Zoho Sign Document ID: 4AE803519-YQQYNVWLWOR2HKJ6YRN7SVNOKJYNY-WGFH7GAYAUWNO

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Gayle Wilson
Date of Birth:	21/7/1979
Previous Names (if any):	
	Flat 1/1 37A Dowanhill Street Glasgow

Current Address:	G11 5RN
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	43-59 Princes Street, Stockport SK1 1RY
Postcode	admin@mmalegalsolicitors.co.uk
Email	0330 341 3679
Telephone Number	
CHI / NHS Number (if known):	

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

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: Gayle Wilson	
Signature	
Print Name	Gayle Wilson
Date	Feb 16 2026 15:50 GMT

Witness	
Name	James Thompson
Address	MMA Legal Stok SK1 1RY
Occupation	File Handler
Signature	James Thompson
Date	16/2/2026

Zoho Sign

Generated on Feb 21, 2026 15:02 GMT

Certificate of Completion

Summary

Document ID: 4AE803519-YQQYNVWLWOR2HKJ6YRN7SVNOKJYNY-WGFH7GAYAUWNO

Document name: REDRESS REDO

Sent by: Elliot Logan <elliot@gmmb.uk>

Organization: MMA Legal Limited

Sent on: Feb 16, 2026 15:44:46 GMT

Completed on: Feb 16, 2026 17:55:21 GMT

Sign order: Sequential

No. of documents: 1

Time zone: Europe/London (GMTZ)

Signers: 2

Receives a copy: 0

Approvers: 0

Witnesses: 0

Recipient reviewers: 0

Recipients

Signer

Gayle Wilson
gaylewilson79@gmail.com
+44-7490319509

Signature

Gayle Wilson

Emailed on: Feb 16, 2026 15:44:46 GMT

Viewed on: Feb 16, 2026 15:47:17 GMT

Terms agreed on: Feb 16, 2026 15:50:25 GMT

Signed on: Feb 16, 2026 15:50:53 GMT

Sent via SMS on: Feb 16, 2026 15:44:46 GMT

Accessed from: 86.131.114.83

Device used: Mobile

Authentication type: None

Signer

Matthew Bell
matt.bell@mmalegal.co.uk

Signature

Matthew Bell

Emailed on: Feb 16, 2026 15:50:53 GMT

Viewed on: Feb 16, 2026 17:55:12 GMT

Terms agreed on: Feb 16, 2026 17:55:15 GMT

Signed on: Feb 16, 2026 17:55:21 GMT

Accessed from: 212.54.135.150

Device used: Web

Authentication type: None

Legal Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'I agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'I agree' button.

Electronic documents

Please note that MMA Legal Limited ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from admin@mmalegalsolicitors.co.uk. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

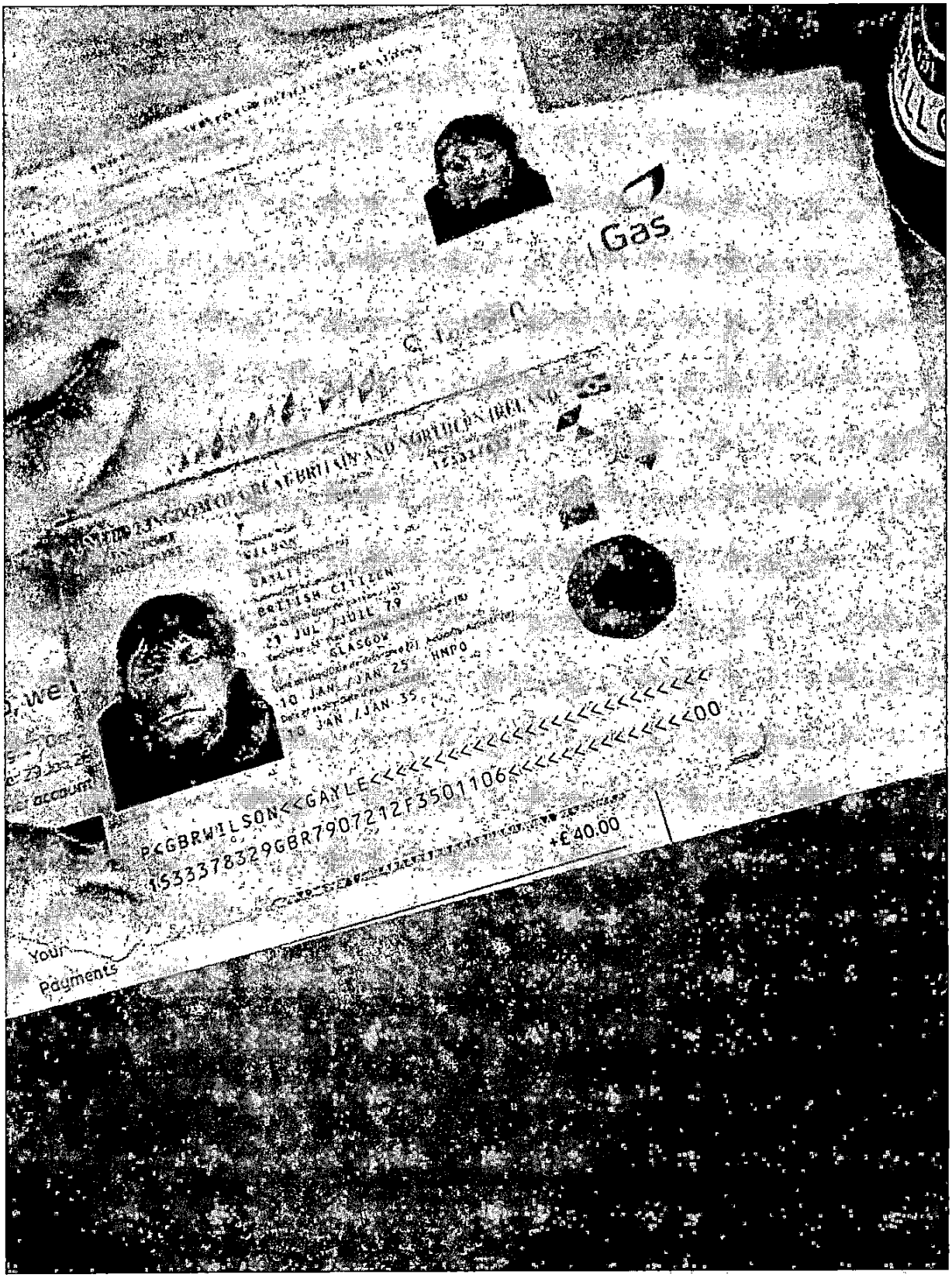
At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to admin@mmalegalsolicitors.co.uk informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

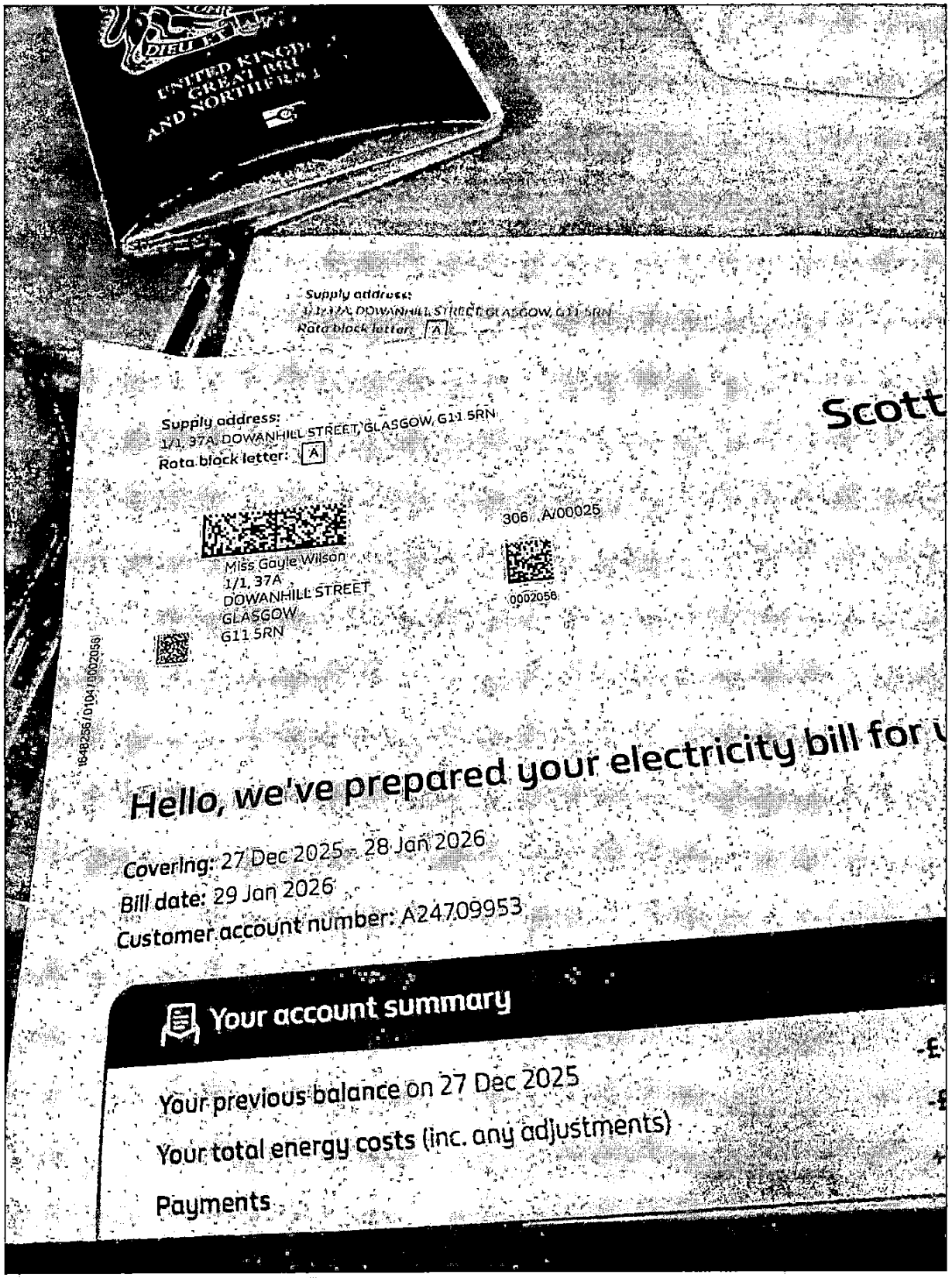
To advise MMA Legal Limited of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at admin@mmalegalsolicitors.co.uk

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Edge. Zoho Sign is also available on iOS and Android devices.


Gas
BRITISH CITIZEN
29 JUL /JUL 79
GLASGOW
10 JAN /JAN 25
10 JAN /JAN 35
HNPO
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153337832 9GBR7907212F3501106<<<<<<<<<<<<<<00
+£40.00
Your
Payments


Supply address:
1/1, 37A, DOWANHILL STREET, GLASGOW, G11 5RN
Rota block letter: A
Supply address:
1/1, 37A DOWANHILL STREET, GLASGOW, G11 5RN
Rota block letter: A
Scott
306 A/00025
Miss Gayle Wilson
1/1, 37A
DOWANHILL STREET
GLASGOW
G11 5RN
0002056
Hello, we've prepared your electricity bill for
Covering: 27 Dec 2025 - 28 Jan 2026
Bill date: 29 Jan 2026
Customer account number: A24709953
Your account summary
Your previous balance on 27 Dec 2025
Your total energy costs (inc. any adjustments)
Payments

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM
Job ID: 100962766
Date Dictated:
Date Typed: 13/05/2026

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by her CPN. We would be grateful if she could be prescribed some more As required Diazepam and Promethazine. Support staff ensure these are used sparingly.

PLEASE BE AWARE PATIENT IS IN SUPPORTED ACCOMODATION AND STAFF MANAGE HER MEDICATION. **THIS PRESCRIPTION SHOULD NOT BE SENT TO HER PHARMACY.**
PLEASE CONTACT STAFF AT ST PETERS ON 07890536856 WHEN PRESCRIPTION IS READY AND THEY WILL COLLECT IT WITH THE PATIENT.

Urgent (Same Day) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Please prescribe Diazepam 2mg as required up to BD (suggest total of 28 tablets)	

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Please prescribe Promethazine 25mg as required up to once at night for insomnia

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Dr Beth McHugh

Authorised on 13/05/2026 10:30:00 by Beth McHugh.

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM/YS
Job ID: 912582
Date Dictated: 18/03/2026
Date: 18/03/2026

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Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Diagnosis:	Emotionally Unstable Personality Disorder Mild Learning Disability
Current medication:	Quetiapine 50mg tds Sertraline 200mg daily Promethazine 25mg nocte as required for insomnia Diazepam 2mg as required up to bd
Mental Health act status and if on T2 or T3:	Informal
Follow up:	CPA 23 July 2026 Shona Johnstone, CPN

A CPA was held for Gayle on 18 March 2026, she attended along with her sister and support worker. Her social worker, CPN and I were all present.

Glasgow City HSCP
Partnership

Pat Togher
Chief Officer

It is a difficult time of year for Gayle at present, as it is coming up to multiple anniversaries of bereavements. I understand there has also been the recent death of a family friend which has been upsetting for Gayle. Her sister feels Gayle's mood is low as a result and worries about the potential for her to increase self-harming. She has recently started some bereavement counselling which should hopefully be of some benefit.

Her sleep had been less good, and we had requested some as required Promethazine, which she has used to good effect. She still uses as required Diazepam when particularly distressed, but staff oversee this, and she uses it relatively sparingly.

She has an allocated CPN although her engagement with her has not been particularly good of late, Gayle committed to meeting up more regularly.

Overall the supported placement appears to be helpful for Gayle, although she is concerned about the overall cost.

I have not made any changes to her medication. I note there are some ongoing physical health concerns following a recent admission with chest pain when she was found to have pleural effusions and a pericardial effusion. A recent CT abdomen and pelvis has revealed a persistent left sided pleural effusion with pericardial effusion and hepatosplenomegaly and I see that she has been referred to Dr Steve Bicknall, Consultant Respiratory Physician, to review this. Unfortunately Gayle herself has not had any feedback from her recent CT nor heard anything directly from the hospital about follow up. I did not discuss the scan result with her today but said I could see another referral had been done. She reported that she was feeling physically a lot better and had no ongoing pain. She denied problems with persistent fatigue or any recent weight loss.

In terms of her mental state, although she seemed fairly settled today I am aware that things can change quite quickly for Gayle, and that she remains quite impulsive and can easily feel overwhelmed with suicidal urges/thoughts. There was no active suicidality at present and St Peter's support staff are aware that it is a difficult time of year for her and will continue to be vigilant. Her CPN will work to engage her and social work remained involved and are planning to see her next week. I have not offered a further medical appointment myself but will meet up with her at her next CPA.

Best wishes
Yours sincerely

Authorised on 19/03/2026 10:09:52 by Beth McHugh.

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Dr Beth McHugh
Consultant Psychiatrist

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SGJ
Job ID: 100924865
Date Dictated:
Date Typed: 13/03/2026

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 31432
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Same Day) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Please issue 2 week supply of promethazine 25mg PRN up to once at night for insomnia	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Authorised on 13/03/2026 11:59:27 by Sam Glasgow-Jackson.

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100897420
Date Dictated:
Date Typed: 29/01/2026

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Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

A follow up appointment has been made for you to be seen as follows:

Date: 18/2/26
Time:2pm
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Shona Johnstone

Authorised on 29/01/2026 15:42:37 by Shona Johnstone.

(D) Dr GM Georgiev

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100876387
Date: 22/12/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

We are sorry that you did not attend your recent out-patient appointment at Riverside . Please note the importance of attending these appointments if you wish to continue working with your CPN. A further appointment has been made for you to be seen on

Date: 13/1/26
Time: 2.30pm
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Shona Johnstone
Authorised on 22/12/2025 10:09:58 by Shona Johnstone.

NHS Greater Glasgow and Clyde

NHS
Greater Glasgow and Clyde



Pat Togher
Chief Officer

(D) Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE



CHI: 2107796165



22/12/2025

1/4

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

Patient Name	Gayle Wilson	DOB	21.07.1979	Legal Status	Informal	Date of CPA meeting	19 November 2025	Ward/Centre	Riverside RC
CHI	210779 6165	Named Person		Order expiry date		Advance Statement		Consultant	Dr B McHugh

Care Plan

Category	Objective	Action Plan	By Whom
Address mental health issues	• Optimisation of mental state	• Prescription of and monitoring of psychotropic medication	Medical
		• Continue on Quetiapine 50mgs TDS; Sertraline 200mgs	
		• Continue use of PRN Diazepam as required	
		• Quetiapine changed from lunchtime to 5pm	
		• Shona will continue to review regularly.	CPN
		• Consider further psychology work following interventions with Shona	Psychology
		• Continue use of journal and sooth box as necessary	GW
		• Encourage use of distraction techniques when feeling low/suicidal	MDT
		• Continue regular medication prompts	
		• Encourage continued positive use of Emotional Coping Skills	SAMH CPN
		• Encourage use self sooth box and utilising coping strategies	MDT
		• Encourage continued use of behavioural diaries	SAMH
		• Arrange Diazepam prescription whilst away in Ireland	Medical
		• Rearrange CPN appointments to afternoons	CPN
		• Arrange dog walk with GW	CPN
Address physical health issues	• Good physical health	• Physical health check as necessary	GP
		• Observe for adverse effect of medication	MDT
		• Type II Diabetes – encourage healthy choices	SAMH
		• Physiotherapy follow-up arranged	Physio
		• Support to attend GP for diabetic appointments	SAMH

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

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CARE PROGRAMMING APPROACH

Address relationship issues	• Maintenance of contact with family	• Facilitate phone calls and visits as appropriate	SAMH
Address any illicit substance misuse/alcohol/gambling issues	• Abstinence from illicit substances/alcohol/ gambling	• Monitor and advise on gambling concerns • No alcohol or drug issues noted • Promote return to Gambler's Anonymous as necessary	SAMH SAMH SAMH
Address any financial issues	• Maximise benefits • Reduce risk of financial difficulties	• Discuss financial issues following change from ASA to UC • Financial difficulties caused by gambling • Contact Nick at Welfare Rights to assist with original claim forms	SAMH Social Work
Address occupational and recreational issues	• Establish baseline functioning and need	• 30 hours support in place with SAMH • Continue to encourage good ADL skills • Continue wellbeing and medication prompt visits • Encourage engagement with social support • Encourage continued attendance at Flourish House & the Annexe • Encourage long walks with Toby • Encourage to maintain a regular routine • Encourage continued attendance at Sunday lunch group • Continue to support GW to recognise her strengths • Encourage to return to shopping support • Encourage continued attendance at football matches • Continue to offer evening support • Encourage attendance at evening activities; Wellness Wednesdays and Film Fridays	SAMH SAMH SAMH SAMH SAMH MDT SAMH SAMH SAMH SAMH SAMH SAMH
Legal status	• Ensure legal status is appropriate	• **Informal patient** • ASP case conferences x 4 - no further action required	
Address any accommodation issues	• No issues in relation to housing	• Resides at St. Peter's Broomhill with SAMH supported accommodation • 30 hours support available from SAMH • Encourage use of tech support when sleepovers ceased	SAMH

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

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3/a

Risk	• Completion of comprehensive Glasgow Risk Screen	• MDT updating risk regularly at review and upload to EMIS • Death by misadventure (DSH or overdose) • Financial issues caused by gambling • Triggered by anniversaries of loved ones	MDT
Develop future plans	• Successful rehabilitation and smooth transition to the community	• Continue CPA review meetings • Regular assessment of progress and additional needs • Janice will review as necessary • OPA Dr McHugh	Coordinator MDT Social Work Medical

Present:	
Dr Beth McHugh	Consultant Psychiatrist
Shona Johnstone	CPN
Imani Migiro	Student Nurse
Emma Gibb	Support Worker SAMH
Janice O'Neill	Social Worker
Tracy Wood	CPA Coordinator
Apologies:	
Gayle Wilson	Patient
Angela Connor	Service Manager SAMH St Peters

Formal CPA meeting – Summary of Discussion (19 November 2025)

Dr McHugh welcomed everyone to the meeting.

Emma reported that Gayle has been up and down. She had input with Crisis team which was different, as lasting longer and longer not taking her meds. Encouraged her to use her Diazepam. This is first anniversary of mum's passing but she is going away to Ireland for six days over Christmas with family. Emma requested Gayle to have some Diazepam for when she is away. Dr McHugh happy for Gayle to receive some and hand over to her sister (D) when she gets to Ireland. Dr McHugh will request Diazepam today and request SAMH are contacted with pick up from GP practice.

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

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Gayle continues to look after Toby and he was a bit unwell which was a concern, but he is now good. Gayle is feeling a bit overwhelmed with her appointments. She requires to attend eye care and diabetes appointments. She had a dip in personal care. She is now back to cooking with staff again intermittently and returning to Flourish House. Gayle has been getting water charges deducted from her UC. She was paying council tax on Peel Street which has now been rectified. She has received three months backdated and is now exempt. Janice can contact WRO to support with original claim form as she could be due to be further backdated monies.

Gayle has requested CPN appointments in the afternoon. She gets benefit from CPN visits and uses the tools she has been given. Shona noted she has not engaged last three times, but happy to try and engage in the afternoon.

Emma reported there has been a big change in service. At the end of December there will be no overnight support available to residents. There will be tech support which Gayle can access. She contacted Shona to voice these concerns to. Shona will reach out to Gayle and hopefully engage. Janice noted Gayle using the tools that Shona offered. Sometimes staff are helping with support to appointments. Keen to go out with her dog with Shona. Gayle is aware of today's meeting and spoke to Laurie.

She will raise that she doesn't want to stay at St Peters; but MDT believe this is when she has money issues. She continues to pay client contributions which is based on finances. She has paid back all her arrears and is not self-harming or gambling. She has been avoiding medication and engagement with staff. Emma considers Gayle may be peri-menopausal as she has pain and issues with her shoulder. She doesn't complain about pain. She made a self-referral for physiotherapy. Intermittently going to bingo, watching the football and attending the Annexe. She enjoys her cooking and cost of living class at the Annexe. Staff do wellbeing Wednesday and soup weeks which Gayle will join now and again. She continues to take Toby out daily and will go walks herself. Emma noted Gayle continues to stress about her niece and nephew. Good that all the family will be together this Christmas.

Dr McHugh noted her physical health concerns around diabetes. HbA1c is quite raised which GP will be aware of, affecting her lipids (cholesterol and glycerides). She has an outstanding appointment with her GP for her diabetes and support will encourage to attend.

Dr McHugh has not reviewed since August. Had a period of input with Crisis in September and Gayle utilised well. May consider taking a step back from CPN review if Gayle does not engage with further afternoon appointments with Shona.

Because of change in service Gayle was writing to her local counsellor along with her sister D. They received really good response from her counsellor. Gayle is very settled at St Peters and staff have tried to reassure Gayle that although the service has changed, she will still have staff around her in Crisis. Staff will be on site until 9pm to support with medication and emotional support. She has SAMH tech support and on call staff but there could still be complication with 1 to 1 on call. Still not 100% clear on how the service will work when sleepover stops. She will have a poster with everyone's face and name who will be tech support for her, along with all the numbers she will require during the night.

Shona considers Gayle stronger and more resilient than previously and she will cope with the changes in service. Emma agreed. Emma will advise Gayle that if she does not engage with Shona, she will take a step back. Shona will arrange a dog walk with Gayle and Toby. Emma aware Gayle is good at organising things in advance. She continues to attend Monday cooking at the Annexe and two days Flourish.

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

NHS Confidential: Personal data about a patient

Discussed moving her medication box back into her room in a lockable safe in the floor. Dr McHugh feels it would be better to wait a few months, especially with sleepover stopping and coming up to Christmas time. Emma will advise new manager (Angela)

PLAN

- Arrange Diazepam prescription whilst away in Ireland
- Rearrange CPN appointments to afternoons
- Arrange dog walk with GW
- Support to attend GP for diabetic appointments
- Encourage use of tech support when sleepovers ceased
- Contact WRO to support with original claim forms

Next CPA review details	
Date:	Wednesday, 18 March 2026
Time:	12 noon
Venue:	Riverside RC F2F

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM/YS
Job ID: 869827
Date Dictated: 19/11/2025
Date: 20/11/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 1448
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

I was due to review Gayle at Riverside CMHT on 19 November 2025 as it was her Care Programme Approach meeting. Gayle decided not to attend.

The meeting went ahead with myself, her social worker, CPN and support staff member, full minutes will follow in due course.

Overall Gayle appears to be getting on reasonably OK. She still has episodes of low mood where she opts not to take her medication and occasionally self-harms. She is continuing to come to terms with the various bereavements she has experienced. Overall, she seems to be engaging well with staff at her accommodation. Staff were asking for a further prescription of as required Diazepam and I have put in a medication request for this.

A further CPA is planned for March 2026 and I hope to see her then.

Best wishes
Yours sincerely

NHS
Greater Glasgow and Clyde

NHS
Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Authorised on 20/11/2025 13:16:59 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

Pat Togher
Chief Officer

Our Ref: BM
Job ID: 100856797
Date Dictated:
Date Typed: 19/11/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

PLEASE BE AWARE PATIENT IS IN SUPPORTED ACCOMODATION AND STAFF MANAGE HER MEDICATION. **THIS PRESCRIPTION SHOULD NOT BE SENT TO HER PHARMACY.**
PLEASE CONTACT STAFF AT ST PETERS ON 07890536856 WHEN PRESCRIPTION IS READY AND THEY WILL COLLECT IT WITH PATIENT.

Urgent (Same Day) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
please prescribe Diazepam 2mg as required up to BD (suggest total of 21 tablets)	

Pat Togher
Chief Officer

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Dr Beth McHugh

Authorised on 19/11/2025 17:09:03 by Beth McHugh.

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100837454
Date Dictated:
Date Typed: 22/10/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

A follow up appointment has been made for you to be seen as follows:

Date: 4/11/25
Time: 10.30
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Shona Johnstone

Authorised on 22/10/2025 12:29:12 by Shona Johnstone.

(D) Dr GM Georgiev

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100830941
Date Dictated:
Date Typed: 10/10/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

A follow up appointment has been made for you to be seen as follows:

Date: 17/10/25
Time:11 am
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Shona Johnstone

Authorised on 10/10/2025 15:19:15 by Shona Johnstone.

