment is refused and/or further treatment is refused, then you will be **REMOVED** from the waiting list and no further treatment will take place.

Signature: C. McKay

PS2

23752

RECORDING SHEET
FOR PRESCRIPTION SHEET

SPIN No.

LOC

NAME

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
1/9/15	A SL				
1/10/15	A SL				
1/11/15	A LW				
1/12/15	A MS				
1/13/15	A LW				
1/14/15	A MW				
1/15/15	A LW				
1/16/15	B AS				
1/17/15	B AS				
1/18/15	B AS				
1/19/15	B SL				
1/20/15	B AS				
1/21/15	B MW				
1/22/15	B LW				
1/23/15	B LW				
1/24/15	B LW				
1/25/15	B LW				
1/26/15	B AS				
1/27/15	B AS				
1/28/15	B AS				
1/29/15	B LW				
1/30/15	B LW				
1/31/15	B AS				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
2/1/15	B AS				
2/2/15	B SL				
2/3/15	B LW				
2/4/15	B LW				
2/5/15	B LW				
2/6/15	B SL				
2/7/15	B AS				
2/8/15	B AS				
2/9/15	B AS				
2/10/15	B LW				
2/11/15	B SL				
2/12/15	B MW				
2/13/15	B SL				
2/14/15	B LW				
2/15/15	B SL				
2/16/15	B AS				
2/17/15	B LW				
2/18/15	B MW				
2/19/15	B SL				
2/20/15	B LW				
2/21/15	B MW				
2/22/15	B MW				

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.

WKI0115S

NAME Colin McKay

SPIN No. 17345

LOC

RECORDING SHEET FOR PRESCRIPTION SHEET

NAME

SPIN No.

LOC

PS2

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
15/6/15	B CS				
16/6/15	D AS				
17/6/15	B AS				
18/6/15	B AS				
19/6/15	B AS				
20/6/15	B AS				
21/6/15	B AS				
22/6/15	B AS				
23/6/15	B LO				
24/6/15	B AS				
25/6/15	B AS				
26/6/15	B CA				
27/6/15	B AS				
28/6/15	B AS				
29/6/15	B AS				
30/6/15	B LO				
1.7.15	B my				
2/7/15	B AS				
3/7/15	B AS				
4/7/15	B AS				
5/7/15	B AS				
6/7/15	B LO				

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
7/7/15	B CA				
8/7/15	B LO				
9.7.15	B LO				
10/7/15	B CA				
11/7/15	B AS				
12/7/15	B AS				
13/7/15	B LO				
14/7/15	B AS				
15/7/15	B AS				
16.7.15	B LO				
17/7/15	B AS				
18/7/15	B AS				
19/7/15	B AS				
20/7/15	B LO				
21/7/15	B LO				
22/7/15	B LO				
23/7/15	B LO				
24/7/15	B AS				
25/7/15	B LO				
26/7/15	B LO				
27/7/15	B AS				
28/7/15	B AS				

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

COLIN McKAY

SPIN No.

17345

LOC

NHS Confidential: Personal data about a patient

Sleep advice



HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)

Print Full Name:	COLIN MCKAY	Hall & Cell No:	L 1-14
No.	17345	EDL or Lib Date:	LIFE
Date of Request:	15/5/15		
Date request processed by Nurse		Court Date:	
Nurses Name/Signature			

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/DOCTOR

WRITE YOUR REASON: I WANT TO SEE IF I CAN GET SOME-THING TO HELP ME SLEEP AT NIGHT AS IM REALLY STRUGGLING AND ITS AFFECTING MY REGIME.



Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health / C Card		Well Man	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing, Hep A & B Vaccinations		Smoking Cessation	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 *Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer*	
 CHIROPODIST	
 OPTICIAN	
DISCHARGE MEDICATION Please order 7 Days before Liberation Date	
MENTAL HEALTH SERVICES (Please Complete Pink Referral Form)	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN MCKAY		
No.	17345	**Hall & Cell No:**	L 1-14
Date of Request:		**EDL or Lib Date:**	LIFE
Date request processed by Nurse Nurses Name/Signature		**Court Date:**	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE / DOCTOR

WRITE YOUR REASON: I SEEN THE DOC FOR ANTI DEPRESSANT'S AND SHE GAVE ME SETRALINE. SHE SAID SHE WOULD GIVE ME SOMETHING TO LIFT MY MOOD DURING THE DAY BUT WOULD ALSO SEDATE ME AT NIGHT. WELL I WAS TALKING TO NURSE CLAIR WHO TOLD ME SETRALINE WOULDNT SEDATE ME, TRYING TO GET A SLEEP IS MY MAIN PROBLEM I THOUGHT I WAS GOING BACK ON MIRTAZAPINE AS I DONT WANT TRIAL AND ERROR FOR MONTHS.



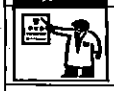
Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**	
Sexual Health / C Card		**Well Man**	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: *Hep B & Hep C, HIV Testing. Hep A & B Vaccinations*		**Smoking Cessation**	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 ***Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer***	
 **CHIROPODIST**	
 **OPTICIAN**	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN McKAY		
No.	17345	**Hall & Cell No:**	L6TH 14
Date of Request:	1/6/15	**EDL or Lib Date:**	LIFE
Date request processed by Nurse **Nurses Name/Signature**		**Court Date:**	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A (NURSE) / DOCTOR

WRITE YOUR REASON: IM LOADED WITH TITE FLU CAN I GET A FEW DAYS OFF WORK UNTIL WEDNESDAY UNTIL I SEE THE DOC,



Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**	
Sexual Health / C Card		**Well Man**	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		**Smoking Cessation**	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer	
CHIROPODIST	
OPTICIAN	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

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NO. 3/6/15

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)



Print Full Name:	COLIN McKAY		
No.	17345	**Hall & Cell No:**	L 1=14
Date of Request:	28/5/15	**EDL or Lib Date:**	LIFE
Date request processed by Nurse			
Nurses Name/Signature		**Court Date:**	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR

WRITE YOUR REASON: I HAVE TO SPEAK TO THE DOCTOR ABOUT PROBLEMS IM HAVING WITH NOT SLEEPING AND WORRY YOU SENT ME BACK A LEAFLET LAST TIME WHICH SAID PUT YOUR WORRYS OFF UNTIL TOMORROW. WELL IF YOU HEARD WHAT MY PROBLEMS WERE YOU WOULD KNOW A LEAFLET WITH SOME ADVICE ON IT ABOUT NOT DRINKING TEA OR COFFEE BEFORE BED WHICH I DONT DO ANYWAY IS INADEQUATE.



Nurse Led Clinics (Please tick the relevant box below):

Asthma		**Diabetes**	
Sexual Health / C Card		**Well Man**	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		**Smoking Cessation**	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

Dentist -- If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer	
CHIROPODIST	
OPTICIAN	
DISCHARGE MEDICATION **Please order 7 Days before Liberation Date**	
MENTAL HEALTH SERVICES **(Please Complete Pink Referral Form)**	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

Spoke to Colin no thoughts of Suicide or DSH. Gmnally / C. McKay

NHS Confidential: Personal data about a patient

HEALTH CENTRE – SELF REFERRAL FORM

H.M.P. Barlinnie. (Large print available on request)

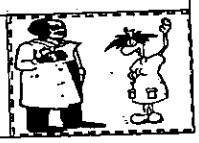


Print Full Name:	COLIN McKAY		
No.	17345	Hall & Cell No:	L 14
Date of Request:	25/5/15	EDL or Lib Date:	LIFE
Date request processed by Nurse Nurses Name/Signature		Court Date:	

Please Tick the relevant box below to indicate service required:

REQUESTING TO SEE A NURSE/ DOCTOR

WRITE YOUR REASON: I THINK I NEED MY VITAMIN JAG AGAIN AS I FEEL TOTALLY DRAINED AND SICK.



Nurse Led Clinics (Please tick the relevant box below):

Asthma		Diabetes	
Sexual Health / C Card		Well Man	
Leg Ulcer & Wound Dressing Clinic			

ADDICTION Clinics

BBV: Hep B & Hep C, HIV Testing. Hep A & B Vaccinations		Smoking Cessation	
Methadone			

Visiting Specialist Clinics (details will be added to the waiting list for the next available clinic)

 *Dentist – If you want to see a Dentist you will have to complete DENTAL REFERRAL FORM which you can get from a Hall Officer*	
 CHIROPODIST	
 OPTICIAN	
DISCHARGE MEDICATION Please order 7 Days before Liberation Date	
MENTAL HEALTH SERVICES (Please Complete Pink Referral Form)	

NURSING STAFF TO FILE IN CORRESPONDENCE SECTION UPON COMPLETION

NHS Confidential: Personal data about a patient

NHS Lanarkshire

Gerry McGeoch
Physiotherapist
Health Centre
HMP Shotts
ML7 4LE

Enquiries: 01501 824053
Fax: 01501 824051

Date: 15 January 2015

Dear Dr

PHYSIOTHERAPY DISCHARGE SUMMARY

Patient's Name: MCKAY COLIN DOB: 05/09/1979
SPIN: 17345

Referral Source: SELF REFERRAL
Date Referral Received: 17/05/2014
Date Treatment Commenced/Discharged: 15/01/2015
Number of Treatments: 0

Diagnosis: N/A

Treatment: N/A

Outcome:

- ☐ Symptom-free
- ☐ Marked reduction in symptoms
- ☐ Met agreed goals
- ☐ Minimal improvement
- ☐ No benefit
- ☐ Failed to opt-in
- ☒ Failed to attend initial appointment
- ☐ Failed to complete Treatment
- ☐ Triaged and discharged with advice
- ☐ Triaged – open appointment; no further treatment sought
- ☐ Referred to GP/consultant/other
- ☐ Equipment supplied
- ☐ Discharged to self-manage
- ☐ Other

Comments:
The above patient refused to attend for his Physiotherapy assessment today. Nil reason was supplied to staff. He is now discharged from my care.

Yours Sincerely,

Gerry McGeoch
Physiotherapist

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	153001638

Copy to Clinician: . UNSPECIFIED CODE
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
REPEAT-LAST TEST WITHIN NORMAL LIMITS 3/12

Results relate to blood unless otherwise stated

Serum B12	97.9 L	pg/mL	(190.0-900.0)
Serum Folate	5.10	ng/mL	(4.60-18.70)
Serum Ferritin	121.3	ng/mL	(28.0-285.0)

Please note the reference range for Haematinic Assays has changed

low B_{12} needs replaced, more sensitive
Actioned SS.

Date Received 10/1/15	Initials SS
To Be Seen By MO	
File SS	Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
06/01/2015 08:31	06/01/2015 14:44	07/01/2015 09:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	**MCKAY**	COLIN	05/09/1979	Male	143909661

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History:

Results relate to blood unless otherwise stated

Serum B12	317.6	pg/mL (190.0-900.0)
Serum Folate	6.90	ng/mL (4.60-18.70)

Date Received 3/10/14 Initials L.D
To Be Seen By MO
File HH 6/10/14. Dr Sig

(N)

Has appt 10/10/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
25/09/2014 11:05	25/09/2014 16:11	29/09/2014 13:30		LIMS	

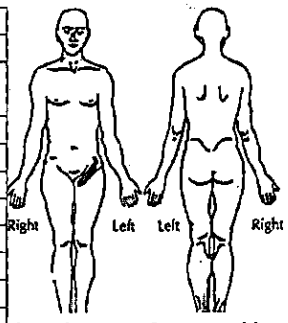
NHS Confidential: Personal data about a patient

Outpatient Musculoskeletal (MSK) Physiotherapy Page 1

Patient Completed Self Referral Form

Deep Pain
Shave 1lm

Name	Colin McKay
SPIN	17345
Current working Role	Laundry
GP Name	Rowan
Referrer Details	Self Refer.
DoB	05-09-79
PMH	Epilepsy - nil DIT for 8/12
Medication	Gabapentin



Please mark on the Body Chart the area of your problem?

Pa
C/O Surgery
7/10 worst
AGG
Gait from WB

EASE
Nil

Please describe how the injury was sustained?

Pc/HPC @ Hip Pain - 1yr Hx Fd frequency
Nil trauma - ? Cause, nil Cause
nil improvement.

Do you give consent to an assessment and agreed treatments
Yes ☑ No ☐

How long have you had your current problem?
Less than 2 weeks ☐ 2 - 6 weeks ☐ 7 -12 weeks ☐ Please state how long: 1yr

Is your problem getting?
Better ☐ Worse ☐ Not changing ☑

If in pain, how would you describe it?
Mild ☐ Moderate ☑ Severe ☑

Is pain disturbing your sleep? On waking On rising Through the day
Yes ☐ No ☑

Are you off work duties because of this problem?
Yes ☐ No ☑ If yes how long:

Is your problem from an injury sustained during active military service?
Yes ☐ No ☑

How are your day to day activities affected by your pain?
Not at all ☐ Mild ☑ Moderately ☐ Severely ☐

Do you have any special requirements? (e.g Interpreter?) Please describe
Nil

Physiotherapist Name: Gerry McGeoch Signature: Date: 13/8/14

NHS Confidential: Personal data about a patient

Patient Name Colin McKay SPIN 17345

PHYSIOTHERAPY SUBJECTIVE ASSESSMENT RECORD

See page 1

Contraindications / precautions / allergies: NM

Patient's perceptions? ? Bone issue Expectations of Physiotherapy? ↓ Pain

Relevant Investigations: NM

Red / Yellow Flags:

Lumbar Spine		**Cervical Spine**		**Yellow Flags**	
Age (<20 or >55)		Headaches		Attitudes	
Constant, unremitting non-mechanical pain		Paraesthesia/Anaesthesia		Behaviour	
PMH Cancer		Dizziness		Compensation issues	
Systemically unwell		Double Vision		Diagnosis and Treatment issues	
Thoracic pain		Blackout/Fall for no reason		Emotions	
Weight loss		Difficulty swallowing		Family and Work	
HIV/IV drug user		Difficulty Talking			
Steroid Use		Family History RA		**Comments:**	
History of trauma		Nausea			
Night Pain/Sweats					
Bladder/Bowel Disturbance					
Saddle Anaesthesia					
+ve cough/ sneeze					
Major loss flexion					

Comments:

Physiotherapist Name: Gerry McGeoch **Signature:** G M **Date:** 13/8/14

NHS Confidential: Personal data about a patient

Patient Name Colin McKay SPIN 173 45

PHYSIOTHERAPY OBJECTIVE ASSESSMENT RECORD

Observation: (Gait/Posture) Slumped sitting Posture
~ WB ~
Symmetrical LLLs Heights

Range / Power / Tone / Sensation / Neuro / Special Tests / Palpation

Hip Rom

	(R)	(L)
Flex	WFL	WFL @ ↑ Gen
Ext	WFL	WFL
Abd	WFL	WFL @ ↑ Gen
Add	WFL	WFL
IR	WFL	WFL @ ↑ Gen
ER	WFL	WFL ~ ~ ~

Resisted

(R)	(L)
5/5	4/5 @ ↑ Gen
	-@ ↑ inner Rom

OST
Fabir Test the
Thomas Test the } (L)
Barlows Test the (Guarding)
H/s Length 90/90 Test
- 40° Deficit (L) + (R)

Palp
Tender @ Ant Hip Joint Line

Manual handling risk: (Low) / med / high

Impression/ diagnosis:
R (L) Hip Dysfunction - ? Due to weak L.L. Muscles.
? Fabir Test the 2 Rai

Subjective Marker: Pain free Gait

Objective Marker:
Pain & (L) Hip Rom

Agreed Goal:
↓ Pain

Timed Goal: 10/52

Limitations	Goals
Weak (L) LL Muscles	↑ Strength
+ ve Thomas Test	-ve Thomas Test
Tight H/s	↓ Tightness

Physiotherapist Name: Gerry McGeoch **Signature:** **Date:** 13/8/14

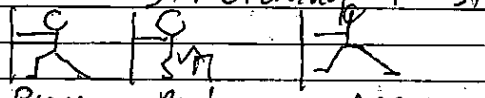
NHS Confidential: Personal data about a patient

Patient Name Coleen McKay SPIN 173 45

PHYSIOTHERAPY OBJECTIVE ASSESSMENT RECORD

Treatment Plan	Executed by
Active ex	PT

Outcome Measure Used	On Initial Assessment	On Discharge
the THOMAS TEST	See d/e	
Oxford Scale	See d/e	

13/8/14	Rx ① Advice re- PC
	② Active ex:
	Stretching + strengthening
	 2ex3 ②+④
	Psoas Rectem Adductors L-L.
	Thomas Test ISR
	RW 1/52 Rx Ex

Physiotherapist Name: Gerry McGeoch Signature: Date:

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143618185

Requesting Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN (I SAMPLE UNLABELLED IN SPARE RACK)

Results relate to blood unless otherwise stated

Hb	14.2	g/dL	(13.5-18.0)	WBC	4.7	$x10^9$/L	(4.0-11.0)
PLT	313	$x10^9$/L	(140-450)				
MCV	95.5	fL	(80.0-100.0)	Neutrophils	1.5 L	$x10^9$/L	(2.0-7.5)
RBC	4.44 L	$x10^{12}$/L	(4.50-6.50)	Lymphocytes	2.7	$x10^9$/L	(1.0-4.0)
HCT	0.424	L/L	(0.400-0.540)	Monocytes	0.3	$x10^9$/L	(0.2-0.8)
MCH	32.0	pg	(27.0-32.0)	Eosinophils	0.1	$x10^9$/L	(0.0-0.4)
MCHC	33.5	g/dL	(32.0-36.0)	Basophils	0.0	$x10^9$/L	(0.0-0.1)
RDW	13.9	%	(11.0-16.0)				

Date Received 20/6/14 Initials AC

To Be Seen By MO

File Dr SO

2/7/14

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
17/06/2014 10:01	17/06/2014 15:27	18/06/2014 15:31		LIMS	

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Orthopaedics
01698366612

Wishaw General Hospital
50 Netherton Street
Wishaw
ML2 0DP

NHS Lanarkshire

Medical Officer
HM Prison
Shotts
ML7 4LE

Date Dictated: 22/04/2014
Date Typed: 23/04/2014
Ref: 676951
Letter Ref: JF
Clinic Date: 22/04/2014
CHI Barcode: *0509796095*

Consultant: Mr Stefan Ehrendorfer

Dear Medical Officer

Patient Name: Colin McKay
Patient date of birth: 05/09/1979
Patient Address: Shotts Prison, Po Box 9116, Shotts, ML7 9AE

Diagnosis: 5th metacarpal neck fracture right side, punching someone while in prison.

On examination there is no rotational deformity, no neurovascular compromise. X-ray shows satisfactory alignment.

The plan is to place him in a Barton's cast and to keep him in it for two weeks until the swelling and pain settles down and then to bring him back for removal of plaster and clinical examination on arrival.

Yours sincerely,

Dr M El-Sayad
Registrar in Orthopaedics

Authorised on 08/05/2014 15:22:59 by Mohammed El-Sayad.

Date Received 12/5/14 Initials AC
To Be Seen By MO
File ✓ ME 13/5/14 Dr Seen

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NHS Lanarkshire, Wishaw General Hospital			RADIOLOGY REPORT		Page 1 of 1
Name:	COLIN MCKAY	Consultant:	GP REFERRER HARRIS HAYLEY SHOTTS PRISON HEALTH CENTRE ADMINISTRATOR PO BOX 9116 ML7 9AE	CHI No.:	0509796095
Address:	The Health Centre PO Box 9116 Shotts Lanarkshire	Address:		Referrer:	GP Referral
Postcode:	ML7 9AE				
D.O.B.	05/09/1979				
Sex:	Male				

33043930 15/04/2014 XR Hand Rt, XR Wrist Rt

APT 15/05

Clinical History: Injury 10 days ago.

Impacted minimally displaced fracture present through the neck of the fifth metacarpal with minor palmer tilt.
No other acute bone or joint abnormality.

The patient was referred for assessment in A/E.
Verified by: Dr J Addison, Consultant Radiologist on 15/04/2014

Date Received 24/4/14 Initials JC
To Be Seen By MO
File Dr Rae

Name: COLIN MCKAY Book No: 33043930	**Reported Date: 15/04/2014**
Examination: XR Hand Rt, XR Wrist Rt	**Reported By: Dr J Addison, Consultant Radiologist**
Examination Date: 15/04/2014	**Current Pat Location:**

NHS Confidential: Personal data about a patient

Emergency Discharge Summary
Wishaw General Hospital

NHS Lanarkshire
Emergency Department
Wishaw General Hospital
50 Netherton Street
ML2 0DP
Telephone : 01698366633

The Medical Officer
H.M. Prison
SHOTTS
ML7 4LE

own And Who Are Not, Covered By codes 99942, 99957, 99961

RE: MCKAY, Colin, Shotts Prison , , Shotts ML7 9AE

CHI: 0509796095

Dear Doctor Unknown GP ,

Your patient attended Wishaw General Hospital on 15/04/2014 at 14:06
Presenting complaint: right hand injury ref from xray
Diagnosis: Fracture at wrist and hand level - Fracture of other metacarpal bone
Diagnosis Notes:
Discharge Type:
Investigations: Nil
Radiology Exams: Nil
Procedures: Advice, Buddy Strap
Medications: Nil
Follow up: Fracture Clinic
Notes: Nil
Additional Information:

Yours faithfully

Nurse Margaret Quigley

please code.
+ ensure
FU

Date Received: 18/4/14	Initials EC
To Be Seen By: MO	
File 22/4/14	Dr Sig

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk
Department of Respiratory Medicine

Moira McCabe
01698-366042

Wishaw General Hospital
50 Netherton Street
Wishaw
ML2 0DP

NHS Lanarkshire

Medical Officer
HM Prison Shotts
Newmill & Canthill Road
SHOTTS
ML7 4LE

Date Dictated: 01/04/2014
Date Typed: 12/04/2014
Ref: 575228
Letter Ref: RJM/MMcC
Clinic Date: 01/04/2014
CHI Barcode: *0509796095*

Consultant: Dr Siaw C Teo

Dear Medical Officer

Patient Name: Colin McKay
Patient date of birth: 05/09/1979
Patient Address: The Health Centre, Po Box 9116, Shotts, ML7 9AE

Diagnosis
Anterior T wave inversion on ECG
Normal echocardiogram
On Methadone

Current Medication
Methadone
Gabapentin
Ranitidine

Many thanks for referring this gentleman to the Cardiology Clinic. He attended today with 2 Prison Warders. I understand he attended your surgery complaining of atypical sounding chest pains. He described a sharp left submammary pain unrelated to inspiration or exertion. He would get it primarily when he lay down in bed at night. He had no breathlessness and no cough and no other chest pains. He has noted no decrease in his exercise tolerance.

His ECG revealed anterior T wave inversion. He is a smoker with a family history of premature coronary disease.

He himself described no previous severe chest pains in the past.

On examination his pulse was 72 bpm and regular, chest clear, heart sounds pure.

I repeated his ECG today and again it showed anterior T wave inversion. He therefore had an echocardiogram which showed no wall motion abnormalities. He has a structurally normal heart with good LV function.

With regards to his T wave inversion I would not be inclined to treat this. There was nothing in his history to indicate a myocardial infarction and his LV function is normal.

I also note that an ECG performed in the Prison suggested a long QTc. This was not the case in his ECG today. Methadone can cause prolonged QTc however it is reassuring this does not appear to be a consistent finding. As such I do not think he requires any specific treatment and I have discussed this with him today. I have discharged him from routine cardiology follow up however would be very happy to see him again in future of need be.

Yours sincerely
Dr Ross McGeoch
Consultant Cardiologist

Authorised on 14/04/2014 12:34:21 by Dr Ross McGeoch.

Date Received 17/4/14 initials
To Be Seen By MO
File

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143146503

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History:

Results relate to blood unless otherwise stated

Fasting	?		
Glucose	5.0	mmol/L	(3.0-6.0)
Cholesterol	5.2 H	mmol/L	(0.0-5.0)
Triglyceride	0.78	mmol/L	(0.00-2.30)
HDL Cholesterol	1.03	mmol/L	(0.90-1.80)
LDL Chol.(Calc)	3.8 H	mmol/L	(0.0-3.0)
Chol./HDL Ratio	5.0		(0.0-5.0)

Laboratory Comment:
GLU: Reference Range quoted for Glucose is based on a fasting sample.

Initials
Date Rec'd 10/2/14 KC
To Be Seen MO
File 11/2/14 HH
Dr Sig

Satisf.

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
05/02/2014 09:30	05/02/2014 15:47	06/02/2014 09:30		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Microbiology, Wishaw - 01698366406

CPA Accredited Medical Laboratory Reference No: 0375

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	143044520

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:
Clinical History: ACID REFLUX VOMITING

Specimen: Serum
Anatomical Site:

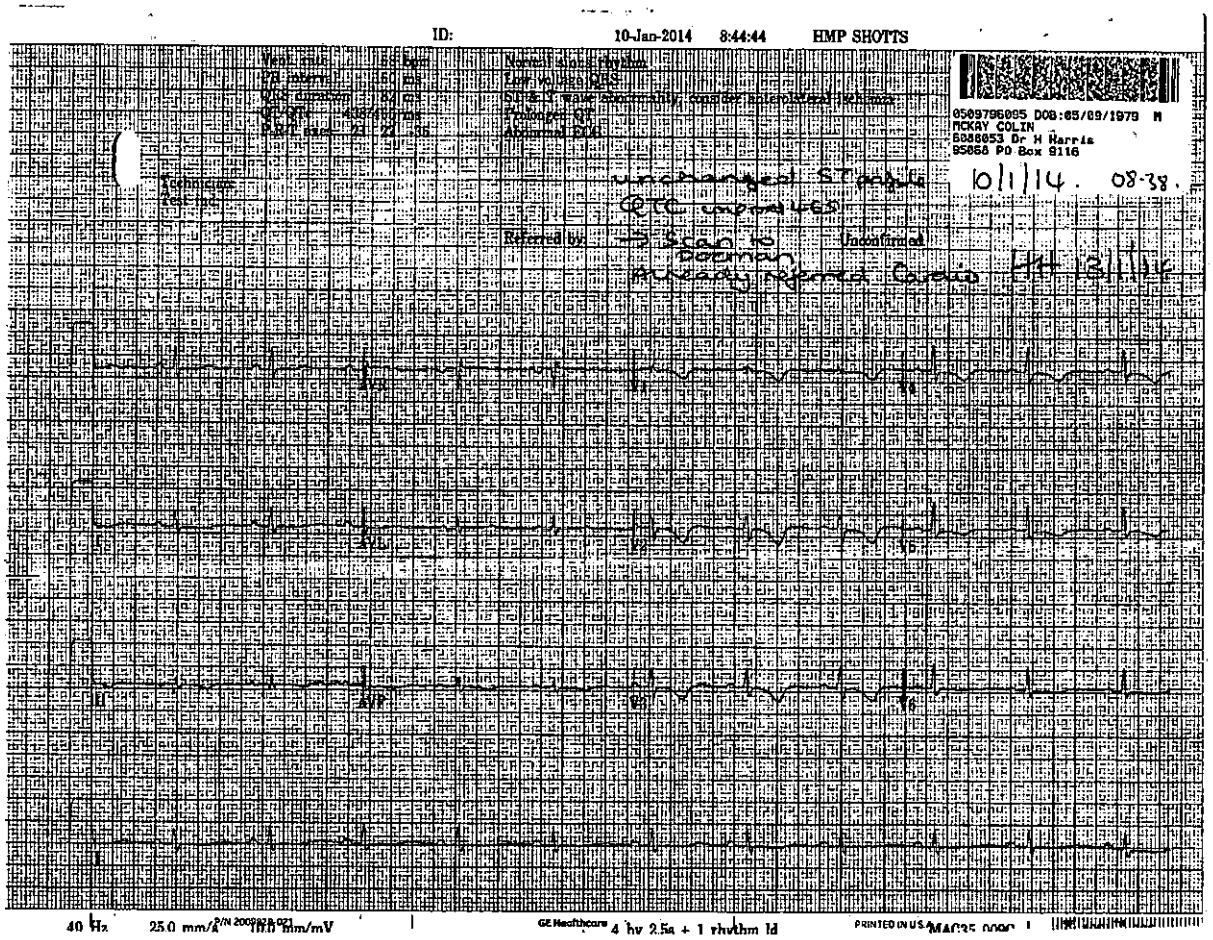
H.pylori IgG: **POSITIVE**

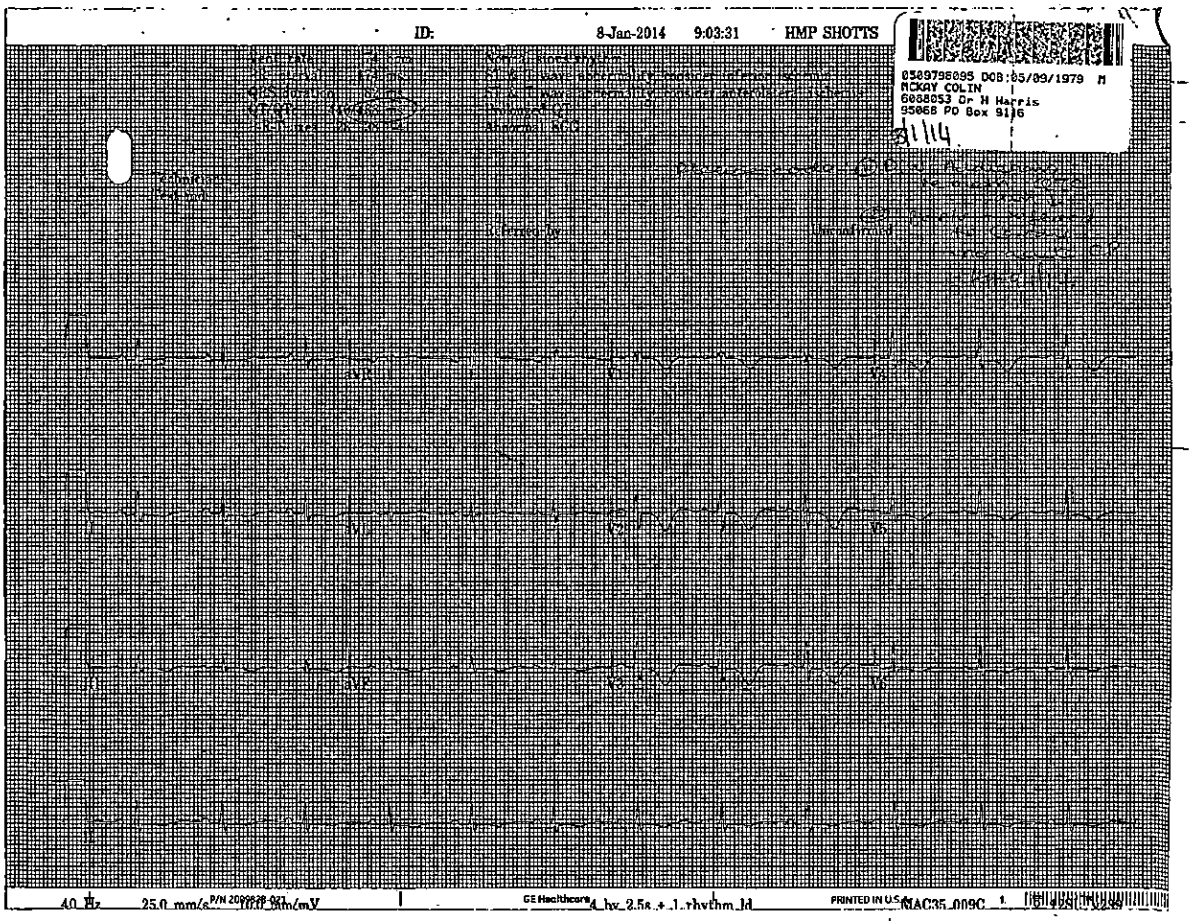
H.pylori serology is unsuitable to determine whether the patient has cleared the infection as IgG levels can remain high for many months after treatment. Please send a stool sample for H.pylori faecal antigen testing to determine whether this is a current active infection or residual antibodies from a previous infection.