(D) Dr GM Georgiev

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Mental Health Services

NHS
Greater Glasgow and Clyde

Date: 28-Sep-2025

GEORGIEV (Dr)
Abingdon Medical Practice
5 Stewartville Street
Glasgow
G11 5PE

Dear Dr Georgiev

Patient: WILSON, Gayle (Miss)	**CHI**: 210 779 6165

Diagnosis: EUPD; Mild learning disability.
Current medication: Sertraline 200mg mane. Dapagliflozin 10mg OD. Gliclazide 80mg BD. Atorvastatin 40mg OD. Quetiapine 50mg TDS. Promethazine 25mg mane. Diazepam 2mg PRN.
Risk management: Gayle aware to contact services should she require additional support.
Action required by GP: None
Follow up planned: Regular appointments with Shona Johnstone CPN and Dr Beth McHugh Consultant Psychiatrist.

The above named patient was referred to the North West Crisis Team on the 17th of September by her CPN following an increase of self-harming behaviours and suicidal ideation. Gayle reports several social stressors which were impacting her mental state and required additional support to try and manage her distress. Gayle currently lives in supported accommodation and support workers within the home have also noticed a change in Gayle's presentation.

Gayle's engagement with the crisis team has been variable. On assessment, Gayle was reporting a deterioration in her mood, increased suicidal ideation and poor sleep. On last review, Gayle reported an improvement in her mood and sleep pattern, due to prescription of promethazine. She denied any ongoing suicidal ideation or thoughts of self-harm. She also plans to reengage with community activities she enjoys and was forward planning throughout appointment.

Following DNA today, crisis team staff spoke with Gayle's support workers. They report that Gayle does not feel she requires crisis team input and is happy for her

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NHS Greater Glasgow & Clyde

Mental Health Services

care to be transferred back to Riverside CMHT. Gayle will be followed up by her CPN and Dr McHugh, and both Gayle and her support workers are aware of contact details for services should they require any additional support outwith planned appointments.

Should you have any questions regarding this letter please do not hesitate to contact the crisis team on 0141 211 1430.

Yours Sincerely,

North West Crisis Team

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear:.....Dr

Date :.....19/09/25.....

Patient: GAYLE WILSON	CHI: 210 779 6165

Would you please prescribe

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine
Please prescribe Diazepam 2 mg PO TID – 1 week supply	

X This medication is in addition to/is an amendment to the patient's current regime:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you.

Yours sincerely

Julia Rawstorne

Dr Julia Rawstorne

Consultant Adult Psychiatry

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM
Job ID: 100800128
Date Dictated:
Date Typed: 21/08/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed at CPA.She has requested her lunchtime dose of quetiapine is moved from lunchtime to tea-time. She has a dosette box, and so will need timing changed on this.

Urgent (Same Day) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
please change quetiapine 50mg from morning, lunch and bedtime to morning, tea-time and bedtime	

Please do not hesitate to get in touch on the number above if you need further information.

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Yours sincerely

Dr Beth McHugh

Authorised on 21/08/2025 17:12:05 by Beth McHugh.

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100783936
Date Dictated:
Date Typed: 25/07/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

A follow up appointment has been made for you to be seen as follows:

Date: 19/8/25
Time: 2 pm
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Authorised on 25/07/2025 10:34:52 by Shona Johnstone.

(D) Dr GM Georgiev

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100754702
Date: 06/06/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

We are sorry that you did not attend your recent out-patient appointment at . A further appointment has been made for you to be seen on

Date: 17/6/25
Time: 2pm
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Authorised on 06/06/2025 11:38:00 by Shona Johnstone.
(D) Dr GM Georgiev

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Pat Togher
Chief Officer

Our Ref: BM/YS
Job ID: 793223
Date Dictated: 24/04/2025
Date: 25/04/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 1448
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Gayle attended for a Care Programme Approach meeting at Riverside CMHT on 24 April 2025. A member of support staff from St Peter's supported accommodation was present, as was her social worker and myself. Gayle's mother passed away a couple of months ago. This has been very unsettling for Gayle. Although she initially appeared to cope very well, now that the funeral is over and her sister has returned to Ireland, she has been struggling more in terms of her mood. There have been a couple of incidents of minor overdoses. Support staff are continuing to work with her in terms of safety planning and she has an allocated nurse at Riverside CMHT who she gets on well with.

I have made no change to her medication, other than to request more as required diazepam. This is held by the support staff and used sparingly.

I plan to review Gayle again in approximately 4 months' time and in the meantime she has more frequent contact with her CPN.

Best wishes

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Yours sincerely

Authorised on 28/04/2025 13:58:09 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM
Job ID: 100727373
Date Dictated:
Date Typed: 24/04/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by face to face assessment on 24/4/25.

PLEASE BE AWARE PATIENT IS IN SUPPORTED ACCOMODATION AND STAFF MANAGE HER MEDICATION. **THIS PRESCRIPTION SHOULD NOT BE SENT TO HER PHARMACY.** PLEASE CONTACT STAFF AT ST PETERS ON 07890536856 WHEN PRESCRIPTION IS READY AND SHE WILL COLLECT PATIENT.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Diazepam 2mg as required up to TDS, Suggest no more than 14 tablets to be dispensed	

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Dr Beth McHugh

Authorised on 24/04/2025 16:16:01 by Beth McHugh.

Pat Togher
Chief Officer

Our Ref: BM/YS
Job ID: 772646
Date Dictated: 27/02/2025
Date: 28/02/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 1448
www.nhsggc.org.uk

Dear Dr Georgiev

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Diagnosis:	Emotionally Unstable Personality Disorder Mild Learning Disability
Medication:	Quetiapine 50mg tds Sertraline 200mg daily
Follow up:	CPA on 24.04.25

I reviewed Gayle at Riverside CMHT on 26 February 2025, she attended on her own.

Gayle engaged reasonably well at interview. I am aware that she continues to take impulsive small overdoses and to self-harm intermittently. She has now been allocated a CPN here at Riverside who will try and do some emotional coping skills work with her on a one to one basis.

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

We have also put her for Care Program Approach to allow for better communication between ourselves, her social worker and the supported accommodation. Due to the number of AP1's that had been put in place as a result of her deliberate self-harm, a case conference was held, but it was not felt that further action was required.

There remains ongoing concern regarding Gayle's impulsive behaviour, particularly when she has medication available to her. As such, I would be grateful that any prescriptions are collected by her support staff rather than Gayle by herself. I have just requested some additional as required diazepam which she uses sparingly at times of distress and I have marked clearly on the request that this prescription should only be picked up when support staff are present. Thank you for your support with this.

Best wishes.
Yours sincerely

Authorised on 13/03/2025 14:46:26 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: BM
Job ID: 100693827
Date Dictated:
Date Typed: 26/02/2025

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by face to face assessment on 26.2.25.

I would be grateful if she could be issued with a further supply of diazepam 2mg for as required use.

PLEASE BE AWARE PATIENT IS IN SUPPORTED ACCOMODATION, AND STAFF MANAGE HER MEDICATION. **THIS PRESCRIPTION SHOULD NOT BE SENT TO HER PHARMACY,** PLEASE CONTACT STAFF AT ST PETERS (07890536856) WHEN READY AND THEY WILL COLLECT WITH PATIENT.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Prescription for Diazepam 2mg as required, up to TDS. Suggest no more than 14 tablets to be dispensed. **SUPPORT STAFF TO FACILITATE COLLECTION AND SAFE KEEPING OF MEDICATION.**	

NHS Greater Glasgow and Clyde

NHS
Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Authorised on 26/02/2025 17:14:31 by Beth McHugh.

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100674113
Date Dictated:
Date Typed: 27/01/2025

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

A follow up appointment has been made for you to be seen as follows:

Date:12/2/25
Time: 10.30
Appointment with: Shona Johnstone CPN
Location: Riverside

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

Authorised on 27/01/2025 13:29:27 by Shona Johnstone.

(D) Dr GM Georgiev

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Glasgow City HSCP
Health and Social Care Partnership

Pat Togher
Chief Officer

Our Ref: SJ
Job ID: 100657979
Date Dictated:
Date Typed: 30/12/2024

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-1 37A
Dowanhill Street
Glasgow
G11 5RN

Mental Health
Riverside Community Mental Health Team

The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 0141 211 1430
www.nhsggc.org.uk

Dear Gayle Wilson,

As you will be aware, you have been referred to our service for an outpatient consultation.

Arrangements have been made for you to be seen on:

Date: 17th January
Time: 11 am
Appointment with: Shona Johnstone CPN
Location: Riverside Community Mental Health Team

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will be noted on an enclosed page.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

Yours sincerely

NHS Greater Glasgow and Clyde



Pat Togher
Chief Officer

Authorised on 30/12/2024 09:59:18 by Shona Johnstone.

(D) Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE



Jackie Kerr
Interim Chief Officer

Our Ref: BM
Job ID: 100635770
Date Dictated:
Date Typed: 21/11/2024

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

Please note pt is in supported accomodation and staff manage patient's medication.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
please prescribe diazepam 2mg as required, up to TDS. Suggest no more than 14 tablets to be dispensed. Support staff should facilitate collection and safe keeping of medication	

Please do not hesitate to get in touch on the number above if you need further information.

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

Yours sincerely

Dr Beth McHugh

Authorised on 21/11/2024 15:21:09 by Beth McHugh.

Jackie Kerr
Interim Chief Officer

Our Ref: GJ/MO
Job ID: 728445
Date Dictated: 28/10/2024
Date Typed: 28/10/2024

PRIVATE & CONFIDENTIAL

Dr Beth McHugh
Consultant Psychiatrist
Riverside CMHT
547 Dumbarton Road
Glasgow
G11 6HU

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr McHugh

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Thank you for referring Gayle for psychological assessment. I initially met with Gayle with her support worker Emma on 22 July 2024. Gayle attended on her own for her second appointment on 18 July 2024 and again on 1 August 2024. I offered Gayle a further appointment on 19 August, 2 September and 23 September 2024. Unfortunately Gayle did not attend any of these appointments and did not phone to cancel. I wrote to her to see if she wished for a further appointment, but I am aware she informed you at her appointment with you on 21 October that she did not want to pursue psychology at the current time.

Summary of Contact
Gayle noted in her initial appointment that she was very nervous about attending and said she required a lot of reassurance and encouragement from her support worker. Gayle explained that it was a very difficult time of year as it was the anniversary of her sister's death and that she had also recently lost her aunt and Gayle describes that these two people were the most important people in her life.

Gayle noted that she has previously seen a Psychologist called Dr James when she was about 6 years old. She explained that she saw him at Yorkhill and that she lived there for about two years and would see her family at weekends. Gayle said that she was required to go into care as her mother was admitted to Gartnavel due to her poor mental health.

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

Gayle noted her mum spent all of her childhood in care. Gayle spoke unprompted about her early life and the challenges she experienced. She said that after leaving Yorkhill she attended a residential school in East Kilbride at the age of 8 and stayed for two years. She then moved to a Children's Home in Largs when she was aged 10 and stayed there full-time. Gayle noted that this is where everything started to go wrong for her and she was sexually abused by a male member of staff repeatedly until the age of 14. Gayle reported that she began to self-harm via cutting after the abuse began. Gayle reported very clear memories regarding the abuse she experienced. Gayle told her sister Rita about the abuse and her sister informed the police and Social Work, but Gayle noted that all the staff denied this and the abuse continued. Gayle said that she read in the papers that her abuser has since been charged with sexual offences against children, although this did not relate to the abuse against Gayle.

Gayle moved back with her parents as a teenager, but noted that this was challenging and her mental health remained poor as she continued to self-harm and experience suicidal ideation. When she was 13 Gayle said she moved out of her parents' and spent her time between inpatient services at Gartnavel and in supported accommodation. Gayle was proud to report that she hasn't been in hospital for five years despite a very difficult time due to the loss of her sister Rita. Gayle reported that on the day of Rita's death she had messaged Gayle asking her to go to the hospital with her as she didn't feel well. Gayle didn't have any credit on her phone, so she didn't pick this message up and it would appear that later that day Rita experienced a heart attack leading to her death. Gayle reported ruminating about this with feelings of guilt.

Gayle denied any relationships in her life and said that she had no interest in them. She spoke of being a proud Rangers and Partick Thistle fan and used to enjoy going to the games and hoped to be able to get back to this.

I thought that Gayle was beginning to feel more comfortable in session and we had arranged to meet again to think specifically about the challenges and emotions she experiences that precipitates episodes of self-harm. Unfortunately Gayle did not attend the three subsequent appointments offered to her and has since suggested she did not want to meet again. Gayle did not describe symptoms suggestive of a Post Traumatic Stress Disorder, however it was clear she struggles with emotional dysregulation with associated self-harm and suicidal ideation. Gayle attributes all of her difficulties to the abuse she experienced in childhood, however it would appear that prior to her being placed in care, her early life experiences were very challenging with her mum experiencing very poor mental health and being unable to care for Gayle. Gayle was able to talk of her historically feeling anger towards her mum as a result of this, but noted that she no longer feels this way. The loss of her sister Rita as a core attachment figure appears to have been very challenging for Gayle also.

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

It is unfortunate that Gayle was unable to tolerate the therapeutic process, however I think it important that she was afforded the opportunity even if she ultimately decided against this. Gayle spoke of her finding the support of her previous CPN most helpful and I think all she is able to tolerate currently is the supportive contact as opposed to any therapeutic change (not that I expect that this to be the role of the CPN).

I have now discharged Gayle from my caseload.

Yours sincerely

Authorised on 28/10/2024 16:37:14 by Gwenllian Jenkins.

Dr Gwenny Jenkins
Consultant Clinical Psychologist

(D) Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

Our Ref: BM/YS
Job ID: 725829
Date Dictated: 21/10/2024
Date: 21/10/2024

PRIVATE & CONFIDENTIAL

Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Mental Health
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430 EXT: 1448
www.nhsggc.org.uk

Dear Dr Georgiev

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Diagnosis:	Emotionally Unstable Personality Disorder Mild Learning Disability
Medication:	Quetiapine 50mg tds Sertraline 200mg mane
Follow up:	Outpatient review in 4 months

I reviewed Gayle at Riverside CMHT on 21 October 2024, she attended with a member of support staff from her accommodation.

Gayle engaged reasonably well at interview and with help from her support worker was able to give me an account of her mood and current symptoms.

I am aware that since her last appointment there had been a couple of episodes of deliberate self-harm at which point support staff had sought advice via the duty nurse. The

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

question had been raised as to whether Gayle required a named key worker at the Resource Centre but following discussion with the nursing team, who are familiar with Gayle, it was not felt there was a clear role for this. Instead the advice remains for support staff to contact the duty nurse who would be happy to speak to Gayle on the phone or review her in person at the Resource Centre. There was also some discussion about a member of the nursing team liaising with the support staff about the best strategies for managing patients with EUPD.

Gayle's social worker has requested that Gayle be referred for Care Program Approach to allow for more joined up working. I discussed this with Gayle and her support worker today, Gayle appeared somewhat indifferent, but her support worker thought it would be of benefit.

Recently Gayle appears to have been more settled, although her support worker said there was an issue at the weekend where she refused medication for approximately 24 hours but was eventually persuaded to take it. Gayle appears to do this intermittently when she is feeling upset. The support worker advised that they often do not get to the bottom of what is causing her distress but try to support her, encourage her to take her medications and utilise as required Diazepam.

Following her last appointment I had agreed to a reduction in her Sertraline as Gayle had said she felt it was no longer beneficial. Subsequent to this she had contacted the service to say that her mood was worse and, after discussion with myself it was put back up to 200mg. Gayle reports this has helped and is content to remain on this at present.

In terms of her psychological work, she had stopped coming to appointments. Gayle was unable to verbalise why this was but we have agreed to put this on hold for the time being.

Overall she appears to be doing reasonably well within her supported accommodation and her presentation appears largely in keeping with her diagnosis. As such I have suggested no particular changes but will refer her for the Care Program Approach.

Best wishes
Yours sincerely

Authorised on 23/10/2024 13:45:43 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Jackie Kerr
Interim Chief Officer

Our Ref: BM
Job ID: 100590766
Date Dictated:
Date Typed: 09/09/2024

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Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Department of General Adult Psychiatry
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 1430
www.nhsggc.org.uk

Dear Dr Georgiev,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-1 37A Dowanhill Street, Glasgow, G11 5RN

Change of Medication Request
Your above named patient was reviewed by telephone on 9/9/24. She feels her mood has been worse on lower dose of sertraline.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Please increase Sertraline to 200mg OD	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

Dr Beth McHugh

Authorised on 09/09/2024 16:32:24 by Beth McHugh.

Jackie Kerr
Interim Chief Officer

Our Ref: GJ/MO
Job ID: 100537230
Date: 17/06/2024

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Gayle Wilson
St Peter's Flat 1-2 37A Dowanhill Street
Glasgow
G11 5RN

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Miss Wilson

Thank you for letting us know you would be unable to attend your appointment with Clinical Psychology on Tuesday 18 June 2024. Another appointment has been arranged for you as follows:

Date: **Tuesday 2 July 2024**
Time: **11:00am**
Venue: **Riverside Community Mental Health Team**
Clinician: **Dr Gwenny Jenkins, Consultant Clinical Psychologist**

The Clinic is situated in the Community Centre for Health & Care on the lower ground floor. On arrival, please report to reception. Your first appointment will last approximately 50-60 minutes.

If you need to change your appointment for any reason please contact the clinic as soon as possible on either Tel: 0141 211 1446 or 0141 211 1430 so that an alternative can be arranged and someone else can have your original appointment.

If you do not attend this appointment without giving prior notice, you will not be offered a further appointment.

I look forward to meeting you.

Yours sincerely

Authorised on 17/06/2024 14:52:19 by Typist Morag Orr, on behalf of Gwenllian Jenkins.

Dr Gwenny Jenkins
Consultant Clinical Psychologist

(D) Dr GM Georgiev, Abingdon Medical Practice, 12 Stewartville Street, Glasgow, G11 5PE

Glasgow City HSCP
Health and Social Care Partnership

Jackie Kerr
Interim Chief Officer

Our Ref: BM/YS
Job ID: 677548
Date: 06/06/2024

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Dr GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr Georgiev

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2 37A Dowanhill Street, Glasgow, G11 5RN

Diagnosis: **Emotionally Unstable Personality Disorder**
Mild Learning Disability

Medication: **Quetiapine 50mg tds**
Sertraline To be reduced to 150mg mane

Legal Status: **Informal**

Follow up: **Outpatient review in 4 months**

I reviewed Gayle at Riverside CMHT on 6 June 2024, she attended on her own.

She was initially difficult to engage, and informed me that she no longer wished to pursue psychological work or take medication. I see from her notes that this behaviour is not uncommon for Gayle.

Objectively, her mental state appeared largely unchanged. I understand she last self-harmed approximately one week ago in the context of a family bereavement. It appears that

Jackie Kerr
Interim Chief Officer

the support staff dealt with this effectively. Gayle denied any recent alcohol or drug use. She continues to see her family on a weekly basis.

Gayle told me that she no longer feels her Sertraline is effective. Looking back through her notes she has been tried on a variety of different antidepressants, and I could not see a sustained improvement with any particular medication or dose. With this in mind I have suggested that we could start to reduce the Sertraline, with a view to potentially trying something else in the future. Gayle was willing to continue her Quetiapine as it is.

In terms of the psychological work, Gayle admitted that she was feeling quite anxious about what this would open up. She also told me that the first appointment was around the time of her sister's anniversary. I reassured her that psychology will go at her pace and agreed to alert the psychologist of her concerns.

I note that Gayle has been expressing a wish to move on from her current supported accommodation. When I explored this with her today she was adamant she would be better in a hostel as it would cost her less. I do not think this is likely to be realistic as hostel accommodation is temporary and she is unlikely to be offered a place if she already has a secure tenancy. Her social worker is aware of her concerns.

Other than a slight reduction in her Sertraline I would suggest no further changes to her medication. I will wait to see if she manages to engage with Psychology and plan to review her again in 4 months' time.

Best wishes
Yours sincerely

Authorised on 13/06/2024 12:32:12 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

(P) Ms O'Neill Janice
Social Work Department
North West Mental Health Team
Maryhill Health & Care Centre
51 Gairbraid Avenue
G20 8FB

Glasgow City HSCP
Healthcare Social Care Partnership

Jackie Kerr
Interim Chief Officer

Glasgow City HSCP
Healthcare Social Care Partnership

Jackie Kerr
Interim Chief Officer

Our Ref: GJ/MO
Job ID: 100520331
Date: 23/05/2024

PRIVATE & CONFIDENTIAL
Gayle Wilson
St Peter's Flat 1-2 37A Dowanhill Street
Glasgow
G11 5RN

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Miss Wilson

An appointment with Clinical Psychology has been arranged for you as follows:

Date: **Tuesday 18 June 2024**
Time: **11:00am**
Venue: **Riverside Community Mental Health Team**
Clinician: **Dr Gwenny Jenkins, Consultant Clinical Psychologist**

The Clinic is situated in the Community Centre for Health & Care on the lower ground floor. On arrival, please report to reception. Your first appointment will last approximately 50-60 minutes.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/).

If you need to change your appointment for any reason please contact the clinic as soon as possible on either Tel: 0141 211 1446 or 0141 211 1430 so that an alternative can be arranged and someone else can have your original appointment.

If you do not attend this appointment without giving prior notice, you will not be offered a further appointment.

I look forward to meeting you.

Yours sincerely

Authorised on 23/05/2024 12:26:56 by Typist Morag Orr, on behalf of Gwenllian Jenkins.

Dr Gwenny Jenkins
Consultant Clinical Psychologist

(D) Dr GM Georgiev, Abingdon Medical Practice, 12 Stewartville Street, Glasgow, G11 5PE

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Susanne Millar
Chief Officer

Our Ref: GJ/MO
Job ID: 100505111
Date: 30/04/2024

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Gayle Wilson
St Peter's Flat 1-2 37A Dowanhill Street
Glasgow
G11 5RN

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Miss Wilson

We will soon be in a position to offer you a Psychology appointment. Please let us know if this is still required **either by telephoning 0141 211 1446 or 0141 211 1430, or returning the slip below in the addressed envelope enclosed (please affix a stamp).**

If we do not hear from you within two weeks of the date of this letter, we will assume that you no longer require a Psychology appointment and your name will be removed from our lists.

Thank you for your patience and co-operation.

Yours sincerely

Authorised on 30/04/2024 14:52:06 by Typist Morag Orr, on behalf of Gwenllian Jenkins.

Dr Gwenny Jenkins
Consultant Clinical Psychologist

(D) Dr GM Georgiev, Abingdon Medical Practice, 12 Stewartville Street, Glasgow, G11 5PE

.....
I confirm that I wish my name to remain on the waiting list for an appointment: YES/NO

Name ..... D.O.B .....

Address .....

Tel No .....

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: BM/YS
Job ID: 634675
Date: 19/02/2024

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2 37A Dowanhill Street, Glasgow, G11 5RN

I was due to review Gayle at Riverside CMHT on 19 February 2024 but she failed to attend. I contacted the office at her supported accommodation who had been aware of the appointment and under the impression that Gayle was planning to come. They did not raise any specific concerns about her behaviour of late. Since her last appointment Gayle has been referred to our psychologist and is on a waiting list for this. I will offer further routine review in due course.

Best wishes
Yours sincerely

Authorised on 21/02/2024 09:50:56 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Susanne Millar
Chief Officer

Our Ref: GJ/MO
Job ID: 100451890
Date: 30/01/2024

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Gayle Wilson
St Peter's Flat 1-2
37A Dowanhill Street
Glasgow
G11 5RN

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Miss Wilson

You have been referred to the Psychology service by Dr Beth McHugh, Consultant Psychiatrist.

Unfortunately there is a waiting list for appointments just now and your name has been added to this. We will write to you about an appointment when your name is near the top of the waiting list.

If your difficulties worsen, additional support can be accessed through the duty system at Riverside Community Mental Health Team Monday to Friday, 9am to 5pm by telephoning 0141 211 1430.

Thank you for your patience and understanding.

Yours sincerely

Authorised on 30/01/2024 15:24:59 by Typist Morag Orr, on behalf of Gwenllian Jenkins.

Dr Gwenny Jenkins
Consultant Clinical Psychologist

(D) Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Crisis service and out of hours contacts: 0141 211 1430
Mon- Fri 5pm – 8pm, Sat – Sun 9am-5pm: 0141 211 1430
Mon-Fri 8pm -9am, Sat – Sun 5pm -9am: NHS 24 number 111 (has option 1-4 where you should select mental health services option)

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: BM/YS
Job ID: 100410799
Date: 14/11/2023

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2, 37a Dowanhill St, Glasgow, Lanarkshire, G11 5RN

I reviewed Gayle at Riverside CMHT on 13 November 2023, she attended with one of the support workers from her accommodation. The appointment had been brought forward on Gayle's request. Gayle has been struggling with suicidal thoughts and had recently self-harmed. She reports that this is as a result of missing her sister who died, commenting she finds it particularly difficult at this time of year. She had been in touch with CRUSE but following a telephone assessment they felt that she was too complex for them, which Gayle had found upsetting as she feels that she needs to do some kind of bereavement work. Overall she appears reasonably content in her current placement and is engaging with support staff the majority of the time.

We have agreed that I would discuss her case with Psychology. I have left her medication unchanged.

Best wishes
Yours sincerely

Authorised on 23/11/2023 14:03:45 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

NHS
Greater Glasgow and Clyde

Susanne Millar
Chief Officer

Our Ref: BM
Job ID: 100396429
Date: 19/10/2023

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
01412111430 EXT: 01412111430
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2, Glasgow, Lanarkshire, G11 5RN

Change of Medication Request

I have been asked to contact you regarding the above patient who has a history of taking overdoses. I understand that she was recently in touch with yourselves and was provided with short term diazepam. Unfortunately, she subsequently took an overdose of this medication (14 x 2mg tablets).

We would be grateful if caution could be exercised with any future prescriptions –Gayle is in supported accomodation and staff assist her with her medications. She should ideally be supervised when collecting medication, and so that staff can ensure she only has access to the required amount.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☐

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Dr Beth McHugh

Authorised on 19/10/2023 10:44:02 by Beth McHugh.

NHS Greater Glasgow and Clyde

NHS
Greater Glasgow and Clyde

Glasgow City HSCP
Integration Joint Board

Susanne Millar
Chief Officer

Our Ref: BM/YS
Job ID: 577561
Date: 20/09/2023

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2, Glasgow, Lanarkshire, G11 5RN

I was due to review Gayle at Riverside CMHT on 20 September 2023 but a worker from her supported accommodation contacted us on the day to say that Gayle was not wanting to attend.

On speaking to the support worker, they said that Gayle had informed staff that morning that she had taken extra Quetiapine medication the preceding day as she felt low and upset about coming to her appointment at Riverside. She informed staff that she had saved up some of her Quetiapine medication and the preceding night had taken 300mg. She normally takes 50mg 3 x daily. She had said to staff that she hoped that she would not wake up. Staff were not concerned regarding her physical presentation and did not feel she was a further risk to herself.