Kardaki PS

Initials
Date 13/1/14 KC
To MO
File 15/1/14 Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
08/01/2014 09:00	08/01/2014 14:25	09/01/2014 16:30		LIMS	


ID:
10-Jan-2014 8:44:44
HMP SHOTTS
0509796095 DOB:05/09/1979 M
MCKAY COLIN
5888853 Dr H Harris
95858 PO Box 9116
10/1/14. 08-38.
Unconfirmed
40 Hz
25.0 mm/s
10.0 mm/mV
GE Healthcare
4 hv 2.5a + 1 rhythm ld


ID:
8-Jan-2014 9:03:31
HMP SHOTTS
0509798095 DOB:05/09/1979 M
MCKAY COLIN
6088053 Dr H Harris
95068 PO Box 9116
B1114
40 Hz
25.0 mm/s
10.0 mm/mV
GE Healthcare
4_hv_2.5s_+_1_rhythm_ld
PRINTED IN U.S.A.
MAC35 009C 1

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	**MCKAY**	COLIN	05/09/1979	Male	133932455

Copy to Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN

Results relate to blood unless otherwise stated

Sodium	138	mmol/L	(133-146)
Potassium	3.9	mmol/L	(3.5-5.3)
Chloride	102	mmol/L	(95-108)
Bicarbonate	27	mmol/L	(22-29)
Urea	3.7	mmol/L	(2.5-7.8)
Creatinine	89	umol/L	(60-110)
EGFR	>59	ml/min/1.73m^2	(>59)

Date 9/9/13 Initials

To GP

File 10/09/13

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
04/09/2013 10:30	04/09/2013 14:19	04/09/2013 17:30		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133867788

Copy to Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Free T4	16.7	pmol/L	(9.0-21.0)
TSH	4.38	mU/L	(0.20-5.00)

Initials	
Date Received	
To Be Seen By Mo	
File 29/8/13	Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
21/08/2013 10:20	21/08/2013 14:51	22/08/2013 11:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133867788

Copy to Clinician: Dr. H HARRIS

Requesting Location: Shotts Prison

Copy to Address:

Clinical History: NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)
Potassium	5.4 H	mmol/L	(3.5-5.3)
Chloride	103	mmol/L	(95-108)
Bicarbonate	29	mmol/L	(22-29)
Urea	3.7	mmol/L	(2.5-7.8)
Creatinine	92	umol/L	(60-110)
EGFR	>59	ml/min/1.73m^2	(>59)
ALT	12	U/L	(5-55)
ALP	92	U/L	(30-130)
Bilirubin Total	7	umol/L	(0-21)
Albumin	50	g/L	(35-50)

9 haemolysed Meds U&E repeated - APP 04/09/13

Date Received	Initials
To Be Seen By Mo	Dr Sig
File 29/8/13	

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
21/08/2013 10:20	21/08/2013 14:51	22/08/2013 11:31		LIMS	

NHS Confidential: Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0600

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133611345

Copy to Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History
PRESCIBED METHADONE.

Results relate to blood unless otherwise stated

Amphetamines [Urine]	Screening test: Not detected	
Methadone Metabolite [Urine]	Screening test: DETECTED	
Benzodiazepines [Urine]	Screening test: Not detected	
Opiates [Urine]	Screening test: Not detected	
Cocaine [Urine]	Screening test: Not detected	
Cannabinoids [Urine]	Screening test: Not detected	
Creatinine [Urine]	22.74	mmol/L

Date Received 20/6/13 Initials
To Be Seen By Mo
File 21/6/13 Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
12/06/2013 11:25	12/06/2013 14:26	13/06/2013 15:30		LIMS	

NHS Confidential Personal data about a patient

NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	**MCKAY**	COLIN	05/09/1979	Male	133611345

Copy to Clinician: Dr. H HARRIS
Requesting Location:: Shotts Prison
Copy to Address:
Clinical History: PRESCIBED METHADONE.

Results relate to blood unless otherwise stated

Amphetamines [Urine]	Screening test: Not detected	
Methadone Metabolite [Urine]	Screening test: DETECTED	
Benzodiazepines [Urine]	Screening test: Not detected	
Opiates [Urine]	Screening test: Not detected	
Cocaine [Urine]	Screening test: Not detected	
Cannabinoids [Urine]	Screening test: Not detected	
Creatinine [Urine]	22.74	mmol/L

Date Received 20/6/13	Initials
To Be Seen By Mo	
File 21/6/13	Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
12/06/2013 11:25	12/06/2013 14:26	13/06/2013 15:30		LIMS	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0800

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133651150

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History:
NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Free T4	15.6	pmol/L	(9.0-21.0)
TSH	5.31 H	mU/L	(0.20-5.00)

Borderline elevated TSH may be due to nonthyroidal illness or developing hypothyroidism. Suggest repeat TFTs in 3-6months.

Date Received 27/5/13 Initials
To Be Seen By MO
File FTT 28/5/13 Dr Sig

list for TFT in 3 months

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 2 of 2
20/05/2013 09:40	20/05/2013 14:14	21/05/2013 13:31		Sarah Jarvis	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Biochemistry, Wishaw - 01698366391

CPA Accredited Medical Laboratory Reference No: 0600

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133651150

Requesting Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History:
NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Sodium	141	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	101	mmol/L	(95-108)
Bicarbonate	32 H	mmol/L	(22-29)
Urea	3.3	mmol/L	(2.5-7.8)
Creatinine	103	umol/L	(60-110)
EGFR	>59	ml/min/1.73m^2	(>59)
ALT	14	U/L	(5-55)
ALP	88	U/L	(30-130)
Bilirubin Total	5	umol/L	(0-21)
Albumin	44	g/L	(35-50)

Date Received 22/5/13 Initials
To Be Seen By Mo
File HH 28/5/13 Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 2
20/05/2013 09:40	20/05/2013 14:14	21/05/2013 13:31		Sarah Jarvis	

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NHS Lanarkshire

NHS Lanarkshire Clinical Laboratories

Haematology, Wishaw - 01698366393

CPA Accredited Medical Laboratory Reference No: 0298

Patient ID Number	Surname	Forename	Date of Birth	Sex	Lab Number
0509796095	MCKAY	COLIN	05/09/1979	Male	133651150

Copy to Clinician: Dr. H HARRIS
Requesting Location: Shotts Prison
Copy to Address:

Clinical History: NONE GIVEN TFT no therapy.

Results relate to blood unless otherwise stated

Hb	14.5	g/dL	(13.5-18.0)	WBC	7.2	$x10^9$/L	(4.0-11.0)
PLT	320	$x10^9$/L	(140-450)				
MCV	98.1	fL	(80.0-100.0)	Neutrophils	2.7	$x10^9$/L	(2.0-7.5)
RBC	4.59	$x10^{12}$/L	(4.50-6.50)	Lymphocytes	3.8	$x10^9$/L	(1.0-4.0)
HCT	0.451	L/L	(0.400-0.540)	Monocytes	0.3	$x10^9$/L	(0.2-0.8)
MCH	31.5	pg	(27.0-32.0)	Eosinophils	0.2	$x10^9$/L	(0.0-0.4)
MCHC	32.1	g/dL	(32.0-36.0)	Basophils	0.1	$x10^9$/L	(0.0-0.1)
RDW	14.7	%	(11.0-16.0)	LUC's	0.1	$x10^9$/L	(0.0-0.4)

Date Received: 24/5/13 Initials: [illegible]

To Be Seen By MO

File HH 27/5/13 Dr Sig

Specimen Collected	Specimen Receipt	Reported	Reprinted	Last Authorised by	Page 1 of 1
20/05/2013 09:40	20/05/2013 14:14	21/05/2013 09:31		Pamela Alexander	

NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
Department of Orthopaedics
Outpatient Department 6
51 Little France Crescent
Edinburgh
EH16 4SA

NHS Lothian

Department of Trauma and Orthopaedic Surgery

Dr Prison Medical Officer

Date First Created 21/12/2012
Date Authorised
Date/Time Printed 31/12/2012 12:21
Our Ref 700581314A
CHI 0509796095

Patient: Mr Colin McKay
H M Prison
Shotts Prison
Shotts
ML7 4LE

UHPI: 700581314A
Date of Birth: 05/09/1979

Attendance Date: 19/11/2012

Clinic Code: BACK/AM
Specialty: Orthopaedics
Consultant: Vivienne K Boyd

Dear Dr Prison Medical Officer,

Typed for 12/12/12 Clinic
This gentleman attended the Spinal Clinic for his review appointment his abdominal CT scan was reported as having good quality images of the lumbar spine with no evidence of lumbar disc prolapse or stenosis with a minor depression of the superior endplate at L2 inkeeping with a previous minor compression fracture.

There is no surgical intervention appropriate for this gentleman conservative treatment physiotherapy and exercise on movement to help him manage his symptoms he has been discharged from clinic with advice.

Yours sincerely,

Vivienne Boyd
Extended Scope Practitioner
Consultant Led Back Clinic

Date 8/1/13 Initials
To Be Seen By Mo
File Dr Sig HH.

Orthopaedics

Mr C Adams
Mr IH Annan
Miss L Biant
Prof SJ Breusch
Mr R Burnett
Dr J Campbell
Prof C Court Brown
Mr E Garrido
Mr P Gaston
Mr JNA Gibson
Mr C Howie
Mr J Keating
Mr G Keenan
Mr GM Lawson
Miss JM McBirnie
Mr J McKinley
Prof M McQueen
Mr M Moran
Mr RW Nutton
Mr CW Oliver
Mr JTP Patton
Mr D Porter
Mr JI Reid
Mr C M Robinson
Mr HS Shalaby
Prof AHRW Simpson
Mr P Simpson
Mr T Tsirikos
Mr FA Wade
Mr T White

Appointment Enquiries:
Tel: 0131 242 3451
0131 242 3529
0131 242 3543

Arthroplasty Practitioners:
Advice Line: 0131 536 3724
Enquiries: 0131 536 3826
Fax: 0131 536 3409

Trauma Nurse Practitioners:
Tel: 0131 242 3410

Outpatient Clinic Letter

NHS Confidential: Personal data about a patient

17345

Recording consultations while Vision is offline. (Please photocopy this page if extra sheets are required)

CONSULTATION

(Sample Word Template)

Patient Name	Celia Maley	Patient DOB	5/9/79.
Consultation Event Date		Clinician Name	

Comments:

Hep Dr. Sinha
Non-dr.
on Methadone 60ml/daily.
Cataplus 3 bags x TDS.

PLEASE PRINT DUPLICATE SCRIPTS AND ATTACH	Smoking Status	Smoking Advice
NKDA		

QOF / Enhanced Service Data

Blood Pressure		BMI		Screening Scores		
Sys	Dia	Height	Weight	FAST	ASSIGN	Depression

Symptom/ Diagnosis	Episode type: First/New/Other	Priority
good eye Celia No fundus illus		
Plan - Ask back for Review date.	1	

ASSIGN calculator is available at http://assign-score.com/estimate-the-risk/

SHEET No. .....

MEDICINE PRESCRIPTION SHEET

Key: O ORAL; IM INTRAMUSCULAR; IV INTRAVENOUS; SC SUBCUTANEOUS; SL SUBLINGUAL; ID INTRADERMAL; INH INHALATION; NEB NEBULISED; PR PER RECTUM; PV PER VAGINA; IT INTRATHECAL

Write, Imprint or attach label (H)

HCR No .....

CHI No 1734S

Surname MCKAY

Forename: Colin Sex: M

Address: .....

Date of Birth 05/09/79

KNOWN SENSITIVITY N/A

1.	2

SUSPECTED ADVERSE REACTION

MEDICINE	ADVERSE EFFECT
1.	
2.	

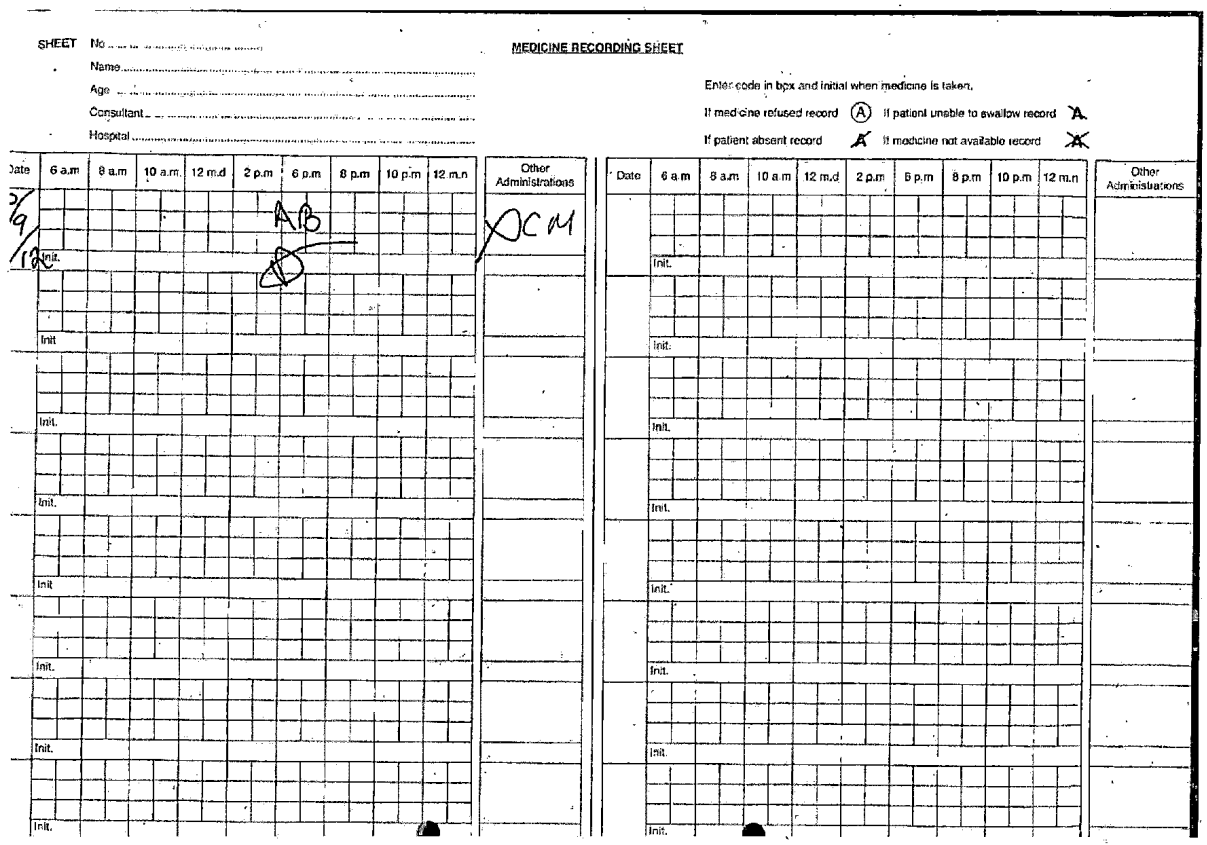
MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

PHARM	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION: 6am	8am	10am	12mid	2pm	6pm	8pm	10pm	2am	OTHER		ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED: DATE	INITIAL
A	8/9/17	Daktacort cr 11	apply		✓				✓						TOP	3/52.	[illegible]		
B	8/9/17	Dermol lotion	apply				PRN								TOP	1 year.	[illegible]		
C																			
D																			
E																			
F																			
G																			
H																			
I																			
J																			
K																			
L																			
M																			
N																			
O																			
P																			
R																			

STK235

WEEKLY IN - POSSESSION

NHS Confidential: Personal data about a patient



SHEET No .....

Name .....

Age .....

Consultant .....

Hospital .....

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
2/9/18						AB				XCM
	Init.					D				
	Init									
	Init.									
	Init.									
	Init									
	Init.									
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									
	Init.									

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

SHEET No. 17345

Name COLIN McKAY

Age

Consultant

Hospital HMP KIK

MEDICINE RECORDING SHEET

5/9/12

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
5/8/12			B							
	Init.		BMO							
26/8/12			B							
	Init.		BMO							
27/8/12			B							
	Init.		CO/B							
28/8/12			B							
	Init.		CO/B							
29/8/12			B							
	Init.		IM/CO							
30/8/12			B							
	Init.		IM/CO							
31/8/12			B							
	Init.		BMO							
1/9/12			B							
	Init.		BMO							

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
2/9/12		B								
	Init.	IM/BMO								
3/9/12		B								
	Init.	IM/BMO								
4/9/12		B								
	Init.	IM/CO								
5/9/12			B							
	Init.		CO/B							
6/9/12			B							
	Init.		CO/B							
7/9/12			B							
	Init.		CO/B							
8/9/12			B							
	Init.		BMO							
9/9/12			B							
	Init.		IM/IM							

6TA 6204

NHS Confidential: Personal data about a patient

SHEET No. 1.3469

Name COLIN McKAY

Age

Consultant

Hospital HMP KK

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
1/8/12			B							
Init.			09/10							
2/8/12			B							
Init.			09/10							
3/8/12			B							
Init.			09/10							
4/8/12			B							
Init.			09/10							
5/8/12			B							
Init.			09/10							
6/8/12			B							
Init.			09/10							
7/8/12			B							
Init.			09/10							
8/8/12			B							
Init.			09/10							
9/8/12			B							
Init.			09/10							
10/8/12			B							
Init.			09/10							
11/8/12			B							
Init.			09/10							
12/8/12			B							
Init.			09/10							
13/8/12			B							
Init.			09/10							
14/8/12			B							
Init.			09/10							
15/8/12			B							
Init.			09/10							
16/8/12			B							
Init.			09/10							

COLIN MCKAY

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
17/8/12			B							
Init.			09/10							
18/8/12			B							
Init.			09/10							
19/8/12			B							
Init.			09/10							
20/8/12			B							
Init.			09/10							
21/8/12			B							
Init.			09/10							
22/8/12			B							
Init.			09/10							
23/8/12			B							
Init.			09/10							
24/8/12			B							
Init.			09/10							

SHEET No .....

Name ..... Colin McKay

Age .....

Consultant .....

Hospital .....

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
24/7/12		B								
	Init.									
25/7/12		B								
	Init.									
26/7/12		B								
	Init.									
27/7/12		B								
	Init									
28/7/12		B								
	Init.									
29/7/12		B								
	Init.									
30/7/12		B								
	Init.									
31/7/12		B								
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administratio
1/8/12			B							
	Init.									
2/8/12										
	Init.									
3/8/12			B							
	Init									
4/8/12			B							
	Init.									
5/8/12			B							
	Init.									
6/8/12			B							
	Init.									
7/8/12			B							
	Init.									
8/8/12			B							
	Init									

COLIN MCKAY

SFA 0059

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SHEET No. 17345

Name Colin McKay

Age

Consultant

Hospital Hmp K|K

MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
8/7/12	Init.		D B/S B							
9/7/12	Init.		14 B							
10/7/12	Init.		B 8							
11/7/12	Init.		B CO/R							
12/7/12	Init.		B CO/S8							
13/7/12	Init.		B CO A							
14/7/12	Init.		B RM/eu							
15/7/12	Init.		b m/ca							

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
16/7/12	Init.	13 15 B								
17/7/12	Init.	B B/S								
18/7/12	Init.	B 2nd								
19/7/12	Init.	B Wk/S								
20/7/12	Init.	5 RD								
21/7/12	Init.	B								
22/7/12	Init.	B								
23/7/12	Init.	dm/								

91A 3439

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SHEET No. 17345

Name. Colin McKay

Age

Consultant

Hospital

MEDICINE RECORDING SHEET

Enter date in box and initial when medicine is taken

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							
3/6/12	Init.		B							

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
30/6/12	Init.		B							
1/7/12	Init.		B							
2/7/12	Init.		B							
3/7/12	Init.		B							
4/7/12	Init.		B							
5/7/12	Init.		B							
6/7/12	Init.		B							
7/7/12	Init.		B							

NHS Confidential: Personal data about a patient

Name Colin McKay

Age

Consultant

Hospital HMP KIK

Enter code in box and Initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

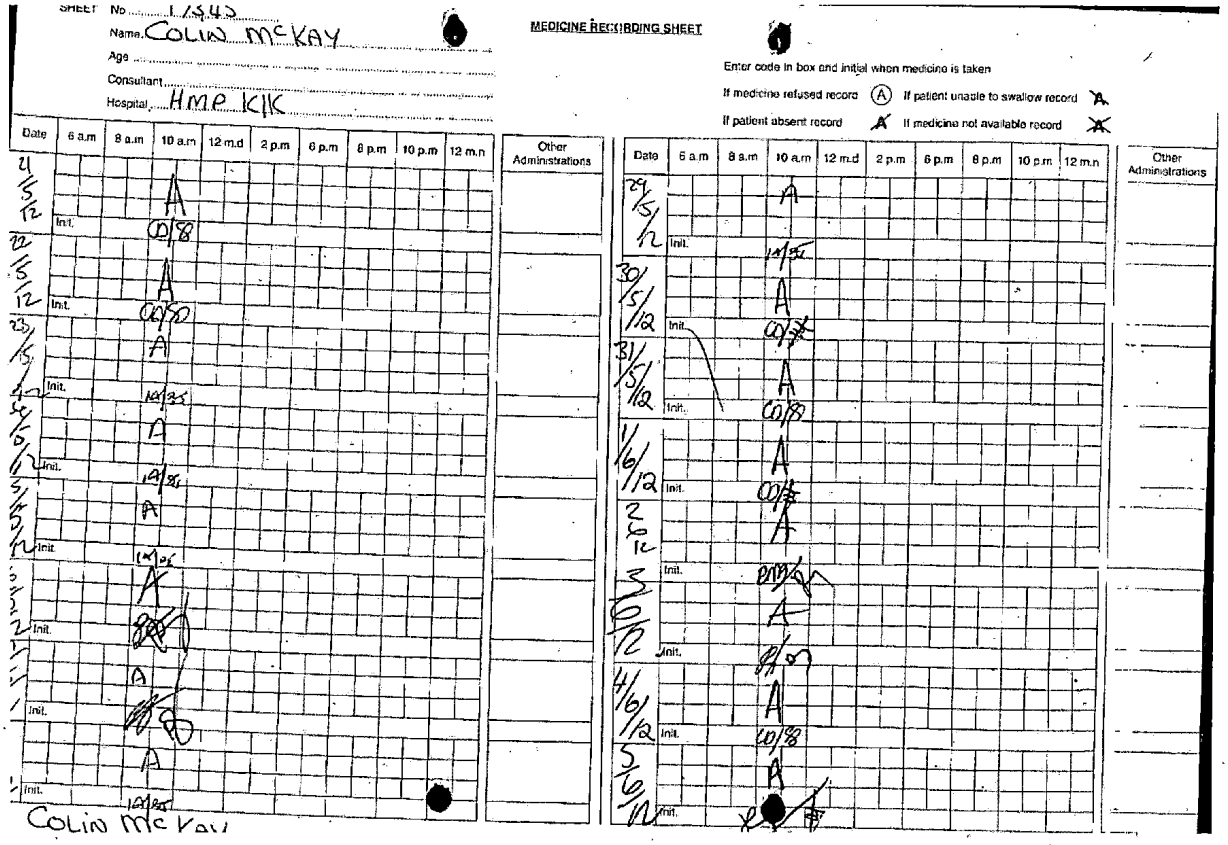
Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
1/6/12	Init.		A							
2/6/12	Init.		A							
3/6/12	Init.		A							
4/6/12	Init.		A							
5/6/12	Init.		A							Out of days MG.
6/6/12	Init.		A							
7/6/12	Init.		B							
8/6/12	Init.		B							
9/6/12	Init.		B							
10/6/12	Init.		B							

Colin McKay

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
14/6/12	Init.		B							
15/6/12	Init.				5					
16/6/12	Init.		B							
17/6/12	Init.		B							
18/6/12	Init.		B							
19/6/12	Init.		B							
20/6/12	Init.		B							
21/6/12	Init.		A							

S1A 0256

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SHEET No. 1545
Name. COLIN McKAY
Age
Consultant
Hospital. HMP KIK

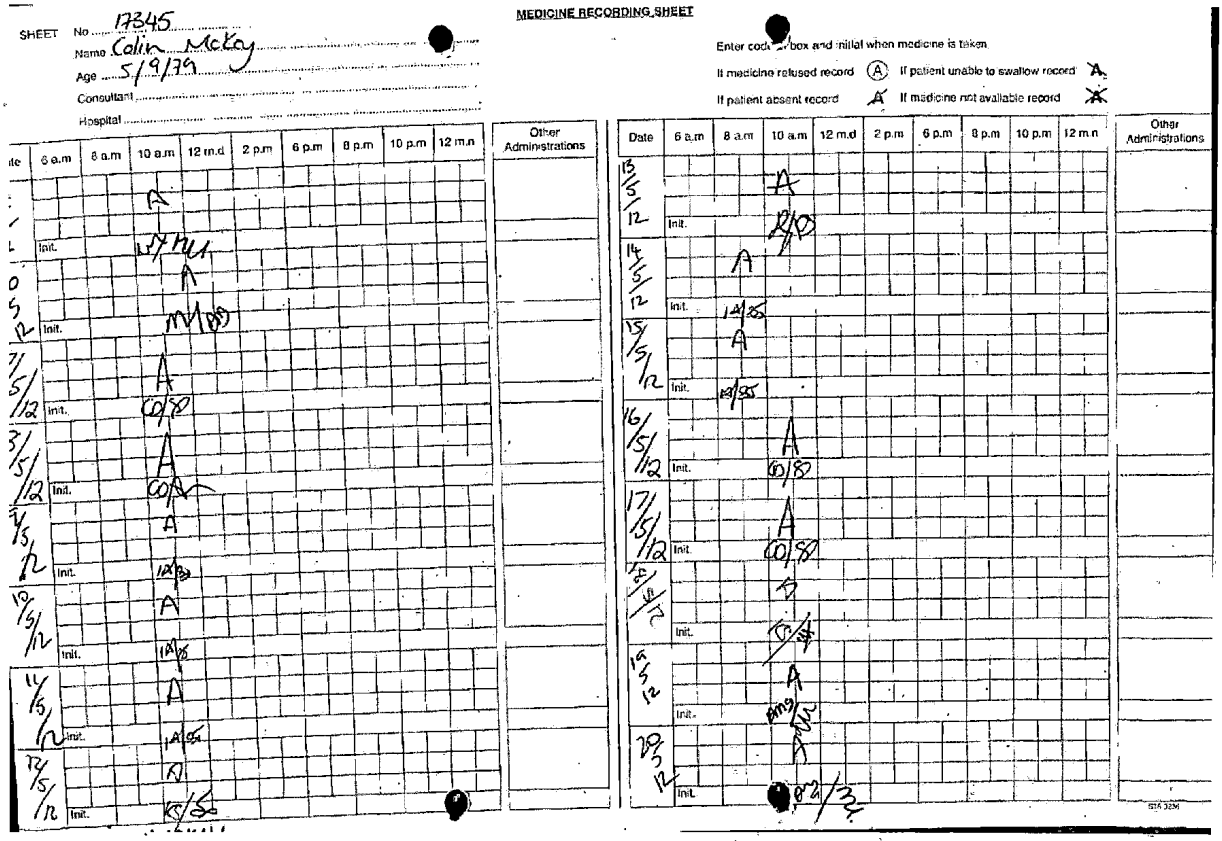
MEDICINE RECORDING SHEET

Enter code in box and initial when medicine is taken
If medicine refused record (A) If patient unable to swallow record A
If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
29/5/12			A							
	Init.		14/35							
30/5/12			A							
	Init.		08/58							
31/5/12			A							
	Init.		08/58							
1/6/12			A							
	Init.		08/58							
2/6/12			A							
	Init.		08/58							
3/6/12			A							
	Init.		08/58							
4/6/12			A							
	Init.		08/58							
5/6/12			A							
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
22/5/12			A							
	Init.		08/58							
23/5/12			A							
	Init.		08/58							
24/5/12			A							
	Init.		14/35							
25/5/12			A							
	Init.		12/58							
26/5/12			A							
	Init.		08/58							
27/5/12			A							
	Init.		08/58							
28/5/12			A							
	Init.		12/35							

Colin McKay



MEDICINE RECORDING SHEET

SHEET No. 17345

Name Colin McKay

Age 5/9/79

Consultant

Hospital

Enter code in box and initial when medicine is taken

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
13/5/12	Init.		A							
14/5/12	Init.	A								
15/5/12	Init.	A								
16/5/12	Init.		A							
17/5/12	Init.		A							
18/5/12	Init.									
19/5/12	Init.		A							

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SHEET No. .....

MEDICINE PRESCRIPTION SHEET

Key: O ORAL SL SUBLINGUAL PR PER RECTUM
IM INTRAMUSCULAR ID INTRADERMAL PV PER VAGINA
IV INTRAVENOUS INH INHALATION IT INTRATHECAL
SC SUBCUTANEOUS NEB NEBULISED

Write, Imprint or attach label

HCR No: 17345
CHI No: Macky MCKay
Surname:
Forename: Colin Sex: M
Address:
Date of Birth 05/9/79

4|

KNOWN SENSITIVITY
1. NKDA 2.

SUSPECTED ADVERSE REACTION

MEDICINE	ADVERSE EFFECT
1.	
2.	

MEDICINES TO BE GIVEN REGULARLY (BLOCK CAPITALS)

PHARM.	Date Commenced	APPROVED NAME OF MEDICINE	DOSE	TIMES OF ADMINISTRATION: 6am	8am	10am	12md	2pm	6pm	8pm	10pm	12mn	OTHER		ROUTE (See Key)	OTHER INSTRUCTIONS	DOCTOR'S SIGNATURE	DISCONTINUED: DATE	INITIAL
A	05/9/12	Amitriptyline	200mg								✓				O	2/12			
B	05/9/12	Dihydrocodeine 8/500	2tds		✓		✓				✓				O	2/12		18/9/12	
C	18/9/12	Gabapentin	300mg		✓						✓				O	1/12			
D																			
E																			
F																			
G																			
H																			
I																			
J																			
K																			
L																			
M																			
N																			
O																			
P																			
R																			
S																			
T																			
V		Supervised																	

(Colin McKay 5/9/79 (H) 17345)

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NHS Confidential: Personal data about a patient

MEDICINE RECORDING SHEET

SHEET No .....

Name .....

Age .....

Consultant .....

Hospital .....

Enter code in box and initial when medicine is taken.

If medicine refused record (A) If patient unable to swallow record A

If patient absent record A If medicine not available record A

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
5/5/12							AB			
	Init.									
6/5/12		B		B			AB			
	Init.									
7/5/12		B		B						
	Init.									
9/5/12		B					AB			
	Init.									
9/5/12		B		B			AB			
	Init.									
10/5/12		DNA		A 24hrs			A			
	Init.									
11/5/12		B					AB			
	Init.									
12/5/12		B		B			AB			A - 250mg 50mg QDS 4 TABLETS CEST EXPLORED
	Init.									

Date	6 a.m	8 a.m	10 a.m	12 m.d	2 p.m	6 p.m	8 p.m	10 p.m	12 m.n	Other Administrations
13/5/12		B		B				B		A - 50mg 50mg as
	Init.									
14/5								A - 50mg as required		
	Init.									
15/5/12		B		B				A - 50mg daily		
	Init.									
16/5/12		B		B				A - 50mg daily		
	Init.									
17/5/12		B						A - 50mg daily		
	Init.									
18/5/12		B						C		
	Init.									
19/5		B						C		
	Init.									
20/5		B		C				C		
	Init.									

Registration Details - Patient No: 7694

Personal details...		Address details...	
Date of birth	01/03/1983	Post Code	G20 8BP
Sex	M	House Name Flat No	
Surname	McDermott	No and Street	26 Kelvindale Pl
Previous Surname		Village	
Forenames	Colin	Town	GLASGOW
Calling Name	Colin	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	07866366421
Registered GP	Dr A Webb	Work Tel No	
Usual GP	Dr A Webb	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	
CHI Number	0103836012	Address	
NHS Number	609/83/169	Tel No.	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	MARYHILL HEALTH CENTRE	Walking Quarters	
Gpass Patient ID			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	28/08/2008		

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
11/08/2009	Open wound of buttock	Mrs McGowan	S87
11/08/2009	[X]Assault Alleged	Mrs McGowan	U3
12/07/2008	Closed fracture ankle, unspecified Right	Mrs McGowan	S34x
24/06/2007	Open wound of upper limb NOS Left	Mrs McGowan	S9z
24/06/2007	[X]Self inflicted injury	Mrs McGowan	U2
05/06/2006	[X]Intentional self-harm	Mrs McGowan	U2
05/06/2006	Alcohol dependence syndrome PREVIOUS	Mrs McGowan	E23
12/06/1988	Fracture of radius and ulna Left	Mrs McGowan	S23

Past Problems	Authorised By	Code

Health Admin Problems	Authorised By	Code

Values			
Date	**Last Entry**	**Normal Range Indicator**	**Normal Range**
10/03/2011	**Alcohol consumption 0 units/week**		
10/03/2011	**Cigarette smoker 20 Cigarettes/day**		
05/06/2006	**Body Mass Index 405.81**	.....|	20-25
05/06/2006	**O/E - weight 180.**		
05/06/2006	**O/E - height 66.6**	..|.....	10-250
05/06/2006	**O/E - blood pressure reading B P Screening$$.clm - Repeat after an Interval**		
05/06/2006	**Sitting diastolic blood pressure 72**		
05/06/2006	**Sitting systolic blood pressure 132**		

Attachments		Authorised By	Code
	None		

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Family History		Authorised By	Code
	None		

Referrals		Authorised By	Code
	None		

Immunisations		Authorised By	Code
	None		

Health Status	
05/06/2006	**Height 66.6 cm**
05/06/2006	**Weight 0 Kg**
05/06/2006	**Body Mass Index 405.81 kg/m2**
05/06/2006	**Blood pressure reading O/E - BP reading normal**
10/03/2011	**Smoking Status Cigarette smoker, 20 Cigarettes/day**

Other Observations		Authorised By	Code
10/03/2011	**Health ed. - smoking**	Dr Martin	6791
10/03/2011	**Nicotine replacement therapy**	Dr Martin	8B2B
10/03/2011	**Health ed. - smoking**	Dr Martin	6791
21/02/2011	**MED3 issued to patient** Cf 23/2/11 flu like symptoms	Dr Russell	9D11
21/02/2011	**Moderate smoker - 10-19 cigs/d** HAS community service working in ruchill quadrangle says symptoms of cold started on sat says sore over arms and shoulders has fever on and off coughing up green mucus not sob has only been off today in on mon and thurs advised will leave a sick line for today if not fit on thurs to call back	Dr Russell	1374
10/12/2009	**No known allergies** priority=2	Miss Brown	1151
21/09/2009	**Did not attend - no reason** priority=2	Dr Martin	9N42
11/12/2008	**Interpreter not needed** priority=2	office01	9NU1
01/09/2008	**Notes summary on computer** : priority=2	Mrs McGowan	9344
28/08/2008	**Patient MRE received from HB** priority=1	Miss Carmichael	9125
18/07/2008	**Pat. GP7B/GP8B card from HB** priority=1	UnknownUser	9124
17/07/2008	**Patient reg. form sent to HB** priority=1	Miss Carmichael	9123

06/03/2008	**GP22-moved out of area** priority=1	Miss Carmichael	923B
29/05/2007	**Smoking cessation advice** : priority=2	Dr Martin	8CAL
29/05/2007	**Current smoker** : priority=2	Dr Martin	137R
15/11/2006	**Health ed. - smoking** Smoker$$ Status.clm - Repeat after an Interval	Dr Martin	6791
15/11/2006	**MED3 issued to patient** 8/52 nd priority=2	Dr Martin	9D11
15/11/2006	**Smoking cessation advice** : priority=2	Alexis	8CAL
12/10/2006	**MED3 issued to patient** 5/52 nd priority=2 Start Date: 08/10/2006	Dr Leslie	9D11
04/09/2006	**Moderate smoker - 10-19 cigs/d** Smoker$$ Status.clm - Repeat after an Interval	Dr Leslie	1374
04/09/2006	**MED3 issued to patient** 5 weeks nd priority=2 Start Date: 31/08/2006	Dr Leslie	9D11
25/07/2006	**Patient MRE received from HB** priority=1	Miss Carmichael	9125
21/07/2006	**Notes summary on computer** : priority=2	Mrs McGowan	9344
18/07/2006	**Patient MRE received from HB** priority=1	Miss Brown	9125
03/07/2006	**Pat. GP7B/GP8B card from HB** priority=1	SERVER_PROCESS_44	9124
29/06/2006	**Teetotaller** Alcohol Intake$$.clm - No Action Required	Mrs McGowan	1361
29/06/2006	**Current smoker** : priority=2	Mrs McGowan	137R
29/06/2006	**White British** : priority=2	Mrs McGowan	9S10
29/06/2006	**Patient reg. form sent to HB** priority=1	Miss Carmichael	9123
05/06/2006	**Body Mass Index high K/M2** 405.81:kg/m2 priority=2	Mrs McGowan	22K2
05/06/2006	**O/E - weight Characteristic** 180.:kg priority=2	Mrs McGowan	22A
05/06/2006	**O/E - height Characteristic** 66.6:cm priority=2	Mrs McGowan	229
27/06/2002	**GP22-practice changed-moved** priority=1	Miss Dunn	923D
16/07/1999	**Patient reg. form sent to HB** priority=1	UnknownUser	9123
14/06/1988	**[X]RTA - Road traffic and other transport accidents** priority=1	Mrs.McGowan	U0

Consultations

28/12/2011	Dr S Russell at Data Entry
Medication	Varenicline Tablets 1 mg *56 tablet ONE TWICE DAILY*
23/12/2011	Dr R Leslie at MARYHILL HEALTH CENTRE
History	3 rd bout of rsided abdo pain. in 14 months. same area. mild tenderness only. nil urine or bowel upset. check urien first . will need u/s review if not settling.
06/12/2011	Dr Lindsay Prentice at MARYHILL HEALTH CENTRE
History	Requests champix, had previously in March, has been in jail since and started smoking again then. 20cpd currently. Advised this would be the last time he could have it, his partner is going to be stopping smoking at same time.
	Jumped out of a window September (see A&E note) - has had back pain over ribs since. Xrays clear in A&E and discharged.
Examination	Tender over right mid level ribs, no vertebral tenderness.
Comment	Imp musculoskeletal pain, probably muscular rather than rib # but treatment no different, so advice on healing and analgesia prn
Medication	Diclofenac Sodium E/c tablets 50 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD*
19/04/2011	Dr Lindsay Prentice at MARYHILL HEALTH CENTRE
Additional	
25/03/2011	Dr A Webb at Data Entry
History	has stopped smoking
Medication	Varenicline Tablets 1 mg 56 tablet ONE TWICE DAILY
10/03/2011	Dr G Martin at MARYHILL HEALTH CENTRE
History	wants referral for vasectomy-5 children by previous partner + 1 child and another current pregnancy to current partner-d/c-to self refer to Sandyford.nrt given-ok to phone in a week for his first 56 script
Medication	Varenicline Tablets 1 mg + 500 micrograms (Starter Pack) 1 tablet As directed
Social	Cigarette smoker, 20 Cigarettes/day Alcohol consumption, 0 units/week
Additional	Health ed. - smoking Nicotine replacement therapy Health ed. - smoking
23/02/2011	Dr G Martin at MARYHILL HEALTH CENTRE
History	has noticed a ? rt testicuar lump-oe -nil of note-probably a small varicocele-nil else incl normal testes-reassured but monitor and rv prn

21/02/2011	Dr S Russell at Telephone Consultation
History	Moderate smoker - 10-19 cigs/d HAS community service working in ruchill quadrangle says symptoms of cold started on sat says sore over arms and shoulders has fever on and off coughing up green mucus not sob has only been off today in on mon and thurs advised will leave a sick line for today if not fit on thurs to call back MED3 issued to patient Cf 23/2/11 flu like symptoms
25/10/2010	Dr R Leslie at MARYHILL HEALTH CENTRE
Examination	right sided abdo pain for 1 wk worse last 2 days 10 min acute episodes on back ground pain, right loin area. nil tenderness nil jaundice bowel & urine ok urinalysis nad check fbc lft
10/12/2009	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	No known allergies priority=2
12/11/2009	Office at MARYHILL HEALTH CENTRE
Additional	
21/09/2009	Mr Locum Male at MARYHILL HEALTH CENTRE
History	dna priority=2 Did not attend - no reason priority=2
07/09/2009	Mr Locum Male at MARYHILL HEALTH CENTRE
History	Panic attacks and agoraphobia. Says was stabbed 4 weeks ago - apparently unprovoked attack while staying in homeless accomodation. Now staying with mum but moving to own house tomorrow. Using alcohol to calm his nerves any time wants to leave house - roughly 2 days per week. No other drugs. Has 4 children to woman he doesn't see any more and no contact with children. New partner is also pregnant. Try B-blocker - advised to use this instead of alcohol. Will refer PCMHT. See back 2 weeks. priority=2
21/08/2009	Dr R Leslie at MARYHILL HEALTH CENTRE
Additional	
18/08/2009	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Problem	**[X]Assault** Alleged
Problem	**Open wound of buttock**
13/08/2009	Miss Marquerite Carmichael at MARYHILL HEALTH CENTRE
Additional	
11/12/2008	office01 at MARYHILL HEALTH CENTRE
History	Interpreter not needed priority=2
01/09/2008	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
History	Notes summary on computer : priority=2
Problem	**Closed fracture ankle, unspecified** Right
Problem	**[X]Self inflicted injury**
Problem	**Open wound of upper limb NOS** Left
Problem	**Fracture of radius and ulna** Left
Problem	**[X]RTA - Road traffic and other transport accidents** priority=1
28/08/2008	Miss Marquerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
23/07/2008	Dr A Webb at MARYHILL HEALTH CENTRE
History	Jumped 25ft out of window 11d ago. R ankle very swollen and brising up lateral side of lower leg. Is improving now. Tender both malleoli and able to wt bear. ? # - advised A&E. Analgesia. priority=2
18/07/2008	UnknownUser at MARYHILL HEALTH CENTRE

History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
-	---
17/07/2008	Miss Marquerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
-	---
06/03/2008	Miss Marquerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**GP22-moved out of area** priority=1
-	---
29/05/2007	Dr G Martin at MARYHILL HEALTH CENTRE
History	3-4/52 ho lt sided chest pain.Initially had a bruise althogh denies trauma.Nil else -no other bruising -oe -N -Adv,i feel its most likely to be related to trauma but if continuing-for CXR priority=2 Current smoker : priority=2 Smoking cessation advice : priority=2
-	---
27/12/2006	Alexis at MARYHILL HEALTH CENTRE
History	Smoking cessation advice : priority=2
-	---
07/12/2006	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	CHECK IF WANTS MMR VACC priority=2
-	---
15/11/2006	Dr G Martin at MARYHILL HEALTH CENTRE
History	isq-still hoping to work in the new year-further line given(still attending cpn) -to pharmacy re smoking priority=2 MED3 issued to patient 8/52 nd priority=2 Health ed. - smoking Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
12/10/2006	Dr R Leslie at MARYHILL HEALTH CENTRE
History	agarophobia is improving, getting out more and more. has 3 children and a 4th due in january. will need to get back to work soon, pal has a security business, start thinking about this priority=2 MED3 issued to patient 5/52 nd priority=2 Start Date: 08/10/2006
-	---
04/09/2006	Dr R Leslie at MARYHILL HEALTH CENTRE
History	attending psychiatry with phobic symptoms priority=2 MED3 issued to patient 5 weeks nd priority=2 Start Date: 31/08/2006 Moderate smoker - 10-19 cigs/d Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
04/08/2006	Locum Female at MARYHILL HEALTH CENTRE
Additional	
-	---
25/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Additional	
-	---
25/07/2006	Miss Marquerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
-	---
21/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Additional	
-	---
21/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
History	White British : priority=2 Current smoker : priority=2

Problem	**Alcohol dependence syndrome** PREVIOUS
Problem	**[X]Intentional self-harm**
History	Notes summary on computer : priority=2 O/E - height Characteristic 66.6:cm priority=2 O/E - weight Characteristic 180.:kg priority=2 Body Mass Index high K/M2 405.81:kg/m2 priority=2 Teetotaller Alcohol Intake$$.clm - No Action Required Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
18/07/2006	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
-	---
03/07/2006	SERVER_PROCESS_44 at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
-	---
29/06/2006	Locum Female at MARYHILL HEALTH CENTRE
Additional	
-	---
29/06/2006	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
-	---
27/06/2002	UnknownUser at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
-	---
20/11/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
26/10/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
09/10/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
18/09/2001	Ms Locum F at MARYHILL HEALTH CENTRE
Additional	
-	---
08/06/2001	UnknownUser at MARYHILL HEALTH CENTRE
History	O/E - height O/E - weight 180. Body Mass Index
-	---
05/10/2000	Mr Locum M at MARYHILL HEALTH CENTRE
Additional	
-	---
06/08/1999	UnknownUser at MARYHILL HEALTH CENTRE
History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - No Action Required
-	---
16/07/1999	UnknownUser at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1

Medication

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

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/02/2012	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	01/02/2012P	Dr A Webb	ACUTE
28/12/2011	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	28/12/2011P	Dr S Russell	ACUTE
06/12/2011	**Varenicline Tablets 1 mg + 500 micrograms (Starter Pack)** As directed 1 tablet	06/12/2011P	Dr Lindsay Prentice	ACUTE
06/12/2011	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD 84 TABLET	06/12/2011P	Dr Lindsay Prentice	ACUTE
25/03/2011	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	19/04/2011P	Dr A Webb	ACUTE
10/03/2011	**Varenicline Tablets 1 mg + 500 micrograms (Starter Pack)** As directed 1 tablet	10/03/2011P	Dr G Martin	ACUTE
07/09/2009	**Half Inderal La M/R capsules 80 mg** 1 Cap Daily 28 CAPS	07/09/2009P	Dr Locum Locumm	ACUTE
23/07/2008	**Co-Dydramol 10/500 Tablets** 2 Tabs 4 times daily 100 TABS	23/07/2008P	Dr A Webb	ACUTE
20/11/2001	**Niquitin Transdermal patches 7 mg/24 hrs** Apply Daily 14 INVAL	20/11/2001P	UnknownUser	ACUTE
20/11/2001	**Niquitin Transdermal patches 14 mg/24 hrs** Apply Daily 7 INVAL	20/11/2001P	UnknownUser	ACUTE
26/10/2001	**Niquitin Transdermal patches 14 mg/24 hrs** Apply Daily 21 INVAL	26/10/2001P	UnknownUser	ACUTE
09/10/2001	**Niquitin Transdermal patches 21 mg/24 hrs** Apply Daily 21 INVAL	09/10/2001P	UnknownUser	ACUTE
18/09/2001	**Flucloxacillin Capsules 250 mg** 1 Cap 4 times daily 28 CAPS	18/09/2001P	Dr Locum LocumF	ACUTE
18/09/2001	**Fusidic Acid Cream 2 %** Apply Twice daily 30 CREAM	18/09/2001P	Dr Locum LocumF	ACUTE

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K/Murdoch.

RESTRICTED - MEDICAL

NOTES CAN NOT BE FOUND

SPS PHYSICAL CARE RECORDS

HM	EDINBURGH
Sheet No.	
SPIN No.	17345.

SURNAME McKAY
FORENAME COLIN

Date Time	Entry Code	NOTES	Signature
14/3/12 11.10	N.	Self referral, seen in triage this am c/o sciatica & increased pain. David states he missed last weeks physio appointment due to being out at hospital. I have discussed with Laura (physiotherapist) & she has referred back in. He would also like to see the Dr with regards to his medication & work release.	
		McCormack RGN	PIN

25667

RESTRICTED - MEDICAL

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Orthopaedic Department
Musculoskeletal and A&E Services
Acute Services Division
NHS Tayside
Perth Royal Infirmary
Perth
PH1 1NX
Telephone Number - 01738 623311
Fax Number - 01738 473255
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr M Wallace
Medical Officer
H.M. Prison
3 Edinburgh Road
Perth
PH2 8AT

Date 23/08/2010
Your Ref
Our Ref C.Tinning/VT 0509796095
Enquiries to Miss Vicki Taylor
Extension 13696
Direct Line 01738 473696
Email

CLINIC REPORT

Dear Dr Wallace

Colin McKay, 4B 76 Collinal St, Glasgow, G20 8AU DOB: 05/09/1979

Diagnosis: Weber B fracture left ankle April 2010
Management: No intervention
Follow up: Discharged from clinic

Thank you for re-referring this 30 year old prisoner at Perth Prison to the Orthopaedic Clinic. He sustained a Weber B fracture of his left ankle back in April this year and this was treated conservatively in cast. When he was last seen in the clinic on 14.06.10 he had actually removed the cast himself at around the seven week mark as it had been cracking. My colleague, Mr Kulshreshtha, discharged Mr McKay on that occasion with no further immobilisation. Mr McKay tells me that his ankle had initially been settling down but over the past 2 or 3 weeks he has had intermittent shooting pains over the lateral side of the ankle and dorsum of the foot. He tells me that these episodes of pain are usually brought on by yawning or exhaling particularly overnight. Mr McKay also tells me that he has a past medical history of sciatica and that his lower back pain has recurred over the past few weeks with associated intermittent shooting pains along the posterior aspect of the left leg. Other than this he feels systemically well.

On examination Mr McKay is able to fully weight bear with a normal gait. Specific examination of the left ankle reveals very mild residual swelling over the lateral malleolus but there is no erythema suggestive of infection, increased heat or any evidence of CRPS. The foot remains neurovascularly intact. There is very mild residual tenderness over the distal fibula but no more than one might expect at this stage. There is no medial ankle tenderness, there is no bony foot tenderness, he already has a good range of movement at the ankle and subtalar joint with no pain throughout movement. I can see no evidence of any significant ongoing problem at the left ankle and I opted not to re-x-ray the ankle in clinic today. I have advised Mr McKay that it may take a few more weeks or even months for the ankle to settle down fully and return to normal and that this to be expected following this type of injury. As far as his possible recurrent sciatica goes I have advised Mr McKay to seek advice and treatment from yourself in the first instance. No further orthopaedic follow up has been arranged as regards his ankle.

Yours sincerely

Authorised on 25/08/2010 15:59:27 by Mr Craig Tinning.
Mr Craig Tinning
ST3 in Orthopaedics to Mr Innes

NHS Confidential: Personal data about a patient

(P) Dr R Leslie, Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR

NHS
Tayside

Headquarters
King's Cross, Clepington Road, Dundee DD3 8EX

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Professor Tony Wells

NHS Confidential: Personal data about a patient

Orthopaedic Department
Musculoskeletal and A&E Services
Acute Services Division
NHS Tayside
Perth Royal Infirmary
Perth
PH1 1NX
Telephone Number - 01738 623311
Fax Number - 01738 473255
www.nhstayside.scot.nhs.uk

NHS Tayside

Dr. CP Parish
H.M. Prison
3 Edinburgh Road
PERTH
PH2 8AT

Date 14/05/10
Your Ref
Our Ref R.Kulshreshtha/VT/ 0509796095
Enquiries to Miss Vicki Taylor
Extension 13696
Direct Line 01738 473696
Email

CLINIC REPORT

Dear Dr. Parish

Colin McKay, 4B 76 Collina St, Glasgow, G20 8AU DOB: 05/09/1979

Diagnosis: Weber B fracture left ankle

History:
This patient was reviewed in the clinic today. He is now about seven weeks since his injuries. He removed his cast last week as it was cracking.

Examination:
Today on examination he had some residual swelling around his ankle which was expected at this stage after fracture and cast immobilisation. There was minimal tenderness over the lateral malleolus. There was no tenderness medially. His ankle movements were slightly restricted at extremes. Subtalar movements were reasonable.

In view of the above I advised him to mobilise his ankle as comfortable. I told him to take things a bit easier for the next two to three weeks thereafter he can gradually go back to his normal activities. He can mobilise and weight bear as comfortable.

Review:
I have discharged him from the clinic but would be happy to see him again if it is required.

Yours sincerely

Mr R. Kulshreshtha
SpR in Orthopaedics to Mr Innes

(P) Dr R Leslie, Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR

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Orthopaedic Department
Musculoskeletal and A&E Services
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NHS Tayside

Dr. CP Parish
H.M. Prison
3 Edinburgh Road
PERTH
PH2 8AT

Date	10/05/2010
Your Ref	
Our Ref	A.Innes/VT/ 0509796095
Enquiries to	Miss Vicki Taylor
Extension	13696
Direct Line	01738 473696
Email	

CLINIC REPORT

Dear Dr. Parish

Colin McKay, 4B 76 Collina St, Glasgow, G20 8AU DOB: 05/09/1979

Diagnosis: **Weber B fracture left ankle**

History:
Check x-ray is satisfactory. Complaining of some pressure around the toes from the cast and this needs adjusting in the plaster room.

Review:
Five weeks, cast off on arrival with a view to mobilising free.

Yours sincerely

ALAN INNES, FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

(P) Dr R Leslie, Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR

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Date	05/05/2010
Your Ref	
Our Ref	A.Innes/VT/ 0509796095
Enquiries to	Miss Vicki Taylor
Extension	13696
Direct Line	01738 473696
Email	

Dear Dr. Parish

CLINIC REPORT

Colin McKay, C/O HM Prison, 3 Edinburgh Road, Perth DOB: 05/09/1979

Diagnosis: **Weber B fracture left ankle**

History:
Twisted his ankle about a week ago. Has been in a backslab until today. Examining him out of the backslab there was quite marked bruising and tenderness medially as well as laterally.

Opinion:
I think he may well have a significant medial collateral ligament injury and therefore this fracture is potentially unstable. A below knee cast has been applied. The mortice x-ray shows an excellent position. I have kept him non-weight bearing in the meantime and review one week, x-ray on arrival.

Yours sincerely

ALAN INNES, FRCS Ed (Orth)
Consultant Orthopaedic Surgeon

(P) Dr R Leslie, Maryhill Health Centre, 41 Shawpark Street, Glasgow, G20 9DR

Robert Taylor

SOLICITORS & NOTARIES

ROBERT TAYLOR, LL.B., N.P.
HOME TEL. NO. 943 1058

THIRD FLOOR, 102 BATH STREET, GLASGOW G2 2EN **Telephone: 0141-332 9001**
LP-5 GLASGOW 1 **Fax: 0141-332 9039**

15th October 2004 RT/SMG

Dr. Martin & Dr. Webb
Maryhill Health Centre
Shawpark Street
Maryhill
Glasgow

Dear Doctor, 6095

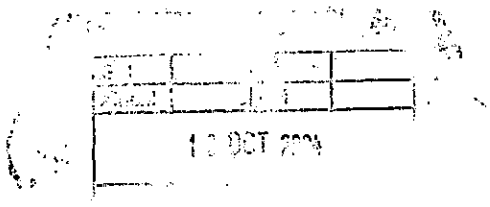
Re: Our Client: Colin McKay DOB 5/9/79
Address: 4B, 76 Collina Street, Maryhill, Glasgow
Other adddress: Niven Street, Glasgow

We act on behalf of the above named who is presently in Custody and gives his address as c/o of his mother, Flat 4B, 76 Collina Street, Maryhill, Glasgow. Our client was seriously injured as result an Assault on 22nd July 2004 and was treated in the Royal Infirmary for a period. He received inpatient treatment.

Thereafter we understand that he attended your surgery or was treated by yourself in relation to his injuries including his fractured leg. We understand he was given medication. Could you please advise us of the different dates when he was seen regarding these injuries and any medication prescribed to him at these dates. We enclose herewith a Mandate and confirm we will be responsible for the Medical Fee for this Report.

Yours faithfully

Robert Taylor,
Solicitor



MANDATE

I, Colin McKay, DOB 5/8/79,

C/o Kelly, Flat 4B, 76 Collina Street, Maryhill, Glasgow,

hereby authorise and instruct you to pass over details in relation to my Medical Reports and Records to ROBERT TAYLOR, Solicitor, of 102 Bath Street, Glasgow, G2 2EN.

C. McKay

North Glasgow University Hospitals
NHS Trust

NHS
Greater
Glasgow

Trauma & Related Services

Glasgow Royal Infirmary
Fracture Clinic
Fracture Reception: 0141 211 5146

Date As Postmark

Dear Doctor,

RE: YOUR PATIENT 6095

23137225M
MCKAY M
COLIN 05/09/1979
FLAT 4B
76 Collina Street
GLASGOW G20 8AU

Your patient had an appointment for the Fracture Clinic under the care of Mr Blyth on 14TH OCT 04 but failed to attend.

No further appointment will be sent unless we hear from your.

Yours faithfully

FRACTURE CLINIC
SUPERVISOR

GM

POSITIVE ABOUT DISABLED PEOPLE

Registration Details - Patient No: 7694

Personal details...		Address details...	
Date of birth	01/03/1983	Post Code	G20 8BP
Sex	M	House Name Flat No	
Surname	McDermott	No and Street	26 Kelvindale Pl
Previous Surname		Village	
Forenames	Colin	Town	GLASGOW
Calling Name	Colin	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	07866366421
Registered GP	Dr A Webb	Work Tel No	
Usual GP	Dr A Webb	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery		Next of Kin	
CHI Number	0103836012	Address	
NHS Number	609/83/169	Tel No.	

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	MARYHILL HEALTH CENTRE	Walking Quarters	
Gpass Patient ID			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	28/08/2008		

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
11/08/2009	Open wound of buttock	Mrs McGowan	S87
11/08/2009	[X]Assault Alleged	Mrs McGowan	U3
12/07/2008	Closed fracture ankle, unspecified Right	Mrs McGowan	S34x
24/06/2007	Open wound of upper limb NOS Left	Mrs McGowan	S9z
24/06/2007	[X]Self inflicted injury	Mrs McGowan	U2
05/06/2006	[X]Intentional self-harm	Mrs McGowan	U2
05/06/2006	Alcohol dependence syndrome PREVIOUS	Mrs McGowan	E23
12/06/1988	Fracture of radius and ulna Left	Mrs McGowan	S23

Past Problems	Authorised By	Code

Health Admin Problems	Authorised By	Code

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
10/03/2011	**Alcohol consumption 0 units/week**		
10/03/2011	**Cigarette smoker 20 Cigarettes/day**		
05/06/2006	**Body Mass Index 405.81**	.....|	20-25
05/06/2006	**O/E - weight 180.**		
05/06/2006	**O/E - height 66.6**	..|.....	10-250
05/06/2006	**O/E - blood pressure reading B P Screening$$.clm - Repeat after an Interval**		
05/06/2006	**Sitting diastolic blood pressure 72**		
05/06/2006	**Sitting systolic blood pressure 132**		

Attachments	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
None		

Immunisations	Authorised By	Code
None		

Health Status	
05/06/2006	**Height 66.6 cm**
05/06/2006	**Weight 0 Kg**
05/06/2006	**Body Mass Index 405.81 kg/m2**
05/06/2006	**Blood pressure reading O/E - BP reading normal**
10/03/2011	**Smoking Status Cigarette smoker, 20 Cigarettes/day**

Other Observations		Authorised By	Code
10/03/2011	**Health ed. - smoking**	Dr Martin	6791
10/03/2011	**Nicotine replacement therapy**	Dr Martin	8B2B
10/03/2011	**Health ed. - smoking**	Dr Martin	6791
21/02/2011	**MED3 issued to patient** Cf 23/2/11 flu like symptoms	Dr Russell	9D11
21/02/2011	**Moderate smoker - 10-19 cigs/d** HAS community service working in ruchill quadrangle says symptoms of cold started on sat says sore over arms and shoulders has fever on and off coughing up green mucus not sob has only been off today in on mon and thurs advised will leave a sick line for today if not fit on thurs to call back	Dr Russell	1374
10/12/2009	**No known allergies** priority=2	Miss Brown	1151
21/09/2009	**Did not attend - no reason** priority=2	Dr Martin	9N42
11/12/2008	**Interpreter not needed** priority=2	office01	9NU1
01/09/2008	**Notes summary on computer** : priority=2	Mrs McGowan	9344
28/08/2008	**Patient MRE received from HB** priority=1	Miss Carmichael	9125
18/07/2008	**Pat. GP7B/GP8B card from HB** priority=1	UnknownUser	9124
17/07/2008	**Patient reg. form sent to HB** priority=1	Miss Carmichael	9123

06/03/2008	**GP22-moved out of area** priority=1	Miss Carmichael	923B
29/05/2007	**Smoking cessation advice** : priority=2	Dr Martin	8CAL
29/05/2007	**Current smoker** : priority=2	Dr Martin	137R
15/11/2006	**Health ed. - smoking** Smoker$$ Status.clm - Repeat after an Interval	Dr Martin	6791
15/11/2006	**MED3 issued to patient** 8/52 nd priority=2	Dr Martin	9D11
15/11/2006	**Smoking cessation advice** : priority=2	Alexis	8CAL
12/10/2006	**MED3 issued to patient** 5/52 nd priority=2 Start Date: 08/10/2006	Dr Leslie	9D11
04/09/2006	**Moderate smoker - 10-19 cigs/d** Smoker$$ Status.clm - Repeat after an Interval	Dr Leslie	1374
04/09/2006	**MED3 issued to patient** 5 weeks nd priority=2 Start Date: 31/08/2006	Dr Leslie	9D11
25/07/2006	**Patient MRE received from HB** priority=1	Miss Carmichael	9125
21/07/2006	**Notes summary on computer** : priority=2	Mrs McGowan	9344
18/07/2006	**Patient MRE received from HB** priority=1	Miss Brown	9125
03/07/2006	**Pat. GP7B/GP8B card from HB** priority=1	SERVER_PROCESS_44	9124
29/06/2006	**Teetotaller** Alcohol Intake$$.clm - No Action Required	Mrs McGowan	1361
29/06/2006	**Current smoker** : priority=2	Mrs McGowan	137R
29/06/2006	**White British** : priority=2	Mrs McGowan	9S10
29/06/2006	**Patient reg. form sent to HB** priority=1	Miss Carmichael	9123
05/06/2006	**Body Mass Index high K/M2** 405.81:kg/m2 priority=2	Mrs McGowan	22K2
05/06/2006	**O/E - weight Characteristic** 180.:kg priority=2	Mrs McGowan	22A
05/06/2006	**O/E - height Characteristic** 66.6:cm priority=2	Mrs McGowan	229
27/06/2002	**GP22-practice changed-moved** priority=1	Miss Dunn	923D
16/07/1999	**Patient reg. form sent to HB** priority=1	UnknownUser	9123
14/06/1988	**[X]RTA - Road traffic and other transport accidents** priority=1	Mrs McGowan	U0

Consultations

28/12/2011	Dr S Russell at Data Entry
Medication	Varenicline Tablets 1 mg *56 tablet ONE TWICE DAILY*
23/12/2011	Dr R Leslie at MARYHILL HEALTH CENTRE
History	3 rd bout of rsided abdo pain. in 14 months. same area. mild tenderness only. nil urine or bowel upset. check urien first . will need u/s review if not settling.
06/12/2011	Dr Lindsay Prentice at MARYHILL HEALTH CENTRE
History	Requests champix, had previously in March, has been in jail since and started smoking again then. 20cpd currently. Advised this would be the last time he could have it, his partner is going to be stopping smoking at same time.
	Jumped out of a window September (see A&E note) - has had back pain over ribs since. Xrays clear in A&E and discharged.
Examination	Tender over right mid level ribs, no vertebral tenderness.
Comment	Imp musculoskeletal pain, probably muscular rather than rib # but treatment no different, so advice on healing and analgesia prn
Medication	Diclofenac Sodium E/c tablets 50 mg *84 TABLET ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD*
19/04/2011	Dr Lindsay Prentice at MARYHILL HEALTH CENTRE
Additional	
25/03/2011	Dr A Webb at Data Entry
History	has stopped smoking
Medication	Varenicline Tablets 1 mg 56 tablet ONE TWICE DAILY
10/03/2011	Dr G Martin at MARYHILL HEALTH CENTRE
History	wants referral for vasectomy-5 children by previous partner + 1 child and another current pregnancy to current partner-d/c-to self refer to Sandyford.nrt given-ok to phone in a week for his first 56 script
Medication	Varenicline Tablets 1 mg + 500 micrograms (Starter Pack) 1 tablet As directed
Social	Cigarette smoker, 20 Cigarettes/day
	Alcohol consumption, 0 units/week
Additional	Health ed. - smoking
	Nicotine replacement therapy
	Health ed. - smoking
23/02/2011	Dr G Martin at MARYHILL HEALTH CENTRE
History	has noticed a ? rt testicuar lump-oe -nil of note-probably a small varicocele-nil else incl normal testes-reassured but monitor and rv prn

21/02/2011	Dr S Russell at Telephone Consultation
History	Moderate smoker - 10-19 cigs/d HAS community service working in ruchill quadrangle says symptoms of cold started on sat says sore over arms and shoulders has fever on and off coughing up green mucus not sob has only been off today in on mon and thurs advised will leave a sick line for today if not fit on thurs to call back MED3 issued to patient Cf 23/2/11 flu like symptoms
25/10/2010	Dr R Leslie at MARYHILL HEALTH CENTRE
Examination	right sided abdo pain for 1 wk worse last 2 days 10 min acute episodes on back ground pain, right loin area. nil tenderness nil jaundice bowel & urine ok urinalysis nad check fbc lft
10/12/2009	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	No known allergies priority=2
12/11/2009	Office at MARYHILL HEALTH CENTRE
Additional	
21/09/2009	Mr Locum Male at MARYHILL HEALTH CENTRE
History	dna priority=2 Did not attend - no reason priority=2
07/09/2009	Mr Locum Male at MARYHILL HEALTH CENTRE
History	Panic attacks and agoraphobia. Says was stabbed 4 weeks ago - apparently unprovoked attack while staying in homeless accomodation. Now staying with mum but moving to own house tomorrow. Using alcohol to calm his nerves any time wants to leave house - roughly 2 days per week. No other drugs. Has 4 children to woman he doesn't see any more and no contact with children. New partner is also pregnant. Try B-blocker - advised to use this instead of alcohol. Will refer PCMHT. See back 2 weeks. priority=2
21/08/2009	Dr R Leslie at MARYHILL HEALTH CENTRE
Additional	
18/08/2009	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Problem	**[X]Assault** Alleged
Problem	**Open wound of buttock**
13/08/2009	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
Additional	
11/12/2008	office01 at MARYHILL HEALTH CENTRE
History	Interpreter not needed priority=2
01/09/2008	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
History	Notes summary on computer : priority=2
Problem	**Closed fracture ankle, unspecified** Right
Problem	**[X]Self inflicted injury**
Problem	**Open wound of upper limb NOS** Left
Problem	**Fracture of radius and ulna** Left
Problem	**[X]RTA - Road traffic and other transport accidents** priority=1
28/08/2008	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
23/07/2008	Dr A Webb at MARYHILL HEALTH CENTRE
History	Jumped 25ft out of window 11d ago. R ankle very swollen and brising up lateral side of lower leg. Is improving now. Tender both malleoli and able to wt bear. ? # - advised A&E. Analgesia. priority=2
18/07/2008	UnknownUser at MARYHILL HEALTH CENTRE