Other than this, staff said she had been doing ok recently; spending time out with her family and enjoying a visit from her sister who lives in Ireland. She had not had an overdose for over a month and no recent deliberate self-harm. She also appeared to be more settled in the supported accommodation and no longer requesting a move.

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

This pattern of behaviour appears to be normal for Gayle. She is well supported via her accommodation and they are aware of how to alert services should they be concerned about any increase in risk.

Given that she was not keen to speak to ourselves today I have not pressed the matter, but plan to liaise with her social worker as it may be more appropriate for us to meet with a member of support staff, rather than necessarily seeing Gayle each time. I will also offer Gayle a further review in 3 months' time, but given that she is informal it is up to her whether she wishes to attend.

Best wishes
Yours sincerely

Authorised on 28/09/2023 12:55:40 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: BM/YS
Job ID: 539713
Date Dictated: 14.06.23
Date Typed: 15.06.23

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
0141 211 1430
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2, Glasgow, Lanarkshire, G11 5RN

Diagnosis: **EUPD**
Mild LD

Medication: **Quetiapine 50mg tds**
Sertraline 200mg mane

Legal Status: **Informal**

Follow up: **Outpatient review in 3 months**

The above patient was referred to our service as a transfer of care from Springpark CMHT. Gayle moved to supported accommodation in our area around February 2023, having previously been accommodated in temporary supported accomodation in Garnethill. She receives 30 hours of support a week and also has 24 hour access to a support worker who is resident at the facility.

I understand Gayle has a long history of contact with Mental Health Services and has attracted a diagnosis of EUPD, and is also being labelled as borderline/mild learning

Susanne Millar
Chief Officer

disabled; although I am unclear where this diagnosis came from. She has a history of deliberate self-harm via cutting, taking intermittent overdoses of over the counter medication and has been detained in the past for brief crisis admissions due to concerns regarding her suicidal risk.

It would seem from her notes that there is a history of childhood trauma. I understand that she was removed from her mother's care aged 5 due to problems with her mother's mental health and that her mother was potentially violent towards her. In her notes, there is reference to her having been sexually abused by a member of staff at the care home (aged 11) and of there being another sexual assault/rape (aged 14) by a peer who was a couple of years older than her. It is documented that she started self-harming around age 11, which would coincide with when she was reportedly first abused in care. I understand she did not disclose the abuse until later on in life, when the press started to talk about paedophilia.

Gayle's mother is in her 80's and lives independently in Scotstoun although is becoming increasingly frail. Gayle continues to have regular contact with her. I understand that in the past their relationship was quite strained. She was reportedly closer to her father but he died in February 2017. Gayle had 2 sisters, one of them is in the Republic of Ireland and they remain in fairly good contact. Her other sister, she died suddenly in June 2019 and this was particularly destabilising for Gayle. Gayle is described as having been very close to her and seeing her as a mother figure.

Whilst staying in temporary accommodation in Garnethill, Gayle was referred to the Homeless Personality Disorders Team who offered some brief intervention and some consultation work with the support staff where she was living at the time. However, apart from this she has not had any psychological work.

She attended the interview with her key worker. We discussed her current care arrangements and Gayle seems to be enjoying her new accommodation. She is continuing to have contact with her family in Scotstoun which includes her mother, niece and great nephews. She also has recently seen her sister who was visiting from Ireland.

Her mood appears ok at present and she denied particular problems with her appetite or sleep. She acknowledged that she does get quite upset when it comes up to the anniversaries of her sister and father's deaths. She also reported some anxiety meeting new people.

I did not explore her trauma history in detail but had been made aware that she had been referred to Rape Crisis. I understand that she had opened up to staff in her current

Susanne Millar
Chief Officer

supported accommodation regarding events from her past and they had supported her to make a self-referral and that she remains on the waiting list for this. She denied any current nightmares or flashbacks but said that she had had these in the past.

She admits to ongoing deliberate self-harm. This appears to be of varying frequency. She tends to use a kitchen knife or blade to cut at her arms or legs. She denies that it is particularly deep, or requiring medical attention/becoming infected. She has on occasion shown her wounds to support staff. In terms of intent, she reports that she cuts to try and relieve distressing thoughts, but she admitted that it is often associated with a wish to die.

She also admitted to some overdoses. She said that she last took one approximately one week ago when she had taken 10 x Ibuprofen. She admitted what she had done to support staff, but only the following day, and she did not seek medical attention. Her intent was unclear. She was ambivalent about as to whether she thought it would be fatal.

Gayle explained that she does not usually seek help after an overdose but tries to go to sleep; ambivalent as to whether or not she will waken. There did not appear to be any current suicidal plans and she appeared relatively euthymic. This was the first overdose since she had moved to the new accommodation in February, and she related it to an upcoming anniversary of her sister's death; leaving her feeling upset.

In terms of her medication, she feels that the Quetiapine is beneficial and is happy to remain on the Sertraline. Occasionally she refuses her medication but support staff normally persuade her to take it by the end of the day.

I will offer 3-month outpatient review. I have made Gayle and her keyworker, that she or her support staff can contact duty in the interim should there be any concerns.

Best wishes
Yours sincerely

Authorised on 21/06/2023 12:57:02 by Beth McHugh.

Dr Beth McHugh
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Susanne Millar
Chief Officer

Our Ref: MP/MW
Job ID: 486027
Date: 25/01/2023

PRIVATE & CONFIDENTIAL

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
Tel: 0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

I reviewed the above named client on **23/01/2023**.

Diagnosis & relevant clinical information
EUPD Mild Learning Disability
Current Medications
Increase Quetiapine to 50mg, continue 25mg at lunchtime, 50mg at night Sertraline 200mg daily Diazepam 2mg TDS as required Atorvastatin Dapagliflozin Gliclazide
Management Plan / identified risk / follow up / discharge:
1. Upcoming appointment with Rape Crisis service 2. New Social Worker Janice O'Neill 3. Outpatient appointment in 3 months in person at Gayle's request

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient

Susanne Millar
Chief Officer

I spoke to Gayle by telephone today, where she was supported by Lyndsey who is her keyworker at Talbot Housing Centre.

Gayle began by telling me that things have been alright recently but on prompting could advise that recently she has taken some overdoses of medication, usually in response to social stressors. Last week, she took an overdose of 4 days of medication in the context of recently being offered new supported accommodation. She tells me that she doesn't want to live in supported accommodation, although could appreciate why the Talbot Centre has been good for her and it is very difficult to understand her rationale here. She agreed that currently she appreciates that meals are provided, she has regular emotional support, medication prompts and support with finances. Talbot staff go out with her for coffee and otherwise she spends her time shopping online, seeing nieces and nephews in Scotstoun and other family in Ireland occasionally.

Her medication compliance is erratic but she feels much better when she is taking it regularly, particularly the Quetiapine.

She feels that she is low in mood although I am not sure her functioning entirely is in keeping with an episode of clinical depression. There has been a deterioration in mental state in keeping with EUPD crisis in the last couple of weeks which I think has been since she found out about the supported accommodation in that she is requiring more prompting from Talbot staff to attend for meals and her sleep is a little worse, although partly this is due to poor sleep hygiene in that she sleeps through until afternoon every day and then can't fall asleep at night.

She feels a little more anxious lately and has been thinking more about sexual abuse in childhood with flashbacks most days. However, she really struggled to discuss this in any detail and I wonder if this is partly due to it being a telephone contact. This recent disclosure of sexual abuse in childhood had been fed back to us by the manager of the Dalhousie Street project in the last few weeks and likely has partly contributed to recent escalation in overdose and self-harm behaviour. Positively though, she has made an appointment with the Rape Crisis service on Wednesday this week which she intends to attend.

Overall, Gayle seems to be struggling with increased intrusive thoughts of sexual abuse in childhood and worry about accommodation options. There has been more risk of suicidal behaviour recently which all is in keeping with EUPD and an avoidant attachment style. Gayle has always struggled with changes to her support network which is likely why she is struggling to accept accomodation proposal.

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health & Social Care Partnership

Susanne Millar
Chief Officer

We discussed ways to safeguard Gayle's health which she engaged in very well. She has agreed to hand in medication to the staff at the Talbot Centre immediately when she returns from the chemist, which she had not been doing as much recently, to try to reduce accessibility of the medication for when she becomes suicidal. She has agreed to continue to spend time with friends and family and will engage with Social Work.

I have a message to contact her social worker when she gets back from leave next week which I will do to ascertain how we can help her. You will be aware that in the past Gayle has had CPN input but this has not been particularly meaningful or focused work and rather more of a social support which her housing service is able to provide at present. However I will discuss this with Janice O'Neill as I suspect some of the concern might be about encouraging her to move to the new suggested supported accommodation.

Gayle has requested that we see each other in person next time, which sounds reasonable to me, and so I will see her again in 3 months' time.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 09/02/2023 09:46:56 by Meera Patel.

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/MW
Job ID: 497198
Date: 22/02/2023

PRIVATE & CONFIDENTIAL

Gayle Wilson
St Peter's Flat 1-2
37a Dowanhill Street
Glasgow
G11 5RN

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000
www.nhsggc.org.uk

Dear Gayle

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: St Peter's Flat 1-2, 37a Dowanhill Street, Glasgow G11 5RN

Thank you for letting me know that you have moved accommodation and I hope it is all going well for you. I note you requested to be referred on to Riverside CMHT and I would like to establish that you are stable in your current tenancy before I make that referral. I will be in touch with your social worker in a few weeks to find out how you are settling in and we can consider transfer of care at that point.

I really hope that you enjoy your new accommodation.

Yours sincerely

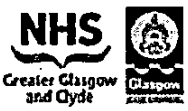
Dr Meera Patel
Consultant Psychiatrist

Authorised on 23/02/2023 13:28:00 by Meera Patel.



Susanne Millar
Chief Officer

(D) Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL



Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/MW
Job ID: 486027
Date: 25/01/2023

PRIVATE & CONFIDENTIAL

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
Tel: 0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

I reviewed the above named client on **23/01/2023**.

Diagnosis & relevant clinical information
EUPD Mild Learning Disability
Current Medications
Increase Quetiapine to 50mg, continue 25mg at lunchtime, 50mg at night Sertraline 200mg daily Diazepam 2mg TDS as required Atorvastatin Dapagliflozin Gliclazide
Management Plan / identified risk / follow up / discharge
1. Upcoming appointment with Rape Crisis service 2. New Social Worker Janice O'Neill 3. Outpatient appointment in 3 months in person at Gayle's request

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

I spoke to Gayle by telephone today, where she was supported by Lyndsey who is her keyworker at Talbot Housing Centre.

Gayle began by telling me that things have been alright recently but on prompting could advise that recently she has taken some overdoses of medication, usually in response to social stressors. Last week, she took an overdose of 4 days of medication in the context of recently being offered new supported accommodation. She tells me that she doesn't want to live in supported accommodation, although could appreciate why the Talbot Centre has been good for her and it is very difficult to understand her rationale here. She agreed that currently she appreciates that meals are provided, she has regular emotional support, medication prompts and support with finances. Talbot staff go out with her for coffee and otherwise she spends her time shopping online, seeing nieces and nephews in Scotstoun and other family in Ireland occasionally.

Her medication compliance is erratic but she feels much better when she is taking it regularly, particularly the Quetiapine.

She feels that she is low in mood although I am not sure her functioning entirely is in keeping with an episode of clinical depression. There has been a deterioration in mental state in keeping with EUPD crisis in the last couple of weeks which I think has been since she found out about the supported accommodation in that she is requiring more prompting from Talbot staff to attend for meals and her sleep is a little worse, although partly this is due to poor sleep hygiene in that she sleeps through until afternoon every day and then can't fall asleep at night.

She feels a little more anxious lately and has been thinking more about sexual abuse in childhood with flashbacks most days. However, she really struggled to discuss this in any detail and I wonder if this is partly due to it being a telephone contact. This recent disclosure of sexual abuse in childhood had been fed back to us by the manager of the Dalhousie Street project in the last few weeks and likely has partly contributed to recent escalation in overdose and self-harm behaviour. Positively though, she has made an appointment with the Rape Crisis service on Wednesday this week which she intends to attend.

Overall, Gayle seems to be struggling with increased intrusive thoughts of sexual abuse in childhood and worry about accommodation options. There has been more risk of suicidal behaviour recently which all is in keeping with EUPD and an avoidant attachment style. Gayle has always struggled with changes to her support network which is likely why she is struggling to accept accomodation proposal.

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

We discussed ways to safeguard Gayle's health which she engaged in very well. She has agreed to hand in medication to the staff at the Talbot Centre immediately when she returns from the chemist, which she had not been doing as much recently, to try to reduce accessibility of the medication for when she becomes suicidal. She has agreed to continue to spend time with friends and family and will engage with Social Work.

I have a message to contact her social worker when she gets back from leave next week which I will do to ascertain how we can help her. You will be aware that in the past Gayle has had CPN input but this has not been particularly meaningful or focused work and rather more of a social support which her housing service is able to provide at present. However I will discuss this with Janice O'Neill as I suspect some of the concern might be about encouraging her to move to the new suggested supported accommodation.

Gayle has requested that we see each other in person next time, which sounds reasonable to me, and so I will see her again in 3 months' time.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 09/02/2023 09:46:56 by Meera Patel.

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: 3490
Job ID: 100262100
Date: 23/01/2023

Private & Confidential

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Mental Health
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Please increase morning quetiapine dose to 50mg (and continue 25mg at lunchtime and 50mg at night time = total 125mg daily)	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Meera Patel
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Authorised on 23/01/2023 13:28:16 by Meera Patel.

NHS Greater Glasgow and Clyde

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/CS
Job ID: 391348
Date: 06/05/2022

PRIVATE & CONFIDENTIAL

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000 EXT:
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Unfortunately Gayle was unwilling to speak to me at our planned phone review, on 6 May 2022.

As you are aware, she stays at the Talbot Centre and has diagnoses of emotionally unstable personality disorder and mild learning disability.

I suspect she doesn't want to speak to me because she has often said that she finds Springpark to be extremely unhelpful and she would rather be transferred back to Riverside, hoping to move to accommodation so as to facilitate this.

I was able to speak to a member of staff at the Talbot Centre who feels that she is doing really well with them. There are occasional acute increases in distress usually when there is conflict with family, or perceived conflict by Gayle, at which time she reports overdoses of medication. The reported overdoses recur every few months and the Talbot Centre are not entirely sure if they are always truthful but they follow their protocol for contacting NHS 24 or A&E. The overdoses are reported to be of either her as-required diazepam or non-prescribed medication as opposed to her regular medication and the Talbot staff feel that things have improved since Gayle has been keeping her own medication and taking it as prescribed, with staff supporting and checking compliance. Otherwise she seems to be going out fairly regularly to see family and collecting her medication, coffee with keyworkers and engaging well and keeping her accommodation tidy.

I have no concerns from this discussion. I appreciate that Gayle often thinks she would benefit from a CPN but this has not been shown historically as she is unable to utilise any skills discussed within sessions at times of acute distress. Medical appointments have

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

never been particularly fruitful and she most benefits from having support staff who know her well and can responds appropriately to her immediate needs, as she currently has. It is a pity she has requested to move tenancy.

I will appoint her routinely for follow up and have reiterated to the Talbot Staff that they can contact us if they have any concerns, as I would urge you to do also.

Yours sincerely

Dr Meera Patel
Consultant Psychiatrist

Authorised on 18/05/2022 13:34:08 by Meera Patel.

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/HW
Job ID: 336410
Clinic: 29/11/2021
Date: 29/11/2021

MEDICAL IN CONFIDENCE

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow
G22 5EU
Tel: 0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Diagnoses & relevant clinical information
1 Emotionally Unstable Personality Disorder 2 Mild Learning Disability
Current Medications
Quetiapine 25mg morning, 25mg at lunchtime, and 50mg at night Sertraline 200mg daily Atorvastatin Dapagliflozin Gliclazide Diazepam 2mg up to TDS
Management Plan / identified risk / follow up / discharge
Management: No changes Follow Up: OPA in 4 months' time Legal Status: Informal

I spoke to Gayle by telephone today, given ongoing Covid restrictions. You may be aware that over the last few months, Gayle has often said that she does not want to remain open to Springpark Centre. However, positively, she answered the phone today and we had a reasonable chat.

Gayle tells me that she is struggling significantly, continuing to take overdoses from time to time, usually of her prescribed Diazepam and often when she's thinking of her sister. She also cuts herself sometimes although was a bit more vague about this and I am not sure how often this is happening.

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

I have asked if it would be safer for her to be escorted to the pharmacy but she continues to use the pharmacy in Scotstoun, which allows her to pop in to see her niece when they are on good terms. I gather currently, they have fallen out and she's not seeing her very often, which may be contributing to a slight deterioration currently.

By Gayle's account, she's not doing very much, lying in bed all day and wearing the same clothes with no motivation and nothing she enjoys.

She continues to experience suicidal thinking and sees no point in continuing to be alive but with no current intent or plan. It's very difficult to lead Gayle to reflect on why sometimes she is able to keep herself safe and she became more dysregulated and distressed when discussing this today. I suggested she contact Springpark Centre if she's struggling but she has had negative experiences before in talking to our duty nurse and Crisis team. I gather by this she means that she has felt let down by the services as she thinks that she should be offered a hospital admission when she is struggling, as opposed to engagement with the Crisis service.

She tells me that she would like a CPN or someone to go out for a coffee with but this is the role that the Talbot staff have with her and it is unclear what additional role a CPN would have.

Again today, she ended our consultation by saying that she would like to be discharged from the mental health service.

It was helpful to have a discussion with Lyndsey Allen, her keyworker at the Talbot Association who tells me that Gayle is her usual self, and more able to reflect when she is with keyworkers that she has a better attachment to. Gayle has been looking forward to going to Ireland this weekend and generally does not present as someone who is depressed, often getting out of bed and engaging with staff with humour, appearing to enjoy herself. Lyndsey reports that changing the time of the Quetiapine has improved her presentation in the afternoons.

One concern that Lyndsey has is that her Diazepam prescription has led to multiple overdoses in the last few weeks. As she has her medication prescribed weekly, she has 21 tablets of Diazepam to take home once a week but will sometimes takes many of them at once. I wonder if you could consider changing her Diazepam dispensing frequency to twice or thrice a week to try to reduce this risk. Of course, she will continue to take overdoses of Ibuprofen as she has done for some time and it's difficult to mitigate this, although we had a discussion today that death by overdose of Nurofen might be quite painful, which she was able to take on board. I'll see her again in 4 months' time. Gayle continues to have a future focus on moving back to Partick as she felt her care was much better there. We remain involved with Gayle, largely as a support for the Talbot Association who contact us when concerned.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 06/12/2021 19:07:47 by Meera Patel.

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: 3490
Job ID: 100100270
Date: 29/11/2021

Private & Confidential

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Mental Health
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Change of Medication Request
Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) ☐ (should be followed by a telephone call)	Routine (available 48 hrs following request) ☒
Action required by GP:	
Please consider increasing frequency of dispensing of PRN diazepam to 2 or 3 times per week	
Frequent overdoses of prescribed diazepam at present	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 29/11/2021 14:27:01 by Meera Patel.

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/MK
Job ID: 294275
Date: 02/08/2021

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Community Mental Health Team
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000 EXT:
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

I saw / reviewed the above named client on **02/08/2021**.

Diagnosis & relevant clinical information
Emotionally Unstable Personality Disorder Mild Learning Disability
Medications
Please increase Quetiapine to 25mg in the morning and at lunchtime and continue 50mg at night Sertraline 200mg daily Diazepam 2mg as required Metformin 1g twice daily Atorvastatin 40mg daily
Management Plan / identified risk / follow up / discharge
Social Worker Jacqueline Campbell will refer to GAMH for social support Outpatient Clinic 4 months

I spoke to Gayle by telephone today and she began by telling me that she took 16 paracetamol last night, and had only told her support worker Lindsay this morning. She is not willing to attend A&E to get checked over as she feels well. She understands the risks and consequences of not attending

Susanne Millar
Chief Officer

A&E but feels she has done this before without any negative consequences. She has ongoing chronic suicidal ideation but no acute intent or plan today and has a plan to go out for a coffee later on with her support worker and more longer term plans of moving to a supported accommodation in February in Partick.

The increase in stress recently seems to have been around her niece going to Ireland for a holiday for a week. Although they will continue to have regular phone contact, this is her main support person and although Gayle could not identify this as a loss, I suspect it is for her.

Gayle does find medication to be quite helpful, particularly Quetiapine which she finds helps relax her. She is able to sleep well with her prescribed medication. She advised that regularly at tea time, she becomes more agitated and distressed and can often feel more suicidal, which her support worker corroborated. We agreed to try an additional dose of Quetiapine in the afternoon to reduce emotional hyperarousal in early afternoon and the evening.

Gayle spent much of the consultation reporting how unhappy she was at the service she receives at Springpark, by the duty workers, Crisis service and with predominantly phone appointments. She is very keen to transfer back to Partick and believes that she will move in February. She is looking forward to this very much and imagines that her life will be more positive there.

I have previously explained to Gayle that I do not see an indication for face to face contact while there are restrictions around contact due to the pandemic but she does not feel reassured by this.

I will review her in the outpatient clinic in 4 months with no other changes planned.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 06/08/2021 14:36:13 by Meera Patel.

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North East Sector

Springpark Centre
101 Denmark Street
Glasgow
G22 5EU
Tel: 0141 211 7000

NHS
Greater Glasgow and Clyde

Date: .....2/8/21.....

Fax To: .....

Dear Dr .....Bhatti, Peel Street Medical Centre.....

Re: ...Gayle Wilson..... CHI: .....2107796165.....

Your above named patient has been reviewed at my out-patient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours)
(phoned practice & faxed confirmation)

■ Routine
(Prescription available 48 hours following request)

☐ No. of Change Items

.....Increase quetiapine to 25mg morning and 1pm, 50mg at night.....

.....

.....

.....

- This medication is in addition to the patient's current regime.
- This medication replaces:

.....Quetiapine 25mg morning, 50mg night.....

.....

which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely

2/8/21

Dr M Patel
Consultant Psychiatrist

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Susanne Millar
Chief Officer

Our Ref: JH
Job ID: 100052967
Date: 29/06/2021

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Mental Health
Stobhill Hospital
Nevis Building
133 Balornock Road
Glasgow
G21 3UW

www.nhsggc.org.uk

Dear Dr Bhatti

RE: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

CHI No:	**2107796165**	**Date:**	29/06/2021
Surname:	**Wilson**	**Date of Birth:**	**21/07/1979**
First Name:	**Gayle**	**Gender:**	F
Address & Post Code:	**Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN**		
Phone No:	Patient Home Telephone 07490319509	**Legal Status (MHA, AWI, Guardianship):**	Informal
Ethnicity:	White	**Nationality**	Scottish
Consent to sharing info:	Yes		
Communication needs:	Alternative correspondence format		
Next of Kin / Carer contact details:	*Carer contact details listed below:* Nil disclosed at assessment.		

Professional contacts summary

Alerts *(history of violence, offending history)*
Nil known alerts reported on EMIS.

Susanne Millar
Chief Officer

Reason for referral ***(referrer's reason[s] for requesting assessment)***

Gayle contacted NE Crisis (SCP - Yvonne McNeil)via telephone reporting she had been struggling for a few days, took 20 prescribed Diazepam on Sunday with a view to end her life. Ongoing thoughts of suicide and stated she would go get more tablets to "end her life". Throughout the call, Gayle would not engage in safety planning despite future planning. Evidence that Gayle was being obstructive and dismissive to advice provided.

During the call, Gayle stated she was sitting outside the Talbot centre with a rope round her neck. Gayle refused to provide a detail of her clothing to assist the police. Gayle contacted staff at Talbot centre whom located Gayle at the side of the building with no rope evident however playing with tossels from her sweatshirt.

Due to time, NE Crisis contacted MHAU – Stobhill to request callback to patient.

Reason for attendance ***(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)***

Gayle reporting feeling "heavy suicidal" and seeking hospital admission this evening.

Psychiatric history ***(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)***

Diagnosis of EUPD. Currently open to Springpark CMHT under care of Dr Patel.
Mild LD.
Longstanding suicidal ideation.
Hisotry of DSH including overdoses and superficial cutting.

Current medication details as given by individual ***(prescribed, over-the-counter, complementary, drug allergies)***

Medication	Dose	Frequency	Duration	Response
Quietapine				
Sertraline				
Diazepam	2mg	As required		

Allergies:	Nil reported.		
Dispensing frequency:		**Medication concordance:**	Reports non-compliance since 2 days ago.

Susanne Millar
Chief Officer

Any children/ dependents under the age of 18?				
	Child 1	Child 2	Child 3	Child 4
Name				
Age				
Address if different:				
Child protection concerns/agencies involved:				

Impact of mental health on parenting and/or potential risk to children:

Description of functioning before current difficulties:

Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*	
Pattern of current use	Denies any alcohol/drug misuse.
Impact on individual	N/A
Previous history	

Mental State Examination:	
Appearance	Casually dressed. Fairly kempt; nil evidence of self neglect.
Behaviour	Rapport difficult to establish however did engaged freely in assessment. Poor eye contact, moostly looked at floor. Nil evidence of agitation or anxiety.
Mood & Affect	Reports longstanding low mood, feels things are particularly difficult recently as it was the anniversary of her sisters death two weeks ago. Reactive in affect, mood appeared euthymic at times.
Speech	Normal rate, rhytmn and tone.
Thought form	Nil evidence of any thought disorder.
Thought content	Reports experiencing ongoing suicidal thoughts.
Perceptions	Nil psychotic symtpoms observed or reported. Did not appear preoccupied or distracted.
Cognition	Not formally assessed however appeared intact. Orientated to all spheres.

Susanne Millar
Chief Officer

Insight	Voiced insight current difficulties are longstanding. Did not appear. Did not display any acute signs/symptoms of mental illnes which would impair decision making or judgement.
Carers / Next of Kin / others views, concerns and expectations from services	
Nil present at assessment.	
Additional notes:	

Summary

Name: Gayle Wilson	**CHI: 2107796165**
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Writer initially attempted contact via telephone with Gayle. Gayle engaged freely, pleasant throughout. Gayle appeared to fixate on hospital admission throughout and likewise with Crisis Gayle would not agree to a safety plan. Gayle was future focussed throughout call however made threats to attempt suicide following contact. Offered Gayle face to face assessment at MHAU – Stobhill, Gayle appeared more brighter in mood and happily accepted offer stating she would arrange a taxi. Mental health assessment carried out by Unscheduled Care Nurses J. Hardie and T. Etherson. Gayle reports feeling "heavy low and heavy suicidal" and feels this has worsened since last week. She reports last Wednesday she took 8 x Diazpeam and on Sunday took 20 x Diazepam with a view to end her life. On Sunday, she alerted staff within accommodation of same whom contacted an Ambulance. Gayle reports she became inpatient re the wait time for ambulance and so chose to retire to bed. Denies experiencing any physical side effect however did state feeling lethargic yesterday and slept most of day. Gayle discussed a desire to move to Partick area and states she is looking forward to upcoming move to the area, stating she has been informed it shouldnt take much longer. Gayle anticipates this will be a few months. Gayle states she wishes to return to Partick so she will fall under the catchment for Riverside CMHT and NW Crisis. She reports these services are "ten times better than over here". Gayle seeking hospital admission throughout, continuing to voice vague suicidal ideation. Gayle denies any plan or intent to act upon these thoughts. Offered Crisis team for follow up support however Gayle declined this and advised she would seek follow up from own care team. Evident help seeking behaviour and future focussed; awaiting house move, looking forward to seeing neice again this week and great	

Susanne Millar
Chief Officer

neice/nephew whom she see's regulary. On review of EMIS notes and previous presentation, assessors have adopted a postive risk approach on this occaission.
Overall impression of risk *(CRAFT to be completed separately)*
Nil immediate risk identified. No active plan or intent to act upon longstanding suicidal thoughts. Risk of engaging in risky behaviours in keeping with EUPD diagnosis. Evident help seeking behaviours and future focussed throughout. Aware of contact numbers should she require further support.
Immediate actions *(including information provided)*
Taxi arranged to escort Gayle home from MHAU. Task sent to own team to request follow up and make aware of contact this evening. Gayle aware and agreeable of same.
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*

Primary Diagnosis:	EUPD
Any additional diagnoses:	
Suitable for psychological therapies (Y/N):	

Name:	Jaye Hardie	**Designation:**	Unscheduled Care Nurse
Signature:		**Date:**	29/06/21

Yours sincerely

Jaye Hardie

OOH Service

Authorised on 29/06/2021 21:51:41 by Jaye Hardie.

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

Our Ref: MP/HW
Job ID: 100048220
Clinic: 07/06/2021
Date: 15/06/2021

PRIVATE & CONFIDENTIAL

Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Mental Health
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow
G22 5EU
Tel: 0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Diagnosis & relevant clinical information
1 EUPD 2 Mild learning disability
Current Medications
1 Sertraline 200mg OD 2 Quetiapine 25mg mane, 50mg nocte 3 Diazepam 2mg as required 4 Metformin 500mg BD 5 Simvastatin 40mg OD
Management Plan / identified risk / follow up / discharge
Follow Up: 1 Referral to Health Care Assistant for social support 2 Supported accommodation – Talbot Association 3 OPC in 4 months Legal Status: Informal

I spoke to Gayle today, 07/06/21, who was in good spirits. She is feeling better about the Covid pandemic and going out more. Otherwise, she spends her time playing her play station and seeing her family.

She is getting on well with the Talbot Association staff, who ensure medication compliance and that she is eating properly.

NHS Greater Glasgow and Clyde

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Chief Officer

It is the anniversary of her sister's death coming up and she has been taking Diazepam a little bit more but assures me that she's not taking it more than it is prescribed and she does not need it every day. She suggested that she might benefit from more support for going out and having more structure to her day. The Talbot staff aren't always able to support her to do this and it has previously been mentioned to her that we might be able to help her with this.

I had the option to speak with her keyworker with the Talbot Association, Linsey Allen, who feels that generally Gayle is doing quite well just now.

Gayle seems to be stable with good support. She continues to experience thoughts of self-harm and tells me that 2 weeks ago she cut herself but appropriately told the Talbot staff who helped her to clean her would and ascertain that she didn't require any medical assistance.

I will refer for increased social support, and I will review her again in 4 months' time.

Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 15/06/2021 15:13:40 by Meera Patel.

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Susanne Millar
Interim Chief Officer

Our Ref: MP/HM
Job ID: 100016483
Clinic Date: 15/02/2021
Date Dictated: 15/02/2021
Date Typed: 19/02/2021

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Dr NT Bhatti
Peel Street Medical Centre
11 Peel Street
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G11 5LL

Mental Health
Springpark Mental Health Resource Centre
101 Denmark Street
Glasgow

G22 5EU
0141 211 7000
www.nhsggc.org.uk

Dear Dr Bhatti,

Re: Gayle Wilson DOB: 21/07/1979 CHI: 2107796165
Address: Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN

Diagnosis &relevant clinical information

EUPD
Mild learning disability

Medications

Sertraline 200mg daily
Simvastatin 40mg daily
Quetiapine 25mg morning, 50mg at night
Diazepam 2mg up to tds

Management Plan / identified risk / follow up / discharge

1. No changes today.
2. Encouraged to use Springpark and Crisis phone numbers
3. OPC – 3 months

I spoke to Gayle by telephone today. You will be aware of her history of EUPD with previous supported accomodation in Partick with a long period of care at Riverside Resource Centre, before transfer to us in October 2019 as she now lives in Talbot Housing. She has previously been reviewed by the Homeless Personality Disorder Service but struggled to mentalise and they suggested an anxiety management and behaviour activation approach to her difficulties. You will also be aware that she frequently contacts the Crisis Service and attends A&E and I understand that the staff at Talbot had training in managing distress from the Homeless Personality Disorder Team.

Susanne Millar
Interim Chief Officer

On speaking to Gayle today, she tells me that she hates Covid as she can't do anything but has no particular worries about her health. She feels terrible generally as she has done for many years but with nothing in particular on her mind. She describes ongoing suicidal thinking and thoughts of taking an overdose but can't tell me when she last took an overdose or what leads to her acting on these thoughts with nothing protective identified.

I gather that she spends some of her time watching television and playing FIFA and Call of Duty on her PlayStation but is fairly socially isolated. Fortunately, she sees her 33 year old niece weekly and speaks fondly of her. She was very positive about her Social Worker Jacqui Campbell with whom she has a good relationship and feels that she can phone her at any time when she feels distressed. I am pleased to see that the Crisis Service had a call from Gayle in late January when she was feeling more suicidal which makes me think that she is able to reach out to our service when she is feeling worse in her mental health.

Gayle continues to struggle with missing her sister who died a couple of years ago. She tried bereavement counselling with CRUSE but felt this wasn't helpful for her. When we began speaking more about her sister, she said *"the minute I come off this phone, I'll take every tablet I have, I don't want to be alive"* and then hung up the phone. I understood this to be that she became more distressed in thinking about her sister.

I spoke to the Talbot staff who will go up to support Gayle at this time.

My impression is that Gayle has struggled with chronic impulsivity and emotional dysregulation for some time. It is difficult to ascertain which changes would be helpful today and she was dismissive of the idea of input from the Health Care Assistant, Michelle Cairney, which has previously been suggested to her. I will make no changes today and will continue to encourage her use of the crisis and emergency services. I will review her in 3 months to consider further plans, hopefully when pandemic restrictions have lessened.

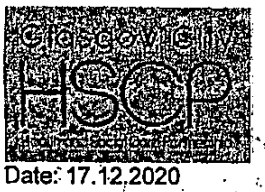
Yours sincerely

Meera Patel
Consultant Psychiatrist

Authorised on 24/02/2021 13:03:35 by Meera Patel.

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23 DEC 2020



Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

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Date: 17.12.2020

MEDICAL IN CONFIDENCE

Dr Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

NORTH EAST AREA CRISIS TEAM

Dear Dr Bhatti

Re: Gayle Wilson, CHI-210 779 6165,
Address: Talbot association, 52 Dalhousie Street Glasgow, G3 6PN

Miss Wilson was referred to the Crisis team, by the mental health assessment unit, for assessment and support following divulging suicidal ideation on 11/11/2020.

I visited Gayle at home later this day and assessed her mental health. She appeared disgruntled with services and was looking to be transferred back into the care of the Riverside CMHT She described her usual ongoing level of suicidal thoughts but denied any fixed plan or intent to act on these at this time. She was future planning with regards meeting family members and continues to see them as a protective factor for her.
At this time Gayle declined any support from the Crisis Team at this time and as such will be discharged from the caseload.

Gayle continues to gain support from staff within her accommodation and will have ongoing support from Springpark CMHT. Gayle is aware of the duty and Crisis contact numbers and has agreed to utilise these in the future should the need arise, as well as allowing Talbot support staff to utilise the numbers also.

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

Yours sincerely

Gary McNally
Senior Crisis Practitioner

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Glasgow City HSCP

Susanne Miller
Interim Chief Officer

Our Ref: 1
Your Ref:
Date: 10/11/2020

PRIVATE & CONFIDENTIAL

Dr NT Bhatti

Mental Health Assessment Unit
Nevis Building
Stobhill Hospital
133 Balornock Road
Glasgow
G213UZ

Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

www.nhsggc.org.uk

CHI No:	2107796165	**Date:**	
Surname:	Wilson	**Date of Birth:**	21/07/1979
First Name:	Gayle	**Gender:**	F
Address & Post Code:	Talbot Centre 52 Dalhousie Street, Glasgow, Lanarkshire, G3 6PN		
Phone No:	Patient Home Telephone Patient Mobile Telephone	**Legal Status (MHA, AWI, Guardianship):**	
Ethnicity:	Ethnic Origin	**Nationality:**	
Consent to sharing info:	YES		
Communication needs:	Alternative correspondence format		
Next of Kin / Carer contact details:	*Carer contact details listed below.*		

Professional contacts summary

NHS Greater Glasgow and Clyde

Glasgow City HSCP

Susanne Millar
Interim Chief Officer

Alerts ***(history of violence, offending history)***
No alerts noted on Emis.
Reason for referral ***(referrer's reason[s] for requesting assessment)***
Contact via Police Scotland tonight seeking review of this female who became involved with the Police tonight after voicing thoughts of harming herself. Support staff at The Talbot Centre contacted the police due to their concerns. Police located client within 200yards of her accomodation. Client continued to voice ongoing thoughts of harming herself. Agreed Police would transfer client to The MHAU for review.
Reason for attendance ***(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)***
Ongoing difficulties with low mood and suicidal thoughts. Unable to identify any triggers at present, however, feels she would benefit from additional support at present and a period of time as a in-patient.
Psychiatric history ***(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact, h/o self harm/attempted suicide; previous admission/detentions)***
Currently recieving psychiatric intervention from Springpark CMHT. Diagnosis EUPD/Mild LD Previous hx of DSH including overdoses and superficial cutting to arms and legs. Last inflicted superficial cuts 2 days ago.
Current medication details as given by individual ***(prescribed, over-the-counter, complementary, drug allergies)***

Medication	**Dose**	**Frequency**	**Duration**	**Response**
Allergies:				
Dispensing frequency:		**Medication concordance:**		
Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**

NHS Greater Glasgow and Clyde

Glasgow City HSCP

Susanne Millar
Interim Chief Officer

Name				
Age				
Address if different:				
Child protection concerns/agencies involved:				

Impact of mental health on parenting and/or potential risk to children:	
Description of functioning before current difficulties:	
Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*	
Pattern of current use	Denies any alcohol/illicit substance misuse.
Impact on individual	
Previous history	

Mental State Examination:	
Appearance	Clean tidy casually dressed female. Minimal eye contact maintained, intially difficult to engage, as assessment progressed was able to establish a fairly good rapport.
Behaviour	Sat mainly with her head bowed, face covering and cap worn therefore at times difficult to engage, continually repeating herself by stating "no comment" "no comment" "Im fine" "Im good", eventually after little persuasion agreed to engage.
Mood & Affect	Reports a deterioration in her mood over recent weeks, unable to relate to any current social stressors or identify and triggers. States her medication was reviewed a few weeks ago at her request, since then has noted her mood has deteriorated. Objectively affect appeared flat, admits to erratic sleep pattern, concentration poor and lacks motivation.
Speech	Very quietly spoken sat with her head bowed and at times difficult to hear. Speech content appropriate with normal rate tone and volume.

Susanne Miller
Interim Chief Officer

Thought form	No evidence of any thought disorder...
Thought content	Pre-occupied at times with thoughts of harming herself, states has been feeling suicidal throughout the day, thoughts of wanting to walk out in front of traffic or "walk into Partick and get stabbed"
Perceptions	No noted perceptual disturbances, no evidence of any delusional beliefs, no evidence of any psychotic process.
Cognition	Cognition intact, however, not formally tested.
Insight	Client has insight into her current difficulties and the need to address same.
Carers / Next of Kin / others views, concerns and expectations from services	
Additional notes:	

Summary

Name: Gayle Wilson	**CHI:** 2107796165
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Mental health assessment of this female who was brought to The MHAU Stobhill by the police tonight having earlier voiced thoughts of harming herself to the staff at her accomodation in The Talbot Centre resulting in the staff alerting the police. Client left the accomodation stating she was going to walk in front of traffic or walk into Partick in hope that someone would stab her. Client presenting tonight as a stocky built, clean tidy casually dressed female, initially refusing to engage in assessment, sat with her head bowed. Eventually alluded to struggling with her mood for the past year, since the death of her sister a year ago, states she blames herself for her sister's death states her sister had messaged her that morning asking her to take her to hospital however, by the time she arrived her sister was already deceased following a cardiac arrest. States she	

Susanne Miller
Interim Chief Officer

has struggled with her mood since and continues to have difficulty coming to terms with this. Tonight reports deterioration in her mood over recent days with a increase in suicidal ideation. Reports her sleep pattern as erratic, states her medication was reviewed several weeks ago at her own request, however, believes this has had a impact on her mental health resulting in a deterioration in her mood. Tonight continues to make vague reference to ongoing thoughts of wanting to harm herself however, no evidence of any active suicidal intent/plan. Client seeking a period on in-patient stay. Advised a referral to Crisis would be the best option for tonight for next day follow up. Client agreeable to same.
Overall impression of risk *(CRAFT to be completed separately)*
No immediate risks identified tonight, client agreed to a safety plan will return home with a view to utilising her Diazepam 2mgs and await contact from The Crisis Team tomorrow
Immediate actions *(including information provided)*
Referral to Crisis Team for follow up tomorrow. Will inform GP of contact tonight. Advised if requiring support overnight to contact NHS24 Option4.
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*

Primary Diagnosis:	
Any additional diagnoses:	
Suitable for psychological therapies (Y/N):	

Name:	Elizabeth Macleod	**Designation:**	CPN
Signature:		**Date:**	10/11/2020

Yours sincerely

Elizabeth MacLeod

Authorised on 10/11/2020 22:54:59 by Elizabeth MacLeod.

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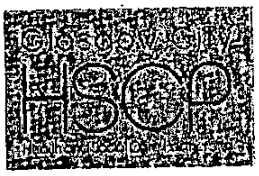


Susanne Millar
Interim Chief Officer



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NHS Greater Glasgow & Clyde
Mental Health Services



Chief Office
David Williams
MA (Hons) CQSW

North East Mental Health Services
Springpark Resource Centre
101 Denmark Street
Glasgow
G22 5EU

Tel: 0141 211 7000
Fax: 0141 211 7055

Email: gg-uhb.gp40296clinical@nhs.net

www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Dear Dr.Bhatti

Date 26/10/20

Patient: **Gayle Wilson**	**CHI:** **2107796165**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	■ Routine (Prescription available 48 hours following request)
Please split quetiapine dose to 25mg mane and 50mg nocte	

■ This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely

Dr.S.Flood ST4 Psychiatry

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Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

11 NOV 2020 4/2

North East Mental Health Services
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www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: SF/JMcT/HW
Dictated: 26 October 2020
Typed: 03 November 2020

MEDICAL IN CONFIDENCE
Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

GAYLE WILSON – CHI: 210779 6165
TALBOT CENTRE 52 DALHOUSIE STREET GLASGOW G3 6PN

Diagnoses & relevant clinical information

1 Emotionally Unstable Personality Disorder
2 Mild learning disability

Medications

1 Sertraline 200mg
2 Simvastatin 40mg
3 Quetiapine 75mg nocte

Management Plan / identified risk / follow up / discharge

Last ECG: August 2020 – QTc 463ms
Cardiovascular Risk Factor: Overweight, hypercholesterolaemia
Acute Risks: Risk of impulsive self-harm and overdose
Medication: Weekly dispense
Follow Up: OPA in 4 months' time – TBA
Legal Status: Informal

I reviewed Miss Wilson by telephone today, 26 October 2020. She has recently been discharged from the Homeless Personality Disorder Service where she did some work with Liz Jennings, and the discharge letter for this is available on EMIS. Liz Jennings suggested that some anxiety management work and some work to increase structure would be helpful. We discussed this at the Multi-Disciplinary Team meeting and felt that some short-term work with Michelle Cairney HCA would be helpful and Gayle has started this last week. She was open to the Crisis Team a couple of weeks ago following an overdose of paracetamol. She has a history of EUPD and mild learning disability with multiple previous admissions. She was previously open to Riverside and continued to find the transition from Riverside to Springpark difficult saying that she had a good relationship with her CPN there and that "the Crisis Team would admit her to hospital during periods of crisis."

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NHS Greater Glasgow and Clyde

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She describes ongoing suicidal thoughts though has no plan or intent, although will occasionally action these thoughts by taking an impulsive overdose or by cutting her wrists. She feels the Quetiapine helps take these thoughts away and helps her to get a good sleep. She reported no signs of any depression. Her sleep was good, her appetite was good, and she enjoys visiting her niece who lives in Scotstoun.

She says she gets on okay with the staff in the Talbot Centre but would prefer to be back in Partick. She is quite dismissive of increasing structure in her day saying this is not what she needed. I agreed with her to split her Quetiapine dose to 25mg in the morning and 50mg at night.

She will be reviewed in 4 months' time.

Kind regards

Yours sincerely

DR SOPHIE FLOOD
ST4 (General Adult Psychiatry
Consultant – Dr John McTaggart

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NHS Greater Glasgow and Clyde

Glasgow

NHS Confidential: Personal data about a patient

1/2

26 OCT 2020

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

North East Mental Health Services
Springpark Resource Centre
101 Denmark Street
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G22 5EU

Tel: 0141 211 7000
Fax: 0141 211 7055

www.glasgow.gov.uk
www.nhsggc.org.uk

Our ref: GMCN/DM
Your ref: CHI:2107796155
Date Dictated: 19/10/20
Date Typed: 19/10/20

MEDICAL IN CONFIDENCE

Dr Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

NORTH EAST AREA CRISIS TEAM

Dear Dr Bhatti

Re: Gayle Wilson, CHI-210 779 6165, Talbot association, 52 Dalhousie Street Glasgow, G3 6PN

Miss Wilson was referred to the Crisis team, by the mental health assessment unit, for assessment and support due to taking a planned overdose of 14 x 500mg Paracetamol and describing deteriorations in her mood and voicing suicidal thoughts on 30/09/20.

During subsequent visits to Gayle she was noted to have fleeting suicidal thoughts but no ongoing plan or intent to act on these thoughts. This is not unusual for Gayle and often describes this as part of her normal presentation. Her mood was bright and reactive and she was engaging with activities with family members while making plans for the future.

Gayle continues to gain support from staff within her accommodation and will have ongoing support from Springpark CMHT. Gayle is aware of the duty and Crisis contact numbers and has agreed to utilise these in the future should the need arise, as well as allowing Talbot support staff to utilise the numbers also,

At this time it was felt there was no further requirement for ongoing support from the Crisis team and as a result Miss Wilson has now been discharged from the Crisis Team caseload.

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

Yours sincerely

Gary McNally
Senior Crisis Practitioner

Glasgow City HSCP
Health & Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Mental Health Assessment Unit
Nevis Building
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Private and Confidential

Dr Bhatti
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Date 30 September 2020
Date Typed 7 October 2020

Our Ref SS/PMW
Your Ref

Dear Dr Bhatti

Gayle Wilson - DOB: 21.07.1979 - CHI: 210 779 6165
Talbot Centre, 52 Dalhousie Street, Glasgow G3 6PN

I assessed the above patient in the Mental Health Assessment Unit (MHAU), Stobhill on 30 September 2020.

Summary of Assessment

Found Gayle's presentation in keeping with her diagnosis of Emotionally Unstable Personality Disorder (EUPD) and at times, childlike behaviour noted but not problematic behaviour.

Describing impulsive overdose not caring if she died saying "I hate my life and want to be with my sister Rita".

Describes increase in self harming says it releases emotional pain. Voicing further thoughts to jump in front of a car. Has 24 hour support from Talbot and likes staff and accomodation. When discussing way forward this am, says "I hate Springpark they are awful, I took overdose weeks ago, they said they would phone and didn't, can you refer me back to Riverside and I will be better".

Overall Impression of Risk

Long history of suicidal ideation and self harming behaviours.

Despite trying to increase a level of alarm with doctor at A&E by threats of jumping in front of car, she is actually seeking help. Impulsive overdose, increase in self harming which will probably continue.

When we discussed follow up today by crisis staff, there was a turnaround in Gayle, much brighter more animated and this fitted in with mild learning disability. Accepting of help saying "that's great I'll get the bus home and I will

speak to them today".

Immediate Actions
Refer to crisis for short term follow up to manage risk and further assess suicidal ideation which she is very ambivalent towards.

Yours sincerely
Sharon Swan, OOH Nurse
Mental Health Assessment Unit, Stobhill

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Personality Disorder & Homelessness Team
1st Floor *(Follow the signs for Lansdowne Psychotherapy)*
Community Centre for Health & Care
547 Dumbarton Road
Glasgow
G11 6HU

Tel No: 0141-232-9200 Fax No: 0141-232-9224

CONFIDENTIAL

Dr J McTaggart
Springpark Resource Centre
101 Denmark Street
Glasgow
G22 5EU

Ref: LJ/AF
CHI: 2107796165
Date: 14th September 2020

Dear Dr McTaggart

GAYLE WILSON - DOB: 21/07/79
TALBOT CENTRE, 52 DALHOUSIE STREET, GLASGOW G3 6PN

Gayle was referred in April 2020 by her keyworker in the supported accommodation in which she currently resides.

Gayle has an existing EUPD diagnosis and learning difficulties. Her use of words is limited and she will often communicate using few words with limited capacity to expand her narrative. Gayle also struggles to describe her emotions in any depth.

Gayle has a poor relationship with her mother, whom she seldom sees, describing her as having a "mental breakdown" and not being able to look after Gayle. She has two sisters that are close, one lives in Ireland, the other died in 2019. Gayle continues to grieve this sister whom she says was more like a mum to her. Gayle also has nephews and when she talks about these children she brightens visibly and really enjoys spending time with them. She also has a close friend who she is in frequent contact with and meets regularly.

When Gayle initially met with me on video call, due to Covid-19, she found it extremely difficult and would barely show herself. She often made contact after these sessions asking to be discharged and at one point wrote me a letter informing me she would sue me if I attempted to contact her or the staff at her accommodation. However, after each of these occasions Gayle made contact requesting her next appointment and did give permission for information sharing. Her avoidant attachment style meant that it took perseverance and consistency to help her maintain engagement.

Although Gayle recognised her attachment style when I described this to her and even laughed about it, her capacity for reflection and mentalization is limited. Although Gayle became more comfortable with me and managed video calls well, her limited capacity for mentalization and reflection did not change which makes her unsuitable for our MBT treatment programme.

Gayle clearly describes anxiety symptoms and I think she may benefit from some basic practical anxiety management education. Gayle identifies feeling less anxious when she is busy/active and would be keen to participate in any structure/activities that may be available to her, particularly expressing interest in outdoor activities.

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Dr J McTaggart
14th September 2020

Gayle Wilson
CHI: 2107796165

I offered consultation sessions with the accommodation staff helping them think about when Gayle experiences distress, how she expresses and reacts to this and what may be helpful approaches for them. Gayle looks for obvious signs of care from others like encouraging her to eat, go out for a walk with her, make hot chocolate etc. Talking with the staff helped them recognise how explicit they should be in their empathy, validation and how they provide care.

I have now discharged Gayle from our service and would be grateful if you could give consideration to provision of anxiety management and structured activity in your area.

Yours sincerely

Liz Jennings
Nurse Therapist

c.c. Dr N Ghouri, Peel Street Medical Centre, 11 Peel Street, Glasgow G11 5LL

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10 MAR 2020 1 1/2

Glasgow City HSCP
Health and Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

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Tel: 0141 211 7000
Fax: 0141 211 7055

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PRIVATE & CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our ref: JMcT/TL
Clinic Date: 05.02.2020
Date Typed: 10.02.2020

Dear Dr Ghouri

RE: GAYLE WILSON - CHI: 2107796165
TALBOT CENTRE, 52 DALHOUSIE STREET, GLASGOW,G3 6PN

Diagnosis & relevant clinical information

1 Emotionally Unstable Personality Disorder
2 Learning Difficulties

Medications

1. Sertraline 200mg mane
2. Quetiapine 50mg nocte

Management Plan//Identified risk//follow up//discharge

Last ECG:
Cardiovascular Risk Factors:
Acute Risks: Chronic suicidal thoughts and self harm but no acute suicide plan

Follow Up: 1 OPA with Dr Mc Taggart 4 months
2 No obvious role for CPN despite Gayle's wishes for this (In highly supported accommodation with 24/7 support
Legal Status: Informal

I met Gayle for the first time on the 5th February 2020.

There is a detailed assessment from my colleague Dr Porteous from 18 December 2019. Gayle is a 40 year old woman who attended today with a senior support worker from her accommodation Anne Marie.

She moved to this area two years ago in July apparently because she required more support

and now is in a complex with 21 residents and access to 24/7 support with a variety of activities on offer albeit she does not avail herself of this very often. However, she states she is happy in the accommodation but wishes in the longer-term to move back to the West End where her family is. Her mum and niece are in Scotstoun and she has unfortunately had some bereavements in that her dad died three years ago from a brain tumour (his anniversary is coming up shortly) (Sunday) and her sister died in June from cardiac arrest. She attended school in Glasgow and tells me she was in residential care and has had no relationships.

Currently she is open to the Crisis Team and things appear to have settled down with a prescription of Zopiclone 7.5mg nocte for one week.

She appears not to know her diagnosis and states she has never been told this although I told her of this today. As the consultation progressed she became less keen on eye contact drawing her baseball cap down over her eyes and becoming slightly more antagonistic with questions particularly ones she did not understand. When I asked her about mood she told me she was not sure and "I hate life" and although she said she never enjoyed anything she later told me she enjoyed the company of other residents and had normal energy levels and I would not see her currently as having a depressive episode. She describes over the last two weeks insomnia which has been resolved/improved by Zopiclone and it may be this represents the recent bereavement and anniversary of her dad's death approaching. She has stable appetite and weight, describes long-term problems with memory and concentration which is variable and would fit with the emotional instability she also describes and she states she has reasonable confidence and self esteem.

She told me she had occasional thoughts of self harm/suicide but no current plans and was a bit evasive when I asked her about recent self harm telling me she would cut herself anywhere but would not show me or anyone else and has never recently been to hospital as a consequence.