History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
-	---
17/07/2008	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
-	---
06/03/2008	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**GP22-moved out of area** priority=1
-	---
29/05/2007	Dr G Martin at MARYHILL HEALTH CENTRE
History	3-4/52 ho lt sided chest pain.Initially had a bruise althogh denies trauma.Nil else -no other bruising -oe -N -Adv,i feel its most likely to be related to trauma but if continuing-for CXR priority=2 Current smoker : priority=2 Smoking cessation advice : priority=2
-	---
27/12/2006	Alexis at MARYHILL HEALTH CENTRE
History	Smoking cessation advice : priority=2
-	---
07/12/2006	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	CHECK IF WANTS MMR VACC priority=2
-	---
15/11/2006	Dr G Martin at MARYHILL HEALTH CENTRE
History	isq-still hoping to work in the new year-further line given(still attending cpn) -to pharmacy re smoking priority=2 MED3 issued to patient 8/52 nd priority=2 Health ed. - smoking Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
12/10/2006	Dr R Leslie at MARYHILL HEALTH CENTRE
History	agarophobia is improving, getting out more and more. has 3 children and a 4th due in january. will need to get back to work soon, pal has a security business, start thinking about this priority=2 MED3 issued to patient 5/52 nd priority=2 Start Date: 08/10/2006
-	---
04/09/2006	Dr R Leslie at MARYHILL HEALTH CENTRE
History	attending psychiatry with phobic symptoms priority=2 MED3 issued to patient 5 weeks nd priority=2 Start Date: 31/08/2006 Moderate smoker - 10-19 cigs/d Smoker$$ Status.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
04/08/2006	Locum Female at MARYHILL HEALTH CENTRE
Additional	
-	---
25/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Additional	
-	---
25/07/2006	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
-	---
21/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
Additional	
-	---
21/07/2006	Mrs Karlyn McGowan at MARYHILL HEALTH CENTRE
History	White British : priority=2 Current smoker : priority=2

Problem	**Alcohol dependence syndrome** PREVIOUS
Problem	**[X]Intentional self-harm**
History	Notes summary on computer : priority=2 O/E - height Characteristic 66.6:cm priority=2 O/E - weight Characteristic 180.:kg priority=2 Body Mass Index high K/M2 405.81:kg/m2 priority=2 Teetotaller Alcohol Intake$$.clm - No Action Required Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	---
18/07/2006	Miss Keri Brown at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient MRE received from HB** priority=1
-	---
03/07/2006	SERVER_PROCESS_44 at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Pat. GP7B/GP8B card from HB** priority=1
-	---
29/06/2006	Locum Female at MARYHILL HEALTH CENTRE
Additional	
-	---
29/06/2006	Miss Marguerite Carmichael at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1
-	---
27/06/2002	UnknownUser at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**GP22-practice changed-moved** priority=1
-	---
20/11/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
26/10/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
09/10/2001	x at MARYHILL HEALTH CENTRE
Additional	
-	---
18/09/2001	Ms Locum F at MARYHILL HEALTH CENTRE
Additional	
-	---
08/06/2001	UnknownUser at MARYHILL HEALTH CENTRE
History	O/E - height O/E - weight 180. Body Mass Index
-	---
05/10/2000	Mr Locum M at MARYHILL HEALTH CENTRE
Additional	
-	---
06/08/1999	UnknownUser at MARYHILL HEALTH CENTRE
History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening$$.clm - No Action Required
-	---
16/07/1999	UnknownUser at MARYHILL HEALTH CENTRE
History	Automatically generated by transaction priority=2
Problem	**Patient reg. form sent to HB** priority=1

Medication

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

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/02/2012	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	01/02/2012P	Dr A Webb	ACUTE
28/12/2011	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	28/12/2011P	Dr S Russell	ACUTE
06/12/2011	**Varenicline Tablets 1 mg + 500 micrograms (Starter Pack)** As directed 1 tablet	06/12/2011P	Dr Lindsay Prentice	ACUTE
06/12/2011	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD 84 TABLET	06/12/2011P	Dr Lindsay Prentice	ACUTE
25/03/2011	**Varenicline Tablets 1 mg** ONE TWICE DAILY 56 tablet	19/04/2011P	Dr A Webb	ACUTE
10/03/2011	**Varenicline Tablets 1 mg + 500 micrograms (Starter Pack)** As directed 1 tablet	10/03/2011P	Dr G Martin	ACUTE
07/09/2009	**Half Inderal La M/R capsules 80 mg** 1 Cap Daily 28 CAPS	07/09/2009P	Dr Locum Locumm	ACUTE
23/07/2008	**Co-Dydramol 10/500 Tablets** 2 Tabs 4 times daily 100 TABS	23/07/2008P	Dr A Webb	ACUTE
20/11/2001	**Niquitin Transdermal patches 7 mg/24 hrs** Apply Daily 14 INVAL	20/11/2001P	UnknownUser	ACUTE
20/11/2001	**Niquitin Transdermal patches 14 mg/24 hrs** Apply Daily 7 INVAL	20/11/2001P	UnknownUser	ACUTE
26/10/2001	**Niquitin Transdermal patches 14 mg/24 hrs** Apply Daily 21 INVAL	26/10/2001P	UnknownUser	ACUTE
09/10/2001	**Niquitin Transdermal patches 21 mg/24 hrs** Apply Daily 21 INVAL	09/10/2001P	UnknownUser	ACUTE
18/09/2001	**Flucloxacillin Capsules 250 mg** 1 Cap 4 times daily 28 CAPS	18/09/2001P	Dr Locum LocumF	ACUTE
18/09/2001	**Fusidic Acid Cream 2 %** Apply Twice daily 30 CREAM	18/09/2001P	Dr Locum LocumF	ACUTE

North Glasgow University Hospitals
NHS Trust

Trauma & Related Services Division

Glasgow Royal Infirmary
Trauma & Orthopaedic Department
84 Castle Street
GLASGOW G4 0SF

☎ 0141 211 4000
0141 211 5929
Appointments: ☎ 0141 211 5067/5146

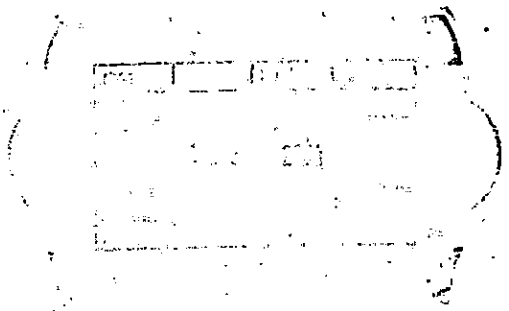
NHS
Greater Glasgow

MR M BLYTH/MR J REID'S FRACTURE CLINIC – THURSDAY 09/09/04

AC/GC/08/23137225M

Friday, 10 September 2004

Dr Webb
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR



Dear Dr Webb

RE: COLIN MCKAY [DOB 05/09/79]
FLAT 4B, 76 COLLINA STREET, GLASGOW, G20 8AU.

7 weeks following grade 1 open right tibia treated in a cast. Reports no problems and at the last 2 visits wounds were healed and fine. X-ray today shows satisfactory position with some early callus. See in 1 month's time with x-ray of right tibia on arrival.

Yours sincerely

MR ALAN CROMBIE
SPECIALIST REGISTRAR

POSITIVE ABOUT DISABLED PEOPLE

01811

North Glasgow University Hospitals
NHS Trust

TRAUMA & RELATED SERVICES DIVISION
Trauma & Orthopaedics

NHS
Greater
Glasgow
Glasgow Royal Infirmary
84 Castle Street
GLASGOW G4 0SF

TEL: 0141 211 5186
FAX: 0141 211 0481

MR E.F. WHEELWRIGHT'S FRACTURE CLINIC – 16th August 2004

SS/JG 16th August 2004

Dr A. Webb
Maryhill Health Centre
41 Shawpark Street
GLASGOW G20 9DR

6095

Dear Dr Webb

Re: Colin McKay, d.o.b. 05 09 79, Unit No 23137225M
Flat 4B, 76 Collina Street GLASGOW G20 8AU

This gentleman presented today after having missed his previous appointment. He had an open fracture to his right tibia which was sutured and stab wounds to his right thigh.

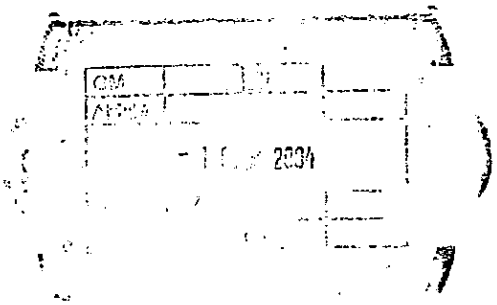
The plan today is to window his cast and remove his clips around the tibia as well as remove the clips on his thigh laceration.

X-rays taken today show a satisfactory position of the fracture.

He will be reviewed in three weeks' time in Mr Tansey's clinic with an X-ray of his right tibia, AP and lateral, on arrival.

Yours sincerely

S. SHEWALE
Specialist Registrar



POSITIVE ABOUT DISABLED PEOPLE

Faxed. 11/8/04 - 11.45am.

Scottish Prison Service
HMP BARLINNIE
Lee Ave.
Glasgow G33 2QX
Tel./Fax 0141-770-2013

Date fax sent: _____

METHADONE REFERRAL FORM

6095

NAME Colin McKay **NO.** D3145 **DOB** 5/9/79 **LOC** H/C

Home Address 46 Colina St. Flat 1/8 Maryhill.

Prescriber details Dr Webb Maryhill HIC.

Referred by (Print name) J. Taylor **Signature** J. Taylor **Date** 10/8/04

CLIENT MANDATE

TO BE COMPLETED BY CLIENT

I, (Client signature C. McKay) hereby give permission for my GP/Agent/SPS staff to release the enclosed medical information to Addiction Services HMP Barlinnie and for HMP Barlinnie Addiction services to release information to my GP/Agent/SPS staff.
All information given will be treated confidentially and within the parameters of the Data Protection Act 1998.

TO BE COMPLETED BY COMMUNITY PRESCRIBER

Methadone dose (NINETY) 90ml Daily supervised dispensing YES ~~NO~~

Do you agree to continue methadone on release from prison YES ~~NO~~

Treatment plan (Maintenance/Increasing/Decreasing etc.) Maintenance.

Progress report stable

Other medication nil

Additional information/urine test results etc. none

Doctor/Case workers Signature [signature] 16-8-04

PLEASE RETURN THIS FORM BY FAX AS SOON AS POSSIBLE TO THE ABOVE NUMBER.

Yours sincerely

Eleanor Mallon/Paul Horn
Addiction Nurses

Confidentiality notice: This facsimile transmission is intended only for the use of the addressee and may contain confidential information belonging to the sender which is protected by the patient/physician privilege and may be legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited and may be unlawful. If you receive this transmission in error, please notify this office by telephone to arrange for the return of the document.

North Glasgow University Hospitals
NHS Trust

Trauma & Related Services Division

Glasgow Royal Infirmary
Trauma & Orthopaedics
84 Castle Street
GLASGOW G4 0SF

NHS
Greater Glasgow

MR TANSEY FRACTURE CLINIC FRIDAY 6TH AUGUST 2004

Appointments: 0141 211 4608
Secretary: 0141 211 4606
ayshea.spence@northglasgow.scot.nhs.uk

PT/AS/23137225M

11 August 2004

Dr Webb
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

6005

Dear Dr Webb

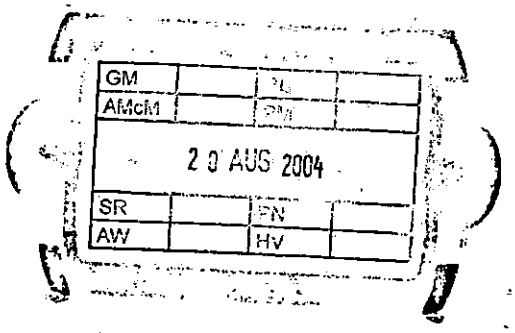
COLIN MCKAY DOB 050979
76 COLLINA STREET GLASGOW
DIAG: OPEN FRACTURE RIGH TIBIA PLUS STAB WOUND TO RIGHT THIGH AND LACERATIONS TO HEAD

This gentleman took his own discharge last week and turned up a clinic today. His leg remains reasonably comfortable. Wounds have healed up well.

I think at this stage we will remove the clips from his head and I will see him in the clinic in one weeks time with an x-ray of his tibia on arrival to check the position and the clips will be removed from his thigh at that stage.

Yours sincerely

Mr P Tansey
Locum Consultant Orthopaedic Surgeon



POSITIVE ABOUT DISABLED PEOPLE

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 50907953W

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCKAY	COLIN 6095	24	05/09/79	03/04/04	08:55	013714/04

Address	Sex	Religion	Date of Inc	Time
76 Collina Street Flat 4B GLASGOW	Male	New Registra	01/04/04	

	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
PC G20 8AU Tel 586 9784	Single -		Other	Walking

GP

Name: Dr MARTIN
Address: MARYHILL HEALTH CEN, 41 SHAWPARK STREET, GLASGOW, G20 9DR, 01415318830
Referred by: Selfref

NEXT OF KIN

Name: MARIE KELLY
Relat: MOTHER
Tel. No.: 945 1373
Address: 4B /76 COLINA ST, GLASGOW, G20 8AU

Complaint:

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time: 08:55
Triage Category: Category 4
Initial Complaint: HEAD INJURY

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Head injury 2/7 prior c/o ongoing headache

X-ray film/ECG shows: Skull Nad

Treatment given: Full exam NAD

D/c c Head injury

GM
AMcM
- 6 APR 2004
SR
AW

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please tick)

Would you please arrange _____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up: Not Arranged _____ Arranged _____ To be arranged _____ IRIS _____

Clinic Referred to	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	Others *(specify)*

Medical Officer's Name *(in BLOCK LETTERS)*: J. MacDonald

Signature of Medical Officer

Cons SpR SHO3 (SHO) JHO Clin Assist ENP *(please circle)*

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL** B

CONSULTANT WEBB	SURNAME MCKAY	HOSPITAL NUMBER	0509796095
HOSPITAL GP WARD MARYHILL HC	FORENAME COLIN	DATE OF BIRTH	05.09.79
DATE 26.01.04 TIME WITHDRAWN 16:15	LABORATORY NUMBER N.04.8301691.S	SEX	M 6095

U Amphetamines	Negative	U Benzodiazepines	Positive
U Methadone	Positive	U Opiates	Negative
U Creatinine	24.8 mmol/L		

Comments & Confirmations

2- FEB

Authorised by Auto Check
Time reported 11:22 Date reported 28.01.04

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS

Western Infirmary

Diagnostic Imaging Report

MCKAY, COLIN

05/09/1979

6095

E-9323416
GENERAL PRACTITIONER
DR RPA LESLIE
Hosp. 50907953W

Collina St, G21

DR GRANT BAXTER

Clinical History : Loss of appetite. Dirty spit. Coarse creps.

CHEST :

Slight dorsal scoliosis. The heart size is within normal limits.

The lung fields are hyperinflated. There are minor left upper lobe changes indicative of previous tuberculous infection.

There is no active focal lung lesion.

Typed By - ANGELA MACAULAY

North Glasgow University Hospitals NHS Trust

24/12/2003 **CHEST**

DR RPA LESLIE, MARYHILL HEALTH CENT, 41 SHAWPARK STREET, GLASGOW



MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name MCKAY COLIN
Address 76 COLLINA STREET
GLASGOW
Investigation Culture
Specimen Sputum

Sex M D.o.B. 05.09.79
Consultant Dr.R.Leslie
CHI No. : 1205

MHC Practice 43311 -GP222
Hosp. No. ZM03301026
Taken : Not known
Received : 24.12.03
Copy for:MHC Practice 43311 -GP222

ORGANISM 1:Streptococcus pneumoniae MODERATE GROWTH

ANTIBIOTICS	
Amp(Amoxicillin)	S
Erythromycin	S
Penicillin	S

Antibiotic named on Request:

Final report

Microbiologists
Dr.C.Ekweozor

Reported 27.12.03

Lab No.
M,03.0104872.D

jobcentreplus

Your reference is JW752095D
Please tell us this number
if you get in touch with us

DR.G.M.MARTIN
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR

Glasgow Maryhill
1455 Maryhill Road
Glasgow
G20 9JA

Phone 0141 5328300
TEXTPHONE for the deaf/hard of hearing ONLY 0141 2254071

Date 17/10/2003
FOR MR COLIN JAMES MCKAY

5/9/79 6095

INFORMATION ABOUT YOUR PATIENT

Name MR COLIN JAMES MCKAY

Address FLAT 4B
76 COLLINA ST.
GLASGOW
G20 8AU

Payment of Incapacity Benefits and the 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 Jobcentre Plus/social security office. It is also published on the DSS website at www.dwp.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

NHS Confidential: Personal data about a patient

FAXED 770 2051 27/8/02.

SPS

SCOTTISH PRISON SERVICE

PLEASE RETURN BY FAX AS SOON AS POSSIBLE

HMP BARLINNIE
ADDICTION CLINIC
Lee Ave.
Riddrie
GlasgowG33 2QX

Telephone: 0141 770 2042
0141 770 2013
Facsimile: 0141 770 ~~2013~~ 2051

Dear Doctor Mclob. Date: 22 · 8 · 02 .

Your patient has recently been admitted to Barlinnie Prison.
He states that you are providing him with a regular Methadone prescription and we would be grateful if you could provide us with confirmatory details of this as soon as possible.
Our confidential fax number is 0141-770-2051.
We would also appreciate any other information you have, such as recent urine test results, indications of recent illicit drug use, relevant medical conditions or prescribed medication.
If you have any queries please feel free to contact the Addictions Nurses. (Tel: No. 0141-770-2423)

PRISONER NAME: Colin McKay **D.O.B** 5.9.79 **NO.** 17345 (6095)

HOME ADDRESS: 76 Kollina St f/6, Maryhill.

PRESCRIBER NAME/ADDRESS:

Methadone Dose 30ml **Daily supervised dispensing** YES / NO

Treatment Plan (Maintenance/Decreasing etc.) coming for maintenance.

Progress Report only just released from prison.

Other Medication

Do you agree to continue Methadone on release from prison YES / NO

Additional information/ urine test results etc.

Doctor/Case Worker's Signature

Yours sincerely

Eleanor Mallon/Rhona Parlane
Addiction Nurses

23-AUG-2002 10:17 FROM:JULIE FERGUSON/BARLI 01417706013 TO:95318863 P:1

NHS Confidential: Personal data about a patient

FAXED 25/7/02

SPS

SCOTTISH PRISON SERVICE

PLEASE RETURN BY FAX AS SOON AS POSSIBLE

CH1 6267

HMP BARLINNIE
ADDICTION CLINIC
Lee Ave.
Riddrie
GlasgowG33 2QX

Telephone: 0141 770 2042
0141 770 2013
Facsimile: 0141 770 ~~2013~~ 2051

Dear Doctor Dr Webb

Date: 25-7-02

Your patient has recently been admitted to Barlinnie Prison.
He states that you are providing him with a regular Methadone prescription and we would be grateful if you could provide us with confirmatory details of this **as soon as possible.**
Our confidential fax number is 0141-770-2051.
We would also appreciate any other information you have, such as recent urine test results, indications of recent illicit drug use, relevant medical conditions or prescribed medication.
If you have any queries please feel free to contact the Addictions Nurses. (Tel. No. 0141-770-2423)

PRISONER NAME: Colin McKay **D.O.B** 5/9/79 **NO.** 17345

HOME ADDRESS: 6(B 76 Colbert St, Glasgow

PRESCRIBER NAME/ADDRESS: DR A. WEBB, Maryhill HC, Glasgow

Methadone Dose 30ml **Daily supervised dispensing** YES / NO

Treatment Plan (Maintenance /Decreasing etc.) increasing

Progress Report only just started - 17.7.02

Other Medication

Do you agree to continue Methadone on release from prison YES / NO

Additional information/ urine test results etc. Hep B immunised.

Doctor/Case Worker's Signature

Yours sincerely

Eleanor Mallon/Rhona Parlane
Addiction Nurses

Malon.

25-JUL-2002 12:10 FROM:JULIE FERGUSON/BARLI 01417702013 TO:95318863 P:1

NHS Confidential: Personal data about a patient

benefits agency

An Executive Agency of the Department of Social Security

Your reference is JW752095D
Please tell us this number if you get in touch with us

DR.G.M.MARTIN
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR

Glasgow Maryhill
1455 Maryhill Road
Glasgow
G20 9JA

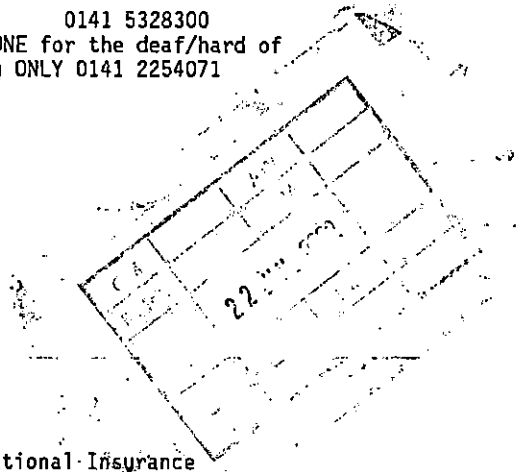
Phone 0141 5328300
TEXTPHONE for the deaf/hard of hearing ONLY 0141 2254071

Date 18/07/2002
FOR MR COLIN JAMES MCKAY

INFORMATION ABOUT YOUR PATIENT

Name MR COLIN JAMES MCKAY
5/9/79
6095

Address FLAT 4B
76 COLLINA ST.
GLASGOW
G20 8AU



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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

NHS Confidential: Personal data about a patient

IB113-DLS

Office stamp

MEDICAL SERVICES
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7BN
TEL. No. 0141-249-3800

Incapacity for work

Dr Mc CARTNEY
MARYHILL HEALTH CENTRE
41 SHANPARK ST
GLASGOW
G20

Our phone number is
Code Number Ext 3612

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number

Date
1 24 JUN 2002

About your patient

Surname MCKAY
Other names COLIN
NI number JW 75 20 95 D
Date of birth 5/9/79

Address FLAT 4/B
76 COLLINS ST
GLASGOW

Postcode G20

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

On behalf of the Manager
For the Medical Officer

For official use	
DO	Ref type
0611	SC
First day of incapacity	
/	/

NHS Confidential: Personal data about a patient

About your patient - continued

Your reply to the Medical Services doctor

Please answer the following questions from information which is currently available to you.

1. Date patient was last seen or examined for the condition(s) causing incapacity.

5-7-07

2. Diagnosis of all relevant conditions and date(s) of onset.

opiate dependency
epilepsy

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.

please could you comment on epilepsy control. Thanks.

continuing methadone programme

seizures well controlled - on epilim 600mg bd

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.

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 medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

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.

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 I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 10 / 7 / 02

Doctor's stamp

NHS Confidential: Personal data about a patient

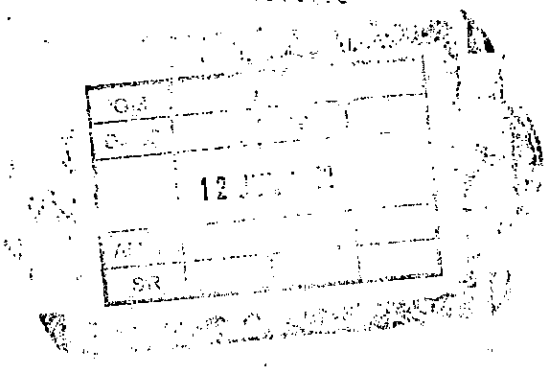
BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT A WEBB	SURNAME MCKAY	HOSPITAL NUMBER	ZC0210284
HOSPITAL GP WARD MARYHILL HC	FORENAME COLIN	DATE OF BIRTH	05.09.79
DATE 08.07.02 TIME WITHDRAWN 14:19	LABORATORY NUMBER 8010788	SEX	M

6095

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Creatinine	15.9 mmol/L		



Comments & Confirmations
Confirmation by GCMS:
Codeine and morphine detected

Authorised by Auto Check
Time reported 12:52 Date reported 09.07.02

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

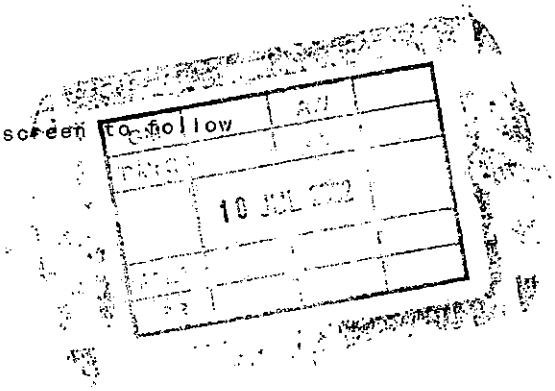
BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL B

CONSULTANT A WEBB	SURNAME MCKAY	HOSPITAL NUMBER	ZC0210284
HOSPITAL GP WARD MARYHILL HC	FORENAME COLIN	DATE OF BIRTH	05.09.79
DATE 08.07.02 TIME WITHDRAWN 14:19	LABORATORY NUMBER 8010788	SEX	M

U Amphetamines	Negative	U Benzodiazepine	Positive
U Methadone	Positive	U Opiates	Positive
U Creatinine	15.9 mmol/L		

Comments & Confirmations
Confirmation of positive opiates screen to follow



Authorised by Auto Check
Time reported 16:22 Date reported 08.07.02

[redacted]

Drugs of Abuse

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

SPS SCOTTISH PRISON SERVICE

SPS HEALTH CARE RECORDS: DISCHARGE SUMMARY

Dear Dr. ..... (Insert G.P. Name)

Establishment: HMP BARLINNIE
Address:

Telephone Number:
Health Centre Fax Number:

Patient Name: COLIN MCKAY
Date of Birth: 5.9.79 6095
Home Address:

22 MAR 2002

Prison Medical Officer (BLOCK CAPS)
J P KANE
Signature: .....
Date: 19.3.02

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

1. Epilepsy — Date of onset / / Active/No
2. Lyme disease — 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. 21/9/99 2. 15/12/99 3. / / 4. / /
Next Dose Due: .....

Outstanding OPD Appointment Yes/No
Copy of Card Enclosed Yes/No

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

MEDICINE (BLOCK CAPS)	Dosage Form e.g. Tablets	Dose	Frequency of Administration	No. of Days supply to be dispensed	Additional Information	Quantity, Name & Strength supplied by pharmacy

Dispensed by .....Checked by .....Date Dispensed .....

Additional Comments:

Top-Pharmacy, Pink-GP, White-Medical Record, Blue-Patient

NHS Confidential: Personal data about a patient

EPILEPSY UNIT
University Department of Medicine and Therapeutics
Western Infirmary, Glasgow G11 6NT

Referrals accepted for:

Epilepsy Clinic	Teenager Service
Seizure Clinic	Review Service
Nurse Specialist Clinic	Motherhood Programme
Elderly Programme	Learning Disability Service

☎Patient services	: 0141 211 2534
☎Dedicated fax	: 0141 211 2072
☎Clinical advice hotline	: 0141 211 2133
☎Nurse Specialist	: 0141 211 2606

MJB/ED

PROFESSOR BRODIE'S EPILEPSY CLINIC

27th February 2002

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Dear Dr Martin

6095

Colin McKAY 4B 76 Collina Street Glasgow G20
d.o.b. 5.9.79 (Hosp No 907953)

The above patient failed to attend his Epilepsy Clinic appointments on Tuesday 23rd October, Tuesday 8th January and on Tuesday 26th February 2002. As the clinic is very busy at present, no further appointment has been arranged. Please refer him back should you manage to persuade him to attend.

Yours sincerely

EDempsey

pp Martin J. Brodie
Professor of Medicine and Clinical Pharmacology
Director, Epilepsy Unit

NHS Confidential: Personal data about a patient

Professor Martin J Brodie
Clinical and Research Director

MJB/MD

UNIVERSITY of GLASGOW

Date 23.10.01

Dear Dr. Martin

re [redacted] ..... **Hosp No:** .....

907953 6095
MCKAY COLIN .....
4B 776 COLINA ST M
GLASGOW 05/09/79 .....
G20 8AU
G.P.Prac. 43311
.....

The above patient has failed to attend the Epilepsy/Seizure Clinic on one occasion. A further appointment has been sent.

Yours sincerely

C. Read

Martin J Brodie
Professor of Medicine and Clinical Pharmacology
Director, Epilepsy Unit

pp

GM		AW	
DMcC		HM	
	25 OCT 2001		
AMcH		PM	
CR			

Epilepsy Unit
Department of Medicine & Therapeutics
Western Infirmary, Glasgow G11 6NT, Scotland
Telephone: 0141-211 2572 *Secretary:* 0141-211 2534 *International Dialing Code:* (44 141)
Fax: 0141-334 9329 *E-mail:* Martin.J.Brodie@clinmed.gla.ac.uk

NHS Confidential: Personal data about a patient

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: POSSILPARK HEALTH CENTRE
Consultant: DR WYLIE
Speciality Clinic: DRUG ADDICTION CLINIC
Hospital No:
Patient Attended Hospital Before
Name of Hospital
Year of Attendance
If patients name or address has changed since -

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@643311.glasgow-hb.scot.nhs.uk

Practice Code: 43011 GP Identifier G08940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname MCKAY Title: MR
Forename: COLIN Sex M
Date of Birth: 05/09/79 CHI No: 6095

Patient Address: 4B, 76 COLLINA STREET
GLASGOW
Post Code G20
Telephone No:

CLINICAL DETAILS Routine ☒ Soon ☐ Urgent ☐

Reason For Referral -

History of presenting complaint:

Dear Doctor,

I would be most grateful if you would see this 22 year old drug abuser who is currently spending £50-£60 daily on Heroin which he is smoking.

He was referred to the service earlier this year but did not go because he assumed that he would be put on to Methadone and he did not want this. He failed to attend partly because of this and partly because he was in jail at the time.

He insists he will attend any further referral and I would be grateful if you would send him an appointment.

Yours faithfully,

DR GORDON MARTIN

Past Medical History	Medication

Other Comments:	Signature: Date: 04/10/01

MARYHILL & WOODSIDE LHCC

NHS Confidential: Personal data about a patient

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: WESTERN INFIRMARY
Consultant: PROFESSOR BRODIE
Speciality Clinic: EPILEPSY
Has Patient Attended Hospital before: Yes
Name of Hospital: GARTNAVEL
Hospital Number: 907953
Year of Attendance: 1992
If patients name or address has changed since –

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43311 GP Identifier 608940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname: **McKay** Title: Mr
Forename: **Colin** Sex: M
Date of Birth: 05/09/79 CHI No: 6095

Patient Address: **4B 76 Collina Street**
Glasgow
Post Code: G20
Telephone No: 586 9784

CLINICAL DETAILS Routine ☐ Soon ☐ Urgent ☐

Reason For Referral –

History of presenting complaint:

I would be much obliged if you could see this gentleman who is nearly 22. He has been diagnosed as having epilepsy and is on Epilim. He did attend your clinic in May 1999 but was unco-operative at this time. He is complaining of more frequent seizures over the last month. However he tells me that he sometimes forgets to take the Epilim. He is also continuing to use heroin, smoking approximately £50 worth daily. I am sure his uncontrolled epilepsy is probably due to poor compliance with his Epilim Chrono 300mgs bd. However he also complains of a few months history of what he describes as "muscular jerks" while at rest. There appears to be no other neurological symptoms and neurological examination was unremarkable. I wonder whether this should be further investigated and Colin is keen to speak with yourself about it.

I am much obliged with you further input in his care.

Dr Molloy
GP Locum

Past Medical History	Medication

Other Comments:	Signature: Date: 27.8.01

MARYHILL & WOODSIDE LHCC

File Identification Page



Name: MCKAY, COLIN

CHI No: 0509796095

MALE.
~~FEMALE~~

SURNAME (BLOCK LETTERS) Ø
TITLE (Mrs, Miss) McKAY

OCCUPATION

FORENAMES (BLOCK LETTERS)
COLIN 5

PHONE NUMBER
~~586~~ 9784

17345

McKay, Colin
0509796095

DATE OF BIRTH			N.H.S. NUMBER 0775187352G
5.9.79 6095	SINGLE		~~2879~~ 615/79/558 ~~0773245262D~~ CHI: 6095
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES .....

SPECIAL HAZARDS .....

ADDRESS 4B	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 76 COLLINA ST			Dr. D McCartney	
2. ~~14 220 Hoskins~~ R Co				
3. 4B 76 Collins St		Co		
4. THE HEALTH CENTRE P.O. BOX 26210 KILMARNOCK KA1 9EW			A. PAVLINA.	AB39 05/10
5. THE HEALTH CENTRE P.O. BOX 19605 GREENOCK PA15 9ET			Dr. 3139	DH 24/1/19

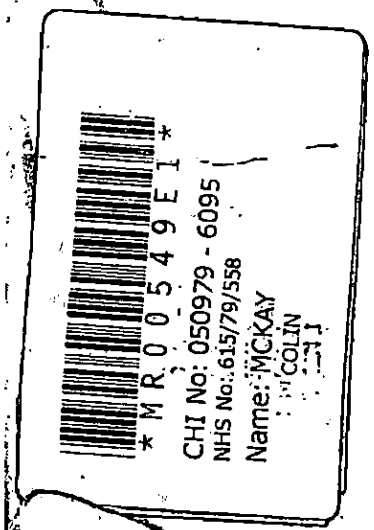
Cause of Death
(1) CVS
(2) .....

355—2090

Dd 8391961 100M 7/95 (095527)

Form GP 111A (Rev. 5/87)

DMcC



G.P.111.

HYPER-SENSITIVITIES

NKDA 19/8/09.

Occupation		Date

Blood Group	FORM GP 111E

Printed for HMSO Scotland Dd:8391955 C4000 3/95 47966

Dr Webb 770 2423

Edin McKay

S.9.79

770-2000



Nexium®

esomeprazole

Robert Taylor
SOLICITORS & NOTARIES

ROBERT TAYLOR, LL.B., N.P.
HOME TEL. NO. 943 1058

THIRD FLOOR, 102 BATH STREET, GLASGOW G2 2EN **Telephone: 0141-332 9001**
LP-5 GLASGOW 1 **Fax: 0141-332 9039**

8th July 2004 RT/SMG

Dr. Webb
Maryhill Health Centre
41 Shawpark Street
Maryhill
G20

Dear Dr. Webb,

Re: Our Client: Colin McKay DOB 5/9/79

We act on behalf of the above named with regard to matters at Glasgow Sheriff Court. Our client failed to attend at Court in relation to a Diet which was down for Deferred Sentence 18th June 2004. Our client advises us that because of his recent drug problem and further treatment, he has become a bit confused and has difficulty in relation to remembering dates.

For your attention we attach herewith a Mandate. We wonder if you could give us a short report confirming whether or not our client is receiving treatment and whether this would affect his memory regarding his dates.

Yours faithfully

Robert Taylor
Solicitor

MANDATE

I, Colin McKay, DOB 5/9/79,

Presently of 4B, 75 Collina Street, Maryhill, Glasgow, hereby authorise and instruct you to pass over details in relation to my Medical Reports to ROBERT TAYLOR, Solicitor, of 102 Bath Street, Glasgow, G2 2EN.

X C McKay X

PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer

Please enter the Practice Stamp in the

Forename Colin

Surname McKay

CHI No 0509796095
(please note the full CHI No)

THE MARYHILL RED PRACTICE
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR
Tel 0141 531 6020 Fax 0141 531 [illegible]

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

The Patient Summary is:

Scanned into Docman ☑ Within the Paper Record ☐ Attached (only docum

Does the patient have Docman images:

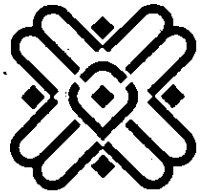
Yes, already transferred ☑ To be transferred ☐ NB tell

Maryhill Health Centre

red area

house calls & enquiries
☎ 531 8897
appointments only
☎ 531 8830
fax
☎ 531 8863

41 Shawpark Street Glasgow G20 9DR



- Dr Gordon Martin MB ChB DRCOG MRCGP
- Dr David McCartney MB ChB DRCOG MRCGP
- Dr Avril McMillan MB ChB DRCOG MRCGP
- Dr Susanne Russell MB ChB MRCGP DFM
- Dr Alasdair Webb BSc MBChB MRCGP DGM DRCOG DFFP

HEALTH CENTRE

TREATMENT CARD

NAME: Colin McKay D.O.B. 5/9/79 | DIAGNOSIS:

ADDRESS: 76 Collins St. | DOCTOR'S SIGNATURE:

DATE	TREATMENT	PROGRESS NOTES	NURSES INITIALS
24/7/97	Tetanus booster mg R		
24/7/97	tetanus 0.5ml booster given 9th LOT E6014 Dose 7/98 R/B		

0195172

MALE

14/132

DATE OF BIRTH – SERIAL No.

MCKAY	5.9.79	6095

COLIN J.

615/79/558

MACLAY HALLS
18 PARK TERR
GLASGOW G3 6BX

DR. D. J. MCCARTNEY

DATE 19.12.95G

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)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

SURNAME	CHRISTIAN NAMES	355 2038 OCCUPATION	SURNAME
MCKAY	COLIN		

National Health Service Number	Single / Married / Widowed	Date of Birth				(Note changes and insert year of change)
615 / 79 / 5558			05	09	79	19.....

Address (1)	Name of Practitioner	Executive Council Cipher — Date	
GEILSLAND SCHOOL BRITH	DR DA PEPPIE	A 7/4/95	19.....
			19.....
(2)	(2)	(2)	Died ..... 19.....
(3)	(3)	(3)	CAUSE OF DEATH 1. 2.
(4)	(4)	(4)	

Signature of Practitioner

Form GP.5B (Scotland) — MALE

CHRISTIAN NAMES

IMMUNISATIONS AND

	Date
Diphtheria	
Pertussis	
Tetanus Toxoid.	
Serum	
Poliomyelitis	
Others	

MAJOR ALLERGIES AND NOTES

VACCINATIONS

Smallpox	Date	Result

Tuberculin Test Method	Date.	Result

B.C.G.	Date	Result

Rh. Factor	Date	Blood Group

OF ANY SERUM ADMINISTRATION

Dd:8373636 C100 10/94 47996

SURNAME (BLOCK LETTERS)	MALE
TITLE McKAY	OCCUPATION
FORENAMES (BLOCK LETTERS) COLIN	PHONE NUMBER

DATE OF BIRTH			N.H.S. NUMBER
CH1 3479 C095. 05/09/79	SINGLE		615.99.558
	MARRIED (DATE)		
	DIVORCED (DATE)		
	WIDOWED (DATE)		

ALLERGIES .....

SPECIAL HAZARDS .....

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. GEILSLAND SCHOOL BEITH. KA15 1HD.			D.A.PEGGIE	A 7/4/95
2. 48 76 Collina St Glasgow G20 8AU.			D.J. McCartney	G 30 APR 1996
3.				
4.				
5.				

Please insert in A4/~~MRE~~ already held

Cause of Death

(1) .....

(2) .....

Dd 8435611 C2000 12/92 Ed(206512)

Form GP IIIB (Rev. 5/87)

355—2091

SURNAME	CHRISTIAN NAMES
McKAY.	COLIN J.

National Health Service Number	Single / Married / Widowed	Date of Birth			
615: 79: 558			5	9	79.

Address (1)	Name of Practitioner	Executive Council Cipher — Date
Flat 4B. 76 Collins Street 3020	A. J. M. Moran	G 28 SEP 1979
(2)	(2)	(2)

MALE

SURNAME	CHRISTIAN NAMES
N. Kay 4/B	COLIN

ADDRESS	Date of Birth
48 76 COLLINA ST GO	5 9 79

DATE	*C *F.	CLINICAL NOTES	DIAGNOSIS
27/5/79		(1) Small Sebaceous nævi L Jaw (2) Bilateral Lower melanosis.	
		Explored Rt Lower Lid —	
28/8/79		Rt. Eye Tr. Pendrin drops (To Hosp to Surg)	
25/11/79		Rt Lower Lid Pale Papule Anaem Mucosa. Excised	
		Pathology Report	
17/3/80		Pendrine pen drops Upper lip colour +	
5/5/80		D.N.	w/ Rt Parotid
		Small (1) Lower	L Sup Preauricular
			62.5
8/5/80		D.N. yes. →	Pendrill
19/6/80		D.N. ? Lid tag Cyst in Eye	
25/6/80		Erythroplasia 12 o'clock Rt Lower Lid.	
		Pathology report	
27/7/80		Case	L Erythroplasia
11/7/80		4 M	L Sup Pre Auricular 62.5
11/8/80		1 Otc	L Sup Pre Auricular Erythroplasia

* 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

53-2126 9/78 612915 F. & S. Ltd.

FORM G.P. 7
(Scotland)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/11/80		Pharyngo-laryngitis HS	
6/11/80		Pharyngo-laryngitis HS Blood for culture.	
24/8/81		Elec pharyngitis	
7/9/81		? peri (R) tonsillar abscess	
29/8/81		working (throat) Antibiotic elixir	
27/11/82		Elixir pharyngitis	
1/6/83		Balanitis. Penicillin & Benzyl penicillin	
28/5/84		Elixir pharyngitis	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MALE

SURNAME N. Kay. | CHRISTIAN NAMES Colin

ADDRESS 76 Collins St G20 - | Date of Birth 5 9 79

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
19/3/79		[illegible]	
8/1/80		D.N.A for immunisation	

* 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)

402400 200M 9/76 J&GI 259

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

MARYHILL HEALTH CENTRE

TREATMENT CARD UNIT NO.

NAME: COLIN McKAY D.O.B. 5/9/79 PRACTICE

ADDRESS: 76 COLLINA ST Dr McEnery (RED)

DATE	TREATMENT	SIGNATURE
1/8/86		
7/9/93	Double Subgenip To L knee Size 'C' applied	[illegible]

JMcC/12174

DATE	TREATMENT:	SIGNATURE:

MALE

	DATE OF BIRTH	SERIAL No.
MCKAY.	05/09/79	3479

COLIN

GEILSLAND SCHOOL
BEITH
KA15 1HD

DR. D A PEGGIE

DATE 07/04/95 A.

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)

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.

N/P.

MALE | SURNAME: McKAY | CHRISTIAN NAMES: COLIN

ADDRESS: GEILSLAND SCHOOL. BATH | Date of Birth: 8 S | 9 | 79

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		Reg. + Full Medical	
310395		N/P on a Geilsland	
		medical	

* 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. 7 (Scotland) CODE 355-2044

Printed in Scotland for HMSO Dd8373620 M180 3/94 25364

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

POSSILPARK HEALTH CENTRE

85 DENMARK STREET,
GLASGOW, G22 5EG.
Telephone: 041-336 5311

Colin McKay
2. 9. 86

Dear Dr. Moran,

Please prescribe ½% Ephedrine nose drops for this child who has serous otitis media.

Yours Sincerely

(ENT Consultant)

NEW PATIENT SCREENING RECORD

BMI :

Name	Colin M'Kay. Geilsland School Beith
Address	
Tel. No.	
D.O.B.	050979
Occupation	schoolboy
Marital Status	S

Weight	5'8"
Height	8st 7lb.
B.P.	98 [illegible]/70
Urine Test	
Cervical Smear	
Contraception	
Flu Vac	

Do you suffer from any of the following:

	YES	NO	FAMILY
Epilepsy		✓	
Asthma		✓	
High Blood Pressure		✓	
Heart Disease		✓	NO FH HEART/ STROKE
Inherited Diseases		✓	
Diabetes		✓	
Allergies	CATS		

Medical History Past/Present

nil of note

Any Hospital Admissions

Head injury - eyes eye.

Childhood Illnesses

	YES	NO
Measles		✓
Rubella		✓
Chickenpox	✓	
Others		✓

Drug Therapy

no

Immunizations

	YES	NO
Dip/Tet/Pert		
Dip/Tet	UP TO	
Polio	MADE AS	
MMR	FAR AS	
Tetanus	KNOWN	
Rubella		
Typhoid		
Cholera		
Hep. B. Vac		

Exercise	little
Smoking	no ; never
Alcohol	none

Date Screened : 310395

National Health Service Number

Surname (Block Letters): McKay

Forenames (Block Letters): Colin

Address: 76 Collins St

Date of Birth: 5/9/79

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Date	
	NIL OF NOTE 1996.
10·11·97	COLLAPSE ⇒ 6X DIAZEPAM 10mg "TO GET A BUZZ" (1B65)
5·12·97	GRAND MAL SEIZURES (F7510)
	? CARDIORESPIRATORY ARREST FOLLOWING RECTAL DIAZEPAM (G575)
29/11/98	Hyperventilation ± carpopedal spasm
11/1/99	Epilepsy.
25/9/99	Epileptic seizure
3/1/01	Heroin addiction (smoker)
10/1/01	Seizure (grand mal)
17/4/01	" Summarised 29/7/01

Form GP111G 355—2096

Dd 8277740 500M 7/92 Ed(202406)

Date	*	
27/8/85		Generally unwell. Recurrent colds. Feverish at night. Not eating. Not coughing. O/E. oral thrush. Nystan oral susp+. Calpol paed susp^n. Fluids. See 29/8/85.
10/1/86		Eyes sore streaming. Ac Phenergan Syrup started
26/2/86		Coughing. Chest clear. Upper respiratory tract infection. Amoxil Syrup 125mg TDS x 10/7. Steam inhalations. Phenergan Syrup nocte.
12/5/86		Rubipen. 10ml dose of 7 days (also to Brook clinic)
30/6/86 / 1/7/86		Pet ? Anaemia. Refer for Heinz bodies.
4/7/86		Sylvia clinic HS. Swab bad throat 10 days (Lyn Hall clinic)
		HS 11.3 PCV 0.39 MCH 27 MCHC 34
7/7/86		Amoxil 125mg 8/24 for 10/7. Throat swabs. Throat appears normal
1/8/86		Swab taken (R) tonsil. Chest Brook clinic
27/8/86		Fell on (R) side of head last night. Complained of pain in (R) ear during night. O/E. No bruising or tenderness of head. (R) ear drum obscured by wax. ? (R) otitis media. Amoxil 125mg/5ml 8/24. 10ml 7 days.
3/9/86		Ephedrine 0.5%. 10ml.
24/9/86		Oxymetazoline in Nostrils clear
21/9/87		Eyes sore for weeks + Coughing. Cough. Has asthma
5/10/87		Fell off swing and struck back of head last night. No loss of consciousness or vomiting. Today c/o pain back of head, upper back & upper chest.

* This column has been provided for doctors to enter A, V or C at their discretion

O/E Alert Orientated. No neck stiffness. PUPILS ER LA. Fundi NAD. Slight local tenderness (L) post parietal area.

W.P. 613662 12/78

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
McKay	COLIN	5-9-79

Address: 43 76 Collins St

Date	*	
		Adw. Soluble Paracetamol.
		– For FBC & U/Lyte next week. Previous U/45.
29/10/87.		Anaemic Normochromic. Diet is poor, but bowels adequate.
		4'3" 22½ kg Burning cases
		No lymphadenopathy Pale. Chest clear. (R) kidney palp Liver spur palp. Nil else.
		Ref to Yorkhill for investigation anaemia
19/11/87.		Letter awaited, Dietary cause expected. apt
11/12/87.		To have Sytron for 2-3 months. appt
28/3/88		Conjunctivitis – treated c Bolene – Oc chloramycetin
18/6/88		? Small piece of grit ped of (R) foot – Right groin gland. – Dressing Adv Leave tet vaccine at school See Thursday 2 days Bro
22/8/88.		Whitlow → c lymph gland → Tuberculous synovitis – see 7/52 if gland still present
13 MAR 1989		cough – nasal discharge – both hands sore – dirt –
18/4/89		Apparently fallen & bruised eye. conjunctiva & lids clear. Chondroma Throat ok. Amoxycillin 250mg TDS 100 ml
12/12/89		DNA.
15/1/90		Letter re letting worker know re meds re Influenza Injection
		Ht 3' 29 Kg Wt 13 st 8 lb
		Nurse Sig Next Tetanus Booster 10
		Due to be Given at School Clinic

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Now Contacting. Was allergic to NDM ? Meningo Recently

Date	*	
		Check teeth brush Known first TD Diet 2-3/52 Does not eat dairy produce
4/1/90		DNA Teeth WF (normal)
5/4/90		Eyes C has other family Constantly. Note Sight Coloproptic loo FSE repeat. Trihexy 5mg BD Refraction spray loo 2/52
29/1/91		① Rampal heels several weeks. OK Pain over calcaneus ? blackened bone ? due to footwear Chiropody felt. Emulsifying ointment. ② Wart on finger. Duofilm. Wart + palmar/digital thumb. Efflorescent 500g/5ml 100ml bottle set. See re heels if necessary
13/3/91		Irony now eyes Chloramphenicol Eye Oint ONE
20/5/91		Mother concerned : perennial rhinitis No epistaxis d hay fever season No dermatitis pets Father has similar problem Has used Nyrcomb Spray & effect also known Trihex : apparently not effective Referred Never used eye drops No Wheezing Hodgson Green

*This column has been provided for doctors to enter A, V or C at their discretion

Mother was referred for allergy testing :—
Allergy clinic Royal Liverpool Hospital

8928360 750M 8/88 27219

(3) Refraction (60) Intestinal worm
Otrivin eye drops not available at present
NB Otrivine nasal eye drops + drop mix
Decrease spray Eye Pharmacy

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McKay

Forenames (Block Letters): Colin

Address

Date of Birth

Date	*	
22/10/91		Wart Clinic Ung Nz applied
17/12/91		(1) Painful heels. Tender +++. Δ Plantar fasciitis. Rx Brufen 200mg TTD. 2/52 May need xrays. (2) Cold. Congest. Cough. Sore throat. O/E Temp - nad. Glands. Chest clear. Rx Codipront linctus 5ml QID.
		(5) Persistent rhinitis. Did not receive appt for Allergy clinic. Re-refer.
18/9/92		See above. Pain is more down the achilles tendon. Now he has a tenderness of the achilles tendon 2° to his ~~back~~ training shoes. NSAIDs or I/F. Re chronic + ~~foot~~ - normal.
8/1/93		Skin is Rx. Lycclear. dermal wart.
27-8-93		Diarrhoea for 4 days, feeling sleepy No vomiting. No past hist No blood; ~~no~~ slimy Still eating, Occas pains For faeces sample. O/E Abdo soft not mass. Bowel sounds ++ normal For faeces sample. Advised re fluid. imp. Viral Gastroenteritis No FH of colitis GB
4/9/93	Sally	2/52 age injured (L) knee. Now ++ pain at insertion of patellar tendon. Swollen. Full flex knee. Effusion. Med/lat collateral intact. Cruciates intact. Imp Soft tissue injury. Progress review in 2-3 days.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	
7/9/93	E	hurt L knee twisted at rugby inflam TR for subsequ for test. Brufen 200 x 60. nd
30.3.94		Sore throat since 2/7 worse with swallowing NO cough one inframandibular/enlarged tonsils R Pen V. 250mg qid (28)
4/7/97	(E)	Bitten by dog on forehead ~1/52 ago. Pt inflicted area around bite looks superficial.
		R Herpes Zoster finished tabs x10
21.8.98		35 minutes late. Made new appt.
24.8.98		DNA
21/9/98	Td	- His mother phoned - his lawyer wants a letter by today re his condition - Given practice fax no — advised to drop us a letter re this + include a signed mandate from patient See WCH Apr letter - Mother asked to get a signed mandate from patient allowing us to give her details re his health so we can make sure he is being referred (correctly in fact)
14/1/99		- 5-6 grand mal seizures - Rx past 15/12 - Recently restarted on keppra 1000mg BD. Not happy with this previously and he's never taken any drug for more than a week or so Plan - Stop keppra - start Epil.m 200mg B.D ↑ to 400mg BD by 1/52 - 4/52 epilepsy SRE 4/52.
1/2/99		DNA
4.5.99		DNA.
12/5/99		DNA x4 out of 5 — letter
19/5/99		DNA - ? ~~Reason~~ — see letter.
21/5/99		DNA - (turned up very late) Make appt to discuss

*This column has been provided for doctors to enter A,V or C at their discretion

25/5/99 Still having fits every 2/52. Having s/e on medication and don't take any. Discuss epilepsy clinic because of this. Try phenytoin 100mg. Taper off at 1/52 → 200mg bd. See 3/52 - 3/52 epilepsy clinic. Hit miss as possible 3/52 appt minimally today RS - will discuss with consultant

Dd 8267270 7500M 9/90 Ed(282873)

National Health Service Number

Surname (Block Letters): McKay

Forenames (Block Letters): Colin

CLINICAL NOTES

Address: 220 Shuslane Dr. G20

Date of Birth: 5/9/79

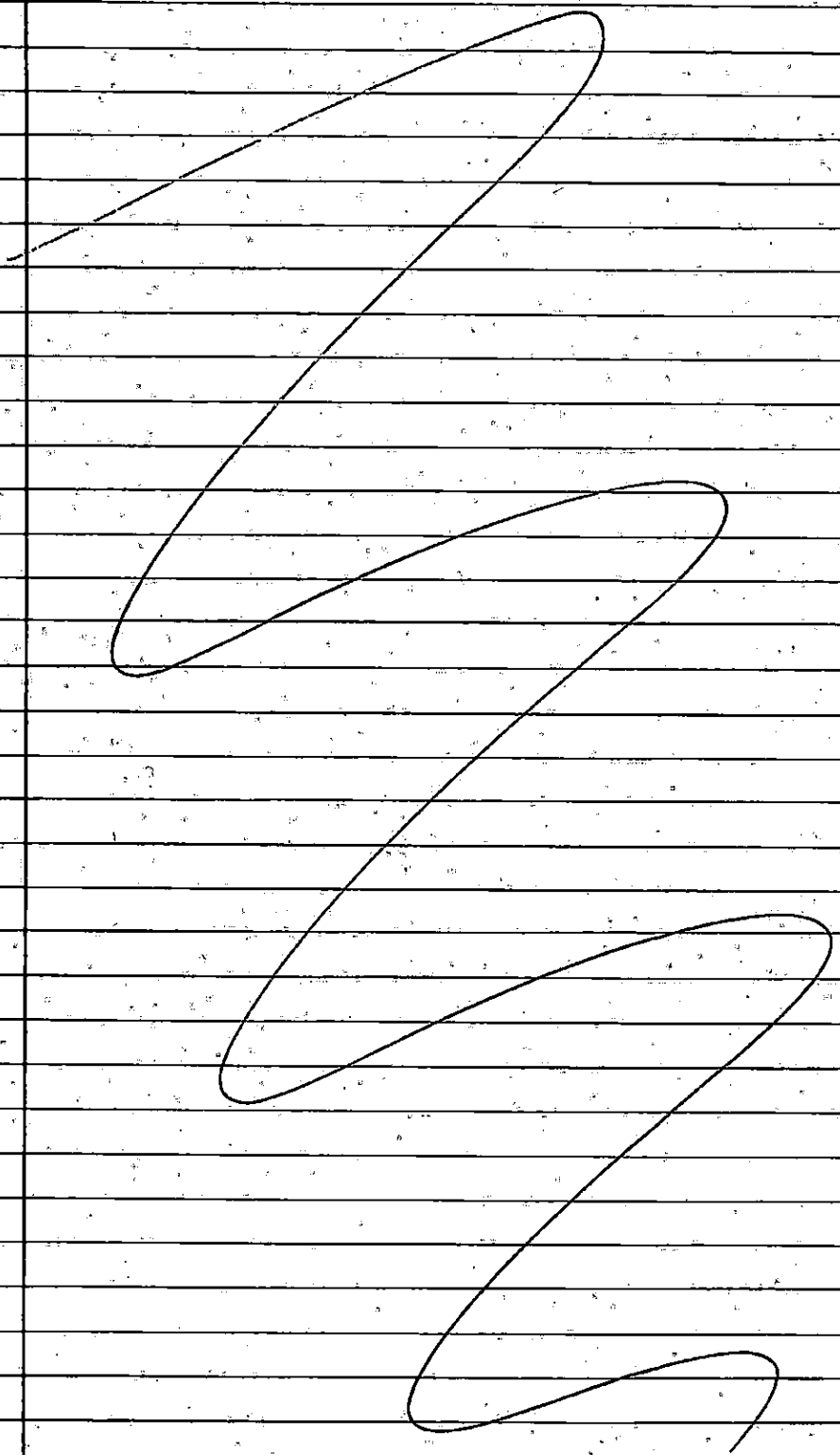
Date	*	
22/11/00		Grandmother seizure on 20/11. Had stopped medication. Had been whilst in prison (epil.-) + had OK => Referral (chronic) to 2nd (Foot ↓ 1 mnth). — See 7/12
		4/12 epilepsy D/O 15 29/10
15/12/00		DNB — letter.
10/1/01	V	Had grandmal seizure about 1hr 30 mins ago.
6.2pm		Fell to ground + smack head. witnessed by friend. (Ambulance/friends took at 16 Shawpark St).
		N ow fully conscious.
		Abuses heroin. (smokes it): about £40 to £50 worth pr day: vomits several times pr day for 3 weeks.
		Family unaware of drug 'problem'. Last smoked heroin last sun.
		Says he has not missed any Epilim (but R should have run out on 20/12/00) and that he still had Epilim tabs.
		N ow fully conscious. PERL. Afebrile P 72 BP 118/80.
		Orientated.
		Swelling on (R) parietal area scalp.
		Abd. NAD. Chest clear.
		In view of mixed picture of epilepsy + drug abuse, I recommended hospital assessment today: categorically refused to go. Advised to make surgery appt re drug problem
11/1/01.		— See 10/1/01
		— Intermittent drug use for 2 yrs. Smoking daily ≥ 2/12. (out of jail for 12/12)
		— Smoking ≥ £40 of Heroin daily. ~~Another drug use exist~~ also at times using eg. DHC, diazepam. No h/o injection.
		Bit tongue during a fit on 10/12 — ? daily injection

*This column has been provided for doctors to enter A, V or C at their discretion

Re Clonazolam 575 Con

FORM GP111F
355 2095

Date	*	



*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO, Dd.J17460 ,03/98, R.P.(53791)

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McKAY.

Forenames (Block Letters): Colin

Address: 48 76 Collina St.

Date of Birth: 5/9/79.

Date	*	
28/12/00		- On epilim Epilepsy (poor lead in jury) - 4-5yrs. Needs card., rpt script. - Smoking heroin 2½g/day (£50-60) Wants to stop. → Refer CDPS.
30/1/01		- Rec ND B/o to 24/1 - awaiting appt at CDPS next week
17/4/01		- Had seizure this morning am. - last seizure was Tuesday. - when lying in bed having fitting in bed - has not had 2 seizures in one week for long time - feels memory not so good - ran out of epilepsy tabs - last script on computer Nov 2000 - Sick line run on 28/3. - has not been taking own epilepsy plan restart medication keep note of seizures check blood levels next time
22/6/01		Still last night witnessed by Mum talking to me again last night Another episode / missing 1051 - 6/12 Short term

*This column has been provided for doctors to enter A, V or C at their discretion

Smoking heroin daily missed Mirtazapine x weeks

? Seizure frequency 5-3/wk - ran out

Pupils - unchanged - equal P 80 BP 118/60

FORM GP111F
355 2095

Date	*	
		Missed LPPI meeting - ? motivation regarding PHE Right temporal epilepsy ? 100 1 → 2/52 (28) IIV (2/52) and ? epilepsy / drug abuse
24/8/01		C/o several seizures this wk and few with Hx muscular jerks at rest Still using heroin Forgetting to take medication - feels that unsteady poss °other seizure types °depressive sympt O/E CNS intact. Tremulous NAD. TPR(N) looks well Epilepsy uncontrolled - probably compliance related. ? myoclonic jerks Unclear referred to specialist Refer Optimised epilim Reduce compliance + ? heroin (Allcutt Dr)
1/10/01	(ex)	- Turned up asking to be seen - Grand mal seizures - has had 3 in the past 8/7 (prior to this ± 1/wk) - has appt for 2-3/52 at epilepsy clinic at WIC Says he's been taking the tablets faithfully + has missed appts only occasionally Current dose 300mg - compliance says + 30 he says + TID ↑ to 200 + 300 at 1/52 having had 1/52 of 300mg TID + 200mg + Daily RTC 8/52 NM.

*This column has been provided for doctors to enter A, V or C at their discretion

Review by unit

Printed for TSO.

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): McKAY

Forenames (Block Letters): Colin

Address

Date of Birth: 5.9.79

Date	*	Clinical Notes	Diagnosis
20.11.01.		Mother in - Colin - Fever Told her unable to discuss specifics of the case She was worried if Colin would go on methadone in prison → up to prison Medical department.	
9.4.02.		C 8/52 epilepsy out of prison.	
13/5/02		DNA J	
7/6/02		(R) sided chest pain 2/7 sharp worse on movement + deep inspiration Otherwise not dyspnoeic Sh tender (R) ant chest Chest wall tender, nil added plan ECG → muscular pain Ibuprofen commenced (tds) Med 3 8/52 Epilepsy CA Ag (Cons)	
5.7.02.		smoking 10 + 2g heroin/day. Diazepam 5g - 100mg. suffers from seizures - well controlled. Rep B immunised. Not methadone clin.	

* This column has been provided for doctors to enter A, V or C at their discretion

check urine ✓

Printed by Tactica Solutions, 11/00, B16745, E9331, R.P. (53791)

Date	*	Clinical Notes	Diagnosis
17.7.02		smoking 60 heroin/day never injected. Takes 80 mg very other day occasional use methadone. cannabis. explained risk benefit smoking heroin & methadone in preg d/l breaks to come off long term accepts. → meth = 20ml. see again 22/7/02. from Elc Pharmacy (4) 8737	
22/7/02		4 for 80ml.	
12/8/02		Out of Darlinghurst today, unable to confirm from jail above on. Rx in 80ml for now	(220 2623)
19.8.02		meth 30ml 420ml BBVS S+S on F — Note, picked up at dispensary.	
5.8.03	Tel	from Cumberland Police OK to Rx of meth @ 80ml see @ clinic 11.8.03. 4:15pm	
8/8-8-03		meth 90ml. released from prison. Needs w/e dose 60ml on discharge for S+S 30ml dispensed under supervision on 11-8-03 Phoned Elec Pharmacy — 8737 — will take onto list.	
11/8/03		See above. for 30/7 x 420ml BBVS S/sunday on Friday —	
25.8.03		Rx meth 420ml 30ml BBVS S+S = F	
29.8.3		Much seizure frequency next visit Rx	
9.9.03		Rx meth 420ml, 30ml BBVS S+S a F. has been using benzos also using heroin + smoking. on meth 5/7.	Not toleding
26.9.03		prescribed retard meth 80ml x 300ml ? F next visit. Denies benzos overall compliant, warned of "detrapeens" from chemist again like last time Rx will stop.	
6.10.03		F meth 60ml 360ml.	