She was not sure about any anxiety symptoms but told me she would get this occasionally and there was no evidence of any psychotic symptoms. She does not seem to have major problems with impulsivity or anger although at the end of consultation when she asked for a CPN and I told her that I did not think it was necessary as she has so much support from her accommodation, she became mildly disgruntled and told me she would not come back to see me again.

I am not convinced that we have much more to offer her other than crisis management as has happened recently albeit I think it makes sense to review her periodically for support/containment. I will send her a further appointment for four months time although she has told me she will not attend.

Yours sincerely

John McTaggart

DR JOHN MCTAGGART
CONSULTANT PSYCHIATRIST

NHS Confidential: Personal data about a patient

Chief Officer -
David Williams
MA (Hons) CQSW

North East Mental Health Services
Springpark Resource Centre
101 Denmark Street
Glasgow
G22 5EU
Tel: 0141 211 7000
Fax: 0141 211 7055

www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Email To:
GG-UHB.gp40296clinical@nhs.net

Dear Dr

Re: Gayle Wilson **DoB:** 21/07/79
Your above named patient has been seen at the duty clinic today.

Would you please prescribe:

■ Urgent (within 48 hours) (phoned practice & faxed confirmation)
☐ Routine (Prescription available 48 hours following request)
☐ No. of Change Items

zopiclone 7.5mg OD , 7 day course

.....

.....

.....

.....

- This medication is in addition to the patient's current regime.

A detailed letter will follow.

Yours sincerely

D. Porteous
GPST2

NHS Confidential: Personal data about a patient

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

North East Mental Health Services
Springpark Resource Centre
101 Denmark Street
Glasgow
G22 5EU

Tel: 0141 211 7000
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Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our ref: DP/HM
Clinic Date: 18/12/2019
Date Typed: 17/01/2020

Dear Dr Ghouri,

Re: Gayle Wilson CHI: 2107796165
Address: 0/2 1655 Dumbarton Road, Scotstoun, Glasgow, G14 9YD

I reviewed Miss Wilson in clinic. I have attached a document with information regarding my initial assessment of Gayle and some recommendations for future management. If you have any further concerns please feel free to contact us.

Yours sincerely,

pp.

Dr Debbie Porteous
GPST2 to Dr John McTaggart, Consultant Psychiatrist

ENC.

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Initial Assessment Tool

CHI No	2107796165	Date	18/12/2019
Surname	Wilson	Date of Birth	21/07/79
First Name	Gayle	Gender	Female
Address & Post Code	0/2 1655 Dumbarton Road Scotstoun Glasgow G14 9YD		
Phone No	0141 563 8676	Legal status (MEA, AWI, Guardianship)	Voluntary
Ethnicity	White	Nationality	Scottish
Next of kin/ Carer	Unknown	Consent to sharing info	Not given
NoK/Carer contact details		Communication needs	No

Alerts *(history of violence/ offending history)*

Reason for referral *(referrer's reason(s) for requesting assessment)*

I reviewed Gayle in clinic on 18th December 2019 with her Support Worker from her accomodation in attendance. Gayle has been referred from Glasgow North East where she is well known to the Riverside Services as she has moved into accomodation in Dalhousie Street over 1 year ago. Gayle has a background of Emotionally Unstable Personality Disorder and mild learning difficulties and has been well known to their service with multiple admissions in the last year.

Reason for attendance *(description of individual's main concerns, their perceptions of difficulties and hopes from the service)*

On attendance today, Gayle was very withdrawn and quiet refusing to speak to me much and letting her Support Worker do much of her speaking. She reported her mood had been low over the last 2 weeks and the reason for this was that she did not want to move Resource Centre and wanted to stay with the same CPN that she had become well known to. Due to her low mood last night she took an overdose of Diazepam which she had received from the GP; she took 26x 2mg tablets in total and was reviewed in A&E and discharged with no further thoughts of self harm for a review today. Gayle reports that she has no other stressors currently and the main reason for her suicidal thoughts had been the idea of being seen in a new Resource Centre and not knowing what that would be like.

Gayle reported intermittent low mood over the last 2 weeks but is still able to enjoy spending time with her good friend Michelle. She reports that her appetite is alright and that she is able to concentrate on TV and other activities.

Gayle reported ongoing suicidal thoughts to me when she attended for clinic but no current plans or ideas on how she would act upon this. She again reiterated the main reason for this was the transfer of her care to Springpark Centre. Initially Gayle was very reluctant to talk to me, had her hood up and a baseball cap on so that she did not have to look me in the eye but as the consultation

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continued she was able to speak more fluently to me and tell me more about what was happening.

She eventually admitted being seen at the new CMHT hadn't been as bad as she expected and actually her mood was already much improved. She started to tell me about things that she was looking forward to including her sister coming next week for Christmas. She also told me about the Pantomime that she has organised to see in January and she is looking forward to that. Gayle said she has been getting on well since her discharge from hospital in August and feels that her new dose of Quetiapine is working well for her and the current episode of low mood was more due to the situational circumstances with her move to the new CMHT. Gayle reported no other concerns.

Psychiatric history (previous/ongoing mental health problems, diagnoses and interventions via GP or mental health services and their impact, prior self harm/attempted suicide, previous admissions/ detentions):

Gayle has a background of Emotionally Unstable Personality Disorder and learning difficulties. She has had multiple admissions in the past year due to the episodes of self harm and suicide attempts. Her most recent trigger for admission was the death of her sister with whom she had been very close to. She had previously been under the Consultant Dr Julia Rawstone.

Medical history (doctor, district nurse or other physical health problems, diagnoses and interventions and their impact):

Gayle has no significant past medical history.

Current medication details as given by individual (prescribed, over the counter, complementary, drug allergies):

Medication	Dose	Frequency	Duration	Response
Sertraline	200mg	OD		
Simvastatin	40mg	OD		
Quetiapine	50mg	At night		

Allergies:	No known allergies		
Dispensing frequency:		Medication concordance:	

Family History (relationships, psychiatric/medical, substance use problems, history of suicide):

Gayle has 2 sisters, 1 of which is in the republic of Ireland and the other elder sister passed away in June. Gayle describes being close to both her sisters however she had been extremely close to her sister who passed away in June and describes her as like a mother to her. Gayle said she has very much struggled to cope with the death of her sister but has had good support from her friends and family. Gayle's mother is around but she does not see her mother regularly. Gayle's mother struggled with mental health problems but Gayle was unsure what they were.

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Initial Assessment Tool

Personal History	
Childhood/ development/ relationships *Childhood trauma/ neglect/ abuse* *Education/ employment Adult relationships* *Adult trauma/ abuse/ vulnerability* *Personal strengths/ Hopes for the future*	Gayle said during her childhood she was mostly brought up within the care system as she describes her mum as having "a mental breakdown" and being hospitalised. This meant that her mother was unable to look after Gayle; Gayle describes having a difficult time in care and admits she did not attend school much and cannot even remember when she left school. After Gayle left care at the age of 18 she moved in with her mum for a short period of time but said she found this very difficult as they do not have a close relationship. She then moved in with her eldest sister. For the last year however Gayle has lived in supported accomodation in a hostel in Dalhousie Street. She has a single room there and they have many activities and she enjoys living there.
Current Social Circumstances	
Housing *Employment/ Employability* *Finances* *Support* *Interests/ current activities*	Gayle currently lives in supported accomodation in a hostel in Dalhousie Street. She has a friend close by that she sees regularly called Michelle. She also has a niece and a nephew that live close by that she sees regularly. Gayle described feeling that she does have close friends and family to support her. Gayle is not currently in a relationship and does not have any children.

Any children/ dependents under the age of 18?

	Child 1	Child 2	Child 3	Child 4
Name				
Age				
Address if different:				
Child protection concerns/ agencies involved:				

Impact of mental health on parenting and/or potential risk to children

Initial Assessment Tool

Pre-morbid personality

Substance use (caffeine, alcohol, tobacco, illicit, novel psychoactive substances)	
Pattern of current use *Impact on individual* *Previous history*	Gayle describes smoking 10-20 cigarettes a day but does not take any other illicit substances and only occasionally drinks alcohol, the last time being roughly 3 weeks ago.

Forensic history (Charges, Convictions, Violence)
Gayle reports no forensic history.

Legal issues (driving, capacity, detention, vulnerability, other orders)

Individuals expectation of service
Initially when Gayle presented today she was very reluctant to speak to me and appeared very withdrawn. Gayle said this was because she did not want to be seen at Springpark CMHT and wanted to stay with her ongoing care at Riverside with people that she felt knew her better and could look after her better. She seemed particularly upset to lose the CPN she had in the community at Riverside. During the consultation however Gayle gradually opened up and seemed happier to tell me how she was feeling and seemed to be more interactive. She seemed more willing to participate with her care in Springpark and realized that people here would be equally as supportive as they had been in her previous CMHT. Gayle was keen to continue on her current medications as she felt these had been beneficial and did not want any changes made to these. Gayle and her Support Worker felt that she should be referred for further CPN input as Gayle has found this extremely beneficial in the past.

Mental State Examination	
Appearance *Behaviour* *Mood & Affect* *Speech* *Thought form* *Thought content* *Perceptions*	Today Gayle presented as an overweight lady in a dark hooded top and baseball cap with it pulled up so that she didn't need to look at me during the consultation. Gradually during the consultation however Gayle opened up and she took down her hood and started to look at me throughout the consultation becoming more reactive even intermittently smiling. Initially Gayle had slow speech with single words answers but gradually as she opened up throughout the consultation she became more conversational in her speech with normal rate, tone and rhythm. Gayle described her mood as low however objectively Gayle's mood initially appeared low but gradually as the consultation progressed she appeared euthymic. Gayle had normal thought form and content. She had no abnormal perceptions. Gayle had insight into her illness. Gayle described initially suicidal thoughts but with no significant plans to act on these. Gradually throughout the consultation as her mood improved she expressed hope for the

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Initial Assessment Tool

Cognition *Insight*	future and looking forward to future activities and did not think she would act on any further suicidal thoughts at present.

Collateral history (including carers/next of kin/others' expectations from service)

Additional notes

Summary of assessment (key findings/relevant negatives/initial formulation)

Gayle is a 40 year old lady who is well known to services at Riverside CMHT with a background of Emotionally Unstable Personality Disorder and learning difficulties. Gayle had a recent suicide attempt last night with an overdose of Diazepam 26 2mgs tablets, this appears to be in context with transfer of her care to Springpark CMHT. Gayle on seeing us today and realising that she would have further support with Springpark much the same as she did from Riverside appeared to be much more settled regarding this and did not pose any further suicide risk at present. Gayle reports apart from this episode yesterday, generally over the past 3 months she has been managing well and her mood has been good.

Immediate actions (including information provided)

1. I have discussed Gayle with Dr Devlin and we have agreed it would be beneficial to refer Gayle to a CPN for short term input while she is becoming known to the service and also to help manage her current episode of low mood in relation to the adjustment post loss of her sister in June.
2. It is important to note that Gayle received 26 x2mg Diazepam tablets from her GP therefore it was recommended to avoid prescribing Gayle medication in large doses as she is at significant risk of spontaneous suicide attempts as she has done this multiple times in the past.
3. We will review Gayle in outpatient clinic in 2 months.

Outcome of MDT discussion/Treatment plan (including follow up arrangements if relevant)

Primary Diagnosis:			
Any additional Diagnoses:			
Suitable for psychological therapies: Y / N			
Name:	De Debbie Porteous	Designation:	GPST2 to Dr John McTaggart, Consultant Psychiatrist
Signature:		Date:	

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25 NOV 2019

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

North East Mental Health Services
Springpark Resource Centre
101 Denmark Street
Glasgow
G22 5EU
Tel: 0141 211 7000
Fax: 0141 211 7055

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www.glasgow.gov.uk
www.nhsggc.org.uk

PRIVATE & CONFIDENTIAL
Gayle Wilson
52 Dalhousie Street
Glasgow
G3 6PN

Our Ref: DH/JMcT/HW
CHI: 2107796165
Date: 22 November 2019

Dear Ms Wilson

You have been referred to the Springpark Centre for transfer of your care by Dr Rawstorne at Riverside Resource Centre. In view of this we would like to offer you an appointment at the Springpark Centre outpatient clinic with Dr Porteous, GPST2 (General Adult Psychiatry) to Dr McTaggart, Consultant Psychiatrist, as follows:-

Wednesday, 18 December 2019 at 11:00am

This appointment will last approximately 60 minutes and we would be grateful if you could telephone the secretary's office on: **0141 211 7000** to confirm you will attend. If this appointment is unsuitable please contact the Department **immediately** to arrange an alternative. In fairness to others, please notify Springpark Centre if you are unable to keep this appointment.

Please bring this letter to the appointment with you.

Yours sincerely

APPOINTMENTS OFFICER
Springpark Centre

cc Dr N Ghouri Peel Street Medical Centre 11 Peel Street Glasgow G11 5LL

Enc / How the NHS Protects Your Personal Health Information Leaflet
Springpark Information Leaflet

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NHS Greater Glasgow and Clyde

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NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear Dr Ghouri...

Date: ..24.10.19.....

Patient:	**CHI:**
Gayle Wilson	**2107796165**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine (Prescription available 48 hours following request)
Please stop her prescription for Promethazine	

X This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Dr Louise Wilson

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

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NHS Greater Glasgow & Clyde
Mental Health Services

21 OCT 2019

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear Dr .Ghouri....

Date: ..21.10.19.....

Patient:	**CHI:**
Gayle Wilson	**2107796165**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

X Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	Routine (Prescription available 48 hours following request)
Please commence Quetiapine 50mg at night	

X This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Dr Louise Wilson

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

14 OCT 2019

Date Typed: 07 October 2019
Date Dictated: 04 October 2019

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Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **JR/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Miss Wilson was seen by me in the outpatient clinic on 4 October 2019 at Riverside CMHT. Following her discharge from hospital she has remained low in mood and reports that her sleep is still limited to 4-5 hours per night. I have suggested to Gayle that she increases her Promethazine to 50mg at night.

Gayle continues to grieve for her sister but was not expressing any ongoing suicidal ideation, intent or plan at interview today. Affect was reactive although mood did appear low and she presented with her hood up, although she did make some eye contact at interview.

We spent some time discussing transfer to G3 services given that Gayle has now been living in her accommodation in Dalhousie Street for over a year. Gayle was accepting of transfer to local services and I will request transfer of care. I have advised Gayle to continue her current dose of Sertraline 200mg daily.

Kind regards.
Yours sincerely

Dr Julia Rawstorne
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

11 SEP 2019

Glasgow City Health and Social Care Partnership
North West Community Mental Health Team
Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU

Tel: 0141 211 1430
Fax: 0141 211 1444

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Date Dictated: 05/09/2019
Date Typed: 05/09/2019
Our Ref: JD/OB
CHI: 2107796165

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
G11 5LL

Dear Dr Ghouri,

RE: Gayle Wilson DOB: 21/07/1979
52 Dalhousie Street, Glasgow, G3 6PN

The above named lady was referred to the Crisis West Team by her CPN after her mental health deteriorated following the death of her sister.

Gayle was admitted to hospital for a spell and was again referred to the Crisis Team for post discharge support. She continues to grieve for her sister and her mood can be changeable. She will receive on-going support from her CPN and can access the Duty System, the Crisis Team and OOH Service which she is aware of.

Yours sincerely,

Jenny Dallas
Crisis Practitioner

NHS Greater Glasgow and Clyde

Glasgow City Council

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Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

11 SEP 2019

Date Typed: 26 August 2019
Date Dictated: 26 August 2019

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Our Ref **JR/MO**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Date of Admission:	**4 August 2019**
Date of Discharge:	**21 August 2019**
Diagnosis:	**Emotionally Unstable Personality Disorder Borderline Type** **Mild Learning Disability**
Legal Status:	**Detained under Emergency Detention Certificate then Informal**
Medication on Discharge:	**Sertraline 200mg daily orally** **Promethazine 25mg orally at night** **Diazepam 2mg as required for anxiety up to 3 times daily** **Simvastatin 40mg at night**
Follow Up:	**Crisis Team initially then her CPN, June West** **Outpatient Clinic with Dr Rawstorne in 4 weeks**

Miss Wilson was admitted to hospital after voicing suicidal ideation with intent. Unfortunately her sister to whom she was very close died in June of this year and she said that since this time she felt that life was pointless and she wished to kill herself in order to join her sister.

Gayle was initially detained for further assessment in hospital after stating that she had a plan to jump off the Erskine Bridge or hang herself. She would not agree at this point to voluntary admission to hospital. Her distress subsequently settled and she agreed to a two week respite admission to McNair Ward Gartnavel Royal Hospital. Miss Wilson's sleeping tablet was changed to Promethazine but her antidepressant was unchanged. Clinically her mood appeared euthymic and affect was reactive.

Miss Wilson will be followed up by the Crisis Team initially then will be seeing her CPN, June West. She will be seen by me in outpatient clinic in 4 weeks.

Kind regards
Yours sincerely

Dr Julia Rawstorne
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

NADEEM BHATTIPeel Street Medical Centre,11 Peel Street,Glasgow, G11 5LL

Gartnavel Royal Hospital,1055 Great Western Rd G12 0XH
Main Switchboard: 0141 2113600
Date of Completion: 21-Aug-2019

Dear NADEEM BHATTI,

Name	CHI	DoB	Address
Gayle Wilson	2107796165	21-Jul-1979	TALBOT CENTRE, 52 DALHOUSIE STREET, Glasgow, Lanarkshire, G3 6PN

Admitted	Type	Discharged	Destination
04-Aug-2019 17:30	IP	21-Aug-2019	Other type of location - no additional detail added

Specialty	Consultant	Ward	Telephone
Psychiatry	Rawstorne	Gartnavel Royal McNair Ward-G1	0141 2113800

Primary Diagnosis
Emotionally unstable personality disorder

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Fraser Walker2 (fraser walker2 - FY2) on 14 Aug 2019 16:47

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	1 device once a week	Yes		Drug Details: Dunnet's Pharmacy 0141-959-2196		Added
Sertraline 100mg tablets	oral	TWO TO BE TAKEN EACH DAY.	Yes			Y	
Simvastatin 40mg tablets	oral	ONE TAB AT NIGHT WEEKLY DISPENSE.	Yes			Y	
Zolpidem 10mg tablets	oral	1 Tab At night.	Yes			Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	This 39 year old female was admitted to McNair ward of GRH on 4/8/19 after presenting with suicidal ideation. Patient's sister died in June and has been struggling with low mood and feelings of guilt since then. She was seen by the crisis team and was referred as she felt unable to keep herself safe. She reported constant low mood and recent alcohol excess. No suicide attempt was made. She described recent lack of sleep and poor appetite. Patient was admitted under an EDC and then as informal. She made minimal engagement on the ward but her mood improved slightly through admission.

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Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

	Plan for follow up with crisis team and 4 week appointment with Dr Rawstorne. Patient was discharged on sertraline and promethazine. Zolpidem and regular diazepam were stopped. PMH - Mild LD and EUPD. Gayle has had previous admissions with similar presentation. Note HbA1c was 65. Please could GP monitor this.
Follow Up:	Yes Crisis team referral OPC appointment Dr Rawstorne 4 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Fraser Walker2

Prescription Review
Medications reviewed by pharmacist: Margot Johnstone (Pharmacist)
Checked by: Stephanie Donald2 (Snr Pharmacy Tech (band5))
Nurse discharging patient: Fraser Walker2 (FY2)

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Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NADEEM BHATTIPeel Street Medical Centre,11 Peel Street,Glasgow, G11 5LL

Gartnavel Royal Hospital,1055 Great Western Rd G12 0XH
Main Switchboard: 0141 2113600
Date of Completion: 22-Aug-2019

Dear NADEEM BHATTI,

Name	CHI	DoB	Address
Gayle Wilson	2107796165	21-Jul-1979	TALBOT CENTRE, 52 DALHOUSIE STREET, Glasgow, Lanarkshire, G3 6PN

Admitted	Type	Discharged	Destination
04-Aug-2019 17:30	IP	21-Aug-2019	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Psychiatry	Rawstorne	Gartnavel Royal McNair Ward-G1	0141 2113600

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
this is an amendment to previous letter. See previous letter for info

Last Discharge Review: Rachel Hammond (Rachel Hammond - ST1 GP) on 22 Aug 2019 11:30

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Compliance Aid - Dosette	Route unspecified	1 device once a week	Yes		Drug Details: Dunnet's Pharmacy 0141-959-2196		Added
Promethazine hydrochloride 25mg tablets	oral	1 tablet once daily at night	Yes				Added
Sertraline 100mg tablets	oral	TWO TO BE TAKEN EACH DAY.	Yes			Y	
Simvastatin 40mg tablets	oral	ONE TAB AT NIGHT WEEKLY DISPENSE.	Yes			Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2019-08-22	Zolpidem 10mg tablets	oral	1 Tab At night,		Poor therapeutic response switched to promethiazine on 15/8/19

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	this is an amendment to previous letter. See previous letter for info

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Follow Up:	Yes this is an amendment to previous letter. See previous letter for info
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Fraser Walker2

Prescription Review
Medications reviewed by pharmacist: Sean McKenna (Clinical Pharmacist)
Checked by: Tracey Gaughan (Advanced Clinical Pharmacist)
Nurse discharging patient: Rachel Stewart (Staff Nurse)

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 12 April 2019
Date Dictated: 10 April 2019

STRICTLY CONFIDENTIAL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Diagnosis: **Emotionally Unstable Personality Disorder**
Borderline Learning Difficulty

Medication:

Sertraline	**150mg daily**
Zolpidem	**10mg at night**
Simvastatin	**40mg at night**

Legal Status: **Informal**

Follow Up: **Outpatient Clinic appointment in 4 months**
June West, CPN

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 10 April 2019.

She reported she was fine and that she has settled into her temporary accommodation. I note she had been in contact with one of my CPN colleagues, saying she had been drinking heavily, but Gayle denied this and says she is only drinking a bottle of Buckfast every week or so. She admits she has been self-harming by cutting her legs but states she does this out of frustration due to waiting for a flat. She had been offered a SAMH supported flat in Govan but declined this due to the area as she wants to live in the West End of Glasgow. She denies any current suicidal ideation.

She is currently taking Sertraline 150mg daily and Zolpidem 10mg at night. She says she has tried to stop the Zolpidem but struggles to sleep without it. I would suggest she remains on her current medication and have not suggested any changes. She continues to have ongoing input from her CPN and I will review her again at the clinic in 4 months. Ideally we would look to transfer her care but given she is only in temporary accommodation and plans to return to the West End of Glasgow I will continue to see her at my outpatient clinic.

Yours sincerely

LWilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 28 December 2018
Date Dictated: 12 December 2018

STRICTLY CONFIDENTIAL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 12 December 2018.

She reported she was currently struggling although struggled to elaborate on this much further. She gave very limited information and was unable to identify any trigger for this at the present time. she remains in temporary supported accommodation and there doesn't appear to be any particular problems with it at the present time. she advised me she is spending most of her time in her bed and has stopped taking her routine medication. it was unclear how long this had been the case for but she advised me that she had been saving up her medication with a plan to take an overdose. She had taken all her medication out of her packet and put them into her pocket today, saying she would take them following her appointment with me. She said she had attended the appointment with myself today to say that she no longer wants input from mental health services and wishes to be dead. She stated she did not want to be seen by our service and that she was requesting a new social worker. She refused admission to hospital and was unwilling to give me the medication. I asked the Crisis Team to meet with her and engage to try and arrange a plan to support her and remove the medication but she refused and left the CMHT.

My impression is that Gayle is presenting in crisis although there was no identified trigger today. she obviously has a past history of impulsive overdose behaviour and, given she was saying she was going to take an overdose in order to end her life I felt there was no option other than to detain her under an Emergency Detention Certificate and bring her into hospital. Given she had left the CMHT the police were contacted and she was picked up and taken to Gartnavel Royal Hospital. Hopefully admission will be short in order to re-establish medication but you will be updated on the outcome.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 09 August 2018
Date Dictated: 08 August 2018

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson -- DOB: 21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Diagnosis: **Borderline Learning Difficulty (F70.1)**
Emotionally Unstable Personality Disorder (F60.3)

Medication:

Simvastatin	**40mg at night**
Zopiclone	**Try to reduce to 7.5mg at night**
Sertraline	**150mg daily**

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 4 months**
June West, CPN

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 8 August 2018.

Since discharge from hospital she has settled in well to her new accommodation and offered no complaints. She reported that her mood was good and she was feeling well. She is having regular contact with friends and family and she was fairly positive about this. Her appetite and sleep are good. She denies any alcohol or drug misuse. She has no suicidal ideation or self-harm.

Gayle continues to take Sertraline 150mg daily and Zopiclone 15mg at night. I did discuss with Gayle, given that her sleep is at a good level at the present time, we would look to try and reduce the Zopiclone down, initially to a dose of 7.5mg at night.

My impression is that Gayle's mental health is at a good level at the present time and the only suggested a change in medication is to reduce her Zopiclone. She continues to have regular input from her CPN with whom she has a good relationship. She now has an identified social worker and she is in the process of trying to find her local supported accommodation.

I have arranged to review her again at the clinic in 4 months' time.

Following Gayle's appointment she contacted the duty worker at Riverside CMHT to say she was unhappy with the consultation with myself and requested to be seen by someone else. I wonder if this is to do with the fact I had suggested reducing her night sedation although the appointment itself seemed to be unremarkable. In the first instance she can discuss this matter further with her CPN, June West. I would say if she is looking to be seen by somebody else I would probably look to transfer her to the local CMHT for her postcode as she now lives outwith the catchment area for Riverside.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 19 July 2018
Date Dictated: 04 July 2018

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **JR/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson - DOB:-21.07.79
52 Dalhousie Street, Glasgow, G3 6PN

Date of Admission: **11.05.18**
Date of Discharge: **27.06.18**

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication:

Simvastatin	**40mg at night**
Zopiclone	**15mg at night**
Sertraline	**150mg daily**

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 4-6 weeks**
June West, CPN
Crisis Team supported discharge for 2 weeks

Gayle was admitted to hospital on 11 May 2018 after staff at her homeless supported placement, Belmont House, reported deterioration in her mental state. They stated that Gayle had been making threats against the chef at the accommodation and were concerned that she was paranoid about him. She had been cutting herself and reporting suicidal ideation.

Gayle's behaviour in hospital was relatively settled. She did not express any persecutory ideation but said she did not like the chef at Belmont House and felt that he was telling other people things that she had spoken to him about. She had reportedly been sending abusive texts to staff at Belmont House and making comments on Facebook about them. Gayle denied this at interview. She reported feeling calmer on the ward but complained of low mood and was established on Sertraline at a dose of 150mg daily which she felt was helpful. Her sleep medication was increased and she found this useful. Over the course of admission there were a few episodes of superficial cutting to her forearms but Gayle was advised not to self-harm and to speak to nursing staff when distressed. She did not express any suicidal ideation whilst on the ward and gradually began to make use of time out of the ward, spending this with her family.

There was a meeting on the ward with Gayle's accommodation provider who felt that her returning to Belmont House was not sustainable. Social Work were involved along with the Homeless Casework Team and alternative accommodation was found for her in Govan. She was discharged to the Talbot Association, 52 Dalhousie Street, Glasgow, G3 6PN. Gayle was somewhat unhappy about the accommodation and presented in crisis to the CMHT on 29 June 2018. She said she had

Cont...

Gayle Wilson DOB: 21.07.79

been sleeping on the streets as she did not want to be with old people in the accommodation and was refusing to stay with her sister. She said she had not been sleeping or eating and voiced suicidal ideation. I contacted Gayle's Homeless Caseworker who advised that she returned to her placement at the Talbot Association or stay with family and I reiterated this to Gayle. She has subsequently been followed up by our Crisis Team and appears to have settled in the placement.

Gayle will be seen in the outpatient clinic and then transferred to services covering her new postcode.

Yours sincerely

pp

Dr Julia Rawstorne
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Chief Officer
David Williams
MA (Hons) CQSW

Shawpark Resource Centre
Maryhill Health & Care Centre
51 Gairbraid Avenue
GLASGOW
G20 8FB

Tel: 0141 451-2730
Fax: 0141 946-4656
E-mail:

Private & Confidential
Dr Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Date	9th July 2018
Dictated Date	10th July 2018
Your Ref	AMCL/AP 2107796165
Our Ref	Reception
Enquiries to Extension Direct Line	0141 451-2730

WEST AREA CRISIS TEAM

Dear Dr Ghouri

RE: Gayle Wilson Chi 2107796165
Belmont House, 494 Great Western Road Glasgow G12 8EW

Thank you for referring the above named person to the West Area Glasgow Crisis Team. Please find enclosed our assessment and treatment plan.

Yours sincerely

Amy MacLean
Crisis Practitioner – North East Area Crisis Team

Cc.

Enc.

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Adult Mental Health Crisis Assessment

CHI N°	210 779 6165	CareFirst N°		PIMS N°	
Name	Gayle Wilson		Date of Birth	21/07/1979	
Address	Belmont House, 494 Great Western Road, Glasgow, Lanarkshire		Telephone Mobile	07770460540	
Gender	Female	Ethnicity	British	Need for Interpreter	No
Nok Named Person		Relationship	Aunt	Tel/Mobile	357 2500 or 3391407
Address & Postcode				Consent to Share	
GP	Dr Ghouri		Telephone No	0141 334 9331	
Address	Peel Street Medical Centre 11 Peel Street Glasgow G11 5LL				

Source, Date and Reason for Referral

Gayle was referred to The North West Area Crisis Team by ward staff at Gartnavel Royal Hospital. Gayle was admitted 01/06/18 and discharged 28/06/18. Input from NWACT was requested for post-discharge support.

Presenting Complaint

(as described by patient: precipitants, duration, ongoing stressors, existing diagnosis, etc)

Gayle is a 38 year old lady who is well known to mental health services GGC. Gayle has a diagnosis of Emotionally Unstable Personality Disorder and Borderline Learning Difficulty.

Prior to admission, supported accomodation staff raised concerns regarding Gayle's ability to keep herself safe. They reported an increase in deliberate self-harm and advised that Gayle had been abusive towards the staff. Gayle had also been observed to have been following staff outside of work. They stated that Gayle had been writing letters to the support staff with the content being "a load of rubbish" but with a paranoid element to them. The letters made reference to Gayle's beliefs that she could not trust anyone and claims that support staff were disclosing her business to others.

Gayle's CPN June West attempted to engage with Gayle due to the above concerns, however Gayle refused and was later admitted due to increased risk.

Adult Mental Health Crisis Assessment

Mental Health Assessment

(appearance, attitude, behaviour, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgement.)

Gayle attended centre for purpose of first assessment 29/06/18. She appeared dirty and dishevelled in appearance. She had the hood of her jumper up throughout consultation, despite writer requesting she remove same. She offered very little in terms of spontaneous conversation; however she did minimally engage on assessment and held a good level of eye contact with writer via her hooded jumper. Her speech was vastly monosyllabic and monotonous, however appropriate to conversation. Gayle explained that she was feeling "sad" and could not identify a time in her life where she could recognise feeling happy. She stated that she was brought up in care and advised this was a negative experience for her. Gayle was unable to rate her mood out of 10, and it was difficult to fully assess her mood as writer was unable to read her facial expression and lack of spontaneous conversation. Gayle denied any psychotic phenomena and objectively, there did not appear to be any overt signs of perceptual disturbance. Gayle reported that she briefly attended her sister's address following her discharge from the ward where she had left her medications and then began to "wander the streets". Gayle stated that she has been doing so since her discharge, and has gained little to no sleep due to same. We explored the plan of placement within Talbot Supported Accommodation which had been previously arranged for Gayle, however she refused to go there and gave no real explanation for same. Gayle stated that since Tuesday she has had no prescribed medication and nothing to eat. Gayle admitted to deliberate self-harm, most recently the night prior to assessment, and showed writer superficial cuts to the lower half of her legs. Her socks were noticeably dirty and blood-stained, however Gayle refused to take these off. Gayle described ongoing thoughts of suicide and voiced plan and intent to end her life via overdose of Paracetamol and Buckfast. Gayle stated that she would do so following her appointment and refused to safety plan with staff. Writer therefore arranged for a further assessment to take place with Consultant Psychiatrist Julia Rawstorne.

Dr Rawstorne saw Gayle and noted that she did not appear clinically depressed and stated that retained capacity. Dr Rawstorne advised Gayle against making any impulsive decisions and reiterated that she should return home to reside with her family and re-commence established medication regime.

Current strengths and resources

(What keeps you going? Consider spirituality, life skills, toughness, resilience, humour, support from others, past coping methods, learning from the past)

Agreeable to engage with services

Appropriate services available

Supportive family

Services involved in care	Telephone number
1. North West Area Crisis Team – Riverside Resource Centre	0141 211 1430
2. Dr Louise Wilson, Consultant Psychiatrist	0141 211 1430
3. CPN – June West	0141 211 1430
4.	
5.	

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Adult Mental Health Crisis Assessment

General Health

(Including known allergies, sleep, nutrition and physical ailments)

Gayle advised of little to no sleep since she had been wandering the streets. She also stated she had not consumed any food in this time.

Drug and Alcohol Use

Denied any illicit substance or alcohol use. Gayle advised she had stopped taking her prescribed medications since discharge from the ward. Voiced plan to complete suicide via overdose of Paracetamol and Buckfast on crisis assessment.

Carers Perspective

(Carers Assessment/Support Offered)

Writer received a call from Gayle's mother shortly after assessment. Gayle's mother expressed her concerns stating that she believed Gayle was not "mentally well" and that she had not seen her for days. Writer provided reassurance that Gayle had been assessed by both the North West Area Crisis Team and Consultant Psychiatrist at Riverside Resource Centre. Gayle's mother acknowledged that Gayle would continue to make "bad decisions" regarding her accomodation and "do what she wants to do".

Identified Issues and Protective Factors from Clinical Risk Screening Tool

(Dynamic or static risks)

History of and current deliberate self-harm via cutting

History of deliberate overdose

History of and current self-neglect

History of illicit drug use, none currently

Vulnerable due to learning disability and mental illness

Impulsive

Has been non-concordant with medication regime

Has been wandering the streets since discharge from the ward 28/06/18

Voicing chronic suicidal ideation

Appropriate services available

Good family supports

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Adult Mental Health Crisis Assessment

Risk Management Plan/Safety Plan

- NWACT will invite Gayle to attend consultations at Riverside R/C.
- Crisis team will support Gayle by monitoring risk, mental state and medication concordance.
- Crisis team will continue to assess level of risk and respond accordingly.
- Crisis team will liaise with Dr Wilson, Consultant Psychiatrist
- Gayle has been advised of Crisis/OOH service numbers should she require further support between visits.

Household Type and Composition	*(details of any children)* Gayle reported "wandering the streets" following her discharge from the ward 26/06/18. Gayle refused to go to supported accomodation which had been previously arranged for her within Talbot Association. Gayle was advised by Dr Rawstorne to return to the home of her family and her situation would be reviewed by the Homeless Casework Team should she refuse to accept placement within Talbot Association.
Child Protection Issues/referrals	None
Staff Safety Issues	*(patient history and home visit safety)* None identified at time of assessment.

Medication at Time of Referral

Name	Dose	Route	Frequency
Sertraline 50mg once daily Zopiclone 3.75mg once at night for 2 weeks			
2.			
3.			
4.			
5.			
6.			
7.			

Medication Concordance	Insight
Gayle stated that she had been non-concordant since her discharge from the ward.	Appeared to have a good level of insight, however ambivalent regarding the importance of concordance.

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Adult Mental Health Crisis Assessment

Summary and Conclusion

Completed by:
Name: Amy MacLean **Designation:** Crisis Practitioner
Signature:

Date:

Name	Gayle Wilson	CHI No	210 779 6165

Agreed Patient Goals

Gayle was unable to agree to a plan of safety with NWACT therefore a further assessment was arranged with Dr Rawstorne, Consultant Psychiatrist.

Dr Rawstorne noted that Gayle did not appear to present with any signs of clinical depression and retained capacity. Dr Rawstorne made telephone contact to the Homeless Casework Team and advised Gayle if she did not wish to attend her previously arranged accomodation that she could present to the team on Monday 2nd July to look at alternative accomodation options. Dr Rawstorne advised Gayle against making any impulsive decisions and reiterated that she should return to stay with her family and re-commence on her medication regime.

It was agreed that NWACT would provide further telephone contact to Gayle and arrange a follow-up appointment accordingly.

Agreed Care Plan / Safety Plan

Completed by:
Name: Amy MacLean **Designation:** Crisis Practitioner
Signature:

Date:

Patient Signature:

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: GRH.
Telephone: (Please complete above)

Ref. No: 140196

NHS

Name of GP: Dr Bath
Surgery/Health Centre: Peel Street.
Fix ID label to all 4 copies
Patient: GAYLE WILSON.
Address: AFA. TALBOT HOUSE
52 Dalhousie Street
Post Code: G3 6PN.
DOB: 21/07/79. Unit no:
Weight: CHI no: 2107796165.

Ward: MCNAIR. Tel:
Consultant: RAWSTORNE.
Named Nurse:
Specialty: PSYCHIATRY
Admission date: 11/5/18
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission:
Discharge date: 27/6/18.

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

NURSE TO COMPLETE
Out Patient appointment date:
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY
Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date: 27/6/18
Signature of Recipient:
All known drug sensitivities / adverse reactions:

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		SIMVASTATIN	tab	40mg					✓		
		ZOPICLONE	tab	15mg					✓		
		SERTRALINE	tab	150mg	✓					SCRIPT ✓ done	

Medicines Discontinued	Reason if known e.g. side effect	Other Information
		Dosette box please. -Boots, 494 Sauchiehall Street will provide Dosette boxes. (332-6729)

Prescribers name: M. McDonald
Designation: GPST2
Signature:
Date: 26/6/18.
Pager number: 19405.

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐

Quantity Supplied	Dispensing Details
7	40mg Brand ✓ Boots
14	7.5 Sandoz
7	50mg Sandoz
7	100mg Accord

Dispensed by: Date: 27/6/18
Checked by:
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☒ No ☐
Specify: Dosette Box.
Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient **You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed**

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

NAME	Gayle Wilson
DOB	21/07/79
CHI	2107796165
Address	NFA
Date of Admission	11/05/18
Date of Discharge	27/06/18
Treatment received while in hospital	Gayle was admitted with low mood, suicidal ideation and a history of self-harming behaviour. There had been reports of her behaving bizarrely in public, staring and shouting. Mood was monitored. Was given medication; 1:1 interventions attempted (usually did not engage) and social interaction encouraged with peers.
Consultant's name	Dr. Rawstorne

Discharge information:	
Name of hospital	GARTNAVEL ROYAL HOSPITAL
Hospital telephone number	0141 211 3566
Follow-up arrangements: *(if known at time of discharge)*	Arndale and Riverside aware of discharge. Copy of discharge summary sent to GP.
Address discharged to: *(if different from home address give details of arrangement e.g. temporary accommodation, living with relative etc.)*	Discharged to sister's house. (Rita), no address provided. However, frequently found at mum's address: Mrs Violet Wilson, 0/2, 1655 Dumbarton Road.
Community follow up appointment (within ... days)	Riverside Resource Centre aware of discharge.
GP's contact details	Dr. Bati, Peel Street Medical Practice. G11
CPN	June West at Riverside Resource Centre.
CPN contact details	
Social Worker	Shona McAllister
Social Worker contact details	Arndale Resource Centre
District Nurse/Health Visitor	NA

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

District Nurse/Health Visitor contact details:	NA
Medication On Discharge:.	**See Crisis referral for full list of medications.**
Depot medication prescribed:	NA
Special Instructions / Information / Precautions:	**Previous aggression to healthcare staff when unwell. Frequent self harm by cutting. Most recent episode on 26/06/18 using blade secreted off ward in grounds. Up to 30 superficial cuts to inside L forearm. Also threatens to take paracetamol overdoses.**
WEIGHT MANAGEMENT	NA

SMOKING CESSATION				
IS THIS PERSON A SMOKER?	Yes			
DID THEY ENGAGE WITH SMOKING CESSATION WHILST AN INPATIENT?	no			
DO THEY WISH TO CONTINUE WITH SMOKING CESSATION AFTER DISCHARGE?	no			
ARE THEY PRESCRIBED CLOZAPINE/ OLANZAPINE ?	no			
ON NRT TREATMENTS?	no			

Staff name/number:	**Chrissy Dargue**	**Date: 27/06/2018**
Agreed:	**Not available.**	**Date:**
Carer:		**Date:**
Was patient discussed/advanced statement with key worker in community prior to admission into hospital?	**Not known.**	

Formulation:
Gayle presented at Riverside Resource Centre as she was fed up with life and had suicidal thoughts. She had recently taken an overdose for which she did not seek help. She has also been self harming by cutting.

Background/Contributory Factors:
Gayle has Emotionally Unstable Personality Disorder. There has been a recent fall out with another resident. The anniversary of her father's death is imminent.

Risk Factors and Interventions:
Gayle is at risk of ending her life espeically if she does not seek help.

Other identified needs/interventions:

Outcome/Follow up:
Unfortunately Gayle did not feel that the Crisis team was of help to her and she asked that she be discharged from our case load. She will continue to see her CPN June West. Gayle will be reviewed at the Out Patient's Clinic at RRC.

Completed by:	
Name (please print): Alison McCormick	Designation:Crisis Practitioner
Signature:	Date:11/2/18
Countersigned by:	
Name (please print):	Designation:
Signature:	Date:

Patient Name: Gayle Wilson
CHI: 210 779 6165

Formulation:
Gayle was referred to the Crisis team to monitor her mental state and support her in changing over to a new anti-depressant. Gayle had increased suicidal ideation. She had recently taken an overdose of Fluoxetine which she did not seek help for.

Background/Contributory Factors:
Gayle has a diagnosis of Borderline LD and Emotionally Unstable P.D. She is currently living in temporary supported accomodation. Both her mother and sister are unwell at present which Gayle finds stressful.

Risk Factors and Interventions:
Gayle has a history of overdosing and threatening to jump from high flats. She has acted inpulsively in the past. Unfortunately Gayle made excuses for not attending her appointments with the Crisis team following our initial assessment. After several attempt to engage with Gayle Dr. Wilson agreed that we could discharge her from our caseload. Her CPN, who she gets on well with, was coming back from holiday.

Other identified needs/interventions:

Outcome/Follow up:
Gayle will be seen regularly by June West CPN and Dr. L. Wilson Consultant Psychiatrist

Completed by:	
Name (please print): Alison McCormick	Designation: Crisis Practitioner
Signature:	Date: 13/10/17
Countersigned by:	
Name (please print):	Designation:

Patient Name: Gayle Wilson
CHI: 210 779 6165

NHS Confidential: Personal data about a patient

Gayle Wilson . DOB: 21.07.79

At interview today Gayle was appropriately dressed and reasonably well kept. She engaged in conversation and appeared bright and reactive. Again today she engaged much better in conversation.

My impression is that Gayle's mood is reasonable at the present time and I have not suggested any changes to her medication. I am uncertain how much more I can offer her through the medical outpatient clinic and I do wonder if her circumstances remain relatively unchanged about discharging her back to your care at her next outpatient clinic appointment.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Re: Gayle Wilson DOB: 21.07.79

Mental State Examination on Admission:

Gayle was unkempt with very messy hair, dressed in a hoodie and tracksuit bottoms and a blood-stained top. She had poor eye contact and kept her hood up to cover her face. Her speech was of reduced quantity and monosyllablic answers. Her mood was both subjectively and objectively low, she displayed no formal thought disorder, but her thought content was focused on ending her life by taking Naproxen tablets. She had no abnormal perceptions, was fully orientated, but insight was difficult to assess, saying it is normal to end her life.

(Please see previous discharge letter dated 15th May 2013 for past medical and psychiatric histories, forensic history, drugs and alcohol history, family history and social/personal history).

Progress on the Ward:

On admission to the ward, Gayle was settled, spending time in her room. She expressed no suicidal ideation or self-harm ideation since admission and slept overnight. The following morning Gayle was missing from the ward. Police were contacted and found Gayle at home. She returned freely to the ward and claimed she had left because she had a headache and wished to take Lorazepam as it "works better" than Paracetamol.

Gayle interacted little with staff the rest of the day and later left the ward again returning home, stating that she felt that she had made a mistake by coming into hospital. Staff at her supported accommodation advised nursing staff that Gayle often uses behaviours including suicidal ideation and self-harm ideation to gain interaction with staff. Gayle requested and was granted an overnight pass. She failed to make contact with the ward the following day, but had full unaccompanied time out. Belmont House was contacted the second day of her pass and advised that Gayle was safe and no longer in crisis. Gayle did not wish to return to the ward and support staff were happy to have her home. She was therefore discharged with follow up from CPN June West at Riverside CMHT.

Kind regards.

Yours sincerely

Dr Rachael Galloway
GPST1 in Psychiatry

Dr Julia Rawstorne
Consultant Psychiatrist

c.c. Medical Records, GRH

NHS Confidential: Personal data about a patient

Cont... **Gayle Wilson DOB: 21.07.79**

Ms Wilson reports that her sleep is good and she is eating well. She enjoys listening to her music and using her laptop. She tells me that over recent months she has had many thoughts about ending her life by jumping off the Erskine Bridge and cutting herself. She denies having any of these thoughts over the last week and feels a bit more stable. In addition, over the last month Ms Wilson has started to engage with support from SAMH for two hours per week. She feels this is going relatively well, although is obviously at an early stage. The plan would be that this could be increased once she obtains her own tenancy.

At interview, Ms Wilson was overweight, appropriately dressed and reasonably well kempt. She engaged in conversation today and appeared euthymic and reactive. As previously, her behaviour was quite child-like at times, smiling and giggling when she described incidences of difficulties behaviours. There was no evidence today of any psychotic symptoms and no thoughts of self harm.

My impression is that Ms Wilson continues to have instability of mood, likely related to ongoing social difficulties regarding her accommodation. She was adamant that she no longer wanted to continue on Mirtazapine medication and we therefore agreed to reduce it by 15mg every four days until stopped and then commencing her on Fluoxetine 20mg daily. I did caution her about the side effects of Fluoxetine and the possibility of her sleep becoming impaired with the stopping of Mirtazapine. If she does not tolerate the change in medication, I would suggest returning back to Mirtazapine. She will be reviewed again in the clinic in three months.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE - PRIMARY CARE DIVISION

Discharge Form / SMR04 Data Form

Part 3 Send to Medical Records forward to GP (after discharge)

PATIENT DETAILS

Casenote Number

Surname: WILSON

Forename: GAYLE

SEX: MALE / FEMALE (FEMALE) Date of Birth / CHI: 21 07 1979 6165

HOME ADDRESS: BELMONT HOUSE, 194 GREAT WESTERN ROAD

POSTCODE: G12 8EW HOME TEL.

OCCUPATION	ETHNIC GROUP	MARITAL STATUS	RELIGION
UNEMPLOYED	WHITE OO	SINGLE	PROTESTANT

NEXT OF KIN

NAME: VIOLET WILSON RELATIONSHIP: MOTHER

ADDRESS: 1655 DUMBARTON ROAD

POSTCODE HOME TEL: 0141 563 8676

GP NAME/ ADDRESS

G.P. NAME: DR B

ADDRESS: PEEL STREET PRACTICE

ADMISSION/ REFERRAL DETAILS (See Backcover for Codes)

DATE	TIME	CONSULTANT	WARD	ADMITTED FROM	ADMISSION REASON
11/5/18	7.20 PM	Rawstorne	McNair	Crisis team	50

PREVIOUS PSYCHIATRIC IP CARE: (YES) NO	REFERRED BY	ADMITTING HOSPITAL	ADMISSION TYPE
IF YES NAME OF HOSPITAL: GRH	Crisis team	GRH	10, INPATIENT / RESPITE

LEGAL STATUS

FORMAL / INFORMAL (INFORMAL)

IF FORMAL SECTION DETAIL

DIAGNOSIS

1. DIAGNOSIS ON ADMISSION, IF AVAILABLE: EUPD

2. OTHER CONDITIONS

ADMITTING DOCTOR (PRINT): [illegible] SIGNATURE: [illegible]

DISCHARGE DETAILS (See Backcover for Codes)

DATE	TIME	CONSULTANT	WARD
31/5/18	23.15	Dr Rawstorne	McNair

DISCHARGE TYPE	PSYCHIATRIC CARE PROVIDED	ARRANGEMENTS FOR AFTERCARE
01	respite	Staying at sisters.

1. DIAGNOSIS ON DISCHARGE, IF AVAILABLE: EUPD

2. OTHER CONDITIONS

3. OTHER CONDITIONS

4. CARE PROGRAMME APPROACH: YES / NO

ADDRESS DISCHARGED TO: (Please specify nursing home / supported accommodation)

DISCHARGING DOCTOR (PRINT) SIGNATURE

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

STRICTLY CONFIDENTIAL

Date Typed: 10 April 2018
Date Dictated: 21 March 2018

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **LW/EI/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis:	**Borderline Learning Difficulty**	
	Emotionally Unstable Personality Disorder	
Medication:	**Duloxetine**	**STOPPED**
	Sertraline	**50mg once daily**
	Zopiclone	**Commence 3.75mg once at night for 2 weeks**
Legal Status:	**Informal**	
Follow up:	**Outpatient Clinic appointment in 2 months**	
	June West, CPN	

I saw Gayle at Riverside CMHT today. She was quite disappointed to see me as she was hoping to see Dr Wilson. She was adamant that the Duloxetine she had been receiving has not helped her in any way and was quite disappointed that she had gone for respite in hospital for a few weeks. She was under the impression that she was going to attend hospital for a medical review rather than just for respite and felt her stay in hospital was useless. After discharge from the hospital she had self-harmed several times, causing superficial cuts to her wrists. She had stopped all her medications and had left her supported housing and stayed with her sister. She had also mentioned that she has not been able to sleep for the last few days. She has been very restless and has not changed her clothes or showered since discharge from hospital. She has been wearing the same clothes. She insisted on seeing Dr Wilson and a medication change.

Dr Wilson had very kindly managed to see her and has advised that she would be willing to try Sertraline rather than Duloxetine. She has been started on ~~15mg~~ 50 once daily and we will review her to see how she gets on. She was also prescribed Zopiclone 3.75mg once at night for a couple of weeks to help her go back to her normal sleeping pattern and hopefully the Sertraline will have started working.

She will be reviewed at the clinic in 2 months' time and we will keep you updated on her progress.

Yours sincerely

Dr Enjie Ibrahim
GP ST2 to Dr Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
647 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date:
Your Ref:
Pims No
Chi
Our Ref: LW

STRICTLY CONFIDENTIAL

Dr N. Ghaus
Peel Street Medical Centre.
11 Peel Street
Glasgow G11 5LL

Dear Dr

RE: Patient's Name : Gayle Wilson
Belmont House.

Address : 494 Great Western Road.
Glasgow.
Lanarkshire
G12 8HW

D.O.B. : 21/04/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

Start Sertraline 50mg OD

Duloxetine - stop

Zopiclone 3.75mg nocte for 2 weeks

Yours sincerely

Rx done 21/3/18

Dr Enjle Ibrahim
GPST2 to Dr Louise Wilson

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

NAME	Gayle Wilson
DOB	21/07/1979
CHI	2107796165
Address	BELMONT HOUSE 494 GREAT WESTERN ROAD G12
Date of Admission	28/02/2018
Date of Discharge	07/03/2018
Treatment received whilst an inpatient	RESPITE ADMISSION
Consultant's name	DR RAWSTORNE

Discharge Information	
Name of hospital	GARTNAVEL ROYAL HOSPITAL
Hospital telephone number	211 2566
Follow-up Arrangement (Patient to be seen by first nurse)	DISCHARGE TO BELMONT HOUSE
Address at discharge (If different from above address)	AS ABOVE
Community follow-up appointment (within 7 days)	
G.P. Contact details	DR NGHOURI PEEL STREET MEDICAL CENTRE, 11 PEEL STREET, GLASGOW G11 5LL
CPN	JUNE WEST
Contact details	547 DUMBARTON ROAD, G11 6HU 0141 211 1430
Social Worker	
Social Worker contact details	
District Nurse/Health Visitor	

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

District Nurse/Health Visitor contact details	
MEDICATION.	SIMVASTATIN 40MG ORAL @ 22.OOHRS DULOXETINE 60MG ORAL @22.00 HRS
Depot medication/dose/when due	
Special instructions/information/ Precaution	
WEIGHT MANAGEMENT	NOT ON WEIGHT MANAGEMENT THRERAPY

SMOKING CESSATION	IS THIS PERSON A SMOKER?	YES	
	DID THEY ENGAGE WITH SMOKING CESSATION WHILST AN INPATIENT?	NO	
	DO THEY WISH TO CONTINUE WITH SMOKING CESSATION AFTER DISCHARGE?	NO	
	ARE THEY PRESCRIBED CLOZAPINE/ OLANZAPINE ?	NO	
	ON NRT TREATMENTS?	NO	

Has patient attended/declined/ some but not yet/ Other reasons/ Comments/ Date of admission to hospital?	NO

Signatures		
Staff member	KIM MCKENZIE RMN	Date: 07/03/18
Patient	GAYLE WILSON	Date: 07/03/18
Carer/ Other Support Staff		Date:

SUMMARY

Of Assessment & Initial Intervention Plan

CHI Number	210 779 6165	**CMHT Name**	Riverside Resource Centre
Patients Name:	WILSON, Gayle (Miss)	**CMHT Address:**	524 Dumbarton Road Partick Glasgow G11 6HU
Address:	Belmont House, 494 Great Western Road, Glasgow, Lanarkshire G12 8EW		
Patient Telephone No	357 2500 or 339 1407 aunt , 07770460540	**CMHT Telephone No**	211 1430

Referrer Name & Designation	Catherine Hamilton Duty CPN.	**Date Referral Received**	23/1/8

Date of Allocation	**Date of Assessment Offered**	**Date Assessment Completed**
23/1/18	24/1/18	25/1/18

ICD10 Code Primary		**ICD10 Code Secondary**	
HoNOS		**ICD10 Code Secondary 2**	

Other Rating Scales used			
Name:		**Outcome:**	
Name:		**Outcome:**	

Formulation:
Gayle presented at Riverside Resource Centre as she was fed up with life and had suicidal thoughts. She had recently taken an overdose for which she did not seek help. She has also been self harming by cutting.