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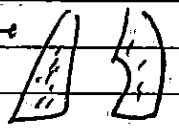
National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
M'Ilroy	Colin

CLINICAL NOTES

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
20/10/03		15 min late – T could not see him as no consultant + my surgery was starting – did not appear at end of surgery so requested	cl lump
20/10/03		~~START~~ 5-ST FU	
		- Still using ± 10/day	
		- ↑ to 50ml daily	
		~~×700ml~~ ×700ml	
3.11.03		~~CT~~ meth 8640ml, 60ml ~~DDAVS~~ SFS on F	
[illegible]		CT 60/day DDAVS s/s on 8640ml	
1-12-03		stable. CT meth 8640ml, 60ml ~~DDAVS~~ SFS on F	
15-12-03		stable CT meth 8640ml, 60ml ~~DDAVS~~ SFS on F + FFS on 24/12	
23.12.3.	DW		
		Cough.	
		– White – Some Blood. : No intravenous abuse	
		– Vomit – Blk.	
		Not eaten 3 weeks. : No Pain	UT 57kg
		Thinks weight loss.	
		Looks a bit underweather – Pale	
		–  Bluterw Course crops Wore (R).	
		Temp ? – Pneumonia Will keep dishcuss	
		ICDE	
		– Speak	
		– Amoxycillin 500 x 21'	
		Review if unwell.	
		If not settling consider AFFS	
29/12/03		CT meth 8640ml, 60ml ~~DDAVS~~ SFS on F FFS on 31/12	

* This column has been provided for doctors to enter A, V or C at their discretion

PRINTED FOR ASTRON, 11/01 B22826 (13161)

Date	*	Clinical Notes	Diagnosis
12.1.04		CT meth @ 80ml	
		linked to your use under supervision x2.	
		failed - urine specimen through.	
		try next time.	
26.1.04		CT meth 80ml, 60ml & MST 5+5 on P	
		use supervised ✓	
23.2.04		Imp. ↑ to 70ml 90ml daily	
5.3.04		DNA	
9.3.04		stopping up with methadone & smoking heroin most night	
		babies at home with mother, young wife pregnant.	
		↑ meth to 80ml.	
		NTO resources/qs. last one 6/52 ago	
		Have had Hep B - x3 + booster. in 1997	
		HIV test in prison negative. on epilim chrono 200g bd	
22.3.04		stable on 80ml. CT.	
29.3.04		stopping up with methadone. asking for GP appt.	
		↑ to 90ml and see next week.	
2.4.04	Tel	from Nicola.	
		altercation in Pharmacy. Talking about known-off shotgun	
		& abusing other pts. Swore at staff. Pharmacist no	
		longer wishes to CT pt.	
	-	Rx 270ml 90ml from 5 Apr.	
		advised not to attend DRR pharmacy.	
21.5.04		Out of B-L.	
		confirmed 90ml.	
		Rx 180ml for wife.	
		see again 26.5.04.	
24.6.04		not using.	wt = 55kg
		at Court today - requested bail	bd 180ml
		190ml x 2/52.	
8.6.04		forgot appt. yesterday.	
		Phoned up 5pm urinary Rx. issued.	
		Didn't come earlier as had things to do.	
21/7/04		- Morphill pharmacy closed	
		- Missed script for 48 hrs	
		→ Rx 70ml today then back to 90ml	
5/7/04		- Note 21/7.	

* This column has been provided for doctors to enter A, V or C at their discretion

- CT 90/Day. DNUR S/S on Friday.
Given 21/7. x 180ml.

National Health Service Number

Surname (Block Letters)

Forenames (Block Letters)

CLINICAL NOTES

Address

Date of Birth

Date	*	Clinical Notes	Diagnosis
7/04		See opm - Advised pt as kept waiting by consultant - letter sent - see letter.	
28/7/04	(1)	Fracture - leg. mother asking for pain relief Carried across with discharge CARE # tibia Multiple stab wounds - almost clear appearance. - Ibuprofen 400mg TDS x 42 - co-codamol 30/500 x 112. Organised for mother to pick up meds Ward Daily dispense unsupervised - 5/5 pick up meds 2/52 - 200 ml.	
18/10/04	—	no contact for 3/12. believes in prison → D/C from meth clinic.	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON, B32004 8/03 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis

Robert Taylor

SOLICITORS & NOTARIES

ROBERT TAYLOR, LL.B., N.P.
HOME TEL. NO. 943 1058

THIRD FLOOR, 102 BATH STREET, GLASGOW G2 2EN **Telephone: 0141-332 9001**
LP-5 GLASGOW.1 **Fax: 0141-332 9039**

15th October 2004 RT/SMG

Dr. Martin & Dr. Webb
Maryhill Health Centre
Shawpark Street
Maryhill
Glasgow

Dear Doctor,

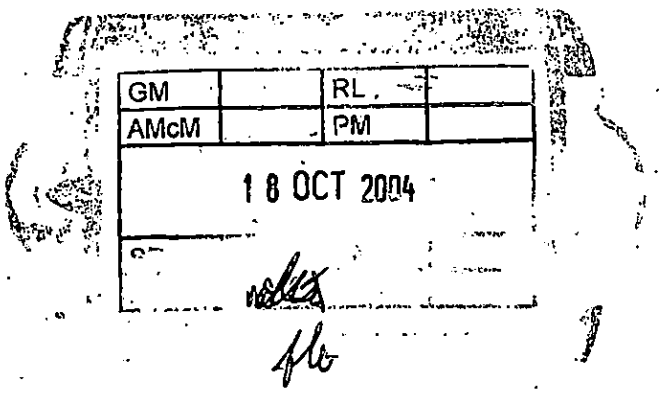
Re: Our Client: Colin McKay DOB 5/9/79
Address: 4B, 76 Collina Street, Maryhill, Glasgow
Other adddress: Niven Street, Glasgow

We act on behalf of the above named who is presently in Custody and gives his address as c/o of his mother, Flat 4B, 76 Collina Street, Maryhill, Glasgow. Our client was seriously injured as result an Assault on 22nd July 2004 and was treated in the Royal Infirmary for a period. He received inpatient treatment.

Thereafter we understand that he attended your surgery or was treated by yourself in relation to his injuries including his fractured leg. We understand he was given medication. Could you please advise us of the different dates when he was seen regarding these injuries and any medication prescribed to him at these dates. We enclose herewith a Mandate and confirm we will be responsible for the Medical Fee for this Report.

Yours faithfully

Robert Taylor
Solicitor



MANDATE

I, Colin McKay, DOB 5/8/79,

C/o Kelly, Flat 4B, 76 Collina Street, Maryhill, Glasgow,

hereby authorise and instruct you to pass over details in relation to my Medical Reports and Records to ROBERT TAYLOR, Solicitor, of 102 Bath Street, Glasgow, G2 2EN.

C. McKay

Maryhill
Health Centre
red area
41 Shawpark Street Glasgow G20 9DR

house calls & enquiries
☎ 531 9897
appointments only
☎ 531 8830
fax
☎ 531 8863

◇ Dr Gordon Martin MB ChB DRCOG MRCGP
◇ Dr Avril McMillan MB ChB DRCOG MRCGP
◇ Dr Susanne Russell MB ChB MRCGP DFM
◇ Dr Alasdair Webb BSc MB ChB MRCGP DGM DRCOG DFFP
◇ Dr Roland Leslie BSc MB ChB MRCGP

20TH July 2004

Robert Taylor Solicitors,
Third Floor,
102 Bath Street,
GLASGOW G2 2EN

Dear Mr. Taylor,

Re: Colin McKay, 4B, 76 Collina Street, Glasgow G20 DOB 5.9.79.

Thank you for your recent letter regarding the above. I note Mr. McKay's signed consent form for the release of medical information.

I can confirm that Mr. McKay is currently attending our Methadone Clinic and is receiving regular treatment for his Heroin addiction. This treatment would not have an affect on memory.

Mr. McKay does however have a history of benzodiazepine mis-use for which he is currently not receiving any specific treatment. Benzodiazepines, when abused chronically, can lead to problems with memory.

I trust you find this information of some assistance and please find enclosed a note of my professional fee.

Yours sincerely,

Dr. Alasdair Webb

Epilepsy Disease register

Review every 15 months

Patients aged 16 or over on drug treatment for epilepsy must have a record of seizure frequency and medication review recorded in the last 15 months.

Patients over the age of 16 and on drug treatment for epilepsy and have been convulsion free for the last 12 months must be recorded.

Thanks

Sharon

Maryhill
Health Centre

red area

house calls & enquiries
☎ 531 8897
appointments only
☎ 531 8830
fax
☎ 531 8863

41 Shawpark Street Glasgow G20 9DR

◇ Dr Gordon Martin MB ChB DRCOG MRCGP
◇ Dr Avril McMillan MB ChB DRCOG MRCGP
◇ Dr Susanne Russell MB ChB MRCGP DFM
◇ Dr Alasdair Webb BSc MB ChB MRCGP DGM DRCOG DFFP
◇ Dr Roland Leslie BSc MB ChB MRCGP

07 July 2004

Mr Colin McKay
4B 76 Collina Street
Glasgow G20

Dear Mr McKay

Following your visit to the Methadone Clinic on 5.7.04 I received complaints about your behaviour, both from our reception staff, and also from a patient who was waiting in the waiting room.

Earlier this year we received complaints of you being abusive in the Pharmacy. We cannot put up with this behaviour. There is no point in you being abusive when you attend the surgery. If there is anything that you are not happy about then please speak to the counsellor or the doctor when you attend.

If any problems persist then we will have no alternative but to have to ask you to change general practitioners.

Yours faithfully

Dr G Martin

Faxed 22/4/04

SPS

SCOTTISH PRISON SERVICE

PLEASE FAX RETURN AS SOON AS POSSIBLE

HMP BARLINNIE
Lee Ave, Glasgow
Telephone: 0141 770 2042
0141 770 2013
Facsimile: 0141 770 2013

Dear Doctor WEBB

Date: 22/4/04

Your patient has recently been admitted to HMP Barlinnie.
He states that you are providing him with a regular Methadone prescription and we would be grateful if you could provide us with confirmatory details. It is very much in the patients interest to receive your confirmation as soon as possible as this will reduce the time he has to wait for his methadone.
Our confidential fax number is 0141-770-2013.
We would also appreciate any other information you have, such as recent urine test results, indications of recent illicit drug use, relevant medical conditions or prescribed medication.
If you have any queries please feel free to contact the Addictions Nurses. (Tel. No. 0141-770-2042)

PRISONER NAME: COLIN M'KAY D.O.B 5/9/79 NO. 17345

HOME ADDRESS: 76 COLLINS ST FLAT 4/3 MARYHILL

PRESCRIBER NAME/ADDRESS: DR WEBB MARYHILL H/CENTRE

TO BE COMPLETED BY PATIENT

I, (Patient signature C McKay **) hereby give permission for my GP/Agent to release the enclosed medical information to Addiction Services HMP Barlinnie and for HMP Barlinnie Addiction services to release information to my GP/Agent. All information given will be treated confidentially and within the parameters of the Data Protection Act 1998.**

TO BE COMPLETED BY GP

Methadone Dose 90mg **Daily supervised dispensing YES/~~NO~~**

Treatment Plan (Maintenance/Decreasing etc.) MAINTENANCE.

Progress Report

Other Medication Epilim chrono 200mg BD

Do you agree to continue Methadone on release from prison YES/~~NO~~

Date DTTO Started: **Date DTTO Finishes:**

Additional information/ urine test results etc.

Doctors/Case Worker's Signature 22-4-4.

N.B
- If the prisoner is REMANDED they can be liberated from court unknown to us, please contact us for confirmation of the amount and date of their last dose when they appear at your surgery/clinic.
- If the prisoner is CONVICTED we will contact you on their release for a through care appointment.

Yours sincerely

Eleanor Mallon / Paul Horn
Addiction Nurses

'CONFIDENTIALITY NOTICE: THIS FACSIMILE TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS PROTECTED BY THE PATIENT-PHYSICIAN PRIVILAGE AND MAY BE LEGALLY PRIVILAGED. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE OF THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THIS OFFICE BY TELEPHONE TO ARRANGE FOR RETURN OF THE DOCUMENTS.'

Ex Dr McCart patient

Pass back to Irene

when complete



DR G MARTIN & PARTNERS

PATIENT QUESTIONNAIRE

ABOUT YOU

First Name.....Date of Birth.....

Surname.....Maiden Name.....

Marital Status.....

Address.....

.....

..... Post Code .....

Tel No Home.....

Occupation.....

Next of Kin..... Tel No.....

LIFESTYLE (Please circle YES or NO and provide other information if required)

Do you smoke? Yes How many a day? .....

No Did you every smoke? Yes When did you stop?.....

No

How much alcohol do you drink in a week? .....

Have you ever been a heavy drinker? No

Yes How much per week.....

.....

YOUR MEDICATION

Do you take any medicines? (Please list names, strength and the number you take a day)

.....

.....

Are you allergic to anything? (please list).....

YOUR PAST MEDICAL HISTORY

Do you have high blood pressure Yes No

Do you have heart disease Yes No

Have you ever had a stroke Yes No

Do you have asthma Yes No Have you ever been in hospital with it?.....

Do you have diabetes Yes No On treatment?.....

Do you have any illnesses just now (please list).....

Have you had any illnesses or operations in the past? Please list.....

.....

Do you or have you used illegal drugs Yes No Which ones?.....

.....

YOUR FAMILY

Does any relative suffer from heart disease Yes No Who?.....From what age.....

Have any relative suffered a stroke? Yes No Who?.....From what age.....

Do any illnesses run in your family Yes No What?

IMMUNISATIONS

Have you had a polio booster in the last ten years? Yes No Don't know

Have you had a tetanus booster in the last ten years? Yes No Don't know

FEMALE PATIENTS

Do you use any family planning methods? (pill, coil, condoms, etc).....

When was your last smear and what was the result?.....

Where was it done (GP/Family Planning/Hospital).....

Your Signature.....Date.....

Blood Pressure:.....

Urinalysis.....

(the Doctor will complete these as required)

IB113-DLS

Office stamp

Incapacity for work

DR RUSSELL
Maryhill Health Centre
41 Shawpark Street
Glasgow G20

Our phone number is
Code OUH Number 225 Ext 40546.

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number
JH 752095 D

Date
22/8/03

About your patient

rname McKAY
Other names COLIN
NI number JH 75 26 95 D
Date of birth 5/9/79

Address
flat 4B
76 Gilling Street
Glasgow
Postcode G20 8AU.

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

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
611	SC
First day of incapacity	
23/10/00	

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.

25.8.3

2 Diagnosis of all relevant conditions and date(s) of onset.

Opiate addiction

Epilepsy

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.

- Attending Methadone clinic
- MI into epilepsy last 12 months.

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.

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.

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.

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 R LESLIE

Date 29 8 13

Doctor's stamp

DR ROLAND LESLIE
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
MARYHILL, GLASGOW
G20 9DR TEL: 0141 5319830

P:1
TO:95318863
14-AUG-2002 14:12 FROM:JULIE FERGUSON-BARLI 01417782613

SCOTTISH PRISON SERVICE

Side A

Prescription Sheet No. _____

HM BARLINNIE

Start Date _____

REGULAR PRESCRIPTIONS

	Commence Date	Review Date	Stop Date/ Length	DRUGS (including formulation)	Dose	Route	Times of Administration: AM	Noon	PM	Night	Issue	Prescriber's Signature	Discontinued: Date	Initials	Pharmacist: Initials	Date
A	25/7/02	25/8/02		Methadone Mixture 1mg/ml	30ml	O	PO	once daily			S					
B				Methadone Mixture 1mg/ml			PO	once daily			S					
C				Methadone Mixture 1mg/ml			PO	once daily			S					
D				Methadone Mixture 1mg/ml			PO	once daily			S					
E				Methadone Mixture 1mg/ml			PO	once daily			S					
F				Methadone Mixture 1mg/ml			PO	once daily			S					
G				Methadone Mixture 1mg/ml			PO	once daily			S					
H				Methadone Mixture 1mg/ml			PO	once daily			S					
J				Methadone Mixture 1mg/ml			PO	once daily			S					
K				Methadone Mixture 1mg/ml			PO	once daily			S					
L				Methadone Mixture 1mg/ml			PO	once daily			S					
M				Methadone Mixture 1mg/ml			PO	once daily			S					
N				Methadone Mixture 1mg/ml			PO	once daily			S					
P				Methadone Mixture 1mg/ml			PO	once daily			S					
Q				Methadone Mixture 1mg/ml			PO	once daily			S					
R				Methadone Mixture 1mg/ml			PO	once daily			S					
S				Methadone Mixture 1mg/ml			PO	once daily			S					
T				Methadone Mixture 1mg/ml			PO	once daily			S					
U				Methadone Mixture 1mg/ml			PO	once daily			S					

[redacted]

17345
Mc Kay

Name: Colin McKay Spin No: 17345 DoB: 5/9/79 Location: A2-34 Allergies: _____

ISSUE KEY: M = Monthly Issue F = Fortnightly Issue W = Weekly Issue D = Daily Issue S = Supervised Individual Doses

14-AUG-2002 14:13 FROM:JULIE FERGUSON-BARLI 01417702013 TO:95318863 P:2

RECORDING SHEET FOR PRESCRIPTION SHEET No. PS2

NAME Colin McKay SPIN No. 17345 LOC

DRUG RECORDING SHEET

DATE	A.M.	NOON	P.M.	NIGHT	COMMENT	DATE	A.M.	NOON	P.M.	NIGHT	COMMENT
26/7	A				PP						
27/7	A				PP						
28/7	A				PP						
29/7	A				PP						
30/7	A				PP						
31/7	A				CS						
1/8/2	A				CS						
2/8	A				PP						
3/8	A				PP						
4/8	A				PP						
5/8	A				PP						
6/8	A				PP						
7/8/2	A				CS						
8/8	A				PP						
9/8/2	A				CS						
10/8/2	A				CS						
11/8/2	A				CS						
12/8/2	A				CS						

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 SPIN No. LOC

IB113-DLS

Office stamp

MEDICAL SERVICES
CORUNNA HOUSE
29 CADOGAN STREET
GLASGOW G2 7BN
TEL. No. 0141-249-3800

(S)

Incapacity for work

DR MCCARTNEY
MARYHILL HEALTH CENTRE
41 SHANPARK ST
GLASGOW
G20

Our phone number is
Code Number Ext 3612

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number

Date
24 JUN 2002

About your patient

Surname MCKAY
Other names COLIN
NI number JW 75 20 95 0
Date of birth 5/9/79

Address
FLAT 4/B
76 COLLINA ST
GLASGOW

Postcode G20

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

On behalf of the Manager
For the Medical Officer

For official use

DO	Ref type
0611	SC

First day of incapacity
/ /

About your patient - continued

Your reply to the Medical Services doctor

Please answer the following questions from information which is currently available to you.

1. Date patient was last seen or examined for the condition(s) causing incapacity.

5.7.02

2. Diagnosis of all relevant conditions and date(s) of onset.

opiate dependency

epilepsy

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.

please could you comment on epilepsy control. Thanks.

controlling methadone programme

seizures well controlled - on epilim 600mg bd

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.

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 medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

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.

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 I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 10 / 7 / 02

Doctor's stamp

Professor Martin J Brodie
Clinical and Research Director

MJB/MD

UNIVERSITY of GLASGOW

Date 23.10.01

Dear Dr. Martin

re [redacted]
907953 6095
MCKAY COLIN
4B /76 COLINA ST M
GLASGOW 05/09/79
G20 8AU
G.P.Prac. 43311

Hosp No: .....

The above patient has failed to attend the Epilepsy/Seizure Clinic on one occasion. A further appointment has been sent.

Yours sincerely

C. Read

Martin J Brodie
Professor of Medicine and Clinical Pharmacology
Director, Epilepsy Unit

pp

GM	✓	AW	
DMcC		HV	
	25 OCT 2001		
AMcM		PM	
SR			

Epilepsy Unit
Department of Medicine & Therapeutics
Western Infirmary, Glasgow G11 6NT, Scotland
Telephone: 0141-211 2572 *Secretary:* 0141-211 2534 *International Dialing Code:* (44 141)
Fax: 0141-334 9329 *E-mail:* Martin.J.Brodie@clinmed.gla.ac.uk

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: POSSILPARK HEALTH CENTRE
Consultant: DR WYLIE
Speciality Clinic: DRUG ADDICTION CLINIC
Hospital No:
Patient Attended Hospital Before
Name of Hospital
Year of Attendance
If patients name or address has changed since -

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43011 GP Identifier G08940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname MCKAY Title: MR

Forename: COLIN Sex M

Date of Birth: 05/09/79 CHI No: 6095

Patient Address: 4B, 76 COLLINA STREET

GLASGOW

Post Code G20

Telephone No:

CLINICAL DETAILS Routine ☒ Soon ☐ Urgent ☐

Reason For Referral -

History of presenting complaint:

Dear Doctor,

I would be most grateful if you would see this 22 year old drug abuser who is currently spending £50-£60 daily on Heroin which he is smoking.

He was referred to the service earlier this year but did not go because he assumed that he would be put on to Methadone and he did not want this. He failed to attend partly because of this and partly because he was in jail at the time.

He insists he will attend any further referral and I would be grateful if you would send him an appointment.

Yours faithfully,

DR GORDON MARTIN

Past Medical History	Medication

Other Comments:	Signature: Date: 04/10/01

MARYHILL & WOODSIDE LHCC

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: WESTERN INFIRMARY
Consultant: PROFESSOR BRODIE
Speciality Clinic: EPILEPSY
Has Patient Attended Hospital before: Yes
Name of Hospital: GARTNAVEL
Hospital Number: 907953
Year of Attendance: 1992
If patients name or address has changed since –

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43311 GP Identifier G08940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname: McKay Title: Mr
Forename: Colin Sex M
Date of Birth: 05/09/79 CHI No: 6095

Patient Address: 4B 76 Collina Street
Glasgow
Post Code G20
Telephone No: 586 9784

CLINICAL DETAILS Routine ☐ Soon ☐ Urgent ☐

Reason For Referral –

History of presenting complaint:

I would be much obliged if you could see this gentleman who is nearly 22. He has been diagnosed as having epilepsy and is on Epilim. He did attend your clinic in May 1999 but was unco-operative at this time. He is complaining of more frequent seizures over the last month. However he tells me that he sometimes forgets to take the Epilim. He is also continuing to use heroin, smoking approximately £50 worth daily. I am sure his uncontrolled epilepsy is probably due to poor compliance with his Epilim Chrono 300mgs bd. However he also complains of a few months history of what he describes as "muscular jerks" while at rest. There appears to be no other neurological symptoms and neurological examination was unremarkable. I wonder whether this should be further investigated and Colin is keen to speak with yourself about it.

I am much obliged with you further input in his care.

Dr Molloy
GP Locum

Past Medical History	Medication

Other Comments:	Signature: Date: 27.8.01

MARYHILL & WOODSIDE LHCC

Glasgow Drug Problem Service

Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Tel: 0141.531.9254
Fax: 0141.531.9258

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

3 May 2001

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20

Dear Dr Martin

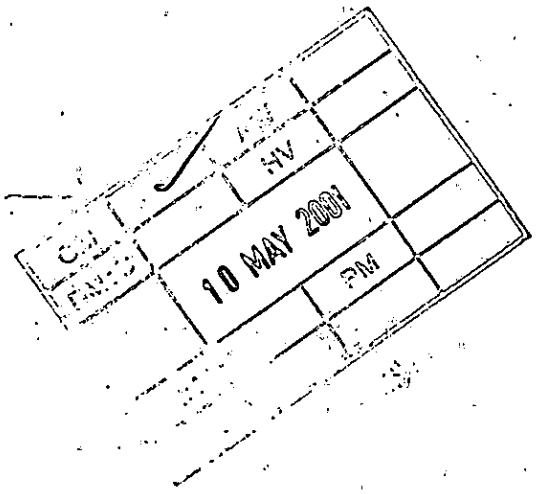
COLIN MCKAY - DOB 05.09.1979

The above patient failed to attend their Glasgow Drug Problem Service appointment on the 27 April 2001 and has not contacted the GDPS since.

He is therefore discharged from the service.

Yours sincerely

JANE THOMSON/KIRSTEN O'NEILL
CHARGE NURSE, GDPS



JANE JAY, CLINICAL DIRECTOR

Glasgow Drug Problem Service
N W E S

Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Tel: 0141.531.9264
Fax: 0141.531.9268

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

JT/KO/RD
19 April 2001

Mr Colin McKay
Flat 4B
76 Collina Street
Glasgow
G20

Dear Mr McKay

GLASGOW DRUG PROBLEM SERVICE

Your doctor has referred you to the Glasgow Drug Problem Service for assessment and possible treatment.

An appointment has been arranged for you to attend on:

DATE	TIME	CLINIC
27 APRIL 2001 (FRIDAY)	2.30PM	MILTON CLINIC 120 LIDDESDALE ROAD GLASGOW G22 7QR

If you are unable to attend can you please contact me at the above number. **You may not receive a prescription on your first visit.**

We look forward to seeing you then.

Yours sincerely

JANE THOMSON/KIRSTEN O'NEILL
Charge Nurse - GDPS

c.c. Dr Martin, Maryhill Health Centre

GM	✓	AW	
DMcC		HV	
20 APR 2001			
AM		PM	

DR JANE JAY, CLINICAL DIRECTOR

Glasgow Drug Problem Service
N W E S

Woodside Health Centre
Barr Street
Glasgow
G20 7LR
Tel: 0141.531.9254
Fax: 0141.531.9258

GREATER GLASGOW PRIMARY CARE NHS TRUST

8 March 2001

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20

Dear Dr Martin

COLIN MCKAY - DOB 05.09.1979

The above named patient failed to attend their Glasgow Drug Problem Service clinic appointment on the 2 March 2001 and has failed to contact us since then.

He is therefore discharged from the Glasgow Drug Problem Service.

Yours sincerely

JANE THOMSON
CHARGE NURSE, GDPS

GM	✓	AW	
[illegible]		HV	
	12 MAR 2001		
AMcM		PM	
SR			

Glasgow Drug Problem Service
Woodside Health Centre
Barr Street
Glasgow
G20 7LR
Tel: 0141.531.9254
Fax: 0141.531.9258

GREATER GLASGOW PRIMARY CARE NHS TRUST

15 February, 2001

Dr Martin
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr Martin

COLIN MCKAY - DOB 05 09 79

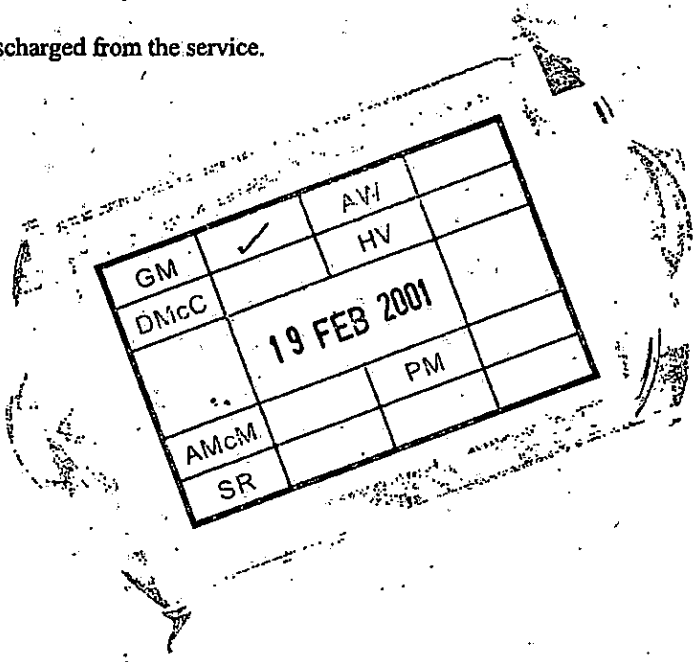
The above patient was sent a letter on the 23 January 2001, requesting that they contact the Glasgow Drug Problem Service before Friday 16 February 2001, if they still wished to be assessed by us.

The above failed to contact us and has therefore been discharged from the service.

Yours sincerely

P.P. Allison Kelly

MARY LEWIS/JOHN GOLDIE
Charge Nurse GDPS



Glasgow Drug Problem Service

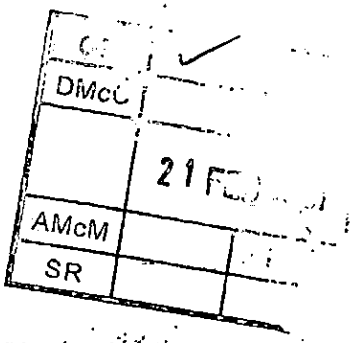
Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Tel: 0141.531.9254
Fax: 0141.531.9258

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

JT/ITT

20 February 2001



Dr Martin
Maryhill Health Centre
412 Shawpark Street
Glasgow
G20 9DR

Dear Dr Martin

COLIN MCKAY - DOB 05091979

By error you received a letter dated 15 February informing you that the above named had failed to contact us and therefore had been discharged. However, a relative had in fact contacted the GDPS on his behalf requesting an appointment. He will therefore be offered an appointment for Friday 2 March 2001 at 2.30pm. at our Milton Clinic.

Sincere apologies for any inconvenience caused.

Kind Regards

Jane Thomson.

Jane Thomson, Charge Nurse, GDPS

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: WOODSIDE HEALTH CENTRE
Consultant:
Speciality Clinic: G.D.P.S.
Hospital No:
Patient Attended Hospital Before
Name of Hospital
Year of Attendance
If patients name or address has changed since -

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43011 GP Identifier G08940
Telephone/ Fax: 531 8830/531 8863

Patient Details

Surname: McKAY Title: MR
Forename: COLIN Sex M
Date of Birth: 05/09/79 CHI No: 6095

Patient Address: 4B, 76 COLLINA STREET
GLASGOW
Post Code G20
Telephone No:

CLINICAL DETAILS Routine ☒ Soon ☐ Urgent ☐

Reason For Referral -

History of presenting complaint:

Many thanks for seeing this 21 year old man who requested referral to the G.D.P.S. due to his usage of Heroin.

He gives a 2 year history of intermittent drug abuse principally smoking Heroin and recently smoking approximately £50.00 daily. On occasions he uses Dihydrocodeine or Diazepam. He has no past history of injecting. This is the first occasion that he has sought help.

He has a history of grand mal epilepsy and as far as I know is currently taking Epilim Chrono 300 mg. twice daily.

He would be happy to continue with any medication which you suggest.

Past Medical History

Medication

Other Comments:

Signature:

Date: 15/01/01

MARYHILL & WOODSIDE LHCC

Hospital Only Use	Clinic	Day Date	Time	Hospital No

Referral To:

Hospital: DRUG PROBLEM SERVICE
Consultant: WOODSIDE HC
Speciality Clinic:
Has Patient Attended Hospital before
Name of Hospital
Hospital Number
Year of Attendance
If patients name or address has changed since –

Registered GP Details

Dr Martin
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Email address: Administrator@G43311.glasgow-hb.scot.nhs.uk

Practice Code: 43011 GP Identifier G08940
Telephone/ Fax: 531 8897/531 8863

Patient Details

Surname: McKay Title: Mr

Forename: Colin Sex M

Date of Birth: 05/09/79 CHI No:

Patient Address: 4B 76 Collina Street

Glasgow
Post Code G20
Telephone No:

CLINICAL DETAILS Routine ☐ Soon ☐ Urgent ☐

Reason For Referral –

History of presenting complaint:

I would be glad if you could see Colin who is a 21 year old who has been smoking heroin at about 2.5gms per day (£50-£60) over the past year. He is very keen to stop but is not too keen on Methadone. I would be glad if you could see him and initiate a treatment programme and would be quite happy to carry on with regular follow-up.

Thank you

Dr James
GP ~~Locum~~ Retainee

Past Medical History	Medication

Other Comments:	Signature: Date: 3.1.01

MARYHILL & WOODSIDE LHCC

21 December 2000

Mr Colin McKay
1/4 220 Shiskine Drive
Glasgow G20

Dear Mr McKay

I am sorry that you were unable to keep your appointment in the surgery on 15th December.

I refer you to our letter of 19th May 1999 when we asked you to keep future appointments, and not to continue missing them.

In view of the fact that once again you have missed appointments you have been discussed by the partners and we would be grateful if you would change to a different general practitioner as soon as possible.

Yours faithfully

Dr G Martin

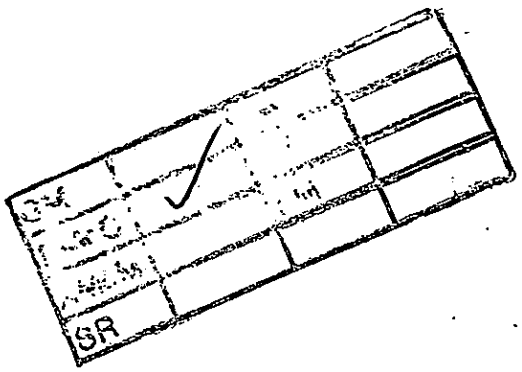
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

RK/AT/871432

Department of Diabetes & Endocrinology
Direct Line 0141 201 5397 - Dr Kesson's secretary
Fax No 0141 201 5091

Date dictated: 06.01.2000
Date typed: 07.01.2000

Dr McCartney
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR



Dear Dr McCartney

COLIN MCKAY DOB 5 9 79 220 SHISKINE DRIVE
FLAT 14 GLASGOW G20 0JE

admitted:	8 December 1999
discharged:	8 December 1999
consultant:	Dr C M Kesson

Colin McKay was an emergency admission to Ward 6 on 8 December 1999. He is a twenty year old chap who is a known epileptic and had a seizure earlier on today. Earlier on that day, he was in court and had received his sentence. He was then found post-ictal on the floor of his cell. This was an unwitnessed event and he cannot remember anything of it either. He says that his last seizure was about eight weeks ago and he is currently on Carbamazepine but denies any non-compliance.