Background/Contributory Factors:
Gayle has Emotionally Unstable Personality Disorder. There has been a recent fall out with another resident. The anniversary of her father's death is imminent.

Risk Factors and Interventions:
Gayle is at risk of ending her life espeically if she does not seek help.

Other identified needs/interventions:

Outcome/Follow up:
Unfortunately Gayle did not feel that the Crisis team was of help to her and she asked that she be discharged from our case load. She will continue to see her CPN June West. Gayle will be reviewed at the Out Patient's Clinic at RRC.

Completed by:	
Name (please print): Alison McCormick	Designation: Crisis Practitioner
Signature:	Date: 11/2/18
Countersigned by:	
Name (please print):	Designation:
Signature:	Date:

Patient Name: Gayle Wilson
CHI: 210 779 6165

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 12 February 2018
Date Dictated: 07 February 2018

STRICTLY CONFIDENTIAL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Unfortunately Gayle cancelled her appointment with me at Riverside CMHT on 7 February 2018. In addition she advised my secretary that she wanted to be discharged from my care. Unfortunately over the last few months Gayle has been struggling with her mood and I understand that she has fallen out with at least one of the other residents in her supported accommodation.

She has been referred for input from the Crisis Team but she has struggled to engage with them. Our plan is to offer her a planned respite admission to Gartnavel Royal Hospital for 1 or 2 weeks to see if this allows Gayle's situation to settle down and hopefully improve her mental health. Unfortunately there are no beds at the present time but she has been placed on our waiting list. She has been self-harming in the form of cutting her hands more frequently but has no current plan to end her life at the present time.

We will continue to update you on her progress.

Yours sincerely

LWilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

STRICTLY CONFIDENTIAL

Date Typed: 23 November 2017
Date Dictated: 16 November 2017

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Duloxetine 60mg daily**

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 3 months**
June West, CPN

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 16 November 2017.

Since I last met with her 6 weeks ago she has stopped the Fluoxetine and commenced Duloxetine and is now taking 60mg daily. She told me she had struggled with the reduction in Fluoxetine and there had been a disturbance in her sleep. Unfortunately she had been unable to engage with the Crisis Team and has just been seeing her CPN. She had received a prescription for night sedation last week which she had found significantly beneficial and she was now feeling a bit more positive. She had managed to get out of the accommodation on a few occasions this week and felt the benefit of this. She admitted she had been self harming in the form of cutting her legs with a knife and also having recurrent thoughts about ending her life, but these have now subsided and she has not experienced any of this over the last week. She continues to remain in her supported temporary accommodation and denies any problems with this.

At interview today Gayle was well kempt and appropriately dressed. She engaged reasonably well in conversation and appeared euthymic and reactive. She denied any current thoughts of suicidal ideation.

My impression is that Gayle has tolerated the change in antidepressant although her sleep was significantly affected. She has benefited from a short term supply of night sedation and hopefully that will allow her sleep pattern to become re-established. It may be that she will require a further short term supply of night sedation and I would appreciate it if this could be considered. She will have ongoing input from her CPN and I will review her again at the clinic in a few months.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 12 October 2017
Date Dictated: 03 October 2017

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Fluoxetine** **Reduce to 20mg once a day for 1 week then STOP**
Duloxetine **Commence 30mg daily increasing to 60mg daily after 2 wks**

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 6 weeks**
June West, CPN, Riverside CMHT
Refer to Crisis Team

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 3 October 2017. She described a deterioration in her mood over the last couple of months with no obvious trigger to this. She appears to be functioning less well and spending increased time in her bed. She tells me she lacks motivation and has no enjoyment in her life. She has noted she has had increased thoughts about harming herself although has no currnt plans to do anything. She did tell me she had taken extra Fluoxetine tablets a few weeks ago and not sought help following this. Her mother and sister she tells me are unwell although this did not appear to be causing her a great deal of stress. There has also been some discussion about accommodation for Gayle and it had been suggested that she would be suitable for her own tenancy. I did wonder whether this has unsettled her as myself and her CPN feel that she has benefited from being in supported accommodation and ideally this should be sought in the future. I think currently Social Work are looking into possible options regarding accommodation for Gayle.

At interview today Gayle was appropriately dressed and reasonably well kempt. She sat throughout the appointment with the hood of her top up but she did have reasonably good eye contact and answered questions appropriately. She appeared a bit flat with limited reactivity.

I did wonder today whether Gayle's mood appeared depressed and therefore we agreed to change over her antidepressant from Fluoxetine to Duloxetine as above. I have also requested some short term crisis input to support her during this medication transition with the plan that she will then go back to seeing her CPN. I will review her again at the clinic in 6 weeks' time to assess her progress and she knows she can contact the CMHT in the interim if there are any problems.

Yours sincerely

Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

F.A.O:- Dr Ghouri

SUMMARY
Of Assessment & Initial Intervention Plan

CHI Number:	210 779 6165	**CMHT Name**	Riverside Resource Centre
Patients Name:	WILSON, Gayle (Miss)	**CMHT Address:**	547 Dumbarton Road Partick Glasgow G11 6HU.
Address:	Belmont House, 494 Great Western Road, Glasgow, Lanarkshire G12 8EW		
Patient Telephone No:	357 2500 or 339 1407 aunt 07770460540	**CMHT Telephone No**	211 1430

Referrer Name & Designation	Dr. Wilson Consultant Psychiatrist	**Date Referral Received**	3/10/17

Date of Allocation	**Date of Assessment Offered**	**Date Assessment Completed**
3/10/17	4/10/17	5/10/17

ICD10 Code Primary		**ICD10 Code Secondary**	
HoNOS		**ICD10 Code Secondary 2**	

Other Rating Scales used			
Name:		**Outcome:**	
Name:		**Outcome:**	

Formulation:
Gayle was referred to the Crisis team to monitor her mental state and support her in changing over to a new anti-depressant. Gayle had increased suicidal ideation. She had recently taken an overdose of Fluoxetine which she did not seek help for.

Background/Contributory Factors:
Gayle has a diagnosis of Borderline LD and Emotionally Unstable P.D. She is currently living in temporary supported accomodation. Both her mother and sister are unwell at present which Gayle finds stressful.

Risk Factors and Interventions:
Gayle has a history of overdosing and threatening to jump from high flats. She has acted inpulsively in the past. Unfortunately Gayle made excuses for not attending her appointments with the Crisis team following our initial assessment. After several attempt to engage with Gayle Dr. Wilson agreed that we could discharge her from our caseload. Her CPN, who she gets on well with, was coming back from holiday.

Other identified needs/interventions:

Outcome/Follow up:
Gayle will be seen regularly by June West CPN and Dr. L. Wilson Consultant Psychiatrist

Completed by:	
Name (please print): Alison McCormick	Designation:Crisis Practitioner
Signature:	Date:13/10/17
Countersigned by:	
Name (please print):	Designation:

Patient Name: Gayle Wilson
CHI: 210 779 6165

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed: 21 July 2017
Date Dictated: 19 July 2017

STRICTLY CONFIDENTIAL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Unfortunately Gayle cancelled her outpatient appointment with me at Riverside CMHT on 19 July 2017. She cancelled the appointment via her CPN as she felt unable to come.

Gayle has become more unsettled this week following the decision by the casework team that she should bid for her own property then have a package of care arranged around this. It was felt by ourselves that this is inadequate support and ideally she would be looking for supported accommodation similar to the temporary accommodation she is in at Belmont House. Although Gayle voices that she does want her own tenancy I think the idea of this is greatly unsettling for her given it has failed in the past. She hopefully will be in contact with her CPN who is trying to arrange to see her later this week and we will continue to update you on her progress.

She will be offered a further appointment with me at my clinic.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
www.nhsgg.org.uk

Date Typed: 27 March 2017
Date Dictated: 15 March 2017

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Our Ref **LW/YS**
CHI No: **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Fluoxetine 40mg once a day**
Simvastatin 40mg once a day

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 4 months**
June West, CPN, Riverside CMHT

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 15 March 2017.

As you will probably know, Gayle's father has unfortunately died about 5 weeks ago and she has obviously found this upsetting. In saying that though she appears to be coping relatively well and appeared in reasonable spirits today. She continues to have regular contact with her family who have been supportive. She remains in Belmont House and did acknowledge that she finds her support helpful and that she did not feel she was in a position at the present time to consider new accommodation. She remains on fluoxetine with no adverse effects.

My impression is that Gayle is managing fairly well. She is coping with the death of her father. I have not suggested any changes to her medication and she has ongoing input from her CPN, June West.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde
Glasgow City Council

NHS Confidential: Personal data about a patient

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
www.nhsgg.org.uk

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Date	22 September 2016
Our Ref	**LW/YS**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Fluoxetine 40mg once a day**
Simvastatin 40mg once a day

Legal Status: **Informal**

Follow up: **Outpatient Clinic appointment in 4 months**
June West, CPN, Riverside CMHT

Gayle was reviewed at Riverside CMHT at my outpatient clinic on 21 September 2016.

She was a bit difficult to engage in conversation today and sat with her hooded top up. She appears to be spending most of her time in her room at Belmont House and tells me she is interacting very little with others. She continues though to have regular contact with her family although she finds it stressful due to their ill health. She tells me she remains frustrated that she has not been offered any further accommodation and ideally she wants to look for her own tenancy. She continues to take Fluoxetine, which she finds beneficial.

At interview today Gayle was a bit more difficult to engage in conversation although she did. She reported that everything was fine although appeared a bit less reactive than normal. We spoke about ways in which she could improve her life but she was reluctant to consider any of this. She admitted that she had thoughts of taking an overdose in the future if she lived alone but had no plans at the present time to act on this.

My impression is that Gayle is struggling with her mood and obtaining structure to her day although I was unable to establish a trigger for this. She was really difficult to engage in making any changes to her lifestyle saying she was happy with the way things were. She agreed she would consider some of my suggestions and she has regular follow up with her CPN

Yours sincerely

Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

NHS Confidential: Personal data about a patient

Chief Officer
David Williams
MA (Hons) CQSW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
www.nhsgg.org.uk

Date	4 July 2016
Our Ref	**LW/YS**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Unfortunately Gayle turned up late for her outpatient appointment at Riverside CMHT on 29 June 2016. She was advised that she was going to be seen by my junior doctor, Dr Tolmie, but unfortunately she was unhappy with this and left before being seen.

A further appointment will be sent for the clinic in due course.

Yours sincerely

LWilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Greater Glasgow and Clyde

Glasgow City Council

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date 25 February 2016
Our Ref LW/YS
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow, G12 8EW

Diagnosis: Borderline Learning Difficulty F70.1
Emotionally Unstable Personality Disorder F60.3

Medication: Fluoxetine 40mg once a day
Simvastatin 40mg once a day

Legal Status: Informal

Follow up: Outpatient Clinic appointment on 29 June 2016.
June West, CPN, Riverside CMHT

Gayle was reviewed at Riverside CMHT outpatient clinic on 24 February 2016. She reported today that her mood was ok although she felt under some stress recently as her parents haven't been particularly well and her niece is due in court tomorrow. She remains in Belmont House and is hopeful that a place will become available at the Loretta Project in Yoker. She tells me she continues to remain abstinent from alcohol or drugs, which obviously is quite positive. She did admit though that last month she had taken 2 overdoses of paracetamol but didn't seek help. She gave a history that there was no particular trigger but that she had taken 24 tablets and then gone to visit her sister. She then slept for the following day and woke up and felt fine. She did not seek any help or advise anyone that she had taken the medication. Looking at the Clinical Portal, she had blood taken 10 days ago and this did not show any abnormality to her liver function. I did advise her that if she was struggling again with how she was feeling that she should contact the resource centre and that we could offer her some support at that time.

She tells me she is spending the majority of her time in Belmont House or with one of her friends. She was attending a gardening project although this is fairly infrequent at the present time. I did discuss the possibility of getting involved in more regular activities but she was not keen for this at the moment.

Cont...

Gayle Wilson . DOB: 21.07.79

At interview today Gayle was appropriately dressed and reasonably well kempt. She engaged in conversation and appeared bright and reactive. Again today she engaged much better in conversation.

My impression is that Gayle's mood is reasonable at the present time and I have not suggested any changes to her medication. I am uncertain how much more I can offer her through the medical outpatient clinic and I do wonder if her circumstances remain relatively unchanged about discharging her back to your care at her next outpatient clinic appointment.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

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Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

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Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
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G11 5LL

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The Centre for Health and Care
547 Dumbarton Road
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G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date	19th October 2015
Our Ref	**LW/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Fluoxetine 40mg once a day**
Simvastatin 40mg once a day

Legal Status: **Informal**

Follow up: **Outpatient clinic appointment on 24th January 2016**
June West, CPN, Riverside CMHT

Gayle was reviewed at Riverside CMHT outpatient clinic on the 14th October 2015. She reported that although she continues to experience a number of family stressors she is coping better with them than she has in the past. Her parents remain unwell and she told me today that her niece had been taken into Corntonvale Prison, which she had found very distressing. She does appear though to be coping relatively well with this and there has been no episodes of self-harm, drinking or drug misuse. She continues to reside in Belmont House which she feels has been a positive influence on her mental health and remains keen that she will be moved to the Loretto project in Yoker.

At interview today, Gayle engaged well with the interview and appeared quite bright and reactive. She answered questions appropriately and engaged much better in conversation than I have previously seen.

My impression is that Gayle remains to be doing very well and I think this is probably due to a combination of factors, including the support she receives from Belmont House and the fact that she is abstaining from any substance misuse. I have encouraged her to continue with the same and I will review her again at the clinic in 4 months.

Yours sincerely

Wilson

Dr Louise Wilson
Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

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Community Health Partnership
North West Sector

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Tel: 0141 211 1430
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www.nhsgg.org.uk

Date 8th June 2015
Our Ref LW/CM
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, Belmont House, 494 Great Western Road, Glasgow G12 8EW

Diagnosis: **Borderline Learning Difficulty F70.1**
Emotionally Unstable Personality Disorder F60.3

Medication: **Fluoxetine 40mg once a day**
Simvastatin 40mg once a day

Legal Status: **Informal**

Follow up: **Outpatient clinic appointment in 4 months**
June West, CPN, Riverside CMHT

Gayle was reviewed at Riverside CMHT outpatient clinic, where she was accompanied by her aunt, on the 4th June 2015. Initially she started the consultation saying that things were not good and she just wanted me to get her a flat with Loretto. As the appointment progressed though she increased her interaction and went on to acknowledge that everything was not all bad. Unfortunately she continues to live in temporary accommodation at Belmont House, but is hopeful that she will be allocated a flat supported by Loretto in a project in Yoker. Unfortunately her parents are unwell at the present time and it is likely that their condition will deteriorate. Gayle though does appear to be coping reasonably well and her aunt tells me that she attends regularly to assist her mother around the house. She denies that she is drinking any alcohol or taking any illicit substances at the present time.

At interview today, Gayle was well presented and looked very smart. Initially she sat with her hood up and her eye contact was poor, but as the appointment progressed she did at times look at me. She appeared a bit brighter and engaged better in conversation than she has done previously. She did say that she had thoughts about cutting herself in order to end her life, but when saying this she had a smile on her face and it would appear that she was saying it more for effect rather than she truly meant it at the present time.

My impression today was that Gayle is actually doing relatively well and, although she has a number of difficulties with ill health in her family, she is coping reasonably well with this. I have therefore not suggested any changes to her medication today and just agreed to review her again at the clinic in 4 months. Both Gayle and her aunt are aware though that if the situation were to deteriorate in the interim that they can contact the resource centre before the arranged appointment.

Yours sincerely

Louise

Dr Louise Wilson
Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

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North West Sector

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Date	25 March 2015
Our Ref	**LW/EB**
PIMS No:	**0705814**
CHI No:	**2107795165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson** **DOB: 21.07.79**
Talbot Association, 494 Great Western Road, Glasgow G12 8EW

Unfortunately Gayle failed to attend her outpatient appointment at Riverside CMHT on 18 March 2015. I am unsure whether she wants to be seen any longer at the outpatient clinic and I will therefore write to her asking her if she wants a further appointment. If I do not hear from her I will assume she no longer wants to be seen and will discharge her back to your care.

Yours sincerely

E Boyle

Dr Louise Wilson
Consultant Psychiatrist

cc

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North West Sector.

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Greater Glasgow and Clyde

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Tel: 0141 211 1430
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www.nhsgg.org.uk

Date	17th November 2014
Our Ref	**AW/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, 494 Great Western Road, Glasgow G12 8EW

I reviewed Gayle at Riverside CMHT on the 12th November 2014. Recently she has been going through quite a stable period and she has not been drinking. She fell out with her CPN, June West, for a short period, but now seems to have made it up with her and they are now back in contact.

Gayle is taking Fluoxetine 40mg in the morning and Simvastatin 40mg at night and this seems to be helpful for her and keeping her stable. I have therefore made no changes to her medication and we will review her again in 3 months' time.

Yours sincerely

Dr Alistair Wilson
Locum Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

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Dr N Ghouri
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547 Dumbarton Road
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Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date 1st July 2014
Our Ref EO/CM
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson DOB: 21.07.79**
Talbot Association, 494 Great Western Road, Glasgow G12 8EW

As you know from my handwritten faxed prescription request, I reviewed Gayle at Riverside CMHT on the 27th June 2014.

You may recall, I last saw her at the end of May when she was acutely distressed and myself and her CPN felt that she required admission to hospital to settle the situation. Unfortunately, in her inimitable manner, Gayle failed to engage with the hospital and was actually discharged in her absence.

When I saw her on the 27th June 2014, Gayle seemed to be in fine fettle, saying that she felt she had no problems with her mood or anxieties, the only problem being her difficulty in sleeping.

Gayle is of course quite difficult to assess given her rather difficult cluster of diagnoses, but I think at the moment we can only take her on face value. Her CPN, June West, knows her better and will continue to see her regularly.

On reviewing the casenotes, I think Gayle does not do well in terms of her mental state if her sleep is disturbed, and therefore I think it might be worthwhile having another course of Zopiclone in the small dose of 3.75mg nocte and I would be grateful if you would prescribe this. I would not suggest changing her medication otherwise and I shall arrange for her to be reviewed at the clinic by my successor.

I trust you are happy with this plan.

Kind regards.

Yours sincerely

Dr Elaine Ogg
Locum Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

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Community Health Partnership
North West Sector

Riverside Community Mental Health Team
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547 Dumbarton Road
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G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 27/6/14
Your Ref:
Pims No
Chi
Our Ref: EO

STRICTLY CONFIDENTIAL

Dr. Smith
Peel Street Med Practice
339 9798

Dear Dr

RE: Patient's Name : GAYLE WILSON
Address :
CH: 2107796165
D.O.B. :

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

Please add ZOPICLONE 3.75mg nocte
a full letter will follow
Many thanks
Prescription done *

Yours sincerely

Dr Elaine Cagg
Locum Consultant Psychiatrist

*

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Date	11th June 2014
Our Ref	**RG/JR/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
Belmont House, 494 Great Western Road, Glasgow. G12 8EW

Date of Admission: **23rd May 2014**

Date of Discharge: **26th May 2014**

Diagnosis: **Borderline Learning Disability F70.1**
Depressive Disorder F33
Possible Emotionally Unstable Personality Disorder

Medication on Admission: **Simvastatin 40mg Nocte**
Fluoxetine 40mg OD

Medication on Discharge: **Simvastatin 40mg Nocte**
Fluoxetine 20mg OD

Legal Status: **Informal**

Follow Up: **Outpatient clinic appointment on 27th June 2014**
June West, CPN, Riverside CMHT.

Circumstances Leading to Admission:

Gayle is a 34 year old female patient who is very well known to CPN June West and Dr Louise Wilson at Riverside CMHT. Locum Consultant Dr Ogg was asked to see Gayle by her CPN June West due to Gayle's level of distress and suicidal ideation. Gayle had recently experienced several moderate to severe psychosocial stressors recently due to her uncle passing away recently; her mother being unwell, and her sister going out with a partner who is not right for her - meaning she will lose her two children and Gayle will not get to see her two nieces. She is also planning to move to the Loretto project in the near future. All of these aspects were impacting on Gayle, and due to her multiple disorders, she has a very limited ability to manage stress and uncertainty. As a result, Gayle described having more suicidal ideation and thoughts of self-harm which she had acted on in the form of superficial lacerations to her left forearm. On review, she repeatedly expressed thoughts of not being able to go on and wanting to end her life. As her supported accommodation was unable to manage Gayle safely at the time (no overnight cover), it was felt that Gayle would benefit from a period of 24 hour nursing care and observation.

Continued.....

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Re: Gayle Wilson DOB: 21.07.79

Mental State Examination on Admission:

Gayle was unkempt with very messy hair, dressed in a hoodie and tracksuit bottoms and a blood-stained top. She had poor eye contact and kept her hood up to cover her face. Her speech was of reduced quantity and monosyllablic answers. Her mood was both subjectively and objectively low, she displayed no formal thought disorder, but her thought content was focused on ending her life by taking Naproxen tablets. She had no abnormal perceptions, was fully orientated, but insight was difficult to assess, saying it is normal to end her life.

(Please see previous discharge letter dated 15th May 2013 for past medical and psychiatric histories, forensic history, drugs and alcohol history, family history and social/personal history).

Progress on the Ward:

On admission to the ward, Gayle was settled, spending time in her room. She expressed no suicidal ideation or self-harm ideation since admission and slept overnight. The following morning Gayle was missing from the ward. Police were contacted and found Gayle at home. She returned freely to the ward and claimed she had left because she had a headache and wished to take Lorazepam as it "works better" than Paracetamol.

Gayle interacted little with staff the rest of the day and later left the ward again returning home, stating that she felt that she had made a mistake by coming into hospital. Staff at her supported accommodation advised nursing staff that Gayle often uses behaviours including suicidal ideation and self-harm ideation to gain interaction with staff. Gayle requested and was granted an overnight pass. She failed to make contact with the ward the following day, but had full unaccompanied time out. Belmont House was contacted the second day of her pass and advised that Gayle was safe and no longer in crisis. Gayle did not wish to return to the ward and support staff were happy to have her home. She was therefore discharged with follow up from CPN June West at Riverside CMHT.

Kind regards.

Yours sincerely

Dr Rachael Galloway
GPST1 in Psychiatry

Dr Julia Rawstorne
Consultant Psychiatrist

c.c. Medical Records, GRH

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NHS Greater Glasgow & Clyde

Discharge Form/SMR04 Data Form

Part 3: Send to Health Records after Discharge

Patient	CHI Number/DOB	[illegible] 07/06/47 Under 18 Y/N
	PIMS Number (Glasgow only)	0205814
	Surname	[illegible]
	Forename	[illegible]
Patient Address	Home Address	[illegible] WESTERN ROAD
	Post Code	[illegible]
	Home Tel	[illegible]
	Mobile Tel	[illegible]
	Sex Male/Female	
	Ethnic Group (Mandatory - See back for codes)	W
	Marital Status	SINGLE
Next of Kin	Name	[illegible]
	Address	[illegible]
	Post Code	
	Home Tel	[illegible]
	Mobile Tel	
	Relationship	FRIEND
	Is NOK to be Involved/Informed of Care? Y/N	
	Named Person or other Contact Details if Different from N.O.K.	
	Is Contact to be Involved/Informed of Care? Y/N	
GP Name/ Address	GP Name	DR [illegible]
	Address	[illegible] ST MARTIN'S
	Telephone Number	[illegible]
Admission/ Referral Details See Back Cover for Codes	Date	25/5/14
	Time of Arrival on ward (24 Hr)	16:18
	Consultant	DR RAWSTORNE
	Ward	RUTHERFORD
	Admitted/Transferred From	[illegible]
	Admission Reason	5
	Name of Admitting Hospital	GRI
	Referred by	[illegible]
	Previous Psychiatric IP care Yes/No If Yes Name of most recent Psychiatric Hospital	GRH
	Admission Type	1
Legal Status	FORMAL / INFORMAL If FORMAL Section Detail	
	Diagnosis 1. Diagnosis on Admission	[illegible]
	2. Other Conditions	
Discharge Details See Back Cover for Codes	Date	26/5/14
	Time (24hr)	1330hrs
	Consultant on Discharge	DR RAWSTORNE
	Discharge Type	1
	Discharge to	HOME
	Ward on Discharge	Rutherford
	Type of Psychiatric Care Provided	5
	Aftercare Arrangements	1 3 7 A
	Legal Status on Discharge	INFORMAL
	1. Discharge on Diagnosis	CRISIS LOOP
	Care Programme Approach Y/N	
	2. Other Conditions	COPING
	3. Other Conditions	STRATEGY

Completed by SUE COOPER Signature [signature]

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

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Date	16th January 2014
Our Ref	**LW/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re:	**Gayle Wilson DOB: 21.07.79** **Talbot Association, 494 Great Western Road, Glasgow G12 8EW**
Diagnosis:	**Borderline Learning Disability F70.1** **Current Depressive Disorder, current episode moderate F33.1**
Medication:	**Fluoxetine 20mg once daily**
Legal Status:	**Informal**
Follow up:	**Outpatient clinic appointment in 4 months** **Given contact details for the Community Addiction Team for self-referral** **June West, CPN, Riverside CMHT**

Ms Wilson was reviewed at Riverside CMHT outpatient clinic on the 15th January 2014. She reported today that she has been consuming daily alcohol for the last 6 months at a level of about 1½ litres of wine or 3 litres of cider per day. She admits to drinking first thing in the morning to avoid experiencing shakes. She feels that she needs to address this problem and would like to look at ways of reducing her alcohol consumption. On a positive note, she has continued to attend the gardening project at least once a week, which she enjoys. She reports that her mood is poor and she has not been eating as well as previously. Since her last appointment she has been seen by June West, CPN at Riverside CMHT, who has been trying to assist her with her accommodation and looking at structuring her time.