I note that he has a history of psychiatric problems and is currently on Mellcril and Trazodone which had been started recently. He had been given 10 mg of Diazepam intravenously after his seizure in the ambulance and was, on arrival, a little drowsy. His past medical history revealed a head injury approximately three years ago. He also admitted to heroin and cocaine abuse in the past. Systemic enquiry was unremarkable. On arrival, his GCS was 14 out of 15. He was apyrexial. His BMs were 7.6 and saturation 99%. Examination revealed no abnormality. In particular, there were no focal neurological signs and no meningism.

After spending some hours in the receiving ward, he became much brighter but unfortunately self-discharged against medical advice. A letter was written to the prison medical staff asking them if they could check his Carbamazepine levels and act accordingly.

Yours sincerely

R KHANNA
SENIOR HOUSE OFFICER

The Victoria Infirmary
Glasgow G42 9TY
Telephone 0141-201 6000

Im ate Discharge Letter and Medicine Prescrip Form - Confidential

Ref No: 49356

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed.

Dear Doctor ..... McCartney .....

Your p...

copies.

Nat 871432
MacKay Colin
Add 220 Shiskine Drive M
Flat 14 9
Glasgow 05/09/1979
G20 0JE GP Prac:99961

DOB: ...../...../..... Unit no: .....

Admitted to Ward: 6

On: 8/12/99

Consultant: Dr Kesson Registrar: ..... JHO: ALLOTT

Discharged on: 8/12/99 From Ward: 6

Diagnosis at time of discharge:

1 .....
2 .....
3 .....
4 .....
5 .....

Operation/Procedures

1 .....
2 .....
3 .....

Follow-up arrangements

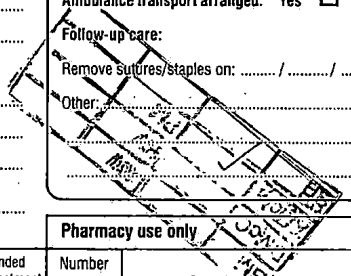
Clinic: ..... Weeks: .....
(Appointment to follow)

Ambulance transport arranged: Yes ☐ No ☐

Follow-up care:

Remove sutures/staples on: ...../...../.....

Other: .....



Pharmacy use only

MEDICINE (Tegr)	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	Number of days supply	Quantity, name, strength and manufacturer supplied by Pharmacy

COMMENTS (including medicine sensitivity, list continuing medication not prescribed above and weight on discharge).

"Seizure" while in police custody. Not epilepsy.

Doctor's name: ALLOTT Signature: GAA Date 9/12/99

Pager number: 3446

Patient prescription number:

Dispensed by: ..... Date: ...../...../.....

Checked by:

Medication collected by *(Messenger)*:

WARD USE ONLY

Med. rec. on ward by: .....

Issued by: ..... Date: ...../...../.....

Signature of recipient:

White copy G.P.; Pink copy Case Notes; Blue copy Pharmacy; Green copy District Nurse.

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

WEST GLASGOW HOSPITALS
ACCIDENT/EMERGENCY FORM

G.P. COPY

CRN: 907953

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCKAY	COLIN	20	05/09/79	25/09/99	14:30	040999/99

Address	Sex	Religion	Date of Inc	Time
220 Shiskine Drive GLASGOW	Male	New Registra	25/09/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G20 0JE		Single /		Other	By Ambul

GP

Name: Dr MARTIN
Address: MARYHILL HEALTH CENT
41 SHAWPARK STREET
GLASGOW
G20 9DR

Referred by:

NEXT OF KIN

Name: MARIE KELLY
Relat.: MOTHER
Tel. No.: 945 1373
Address: 4B /76 COLINA ST
GLASGOW
G20 8AU

Complaint:

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: Epileptic Seizure

X-Ray film/ECG shows

Treatment given: Patient Refused Bloods & antiepileptic medication

TRIAGE

TRIAGE TIME TRIAGE CATEGORY

INITIAL COMPLAINT

INITIAL TREATMENT

FILED BY MRHMCK

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster

Would you please arrange _____

GM	✓	MAW	(Please Tick)
DMcC		HV	
AMcM		PM	
SR		7. Irregular Discharge	

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up: Not arranged _____ Arranged _____ To be arranged _____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): K DAVIDSON

Cons SR Reg (SHO) HO Clin Assist (please circle)

Signature of Medical Officer: KDd

Professor Martin J Brodie
Clinical and Research Director

IB/ED

UNIVERSITY *of* GLASGOW

PROFESSOR M J BRODIE'S EPILEPSY CLINIC (11.5.99)

13th May 1999

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Dear Dr Martin

Colin McKAY 4B 76 Collina Street Glasgow G20
d.o.b. 5.7.79 (Hosp No 907953)

Thank you for referring this 19 year old boy to Professor Brodie's Epilepsy Clinic. Colin tells me that he has had 5 - 6 tonic clonic seizures in the previous 15 months or so. I understand that he has been started on Carbamazepine and on Sodium Valproate but has declined to take these medications. Moreover Colin tells me that he regularly uses illicit drugs including cannabis, cocaine, amphetamines and LSD. He refused to tell me if these drugs were related to his seizures and became very unco-operative. He made it very clear that he would not be taking any medication that we would prescribe and further more refused to remain in the clinic. He has therefore been discharged and we have made no follow-up appointments for him.

Yours sincerely

IBatool

Irum Batool
Medical Senior House Officer

Epilepsy Unit
Department of Medicine & Therapeutics
Western Infirmary, Glasgow G11 6NT, Scotland
Telephone: 0141-211 2572 *Secretary:* 0141-211 2534 *International Dialing Code:* (44 141)
Fax: 0141-334 9329 *E-mail:* Martin.J.Brodie@clinmed.gla.ac.uk

Maryhill
Health Centre
red area

house calls & enquiries
☎531 8897
appointments only
☎531 8830
fax
☎531 8863

41 Shawpark Street Glasgow G20 9DR

- Dr Gordon Martin MB ChB DRCOG MRCGP
- Dr David McCartney MB ChB DRCOG MRCGP
- Dr Avril McMillan MB ChB DRCOG MRCGP
- Dr Susanne Russell MB ChB MRCGP DFM
- Dr Alasdair Webb Bsc MBChB MRCGP DGM DRCOG DFFP

GM/JD

19th May 1999

Mr. Colin McKay,
4B, 76 Collina Street,
Maryhill,
GLASGOW G20.

Dear Mr. McKay,

You have now missed four of your last five appointments with us.

We are a very busy practice and cannot afford to lose this number of appointments.

Should you be unable to keep appointments in future please cancel giving sufficient notice to have someone else fitted in.

Yours faithfully,

DR GORDON MARTIN

PRACTICE CODE 43311

PS I note that you missed a further appt yesterday. Should you miss any more appts we shall ask the health board to remove you from our list.

City of Glasgow Council
Social Work Department

Director: Mary C Hartnoll CBE BA

Maryhill Area Team
The Quadrangle
Unit 9
59 Ruchill Street
Glasgow
Tel: 0141-287-6300 Fax: 286-2687

Fax Message Dated: 8/2/99

Number of Pages to Follow: 5

13:42 01412876267 MARYHILL SWD PAGE

To: Dr Martin
Maryhill H/C
Glasgow Council

Fax Number: 531 8707

Telephone Number:

From: John Brittain
SWD (Criminal Justice) Maryhill

Content/Message

Request re Colin McKay (DOB: 5/2/79)

Glasgow City Council
Social Work Department

Maryhill Area Office.
The Quadrangle, 69 Ruchill Street, Glasgow, G20
Tel: (0141) 287 6300 Fax: (0141) 287 6267

Glasgow City Council

City Chambers, Glasgow, G2 1DU
Tel: 0141 287 2000

Our Ref:
Your Ref:
Date:

13:42 01412876267 MARYHILL SWD PAGE

Dear City Council
Dr. Martin,

CONSENT FORM FOR THE RELEASE OF MEDICAL HISTORY

I hereby give consent for the release of medical information and medical history to the above named department who are required to submit a report to the court.

Glasgow City Council

City Chambers, Glasgow, G2 1DU

NAME: Colin McKay (DOB: 5-8-79).

ADDRESS: 6B 76 Cowlairs Street.

SIGNATURE: C McKay

5.2.99

Dr Martin,

CONSENT FORM FOR THE RELEASE OF MEDICAL HISTORY

I hereby give consent for the release of medical information and medical history to the above named department who are required to submit a report to the court.

Colin McKay (DOB: 5-8-79).

5.2.99

Glasgow City Council
Social Work Department

Maryhill Area Office.
The Quadrangle, 59 Ruchill Street, Glasgow. G20
Tel: (0141) 287 6300 Fax: (0141) 287 6267

Glasgow City Council
City Chambers, Glasgow, G2 1DU
Tel: 0141 287 2000

FAO: Dr Martin, Maryhill H/C.

Our Ref:
Your Ref:
Date:

13:42 01412876267 MARYHILL SWD PAGE

Dear Dr Martin,

RE: Colin McKay (DoB: 5-8-79) LB, 76 Couning Street.

The above named person is to appear before Glasgow Sheriff court on 10-2-99. The court has requested an assessment of his/her suitability for Community Service.

I am writing to ask if you would give your opinion in writing, of his/her fitness to undertake community service. I enclose leaflets which explain the nature of community service orders and the tasks which offenders can be given.

Yours sincerely, H/C.

John Britton

JOHN BRITTAIN
SOCIAL WORKER

PAGE 04
MARYHILL SWD
01412876267
08/02/1999 13:42

P. 04
0141287626?
8-FEB-99 MON 13:34

Strathclyde REGIONAL COUNCIL

Social Work Department — Glasgow Division

A Guide to Community Service Orders

Supervision

The Community Service Officer is responsible to Court for ensuring the Order is carried out properly. You, in turn, are responsible to the Community Service Unit.

Whilst actually performing your work you are responsible to your Work or Agency Supervisor—follow his/her instructions. This Agency Supervisor will record the work you have done and report back every week to the Community Service Unit. Get him/her to sign your own Attendance Card. The official record of Attendance is kept in the Community Service Office—you may see it on request.

If you wish the Court to amend or revoke your Community Service Order you may make application to the Court for this purpose. Your Community Service Office will provide you with more details on request.

Clothing

Some Community Service work may require you to wear suitable clothing and footwear.

Transfer of Work

It may be necessary to change your task from time to time during the period of your Order but this will be fully discussed with you at the time.

Problems

If any problem should arise during your period of Community Service, please do not hesitate to ask for help or advice from your Agency Supervisor or your Supervising Officer. This applies even if you just want to chat something over. Remember—we are here to offer guidance and support, to help you to help others and yourself. Use us.

After the Order

After the Order, if you are interested in continuing with voluntary work, have a chat with your Supervising Officer who may be able to help you get fixed up.

Community Service Office
59 Ruchill Street
Glasgow G20 9PY
Tel.: 041-946 1599

PAGE 05 MARYHILL SWD 01412876267 08/02/1999 13:42

Community Service

Community Service Orders offer you the chance to give unpaid, useful service to the benefit of the Community. A great variety of work is available: helping the elderly; handicapped and children; assisting in youth work; gardening; painting and decorating and many other tasks. What skills and interests have YOU to offer?

When is Community Service Done?

You keep on your family and job responsibilities during Community Service, so it is done in your spare time—perhaps a couple of evenings per week or at the weekend. For people out of work, Monday-Friday placements are available.

How Long Is Community Service?

The Court may order you to do between 40 and 240 hours. This must be completed within 12 months of the date the Order was made. You must carry out your tasks at such times as directed by your Supervising Officer.

Procedures

After the Court has made a Community Service Order (to which you will have consented), please report to the Community Service Unit. Here you will be given a list of work vacancies available to take home and think about. An appointment will also be made for you to come back to the Community Service Unit to meet your Supervising Officer and a decision will be made on the Community Service work you should do. After you are matched up to your task, your Agency Supervisor takes over and you should follow his/her instructions as to where and when you should attend for work, and also the type of work to be carried out.

Expenses and Fares

It is your responsibility to get to and from your placement. Fares and expenses are **NOT** normally paid by the Community Service Unit.

Community Service: Conditions

Community Service is a **strict** Order of Court. It is usually used instead of Prison. It is a serious Order—Supervision is firm. If you fail to comply with the Order, you will be returned to Court.

Absence from Work

If you are unable to attend your Community Service work, for any reason, you **MUST ALWAYS** inform your Supervising Officer **BEFOREHAND** or **IMMEDIATELY** you are aware you cannot attend.

Illness

If you cannot attend your Community Service work because you are ill or sick, you **MUST** tell your Supervising Officer **AT ONCE.** A medical certificate **MUST ALWAYS** be produced within 7 days.

Change of Address or Employment

You **MUST** inform your Supervising Officer **AT ONCE** of any change of address or employment.

Work Performance

You **MUST** perform your Community Service **SATISFACTORILY,** and **AT SUCH TIMES** and **AS DIRECTED** by your Supervising Officer.

Further Offences

If charged with a further offence during your Order, please inform your Supervising Officer **WITHOUT DELAY.** You may be returned to the Court "if it is in the interests of justice" to do so.

Note

If you fail to comply and are returned to Court, you will face an alternative sentence. Experience elsewhere indicates this may often be Prison.

P. 05 01412876267 8-FEB-99 MON 13:35

08/02/1999 13:41 01412876267 MARYHILL SWD PAGE 01

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Community Service Office
59 Ruchill Street

W1551/6

08/02/1999 13:41 01412875267 MARYHILL SWD PAGE 01

Strathclyde
REGIONAL COUNCIL

Social Work Department—Glasgow Division

A Guide to Community Service Orders

Community Service Office
59 Ruchill Street
Glasgow G20 9PY
Tel.: 041-946 1599

Professor Martin J Brodie
Clinical and Research Director

MJB/MD

UNIVERSITY
of
GLASGOW

Date 9.3.99

Dear Dr. Martin

re 907953/R
MCKAY COLIN
4B 176 COLINA ST M
GLASGOW S
05/09/79
G20 8AU G.P.Prac.43311

Hosp No: .....

The above patient has failed to attend the Epilepsy/Seizure Clinic on one occasion. A further appointment has been sent.

Yours sincerely

pp C. Read

Martin J Brodie
Professor of Medicine and Clinical Pharmacology
Director, Epilepsy Unit

GM	✓	AW	
DMcC		HV	
AMcM		PM	
SR			

Epilepsy Unit
Department of Medicine & Therapeutics
Western Infirmary, Glasgow G11 6NT, Scotland
Telephone: 0141-211 2572 *Secretary:* 0141-211 2534 *International Dialing Code:* (44 141)
Fax: 0141-334 9329 *E-mail:* Martin.J.Brodie@clinmed.gla.ac.uk

Professor Martin J Brodie
Clinical and Research Director

UNIVERSITY
of
GLASGOW

9th February 1999

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR

Dear Dr Martin,

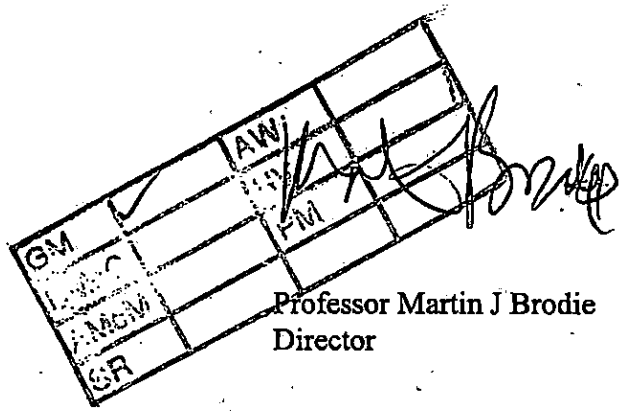
re: Colin McKay, Flat 4B, 76 Collina St, Glasgow G20. Hosp No: 907953.
DOB: 05/07/79

We acknowledge receipt of your referral of this man with a history of seizures who had previously been taking carbamazepine. This situation presents a problem not unfamiliar to us where the issue of poor compliance is complicated by possible drug abuse. There is no evidence to suggest that antiepileptic drugs have efficacy for drug-related seizures. We note that you have restarted this patient on antiepileptic drug treatment. This again implies that the diagnosis of epilepsy has been made with all its attendant lifestyle and employment difficulties. We would ask that rather than restart a patient on anticonvulsant therapy, you telephone our GP hotline or fax your referral (see enclosed details). This fast-track system allows us to see patients within one week. We will review your patient on this occasion, but request that in future you hold your prescribing hand!

Best wishes,

Yours sincerely,

Dr Linda J Stephen
Deputy Director (services)



Professor Martin J Brodie
Director

Epilepsy Unit
Department of Medicine & Therapeutics
Western Infirmary, Glasgow G11 6NT, Scotland
Telephone: 0141-211 2572 *Secretary:* 0141-211 2534 *International Dialing Code:* (44 141)
Fax: 0141-334 9329 *E-mail:* Martin.J.Brodie@clinmed.gla.ac.uk

THE VICTORIA INFIRMARY NHS TRUST

DIRECT LINE: 0141 201 5475

RHV/PD/861139

Date Dictated: 13 January 1999
Date Typed: 15 January 1999

CHARTERMARK AWARD FOR THE CARDIAC REHABILITATION CENTRE

Dr Martin
Maryhill Health Centre
Maryhill
GLASGOW

Dear Dr Martin

COLIN MCKAY DOB 05.07.79
FLAT 4B, 76 COLLINA STREET, GLASGOW

Date of Admission:	11 January 1999
Date of Discharge:	12 January 1999
Diagnosis:	Epilepsy
Follow up:	Referral on to Professor Brodie's Epilepsy Clinic at the Western/Gartnavel Hospital

This 19 year old boy was admitted via our Accident and Emergency Department after a probably seizure. He is a known epileptic who in the past has been prescribed Tegretol but appears not to be taking his treatment anymore. He was in Police custody awaiting a course appearance when he had a seizure. He appeared to be post ictal in our A & E Department and was admitted for overnight observation. He had no further fits and was up and about and independent the following day although he was still complaining of feeling weary and weak. He also complained that he had been in hospital and no one had done anything about his epilepsy. He has not been in the Victoria before as far as I can tell from our records and presumably has been in different places. I wondered if it might be worthwhile seeking Professor Brodie's opinion. Currently he is on a small dose only of Carbamazepine 100 mg bd and he may need to increase this at least to 200 mg bd.

Kind regards.

Yours sincerely

R H VERNON
CONSULTANT PHYSICIAN IN RESPIRATORY MEDICINE

AW
HV
PM
GM
DMcC
AMcM
SR

Headquarters
Queen's Park House,
Langside Road,
Glasgow G42 9TT.
Telephone:
0141-201 6000.
Fax:
0141-201 5825.

Mansionhouse Unit,
Mansionhouse Road,
Langside,
Glasgow
G41 3DX.
Telephone:
0141-201 6161.
Fax:
0141-201 6159.

Mearnskirk House,
Mearns Road,
Newton Mearns,
Glasgow
G77 5RZ.
Telephone:
0141-616 3742.
Fax:
0141-616 0730.

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 ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital Western Infirmary Date 1.2.99 CHI No.

Please arrange for this patient to attend the Epilepsy clinic of Dr/Mr Professor Brodie

Patient's Surname McKay Maiden Surname

First Names Colin Single/Married/Widowed/Other

Address 4B 76 Collina Street Date of Birth 05.07.79

Glasgow Patient's Occupation

Postal Code G20 Contact telephone number

Has the patient attended hospital before? YES / NO (XXX) If "YES" please state:

Name of Hospital Western

Year of attendance 1992 Hospital No. 907953

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 ..... days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr G Martin
Maryhill Health Centre
41 Shawpark Street
Maryhill
Glasgow G20 9DR
0141 531 8830

Please use rubber stamp

PRACTICE CODE 43311

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 Professor Brodie,

I would value your opinion regarding this 19 year old man who recently attended Dr. Vernon (Consultant Physician) at the Victoria Infirmary having had a grand mal seizure. Professor Vernon requesting onward referral to you for an assessment.

I saw him in the surgery last week. He gives a history of 5-6 grand mal seizures in the past 15 months. Apparently some time ago he was started on Carbamazepine but he has never taken it on regular basis.

I see in his notes 1 Accident & Emergency report stating that he was hyperventilating and having carpopedal spasm and there is also a report from December 1997 when it was felt that he possibly had a cardiorespiratory arrest in Barlinnie Prison. On this occasion there was a query as to whether he had taken an opiate overdose and apparently and EEG and CT scan were to be arranged at the Southern General Hospital, although I can see no record of this having been done. (Possibly the result only went back to the Doctors in Barlinnie).

He has not been questioned regarding drug abuse although I do see 1 hospital admission in November 1997 when he had taken 60mgs of Diazepam "to get a buzz".

I have started him on him on Sodium Valproate 200mgs twice daily increasing to 400mgs twice daily after 1 week and arranged to see him in 2 weeks.

Yours sincerely,

Dr G Martin

Diagnosis / provisional diagnosis:

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

355-2104

Printed for The Stationery Office , Dd8457208,08/97, R.P.(53791)

THE VICTORIA INFIRMARY NHS TRUST

Victoria Infirmary NHS Trust
Glasgow G42 9TY
Telephone 0141-201-6000

Immediate Discharge Letter and Medicine Prescription Form - Confidential

Ref No: 16517

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed.

Dear Doctor MARTIN

Your patient:

Fix ID label to all 4 copies.

Name: CAIN McKAY

Address: FLAT B
76 Collina St.
Glasgow G20 8AU

DOB: 5/7/79 Unit no: 861139

Admitted to Ward: 6

On: 11/1/99

Consultant: VOWDEN Registrar: JHO:

Discharged on: 12/1/99 From Ward: 6

Diagnosis at time of discharge:

1 Seizures
2
3
4
5

Operation/Procedures

1
2
3



Follow-up arrangements

Clinic: Weeks:
(Appointment to follow)

Ambulance transport arranged: Yes ☐ No ☐

Follow-up care:

Remove sutures/staples on: / /

Other:

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	Number of days supply	Quantity, name, strength and manufacturer supplied by Pharmacy
TEGRETOL	PO	100mg		✓							✓			7	14T x 100mg

COMMENTS (including medicine sensitivity, list continuing medication not prescribed above and weight on discharge).

Doctor's name: Signature: Date 12/1/99

Pager number: 3214

Patient prescription number:

Pharmacy use only

Dispensed by: Date: 11/01/99

Checked by:

Medication collected by *(Messenger)*:

WARD USE ONLY

Med. rec. on ward by:

Issued by: Date: 12/01/99

Signature of recipient: Steven Wade C214

White copy G.P; Pink copy Case Notes; Blue copy Pharmacy; Green copy District Nurse.

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

Rm 6

CRN: 907953

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCKAY	COLIN	19	05/09/79	28/11/98	14:19	051569/98

Address	Sex	Religion	Date of Inc	Time
4B /76 COLINA ST GLASGOW	Male		28/11/98	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G20 8AU	945 1373	Single /		Other	By Ambul

GP

Name: Dr MCCARTNEY

Address: MARYHILL HEALTH CENT
41 SHAWPARK STREET
GLASGOW
G20 9DR

Referred by: Selfref

NEXT OF KIN

Name: MARIE KELLY

Relat.: MOTHER

Tel. No.: 945 1373

Address: 4B /76 COLINA ST
GLASGOW
G20 8AU

Complaint

GM		AW	
DMcC	✓	HV	
AMcM		PM	
SR			

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 - HYPERVENTILATION
- CARPOPEDAL SPASM.

X-Ray film/ECG shows

Treatment given BROWN BAG

Allowed out in police custody

TRIAGE

TRIAGE TIME 14:19

TRIAGE CATEGORY Category 3

~~INITIAL COMPLAINT~~
Convulsion

~~INITIAL TREATMENT~~

FILED BY ADMJBOY

Drugs _____ days supply of: _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) MARSHALL

Cons SR Reg SHO/JHO (Clin Assist) (please circle)

Signature of Medical Officer

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

(2)

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	CRN : AE Number
MCKAY	COLIN	19	05/09/79	29/11/98	14:48	051717/98

Address	Sex	Religion	Date of Inc	Time
4B /76 COLINA ST GLASGOW	Male		29/11/98	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G20 8AU	945 1373	Single /		Other	By Ambul

GP

Name	Address	Referred by
Dr MCCARTNEY	MARYHILL HEALTH CENT 41 SHAWPARK STREET GLASGOW G20 9DR	OTHER

NEXT OF KIN

Name	Address
MARIE KELLY	4B /76 COLINA ST
Relat. MOTHER	GLASGOW
Tel. No. 945 1373	G20 8AU

Complaint

GM		AW	
DMcC	✓	HV	
AMcM		PM	
SR			

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

TRIAGE TIME 14:48
TRIAGE CATEGORY Category 3

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis Hyperventilation Headache

INITIAL COMPLAINT
Medical Other

X-Ray film/ECG shows Neurologically intact

INITIAL TREATMENT

Treatment given Reassured Paracetamol

FILED BY MRMHAMI

Drugs 2 days supply of Paracetamol 1g qds has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged	Arranged	To be arranged

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) DENISON

Cons SR Reg (SHO) JHO Clin Assist (please circle)

Signature of Medical Officer MD

Robert Taylor
SOLICITORS & NOTARIES

ROBERT TAYLOR. LL.B.. N.P.
HOME TEL. NO. 943 1058

THIRD FLOOR. 102 BATH STREET, GLASGOW G2 2EN Telephone: 0141-332 9001
DX GW 263 Fax: 0141-332 9039

RT/RB

24 September 1998

Dr. M. McCartney
Maryhill Health Centre

Fax No. 531 8707

Dear Sir

Our client - Colin McKay
d.o.b. 5/9/79

We refer to the above named whose address is 76 Collina Street, Maryhill, Glasgow GLASGOW G2 2[illegible].

Our client is presently in custody and appears in Court tomorrow, Glasgow Sheriff Court.

We understand that our client has consulted you with regard to a seizure which he experienced while in custody in Barlinnie Prison, Glasgow, and was referred to the Southern General Hospital for a Brain Scan.

Would it be possible to confirm this matter and send us a short Report regarding our client. We send herewith Mandate signed by our client.

Yours faithfully

I, Colin McKay (d.o.b. 5/9/79) 76 Collina Street, Glasgow, hereby authorise and instruct you to pass over details with regard to my medical records to Robert Taylor, Solicitor, 102 Bath Street, Glasgow

COLIN McKAY

9/79) 76 C
and inst
ts my medi
102 Bath

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT &>EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

RM 9

CRN: ~~90~~ 907953

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date.	Time	AE Number
MCKAY	COLIN	18	05/09/79	30/06/98	17:01	028648/98

Address	Sex	Religion	Date of Inc	Time
48 /76 COLINA ST GLASGOW	Male		30/06/98	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G20 8AU	945 1373	Single /		Other	By Ambul

GP

Name	Address	Referred by
Dr MCCARTNEY	MARYHILL HEALTH CENT 41 SHAWPARK STREET GLASGOW G20 9DR	

NEXT OF KIN

Name MARIE KELLY
Relat. MOTHER
Tel. No. 945 1373

Address 48 /76 COLINA ST
GLASGOW
G20 8AU

Complaint

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

GM	AW
LMBC	
AMOM	PM
SR	

TRIAGE

TRIAGE TIME 17:01

TRIAGE CATEGORY Category 3

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis SEIZURE — X3 PREVIOUS EPISODES
SEIZURE ON TREATMENT - AT STEPPED CARE 2/12 CASE — LIGHTHEADEDNESS

X-Ray film/ECG shows → WELL DISCHARGED INTO POLICE CUSTODY

Treatment given ~~INITIAL TREATMENT~~ RESTARTED TEGRETOL ; 200mg NOCTE 5/7.
200mg BD 5/7
200mg TDS
ADVISED STRICTLY TO SEEK 2ND OPINION FILED BY MRMREA AT S&H

Drugs ____ days supply of GOES TO PRISON TO BE ARRANGED FROM THERE has been given.

Tetanus Prophylaxis has/has not been administered. TT Course ____ TT Booster ____ HATI ____ (Please Tick)

Would you please arrange ____

DISCHARGE CODES: Please Circle

1. Admission
2. ~~Discharge~~
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up	Not arranged ✓	Arranged ____	To be arranged ____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) BALLARD

Cons SR Reg ~~SHO/JHO~~ Clin Assist (please circle)

Signature of Medical Officer

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST
GLASGOW
G31 2ER
TELEPHONE: 0141-211 4000

Date

Dear Doctor Mc CARTNEY
Maryhill HEALTH CENTRE.

Patient ID Label / Name & Address

869319W
MACKAY M/S
COLIN 05/09/1979
76 COLLINA STREET
FLAT 4/8
GLASGOW G20 8AU

The above named patient who had an appointment to attend the Medical clinic on 9.2.98 failed to report.

GM		AW	
DMcC	✓	HV	
AMcM		PM	
SR			

The patient has not been given a further appointment. We are, however, happy to receive a re-referral from yourself if required. ☑

The patient has been sent a further appointment. However if there is anything untoward in the patient's management please let me know. ☐

Signed ..... Consultant

0546574

Maryhill
Health Centre
red area

house calls & enquiries
☎ 531 8897
appointments only
☎ 531 8830
fax
☎ 531 8863

41 Shawpark Street Glasgow G20 9DR

- Dr Gordon Martin MB ChB DRCOG MRCGP
- Dr David McCartney MB ChB DRCOG MRCGP
- Dr Avril McMillan MB ChB DRCOG MRCGP
- Dr Susanne Russell MB ChB MRCGP DFM
- Dr Alasdair Webb Bsc MBChB MRCGP DGM DRCOG DFFP

24th February 1998

Mr John Brittain
Social Worker
Criminal Justice Sub Team
Social Work Department
840 Garscube Road
Glasgow G20

Dear Mr Brittain

Re: Colin McKay, 4B 76 Collina Street, Glasgow, G20
DOB 5.9.79

Thank you for your fax of 19.2.98. I know of no reason why Colin McKay should not be able to perform Community Service.

Yours sincerely,

Dr D McCartney

Glasgow City Council

Director:
Mary C Hartnoll
CBE BA

Social Work
Glasgow City Council

Social Work
Criminal Justice Sub Team,
Social Work Department,
840 Garscube Road, Maryhill, Glasgow, G20.

0141 946 6705

DR M°CARTNEY,
MARYHILL HEALTH CENTRE.

Dear Dr M°Cartney,

Re: COLIN MCKAY (DOB 05/08/79), 4B, 76 COLINA STREET.

The above named person is to appear before Glasgow Sheriff Court on 23-02-98. The Court has requested an assessment of his/her suitability for Community Service.

I am writing to ask if you would give your opinion, in writing, of his/her fitness to undertake Community Service. I enclose leaflets which explain the nature of Community Service Orders and the tasks which offenders can be given.

Yours sincerely

John Britain

JOHN BRITAIN.
SOCIAL WORKER

Fax Message

Glasgow City Council
Social Work

From : JOHN BRITTAIN.
Social Work Department.
Maryhill Area Team.
803 Garscube Road,
Maryhill,
Glasgow.
G20 7JS
Phone : 0141 – 945 – 1126 ext
Fax : 0141 – 945 – 0115

Date : 18-02-98.

To : DR MCCARTNEY
MARYHILL HIC.

Number of Pages 2. including this page.

Message :

946 6705

Please contact the above office immediately if you do not receive this FAX.

CONSULTANT Dr. M. Soukop

GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000 Ext.

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
5.12.97	5.12.97	6	5.9.79	869319/W

DISPOSAL

Home

FOLLOW UP

Medical Clinic

NAME AND ADDRESS

Colin MacKay
Flat 4/B
76 Collina Street
G20 8AU

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. Grand mal seizure	
? Cardiorespiratory arrest 2. following rectal Diazepam	
3.	
4.	
5.	
6. JF/MS/16 December 1997	

DISTRIBUTION OF LETTERS

Dr. D. McCartney
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Medical Officer
HM Prison Barlinnie Glasgow G33

OPERATION	CODE
1.	
2.	
3.	

History: Mr. MacKay, an inmate at Barlinnie Prison, had a witnessed Grand mal seizure which was followed by, what looked like, a cardiorespiratory arrest, requiring CPR after 10mgs of Diazepam was given intra-rectally. Because of the possibility of an opiate overdose, he was given Naloxone, with immediate recovery of spontaneous respiration.

Examination: In A&E he was haemodynamically stable and, apart from being drowsy, he was neurologically intact.

Treatment and Progress: In view of three witnessed Grand mal seizures, he was started on Carbamazepine 100mg twice daily and this has to be doubled to 200mg twice daily after one week. Out-patient EEG and CT brain have been arranged.

M. Le SL,

Dictated by J. Farrugia
Senior House Officer SHO

Approved by
Consultant Physician

GM		PN	
DMcC	✓ Gumm	HV	
A McM		DN	
SR		PM	
RM		AFM	

0159806

GENERAL PRACTITIONERS NAME and ADDRESS

STOBHILL NHS TRUST, GLASGOW CASUALTY DEPARTMENT

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCKAY	COLIN	18	05/09/1979	10/11/97	20:27	040370

Address	Sex	Religion	Date of Inc	Time
76 COLLINA ST GLASGOW	MALE		10/11/97	~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
		SINGLE		O.D.	AMBULANCE

GP

Name	Address	Referred by
G20 MCCARTNEY	41 SHAWPARK STREET GLASGOW G20 9DR	

NEXT OF KIN

Name:

Relat. NOT STATED

No. MOTHER

Address:

Complaint: OVERDOSE

CLINICAL NOTES

B.P: 122/80
PULSE: 89
TEMP: 36.2
TIME:

8.50 pm

TOOK 6x DIAZEPAM 10mg ~ 5am TONIGHT.
DID NOT INTEND SELF-HARM BUT
TOOK THEM "TO GET A BUZZ".
COLLAPSED ON THE WAY TO McDONALDS.
REMEMBERS WAKING UP IN THE AMBULANCE. DENIES ALCOHOL OR OTHER DRUGS.

O/E DROWSY. GCS 14. PERLA. RUALS PIN-POINT.
HS I and II and O.
BREATH SOUNDS VESICULAR
SPEECH SLURRED.

GM			
DMcC	✓	HV	
A McM		DN	
SR		PM	
RM		AFM	

COMPUTER SAYS OVERDOSING ON BENZODIAZEPINES ALONE IS

ALLERGIES: REMARKABLY SAFE

TREATMENT PRESCRIBED:
DISCHARGE.

Examining Doctor: FAM
(Signature)
PRINT NAME F. MURRAY

Investigations	X-Ray	Lab	ECG	Cross Match	Bact

Diagnosis

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg

Pop	Resusc	Nurse's Signature

	Pat Group	Diag	Anat Sit
1			
2			
3			
FD			

Research

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis

Died	DOA	GP	Transfer	Other Clinic	DNW

Mr Colin McKay, 4B 76 Collina St, Maryhill, G20 8AU
05/09/79-6095, Age 16, NHS No. 61579558, Tel?, Status?, ID?
Reg. With Dr D McCARTNEY

ADMINISTRATION

23/05/1996 Patient NRE received from HB
19/12/1995 Pat. GP7B/GP8B card from HB
18/12/1995 Patient signed reg. form

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

RR2 R8

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCKAY	COLIN	16	05/09/1979	13/12/95	11:28	053645/95

Address	Sex	Religion	Date of Inc	Time
76 COLLINA ST GLASGOW	MALE	CATHOLIC	12/12/95	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
SINGLE	U/E	EMERGENC	WALKING/OTHER

PC G20 8AU Tel 945 0218

GP

Name MORAN MARIE

Address 41 SHAWPARK STREET GLASGOW G20 9DR

Referred by SELF REFERRAL

NEXT OF KIN

Name MOTHER

Relat.

Address A/A

Tel. No.

Complaint INJURY R LEG

ROAD TRAFFIC ACCIDENT PLACE

HOME ACCIDENT PROBABLE CAUSE

DETAILS

AFM	✓	PN	
GM		HV	
DMcC		DN	
AMcM		PM	
SR			

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis Acute Hamstring Tear

X-Ray film/ECG shows R Knee ⇒ NAD

Treatment given Cryotabs, OTC, NSAID

Drugs _____ days supply of Brufen has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow up: Not arranged _____ Arranged 21/12/95 To be arranged _____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
	✓									

Medical Officers Name (In Block Letters) P.A. Rees

Signature of Medical Officer

Cons (SR) Reg SHO/JHO Clin Assist (please circle)

MEDIC-CALL

TIME RECEIVED	TIME COMPLETED	DATE	MEDIC
22.19	22.31	2.10.93	8

NAME COLIN MCKAY. D.O.B. 1.9.79

ADDRESS [redacted] KELLY ST COLAC

REVISIT

HOSPITAL

COMPLAINT & HISTORY
SEV PAIN S/GLANDS

TEMPERATURE

CLINICAL FINDINGS Throat + Tonsils
Heart ++
Lungs BS Vesicular
no adv
Throat Infection
Cyclex 1gm
Augmentin 1 tds

PULSE

BP

G.P. [redacted] MORAN.

AUGMENTIN

GREATER GLASGOW HEALTH BOARD

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

Our Ref MC/PMB/907953

Your Ref

If phoning ask for EXT. 414/516

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel. No: 041-334 8122

DEPARTMENT OF OTOLARYNGOLOGY

Dictated: 23 January 1992
Typed: 18 February 1992

Dr D McCartney
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR

Dear Dr McCartney

COLIN McKAY - 4B, 76 COLLINA STREET, GLASGOW - DOB 5.9.79

Many thanks for referring this boy. He quite plainly appears to have allergic rhinitis. There is streaming of the eyes, rhinorrhoea and nasal obstruction. It is a perennial problem and worse indoors. I did not think it necessary to do an RAST test. They do not have any pets. I have given him a course of Rhinolast nasal spray. I will review the situation in 3 months' time.

Yours sincerely

M CHAURASIA, FRCS
LOCUM ENT CONSULTANT

A M		
G M		
D Mc	✓	
A McM		
S R		

C.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 847516

HOSPITAL CODE C316H

SURNAME	FORENAMES	BIRTH SURNAME
Mc KAY	COLIN	

ADDRESS: FLAT 4B 76 COLLINA ST.
PATIENT'S OWN OCCUPATION: SCHOOLBOY

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G20 8AU	—	5-9-79 (13)	1	1	R/C

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
MARIE	MOTHER.	Dr MORRAINE	

ADDRESS: S/A.
ADDRESS: MAY HILL H/CENTRE

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
15-2-92	NO	—	—

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
09.30	INJ. L/L HAND.

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
12-2-92	PM	7	GP____ SELF____ POLICE____ OTHER (CODE)____

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

A.W. DMc S.H.

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Inj ② 5th metacarpal & base finger.

X-Ray film/~~ECG~~ shows no obvious bony injury.

Treatment given: lacerated
double Allnagip ② hand
Bristle.

Drugs____days supply of____has been given.

Tetanus Prophylaxis has/has not been administered. TT Course____TT Booster____HATI____(Please Tick)

Would you please arrange____

DISCHARGE CODES: Please Circle

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital (see below)
5. Died
6. Refer to O.P. Clinic (see below)
7. Irregular Discharge
8. D.O.A.

Ward No. (if admitted)	Transfer to Hospital	Consultant (if admitted)

Follow Up	Not arranged____	Arranged____	To be arranged____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters): ALLTAIR

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer

WESTERN INFIRMARY/GARTNAVEL GENERAL UNIT

EMERGENCY OUTPATIENT PRESCRIPTION

*IMPORTANT --PRESCRIBER SHOULD REFER TO THE NOTES OVERLEAF DAYS SUPPLY WILL BE ISSUED

907953/R

PATIENTS NAME: MCKAY COLIN

PATIENTS ADDRESS: 4B /76 COLINA ST GLASGOW G20 8AU

M S

05/09/79

G.P.Prac.43311

DATE OF BIRTH

HOSPITAL NUMBER

PLEASE DISPENSE THE FOLLOWING THERAPY

PHARMACY USE

Rhinoplast

one spray (0.14mg)

each nostril bd

1 month

Please take this prescription to the Main Reception Desk to have it receipted, before presenting it to Pharmacy.

EXEMPT

FOR HOSPITAL ONLY OR CLINICAL TRIAL DRUGS
STATE QUANTITY OF DRUGS TO BE SUPPLIED

NO. DAYS TREATMENT

PRESCRIBER'S SIGNATURE

CLINIC ENT

DATE 23 JAN 1992

NOTES

1. *DRUGS WILL ONLY BE SUPPLIED FROM THE HOSPITAL PHARMACY IF THIS FORM IS USED*

2. *THE FORM IS ONLY TO BE USED FOR:*

   i) EMERGENCY SUPPLIES OF DRUGS WHERE DELAY IN VISITING THE GP WOULD BE DETERIMENTAL TO THE PATIENT

   ii) FOR HOSPITAL ONLY DRUGS

   iii) FOR CLINICAL TRIAL DRUGS

3. *A 7 DAY SUPPLY WILL BE ISSUED EXCEPT FOR PRESCRIPTIONS IN CATEGORIES 2 (ii) AND 2 (iii)*

   ALSO FULL COURSES OF ANTIBIOTICS AND CYTOTXIC DRUGS AND COMPLETE STEROID REDUCTIONS WILL NORMALLY BE ISSUED.

4. *PRESCRIPTIONS MUST BE COMPLETED IN FULL BEFORE THEY WILL BE DISPENSED*

43311 Knightswood Hospital 23.12.91

Allergy

McKay
Colin
48 76 Collina Street 5.9.79
Glasgow
G20

xx

Dr. D. McCartney
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

041 946 7151

Dear Doctor,

Colin suffers from perennial rhinitis and there appears to be no aggravation at the hay fever season. There is a family history of similar problems. He also has irritable eyes which is sticky in the mornings. Various medication has not helped including Beconase, Piriton and Otrivine Antihistine Eye Drops (Opticrom has also been tried). He was in fact referred in May of this year but did not receive an appointment, and I would therefore be grateful if an appointment could be sent to him.

Yours sincerely,

Dr. D. McCartney

Knightswood Hospital 22.5.91

Allergy Clinic

McKay
Colin J
4B, 76 Collina Street 5.9.79
Glasgow
G20 946 6393 (neighbour)

xx

RHSC
1987 341612

DR ANN F MORAN
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET
GLASGOW
G20 9DR
041 946 7151

PRACTICE CODE NO: 43311

Dear Doctor,

Colin suffers from perennial rhinitis and there appears to be no aggravation at the hay fever season. There are no domestic pets. His father is said to have a similar problem. He also complains of irritable eyes which are sticky in the mornings, there is no history of wheezing. He has had various medications, none of which have been particularly effective. At present he has been prescribed Beconase spray 2 applications twice daily, Piriton tablets ½ tablet 4-6 hourly if required and Otrivine-Antistin eye drops 3 drops a day. This latter has been prescribed as Opticrom is at present unavailable.

Colin's mother is very concerned as he is never free of symptoms, and has requested referral for allergy testing. I would be grateful if you could see him. His notes record that he is a general poor eater and was somewhat iron deficient in 1987 and treated with oral iron. In 1986, he was seen at an ENT Clinic and was noted to have 25% conductive hearing loss on the right side.

Thank you for seeing him.

Yours sincerely,

Dr. Ann F Moran

ROYAL HOSPITAL FOR SICK CHILDREN

Our Ref: JK/EM
Your Ref:
Enquiries to: HAEMATOLOGY DEPARTMENT

YORKHILL
GLASGOW G3 8SJ
Telephone: 041-339 8888

12 November 1987

Dr D McCartney
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Dear Dr McCartney

re: **COLIN McKAY DoB 5.9.79 HN 341612**
4B 76 COLLINA STREET GLASGOW G20 8AU

I saw this boy at the Haematology Out-patient clinic today. Thank you for your letter. I believe he attended you 6 weeks' ago when you checked his blood count and found it to be 9.6 g/dl and was also a bit concerned about bruising on his body. Colin's mother told me that his general health has been quite good in the past apart from recurrent colds. He copes well enough with the school curriculum although there do seem to be some behavioural problems there. Colin really has never eaten a balanced diet and refuses to eat red meat, green vegtables, dairy produce and he eats very little in the way of eggs. His nourishment appears to consist of in a greater part of rather less nourishing foods such as chips and crisps. He does eat a bit of fish and chicken. His 2 sisters, who I believe are well and eat normally. There is no history of any aspirin ingestion nor is there any history of gastrointestinal upset.

On examination he seemed a bit pale, there were a few bruises over his shins but nothing abnormal in any way and no evidence of any purpura or petechiae. Clinical examination was normal. I checked his serum ferritin, LFT's, urea and electrolytes and decided a chest X-ray although there is no family history of TB. His haemoglobin today was 12.2 g/dl, normal white cell count and platelet count was $416 \times 10^9/l$. His blood film is a little hypochromic and his MCV is slightly reduced. It would seem reasonable to treat him with Sytron for about 2-3 months'. I suspect his iron stores are deficient. I will let you know the result of his various blood tests in due course. I made no further arrangements to see him again. I suggested to his parents that attention to his diet is really the basic problem.

Yours sincerely

J KELT
CLINICAL ASSISTANT

ROYAL HOSPITAL FOR SICK CHILDREN

Our Ref: JK/EM
Your Ref:
Enquiries to: HAEMATOLOGY DEPARTMENT

YORKHILL
GLASGOW G3 8SJ
Telephone: 041-339 8888

26 November 1987

Dr D McCartney
Maryhill Health Centre
41 Shawpark Street
Glasgow G20 9DR

Dear Dr McCartney

re: COLIN McKAY DoB 5.9.79 HN 341612
4B 76 COLLINA STREET GLASGOW G20 8AU

Results done on Colin are as follows: Chest X-ray normal, urea and electrolytes, liver function tests and calcium all normal. His ferritin was somewhat low at 19 umols/l.

Yours sincerely

J KELT
CLINICAL ASSISTANT

RHSC YORKHILL 2/11/87

HAEMATOLOGY

McKAY
COLIN
4B 76 COLLINA STREET
GLASGOW
G20

5/9/79

Dr D McCartney
Maryhill Health Centre
41 Shawpark Street
GLASGOW
G20 9DR
041 946 7151

Dear Doctor

This little boy was noted to have a haemoglobin of 11.2 on admission to Ruchill Hospital in 1980. A routine full blood count after a recent minor head injury showed that his haemoglobin had dropped to 9.6, and looks clinically anaemic. His mother reports that he has been bruising easily over the last few months and examination reveals several large bruises on his limbs, although perhaps no more than one would expect to find in a child of this age.

Examination of all the systems was negative except that his right kidney was palpable and the liver tip could just be felt. In particular there was no splenomegaly or lymphadenopathy. Colin does appear to be a faddish eater but specific dietary enquiry suggests that a dietary cause for this normochromic normocytic anaemia is unlikely. In addition there was a slight eosinophilia to the white cell count.

I would be grateful for your help in assessing this young lad's moderate anaemia.

Yours sincerely

Dr D McCartney

POSSILPARK HEALTH CENTRE

85 DENMARK STREET,
GLASGOW, G22 5EG.
Telephone: 041-336 5311

E.N.T. CLINIC

BI/RK.

2nd September, 1986.

School Medical Officer,
St.Gregory's Primary School,
Glasgow.

Dear Doctor,

Colin McKay, d.o.b. 4.9.79,
4B, 76 Collina Street, Glasgow, G20.

We saw this patient at the ENT Clinic having failed his sweep test at school.

ENT examination revealed retraction of his right tympanic membrane with a 25dB conductive loss on that side. We have suggested that he use ½% Ephedrine Nose Drops and he will be seen for review in six months time.

Yours sincerely,

Brian Irvine,
Consultant ENT Surgeon

c.c.Dr. Moran, Maryhill Health Centre.

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
986 MAY 10 21:38	109	MORAN	731
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
MAY 10 21:48	76	Mc Luskey	
TIME ARRIVED	**PATIENTS NAME**		**M / F**
TOA 22.20	COLIN McKAY		**T.R.**
AGE YEARS / MONTHS	**ADDRESS**		
6	FLAT 4B 76 COLLINS ST		
ORIGIN	MARYHILL	**TEL.**	9466 6393
MUM			
DIRECTIONS	4TH FL.	**MAP REF.**	

MESSAGE

H/O WORMS - CRYING.
WANTS A VISIT

OPERATOR Mary

DIAGNOSIS
TREATMENT

REVISIT

F.P. 10 42

ADMISSION / AMBULANCE / **TIME**

OPERATOR

Adalat retard

ADALAT RETARD FOR THE TREATMENT OF HYPERTENSION

DEPUTISING DOCTOR 76

CALL NO.

PATIENT'S NAME & ADDRESS: Colin McKay
Flat 45, 76 Collins St
Manly 4up

AGE: 6

DATE: NO 15/86

TIME: 21.30

COMPLAINT AND HISTORY

c/o Worms
distressed

RELEVANT CLINICAL FINDINGS

TEMP. N

PULSE

B.P.

F TNP No allergy
vomiting ++ Talk
mainly at NPA
(H) Pain on bending
No Rad: No entry

DIAGNOSIS

No (V): Nausea
(B) Nausea
ext: Lt. TNP

PATIENT TO CALL IF NECESSARY

TREATMENT

(P) NM (BE)
Rad Rimp
Maxolon IM

TO SURGERY ON: MON DAY

PLEASE REVISIT ON: TUE DAY

PATIENT'S OWN DOCTOR: Morris 42

HOSPITAL ADMISSION ARRANGED

AIRCALL MEDICAL BLEEPERS
SPECIAL DISCOUNT FOR TELEPHONE ANSWERING AND BLEEPERS SERVICE. ASK YOUR LOCAL BRANCH FOR DETAILS!

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
	109	MORRAN.	144
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
		ADVICED	
TIME ARRIVED	**PATIENTS NAME**	**M** / **F**	
	COLIN McKAY	**T.R.**	

AGE YRS / MONTHS 6 [redacted]

ADDRESS FLAT 4B 76, COLINA ST

MARYHILL

ORIGIN

TEL.

DIRECTIONS

MAP REF.

MESSAGE

Seen by DDS. earlier ? worms. med. causing burning sensation

OPERATOR KH.

DIAGNOSIS TREATMENT Advised to use barrier cream.

REVISIT

F.P. 10 42.

OPERATOR

ADMISSION AMBULANCE / **TIME**

Adalat retard

ADALAT RETARD FOR THE TREATMENT OF HYPERTENSION

DEPUTISING DOCTOR 76

CALL NO.

PATIENT'S NAME & ADDRESS Colin McKay
Flat 4b. 76 Collins St
Maryhill 4up

AGE 6

DATE 10/5/86.

TIME 21.30.

COMPLAINT AND HISTORY
c/o Worms
distressed

RELEVANT CLINICAL FINDINGS

TEMP. N

PULSE

B.P.

F. TNP. No allergies
medication on Table
Examined (P) treatment 1
(H) Hairy abdomen
normal; no enlargement;
no (V); Normal
(B) Normal
ext. - N.F. TNP

DIAGNOSIS

PATIENT TO CALL IF NECESSARY

TREATMENT

(P) Pediculosis
Nil (B) R
cuff removed
2 dual rinse
Nil long lasting Ed. Dyne
Nil

TO SURGERY ON Mon DAY

PLEASE REVISIT ON DAY

PATIENT'S OWN DOCTOR Morris

HOSPITAL ADMISSION ARRANGED

AIR CALL MEDICAL BLEEPERS
SPECIAL DISCOUNT FOR TELEPHONE ANSWERING AND BLEEPERS SERVICE. ASK YOUR LOCAL BRANCH FOR DETAILS!

4/12/15

TIME RECEIVED	G.P. NO.	G.P. NAME	CALL NO.
NOV 2 : 21:40	109	Mc Elroy Maryhill H.C	0476
TIME PASSED	**DEP. NO.**	**DEP. NAME**	**S.C. O/O.B.S**
1983 NOV 2 : 21:43	67	A&E	
TIME ARRIVED	**PATIENTS NAME**		**M** / **F**
1983 NOV 2 : 22:	Colin Mackay		**T.R.**

AGE YEARS: [redacted] MONTHS: —

ADDRESS
Flat 4B
76 Collina St rear
Maryhill

TEL. 945-0239

ORIGIN
mum

DIRECTIONS
4th Floor House 4B

MAP REF. C/Gilla

MESSAGE
diarrhoea
c/o pains in back passage.
Given medicine by GP
which he won't take

OPERATOR
Sally

DIAGNOSIS
TREATMENT

REVISIT

F.P.10
46

ADMISSION / **AMBULANCE** / **TIME**

OPERATOR

Halcion® Ambaxin® Xanax®
Upjohn

DEPUTISING DOCTOR G7

CALL NO.

PATIENT'S NAME & ADDRESS Colin Blackley
76 Holborn St
E.4 B. 4QP

AGE 42 Yrs

DATE 21/6/83

TIME 21.40.

COMPLAINT AND HISTORY
Sore throat
Sore back passage
Pain

RELEVANT CLINICAL FINDINGS
Redness
Inflamed throat

TEMP.

PULSE

B.P. /

DIAGNOSIS
Tonsilitis

PATIENT TO CALL IF NECESSARY

TREATMENT
Antibiotics

TO SURGERY ON DAY

PLEASE REVISIT ON DAY

PATIENT'S OWN DOCTOR Blackburn Ltd

HOSPITAL ADMISSION ARRANGED

Paramol-118
(Paracetamol BP, Dihydrocodeine Tartrate BP)
for mild-to-moderate pain
DF Full information is available on request Paramol is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA

Greater Glasgow Health Board — Northern District

Consultant Physicians
DR. IAN W. PINKERTON
DR. DERMOT H. KENNEDY

S.H.M.O.
DR. H.G. EASTON

RUCHILL HOSPITAL
BILSLAND DRIVE
GLASGOW G20 9NB
TELEPHONE 041 - 946 7120

Clinical Department of Infectious Diseases

SS/NC Unit No. 62599 23 May 1980

Dr McIlroy
Maryhill Health Centre
41 Shawpark Street
Glasgow

Diagnosis: Gastroenteritis

Dear Dr McIlroy

Re: Colin Mackay - d.o.b. 5.9.79
76 Collina Street, Glasgow
Adm: 8.5.80 Disch: 11.5.80

This 8 month old child was admitted to ward 14 on the 8th May with a 4 day history of vomiting and diarrhoea, passing yellow, mucousy stools about 5 daily. He had also been pyrexial for 3 days prior to his admission.

On examination, he was mildly pyrexial with a temperature of 37.2°C. He was happy and alert. His colour was normal. There was no rash to be seen. He did have an injected throat but no exudate was seen. There was nothing abnormal to find on systematic examination. Full blood count gave a Hb of 11.2 g/dl and white cells of 8.4. He had several loose stools during the first 24 hours of his admission. These resolved on conservative treatment.

He was finally discharged on the 11th May being asymptomatic at that time. No intestinal pathogens were isolated. We have not arranged to see him again.

Yours sincerely

SRScott

S Scott
Senior House Officer
p.p.I W Pinkerton
Consultant Physician

DEPUTISING DOCTOR

CALL NO:

PATIENT'S NAME & ADDRESS COLIN ~~MAKAY~~ McKay
76 COLINIA ST
MARYHILL 4B 4QP

AGE 2 MONTH

DATE 10/8/81

TIME 1.30

COMPLAINT AND HISTORY

COOP + DD.

RELEVANT CLINICAL FINDINGS

+ Mild emp

TEMP.

PULSE

B.P. 1

DIAGNOSIS

PATIENT TO CALL IF NECESSARY

TREATMENT Amoxil 125 syr
- Linctus Pholcodine syr

TO SURGERY ON DAY

PLEASE REVISIT ON DAY

PATIENT'S OWN DOCTOR MAKILROY

HOSPITAL ADMISSION ARRANGED

Paramol-118 JUST THE ONE for mild-to-moderate pain
paracetamol BP and dihydrocodeine tartrate BP
DF Full information is available on request. Paramol is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA

E RECEIVED		G.P. NO.	G.P. NAME	CALL NO.
81 NOV 1	17:40	109	Moran.	942
TIME PASSED		DEP. NO.	DEP. NAME	S.C. O/O.B.S
TIME ARRIVED		PATIENTS NAME		M / F
		Colin McCay		T.R.
AGE YEARS / MONTHS	ADDRESS	76 Collins St		
ORIGIN			TEL.	
DIRECTIONS			MAP REF.	

MESSAGE

Pt Nose Bleeding Plus
Mother Noted Patient Was
Eating Apricot Yesterday On.
One

OPERATOR

DIAGNOSIS
TREATMENT

REVISIT

F.P.10

OPERATOR

ADMISSION / AMBULANCE

TIME

Paramol-118 JUST THE ONE for mild-to-moderate pain
paracetamol BP and dihydrocodeine tartrate BP
DF Full information is available on request. Paramol is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA

TIME RECEIVED	G.P. NO.	G.P. NAME	CALL NO.
NOV 1 15:55	109	Moran	788
TIME PASSED	**DEP. NO.**	**DEP. NAME**	**S.C. O/O.B.S**
1981 NOV 1 16:58	71	Wheeler	
TIME ARRIVED	**PATIENTS NAME**	(M) F	
	Colin McKay	T.R.	

AGE YEARS	AGE MONTHS	ADDRESS
2		76 Colling St Morphett
ORIGIN		
Mum		F 4 B.

TEL. 9463077

DIRECTIONS: 4 4 P

MAP REF.

MESSAGE: Fell & Injured Back passage Several weeks ago Now Passing Blood in Urine

OPERATOR: Moe.

DIAGNOSIS
TREATMENT

Cancelled

REVISIT

F.P.10 42

ADMISSION
AMBULANCE / TIME

OPERATOR

Paramol-118 JUST THE ONE for mild-to-moderate pain
paracetamol BP and dihydrocodeine tartrate BP
DF Full information is available on request. Paramol is a trade mark of Duncan, Flockhart & Co. Limited, London E2 6LA

ME RECEIVED	G.P. NO.	G.P. NAME	CALL NO.
11 01:07	109	McElhone	056
ME PASSED	**DEP. NO.**	**DEP. NAME**	**S.C. O/O.B.S.**
11	50	Atmed	
ME ARRIVED	**PATIENTS NAME**		**M / F**
11 01:25	Colen McKay		T.R.

AGE YEARS	MONTHS	ADDRESS
3	21	46 Colina St Maryhill

ORIGIN: mum — Flat 4B

TEL. 946-3077

DIRECTIONS: Hup

MAP REF.

MESSAGE

Dt. croupe.

OPERATOR: M. Brien

DIAGNOSIS
TREATMENT

Mild Croup -

Rp: Amoxil SV
Linctus Pad
SV

REVISIT

F.P.10 46

ADMISSION / AMBULANCE / TIME

OPERATOR

To allay anxiety, prescribe

SEDAPAM

(2mg, 5mg, 10mg diazepam tablets BP)

Duncan, Flockhart & Co. Limited, London E2 6LA
Full information is available on request

	National Health Service Number	Xray
MOUNT SHEET X-RAY AND PATHOLOGY INVESTIGATIONS	Surname (Block Letters) McKay	Forenames (Block Letters) Colin
	Address 76 Colline St	Date of Birth 5/7/75

10

9

8

7

6

5

4

3

2

1

START HERE

FORM GP111L

355—2100

Printed by HMSO Print Centre, Dd 8373640 9/94 (056298)

Haem
Bioch
Virology

National Health Service Number	

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)
McKay	Colin

Address	Date of Birth
76 Collina St	5/7/75

10
9
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1

START HERE

FORM GP111L

355—2100

Printed by HMSO Print Centre, Dd 8373640 9/94 (056298)

Bacteriology

National Health Service Number	

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)
Mckay	Colin

Address	Date of Birth
76 Collins St	5/2/29

10
9
8
7
6
5
4
3
2
1

START HERE

FORM GP111L

355—2100

Printed by HMSO Print Centre, Dd 8373640 9/94 (056298)

National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters)	Forenames (Block Letters)
McKay	Colin

Address	Date of Birth
Geilsland School	5/9/79

10

9

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3

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START HERE

FORM GP111L

355—2100

Printed by HMSO Print Centre, Dd 8373640 9/94 (056298)

National Health Service Number

MOUNT SHEET

X-RAY AND PATHOLOGY INVESTIGATIONS

Surname (Block Letters)

Forenames (Block Letters)

Address

Date of Birth

10

9

8

7

6

5

4

3

2

1

START HERE

FORM GP111L

Dd 8360947 500M 2/82 Ed (18574)(Q3)

NAME MCKAY COLIN NO/DOB 5/9/79 DATE 31/01/90

WARD gp MHC Ref. Doctor MCMILLAN Ref. 9000963

Total	WBC($10^9/\ell$)	06.3	RBC($10^{12}/\ell$)	4.33	ESR(mm/1hr)	
Diff.	neut%		Hgb(g/dl)	12.1	Plats($10^9/\ell$)	
	lymph%		PCV	.362	Retics%	
	mono%		MCV(fl)	085		
	eosin%		MCH(pg)	27		
	baso%		MCHC(g/dl)	33		

FILM REPORT

DEPT. OF LABORATORY MEDICINE, **RUCHILL HOSPITAL,** 041-946 7120 ext. 202

A.M.		
DMcG		
AGMcM	✓	NOTES please ✓ File.

SURNAME (Mr./Mrs./Miss) Mr MCK FORENAME COLIN UNIT NUMBER

DATE OF BIRTH 5/9/79

ADDRESS 76 COLLINS ST

CONSULTANT DR N. MILLAR

WARD MARYHILL SEX M AGE 10

RUCHILL HOSPITAL, GLASGOW G20 9NB
Telephone 041-946 7120

TYPE OF SPECIMEN	DEPARTMENT NUMBER
VB	29
DATE COLLECTED	TIME COLLECTED
13/12/89	am

HAEMATOLOGY DEPARTMENT
28379

SERUM B12 ..... ng/l.
Normal range over 190 ng/l.

SERUM FOLATE ..... µg/l.
Normal range 1.9 -- 14.0 µg/l.

RED CELL FOLATE ..... ng/l.
Normal range over 100 ng/l.

SERUM FERRITIN ..... 49 ng/ml.
Normal values:– Male 24 – 187 ng/ml.
Female 14 – 130 ng/ml.

COMMENT

Date	Signature
22 DEC 1989	R Brooke Hogg.

J.McC/485095

NAME MCKAY COLIN NO/DOB 5/9/79 DATE 12/10/87

WARD MHC Ref.Doctor MCELROY Ref. 874084

Total WBC(10^9/l)	05.2	RBC(10^12/l)	3.39	ESR(mm/1hr)	
Diff. neut%		Hgb(g/dl)	09.6	Plats(10^9/l)	
lymph%		PCV	.282	Retics%	
mono%		MCV(fl)	087		
eosin%		MCH(pg)	28		
baso%		MCHC(g/dl)	34		

FILM REPORT Red cells mainly normochromic,normocytic.
Slight eosinophilia

DEPT. OF LABORATORY MEDICINE, **RUCHILL HOSPITAL**, 041-946 7120 ext. 202

Name McKAY Colin No./D.O.B. 6yrs Date 07/01/86

Ward MHC Ref.Doctor MORAN ref. 7025

Total	WBC(10^9/l)	07.5	RBC(10^12/l)	4.17	ESR(mm/1hr)
Diff.	neut%		HGB(g/dl)	11.3	Plats(10^9/l)
	lymph%		PCV	.324	Retics%
	mono%		MCV(fl)	079	Serum B12(ng/l)
	eosin%		MCH(pg)	27	Folate(ug/l)
	baso%		MCHC(g/dl)	34	Ferritin(ng/ml)

Film Report:

[ ]

Dept.of Laboratory Medicine,RUCHILL Hospital 041 946 7120 Ext 202

PRINT PATIENT'S NAME, ADDRESS, ETC. OR ATTACH LABEL IN APPROPRIATE PLACE

SURNAME (Mr./Mrs./Miss)	FORENAME	UNIT NUMBER
McKAY	COLIN	

RUCHILL HOSPITAL, GLASGOW G20 9NB
Telephone 041-946 7120

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	TYPE OF SPECIMEN	NUMBER
5/9/79	3	M		Faeces	83/1765

ADDRESS	CONSULTANT/GP.	DATE COLLECTED	TIME COLLECTED
FLAT 4B, 21a COLLINA ST	HENRY HILL	AM 16/5/83	

[redacted] Campylobacter jejuni (1)

[redacted]

[redacted]

Tetracycline	10 mμg: S
Chloramphenicol	10 mμg: S
Colomycin	200 mμg: S
Sulphafurazole	100 mμg: S
Neomycin	30 mμg: S
Nalidixic Acid	30 mμg: S
Ampicillin	2 mμg: S
Streptomycin	10 mμg: S
Erythromycin	S

S = Sensitive R = Resistant

JMcC/7062

DEPARTMENT OF LABORATORY MEDICINE
RUCHILL HOSPITAL

Signature [signature]

Date 20/5/83

EXAMINATIONS REQUIRED

DOCTOR'S SIGNATURE A Gillan

J.McC 481451 Form 69

	National Health Service Number	

LONG TERM DRUG RECORD	Surname (Block Letters)	Forename(s) (Block Letters)
	McKay	Colin
	Address	Date of Birth
	Geilsland School	5/9/79

Allergies, Drug Reactions and Problems

Drug	(1)	(2)	(3)	(4)	(5)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					

Drug	(6)	(7)	(8)	(9)	(10)
Strength/Form					
Quantity					
Dose and Frequency					
Date					
Review by Date					