At interview today, Gayle was a bit unkempt and smelled of alcohol. She did engage in conversation better today and was more forthcoming than she has been at previous appointments. She appeared euthymic and reactive. She denied any current thoughts of ending her life, although admits to having intermittent thoughts about taking an overdose.

My impression is that Gayle has been misusing alcohol and requires assistance regarding this. I have given her contact details for the Community Addiction Team who she will contact herself. She continues to have input from her CPN, June West, and will be seen again at the clinic in 4 months. Prior to her appointment today she had said that she did not want to be seen at our medical outpatient clinic any longer, but today she assures me that she has changed her mind. If, in the future, she should change her mind again then I would suggest that she goes back to CPN care.

Yours sincerely

Wilson

Dr Louise Wilson
Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

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Date	8th October 2013
Our Ref.	**LW/CM**
PIMS No:	**0765814**
CHI No:	**2107795165**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson DOB: 21.07.79**
Talbot Association, 494 Great Western Road, Glasgow G12 8EW

Diagnosis: **Borderline Learning Disability F70.1**
Current Depressive Disorder, current episode moderate F33.1

Medication: **Fluoxetine 20mg once daily**

Legal Status: **Informal**

Follow up: **Outpatient clinic appointment in 3 months**

Ms Wilson was reviewed at Riverside CMHT outpatient clinic on the 2nd October 2013, where she was accompanied by her SAMH support worker. Ms Wilson started by saying that she was 110%. She told me that she has been using legal highs and alcohol on a daily basis for the last couple of months. She has been spending her time hanging around town with acquaintances. She continues to have 2 hours a week support from SAMH, although I understand that she regularly cancels this. We then went on to have a discussion with her support worker about future accommodation options. She was supposed to go and see Loretta supported accommodation today, but had requested that the appointment was cancelled. This was a result of drinking and taking illicit drugs yesterday which had resulted in her being admitted to Glasgow Royal Infirmary for observation.

At interview today, Ms Wilson was appropriately dressed in a track suit and she had her hooded top over her head throughout the interview. She gave no eye contact, although occasionally I could see her looking out from underneath her hood. She was irritable and difficult to engage in conversation. She did though answer questions posed to her with short answers. She was derogatory towards myself and also her support worker. There was no evidence of any psychotic symptoms.

It would appear that Ms Wilson continues to struggle with alcohol and substance misuse. In addition, she appears to lack any structure to her day and is uncooperative of the supports that have been offered to her. I tried to discuss with her ways in which she could be helped, but she appeared reluctant to consider this. She did acknowledge she had found the input she had had from June West, CPN, helpful in the past. I agreed that I would discuss her care with her as to whether she felt there might be some beneficial work that they could undertake. I have not suggested any changes to her medication and I will review her again in the clinic in 3 months.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

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North West Sector

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Greater Glasgow and Clyde

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Date 5th August, 2013
Our Ref LW/TB
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, 494 Great Western Road, Glasgow G12 8EW

Diagnosis: **Borderline Learning Disability F70.1**
Current Depressive Disorder, current episode moderate F33.1

Mental Health Act Status: **Informal**

Current Medication: **Please reduce Mirtazapine to 30mg for 4 days, then reduce to 15mg for 4 days and then stop**
Please commence Fluoxetine 20mg once daily
Simvastatin 40mg at night

Follow up Arrangements: **OP review Dr Wilson in 3 months**

Ms Wilson was reviewed at Riverside CMHT outpatient clinic on 31st July, 2013, where she was accompanied by her SAMH worker, Leticia. Ms Wilson reported that she has struggled over recent months. She continues to reside at Belmont House, but ultimately would like to have her own flat in the West End area. She is currently on a waiting list, but is uncertain as to how long this will take to come to fruition. She describes her accommodation as useless and is unhappy with this. She continues to attend the Coach House Trust once weekly, although she has not been attending over recent months, but was unclear as to why that was the case. She continues to attend the gym once weekly with a friend and has regular contact with her family.

Ms Wilson describes her mood as being variable over the last couple of months. She told me that she had attended yourself a couple of weeks ago and her Mirtazapine was increased to 60mg, although I was uncertain about this given the fact that this is above BNF limits. She is currently on weekly dispensing of her medication and tells me she is compliant with this on a daily basis. She feels there has been some improvement with her mood since her medication was increased.

Cont/...

Cont... **Gayle Wilson DOB: 21.07.79**

Ms Wilson reports that her sleep is good and she is eating well. She enjoys listening to her music and using her laptop. She tells me that over recent months she has had many thoughts about ending her life by jumping off the Erskine Bridge and cutting herself. She denies having any of these thoughts over the last week and feels a bit more stable. In addition, over the last month Ms Wilson has started to engage with support from SAMH for two hours per week. She feels this is going relatively well, although is obviously at an early stage. The plan would be that this could be increased once she obtains her own tenancy.

At interview, Ms Wilson was overweight, appropriately dressed and reasonably well kempt. She engaged in conversation today and appeared euthymic and reactive. As previously, her behaviour was quite child-like at times, smiling and giggling when she described incidences of difficulties behaviours. There was no evidence today of any psychotic symptoms and no thoughts of self harm.

My impression is that Ms Wilson continues to have instability of mood, likely related to ongoing social difficulties regarding her accommodation. She was adamant that she no longer wanted to continue on Mirtazapine medication and we therefore agreed to reduce it by 15mg every four days until stopped and then commencing her on Fluoxetine 20mg daily. I did caution her about the side effects of Fluoxetine and the possibility of her sleep becoming impaired with the stopping of Mirtazapine. If she does not tolerate the change in medication, I would suggest returning back to Mirtazapine. She will be reviewed again in the clinic in three months.

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

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North West Sector

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Greater Glasgow and Clyde

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Tel: 0141 211 1430
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Date Dictated	12th June 2013
Date Typed	13th June 2013
Our Ref	**LW/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, 494 Great Western Road, G12 8EW

Unfortunately Ms Wilson failed to attend her outpatient clinic appointment at Riverside CMHT on the 12th June 2013. We have not received any contact from her, but I understand that she has recently disengaged from her CPN, Marissa Spears, and she is no longer open to the DART team. I will send her a letter asking her to contact the service within the next 30 days if she would like another appointment, but if we do not hear from her I will assume that she no longer wants to be seen and discharge her back to your care.

Yours sincerely

LWilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

STRICTLY CONFIDENTIAL
Ms Gayle Wilson
Talbot Association
Belmont House
494 Great Western Road
Glasgow
G12 8EW

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date Dictated	12th June 2013
Date Typed	13th June 2013
Our Ref	**LW/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Ms Wilson

I am sorry that you were unable to attend your outpatient clinic appointment on the 12th June 2013 at Riverside CMHT. If you would like a further outpatient clinic appointment I would be grateful if you could contact my secretary on the above telephone number within the next 30 days to arrange this.

Yours sincerely

Dr L Wilson
Consultant Psychiatrist

c.c. Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

STRICTLY CONFIDENTIAL
Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Date Dictated	15th May 2013
Date Typed	15th May 2013
Our Ref	**KCO/JR/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
Talbot Association, 494 Great Western Road, G12 8EW

Date of Admission: 26/4/13

Date of Discharge: 29/4/13

Diagnosis: Borderline Learning Disability F70.0
Recurrent Depressive Disorder, current episode mild F33.0
History of self harm

Medication on Admission: Simvastatin 40mg nocte
Mirtazapine 30mg nocte

Medication on Discharge: Simvastatin 40mg nocte
Mirtazapine 30mg nocte

Legal Status: Informal

Follow-up: DART Team
Outpatient Clinic Appointment in 6 to 8 weeks time

Presenting Complaints:
This 33 year old lady was admitted to McNair Ward following concerns by DART Homeless Mental Health Team about escalating self harm, low mood and hopelessness. Gayle had carried out lacerations to her neck, left arm and both legs using a Stanley blade. Her concordance with her medication had been variable. In the 6-8 weeks preceding admission, she had been taking her weeks' supply of Mirtazapine all at once. She stated that she had been feeling suicidal for the past week preceding admission, with her mood being extremely low for the past 6-7 weeks. She attributed her low mood to her Mirtazapine which she thought was not working. She also expressed that she wished to commit suicide by jumping off Erskine Bridge. She reported not sleeping well for 6 months; reduced appetite for 2 weeks and that she had not been washing herself. Her aunt was very concerned about Gayle's escalating self harming behaviour and had not seen her this unwell. Gayle had been visiting her aunt everyday and night for support and her aunt was having difficulty coping.

Continued.....

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Re: Gayle Wilson DOB: 21.07.79

Her current stressors are mainly of a financial nature. She reported being constantly harassed by girls from Aspire. She also reported being harassed by her family members for money. They were also defaulting from catalogue payments to her. She admitted to being approximately £4000 in debt from credit cards, shopper's cheques, and credit union loans.

Past Psychiatric History:
Last admission on 25/6/12 to McNair Ward with suicidal ideation and low mood. Admission from 31/10/11 to 10/1/12 following impulsive overdose of Sertraline with suicidal intent. Admitted from July 2011 to August 2011 with suicidal ideation. Known to June West, CPN.

Past Medical History:
Hypercholesterolemia
Cholecystectomy 10 years ago

Drug and Alcohol History:
Gayle admitted to using illicit Valium, speed and ecstasy while she was at Aspire. She denied any current use of illicit substances. She does not drink alcohol. She smokes 20 cigarettes a day.

Forensic History:
She denies any forensic history.

Social/Personal History:
On admission, Gayle was living in her supported accommodation. She as in receipt of Disability Living Allowance and income support. Gayle was born and bred in Glasgow. She has 2 older sisters Rita who lives in Glasgow and Doreen who lives in Ireland. Gayle's mother worked as a museum assistant and her father was a porter. Her mother has suffered from mental heath problems for a long time and Gayle was taken into care from age 6 until 16. She attended residential schools and saw her father at the weekend. She has clear memories of her mother taking overdoses. At the age of 11, Gayle was alleged raped by a member of staff at her care home. When she was 14, she was also allegedly raped by a boy a few years older than her.
Gayle did not do well at school and left with no qualifications. She moved back to her mother and father's home aged 18 from care.

Progress on Ward:
Following concerns raised by DART worker as detailed above, Gayle arrived at the ward with her aunt and DART worker Marissa Speirs. On admission, she was unkempt and avoided interaction by curling herself up on the chair. She was wearing a baseball cap, football top and joggers. A reasonable rapport was established. She spoke loudly and tended to give monosyllabic answers. Her mood was subjectively and objectively low. There was no formal thought disorder, no delusional thoughts and there was no perceptual abnormality. She was orientated to time place and person. Following assessment, a decision was made to admit her on an informal basis. Gayle was agreeable to this. Gayle denied any active plans whilst in the ward for either self harm or sulcide attempts. She spent most of the time in her own room, not engaging with peers and staff. Gayle was reviewed on the 29th of April when she became very hostile and irritable, stating that she hated her accommodation but had to stay there for a year. She subsequently stormed out of the ward after shouting abuse. She will be followed up by the DART team. She will also be seen at our outpatient clinic at Riverside Resource Centre in 6 to 8 weeks time.

Kind regards.

Yours sincerely

Dr Kim Chuan Ooi
FY 2 in Psychiatry

Dr Julia Rawstorne
Consultant Psychiatrist

c.c. Medical Records, GRH

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

Homeless Mental Health Team
55 Hunter Street
Glasgow
G4 0UP

Private & Confidential
Dr Bhatti
11 Peel Street
Glasgow
G11 5LL

Date Dictated: 08 May 2013
Date Typed: 14 May 2013
Our Ref: AM/lc
Enquiries To:
Direct Line: 0141 553 2803
Fax: 0141 553 2830
Email: karen.boyle@ggc.scot.nhs.uk

Dear Dr Bhatti

Re: Gayle Wilson, Belmont House, 494 Great Western Road, Glasgow, G12 8EW
D.O.B: 21/07/1979
PIMS: 0705814
CHI: 2107796165

I am writing to inform you that Gayle was re-referred to the Homeless Mental Health Team by Mavis Muir, Social Worker based at the Hamish Allan Centre.

Gayle had mentioned to her worker that she was now ready to address unresolved childhood abuse issues which were contributing to her low mood.

Unfortunately Gayle once again was not willing to engage in the counselling sessions offered to her.

I feel it is important to respect Gayle's wishes and therefore I have now discharged Gayle from this service.

Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Anne Mitchell

Anne Mitchell
Counsellor
Glasgow City CHP

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Immediate Discharge and Medicine Prescription Form - Confidential

Gartnavel Royal Hospital
Glasgow G12 0XH
Telephone: 0141 211 3600

Ref. No: 003384

NHS

Name of GP: 0
Surgery/Health Centre:

Fix ID label to all 4 copies

Patient: GAYLE WILSON
Address: TALBOT ASSOCIATION
494 GREAT WESTERN ROAD
Post Code: G12 8EW
DOB: 21/07/79 Unit no:
Weight: CHI no: 2107796165

Ward: MCNAIR Tel:
Consultant: RAITSTORNE
Named Nurse:
Specialty: PSYCHIATRY
Admission date: 26/4/13
Mode of admission: Elective ☑ Emergency ☐ Transfer ☐
Source of Admission: CPN
Discharge date: 29/4/13

NURSE TO COMPLETE

Out Patient appointment date:
Diagnosis Informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY

Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
↑ self harm, low mood		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		SIMVASTATIN	40mg						✓		INDEFINITE
		MIRTAZAPINE	30mg						✓		6

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity Supplied	Dispensing Details
7	40mg Rothway
7	30mg Bristol

Medicines Discontinued	Reason if known e.g. side effect	Other Information
		PLEASE SUPPLY 7 DAYS

Prescribers name: KIM 001 Signature: Date: 29/4/13
Designation: F2 Pager number:

Dispensed by: Date: 29/4/13
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by:
Omcassan S/N

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's name:	Gayle Wilson
Address:	Talbot Association 494 great western road Glasgow G12 8EW (stays here 18 hours per week)
Date of Birth:	21/07/79
Case record number:	T/0705814/5
CHI	2107796165

Next-of-Kin / Nearest Relative Details	
Name:	Rita Winters
Relationship:	Aunt
Address:	25 Belmont Street Kelvinbridge Glasgow
Telephone Number:	0141 339 1407

Details of Stay in Hospital	
Date of admission:	26/4/13
Reason for admission:	Low mood Escalating self harm
Ward admitted to:	Mcnair
Legal status on admission:	Informal
Summary of treatment received during admission:	Medication Support over crisis period
Consultant's name:	Dr Rawstrone
Named nurse:	Bridgette Chikukwa

Discharge Information	
Name of hospital:	GARTNAVEL ROYAL HOSPITAL
Hospital telephone number:	0141 211 3600

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GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION

Follow-up Arrangements *(as known at time of discharge)*	
Address discharged to: *(If different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative etc.)*	
Outpatient appointment:	**Date: In 6-8 weeks**
Venue:	**Riverside Resource Centre, Sandy Road, Partick**
G.P.:	**Dr Ghoori**
G.P. contact details:	**Peel Street, Partick**
	334 9331
CPN:	**Marissa Spears (DART Team)**
CPN contact details:	**Leverndale Hospital**
Social Worker:	
Social Worker contact details:	
	Tel. No:
District Nurse/Health Visitor:	
District Nurse/Health Visitor contact details:	**Base:**
	Tel. No:
Medication On Discharge:	**Simvastatin 40 mg at night** **Mirtrazepine 30 mg at night**
Depot medication prescribed:	
If Yes:	**Date due:**
	Venue:
Additional follow-up support: *(e.g. home help, befriender, advocacy, input from voluntary organisations etc.)*	**Referred to Crisis Intervention Team** **Follow up with Discharge and Resettlement Team (DART)**
Special Instructions / Information / Precautions: *(Related To: Wound Care, Medication, Diet, Exercise, Driving, Return To Work Etc.)*	
Additional information provided: *(Information leaflets, personal planning information, guidance notes, travel information etc.)*	

Signatures:		
Staff member:	**Brian Main**	**Date: 29/4/13**
Patient:		**Date:**

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL
Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date Dictated: 17th April 2013
Date Typed: 18th April 2013
Our Ref: LW/CM
PIMS No: 0705814
CHI No: 2107796165
Direct Line: 0141 211 1448
Fax: 0141 211 1444
Email:

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
(New Address: Talbot Association, 494 Great Western Road, G12 8EW)

Diagnosis: **Borderline Learning Disability F70.0**
Recurrent Depressive Disorder, current episode mild F33.0

Medication: **Stop Mirtazapine due to erratic use**

Legal Status: **Informal**

Follow-up: **Outpatient clinic appointment in 3 months**
Marissa Spears, CPN, DART Team

Ms Wilson was seen in outpatient clinic at Riverside CMHT on the 17th April 2013 where she was accompanied by her aunt. Ms Wilson told me that she had moved to Belmont House about 4 weeks ago which she had found quite difficult. She told me that she does not like it there as she does not like the staff. She understands that this is temporary and she will probably be there for about 1 year. She tells me that she liked living in Aspire better and was disappointed that she had to move.

She described a disturbed sleep pattern although was quite vague about this as to the details. She continues to attend the Coach House project twice a week and she tells me that she enjoys it when she gets there. She eats 2 meals daily provided by the Belmont House staff. She described her mood as being all right. At this point her aunt added saying that she felt her mood was quite variable and on a number of occasions she had been saying to her aunt that she wanted to have a rope to kill herself. She has also been cutting herself more frequently with a blade to her arms and legs. She felt this was related to the change in her accommodation as she had enjoyed living at Aspire and was struggling to adapt to Belmont. Ms Wilson also said that she has not been taking her tablets regularly and that she gets her Mirtazapine and Simvastatin on a weekly basis and she will generally taken them all in one go. She says that she has been doing this for months. She tells me that she wants to do this because she wants to sleep. It also appears that she is under additional strain from her parents as they are both physically unwell at the present time and due to their difficulties Ms Wilson feels at times that her father hates her. Her aunt tried to reassure her that this was not the case, but this did not seem to be of help.

Continued.....

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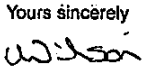
Re: Gayle Wilson DOB: 21.07.79

At interview today, Ms Wilson was dressed in dark clothes, wearing a hooded top with the hood up covering her eyes at times. She was difficult to engage in conversation and her answers to questions were often one word. Her speech was a bit quiet, but of normal rate and rhythm. She appeared euthymic and reactive. Her behaviour at times was quite childlike and as the interview progressed she became a bit annoyed; she pulled the hood of her top down to completely cover her face. We discussed her misuse of her medication and my concerns that this would have on her physical health. We talked about different options such as getting her medication on a daily basis or having it supervised, but she declined this stating that she wanted her medication to be stopped. She told me that she wanted to die; but had no specific plans to harm herself. She said she did not want any further contact with her CPN.

From speaking with her aunt further it would appear that she has had intermittent contact with her CPN recently and been missing a number of appointments. She is finding it all quite stressful as Ms Wilson was saying that she wants to return to live with her sister, although this has proved unsatisfactory in the past and this is what resulted in her going into new accommodation.

My impression is that Ms Wilson is currently struggling to cope with the change in her accommodation and deterioration in her parents' health. It did not appear that she was significantly depressed today, but her difficulties were more in relation to the ongoing stressors. In the first instance I felt that I had no option but to stop her Mirtazapine medication given that she is not complying in an appropriate way with this. I will liaise with her CPN, Marissa Spears, with the DART team, to see if they can offer any additional assistance. I have arranged to review her again in clinic in 3 months.

Yours sincerely



Dr Louise Wilson
Locum Consultant Psychiatrist

c.c. Marissa Spears, CPN, DART Team

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Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

Homeless Health Services
55 Hunter Street
Glasgow
G4 0UP

Private & Confidential
Dr Ghouri
11 Peel Street
Glasgow
G11 5LL

Date: 19 February 2013
Your Ref:
Our Ref: AM/lc
Enquiries To:
Direct Line: 0141 553 2803
Fax: 0141 553 2830
Email: karen.boyle@ggc.scot.nhs.uk

Dear Dr Ghouri

Re: Gayle Wilson, Flat 11, 18 Hillhead Street, Glasgow
DOB: 21/07/1979
PIMS: 0705814
CHI: 2107796165

I received a referral from Mavis Muir, Social Worker within the Hamish Allan Centre. I managed to meet with Gayle on one occasion, to begin the Specialist Shared Assessment but unfortunately subsequent appointments given after the initial meeting were not attended.

She did infact tell the support worker in her accommodation project that she did not wish to proceed any further.

I am sorry I have been unable to help in this case. Gayle however has unresolved childhood abuse issues but is not willing to address them. I have to respect her wishes.

Please do not hesitate to contact me if you require any further details.

Yours sincerely,

pp **Anne Mitchell**
Counsellor
Glasgow City CHP

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339 9798

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 17.10.12.
Your Ref:
Pims No
Chi
Our Ref: JR

STRICTLY CONFIDENTIAL

Dr Glover
Peel St Medical Centre

Dear Dr

RE: **Patient's Name :** Gayle Wilson.
Address : No fixed abode
D.O.B. : 21.7.79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

Please reduce TRAZODONE to 150mg PO at night for 1 week + Commence MIRTAZEPINE 15mg at night for 1 week. Trazodone then to be stopped & Mirtazepine increased to 30mg PO at night.

Thank you.

Yours sincerely

Dr Julia Rawstorne
Consultant Psychiatrist

NHS Confidential: Personal data about a patient



Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL
Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Rivefside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date Dictated	10th October 2012
Date Typed	25th October 2012
Our Ref	**JR/CM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Ghouri,

Re: **Gayle Wilson DOB: 21.07.79**
Aspire, 18 Hillhead Street, Glasgow G12 8PY

Diagnosis: **Borderline Learning Disability F70.0**
Recurrent Depressive Disorder, current episode mild F33.0

Medication: **Reduce: Trazodone from 150mg bd to 150mg at night for 1 week and then stopped. At the same time, to commence Mirtazapine 15mg at night for 1 week and then increasing to 30mg at night.**

Legal Status: **Informal**

Follow-up: **Outpatient clinic appointment in 4 months**
June West, CPN, Riverside CMHT
DART Team

Gayle was seen in outpatient clinic on the 10th October 2012 at Riverside CMHT. She was accompanied by her aunt. Following her discharge from hospital Gayle was initially staying in bed and breakfast accommodation, but has subsequently moved into the Aspire Project where she is sharing a flat with 2 other people. Gayle says that this is okay, but she is keen to move on to more permanent accommodation. I understand from Gayle's aunt that they are hoping to find Gayle a place in supported accommodation within the West End.

At interview today Gayle was rather monosyllabic and unwilling to engage. She told me that she had fallen out with her family and did not want to know them. Gayle's aunt explained that Gayle had been under a lot of stress recently as she had been supporting her father following her mother's recent heart attack. She also explained that the family had been borrowing money from Gayle and said that Gayle had been taking her mother's prescribed Lorazepam to deal with the anxiety that the family situation was causing her. Gayle's aunt reported that Gayle has been cutting her legs and arms recently and is feeling more stressed. Gayle did tell me that she felt that her mood was low and that Trazodone was not helping her. I suggested to Gayle that it would be reasonable to change her Trazodone to Mirtazapine and she was agreeable to this. I have advised Gayle to avoid taking her mother's Lorazepam.

Continued.....

NHS Confidential: Personal data about a patient

Re: Gayle Wilson DOB: 21.07.79

At the end of the interview Gayle abruptly left the interview room. I had some discussion with Gayle's aunt about the current stress that her aunt feels under in terms of supporting Gayle. Her aunt is keen that she is appropriately accommodated and supported in the longer-term as she has concerns about her ability to deal with Gayle's erratic behaviour and self-harm. I have arranged outpatient clinic review in 4 months.

Kind regards.

Yours sincerely

Dr Anna McKeever
FY2 in Psychiatry

Dr Julia Rawstorne
Consultant Psychiatrist

c.c. June West, CPN, Riverside CMHT

NHS Confidential: Personal data about a patient

[redacted]

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL
Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Date Dictated 10th September 2012
Date Typed 11th September 2012
Our Ref AM/JR/CM
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1448
Fax 0141 211 1444
Email

Dear Dr Ghouri,

Re: Gayle Wilson DOB: 21.07.79
Currently Homeless
Previous Address: Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Date of Admission: 25th June 2012

Date of Discharge: 27th July 2012

Diagnosis: Recurrent Depressive Disorder, current episode moderate F33.1
Borderline Learning Disability F70.0

Medication On Discharge:
Trazodone 150mg bd
Simvastatin 40mg od
Diazepam 5mg prn for agitation

Legal Status: Informal

Follow-up: Outpatient appointment on 10th October 2012
June West, CPN, Riverside CMHT
At time of discharge no accommodation was identified for Gayle and she was advised to attend the Hamish Allan Centre in order for them to provide some kind of homeless accommodation.

Presenting Complaint

Deterioration in mood over the preceding 2-3 weeks with an associated escalation in self-harm. This was caused by stressors at home, including an inability to cope with her mother's ill health and arguing with her sister. Gayle had been cutting superficially on both her arms and her throat, requiring dressing, but not hospital admission overnight. Gayle states that she drove to the Erskine Bridge the night preceding her admission to McNair Ward, however, the barriers were up and therefore she had to go home. Her low mood is associated with a poor appetite, difficulty in sleeping and poor level of personal hygiene. She was brought to Riverside CMHT by her aunt who felt she was struggling to cope and noted that Gayle was continuing to self-harm. Gayle was admitted to McNair Ward, Gartnavel Royal Hospital, for respite and clarification on her housing situation.

Continued...

Re: Gayle Wilson DOB: 21.07.79

Past Psychiatric History

Recent admission to McNair Ward on the 31st October 2011 to the 10th January 2012 following an overdose. Before this she had been admitted in July 2011 for a month, again following suicidal ideation and attempted suicide.

Past Medical History

Hypercholesterolemia.

Medication on Admission

As above.

Drug and Alcohol History

Gayle uses illicit Valium, smokes 20+ cigarettes per day, but denies any alcohol use.

Forensic History

Nil.

Personal History

Gayle was born and raised in Glasgow by her mother until she was 5 years old. She suffered physical abuse at the hands of her mother and was taken into care until she was 16 years old. Gayle was raped at 11 years old by members of staff at her care home, and at 14 years old by a boy a few years older than her.

Progress on Ward

Gayle remained low in mood for the initial part of her stay on the ward. She was quite self-isolating and refused to engage with nursing staff or other patients. It was felt that Gayle's problems were primarily social and she was expressing frustration around her current housing situation by self-harming due to her poor coping strategies. Her mood gradually begun to brighten on the ward as she was removed from the stressful home environment. She stated that she enjoyed gardening and would want to continue this when she is discharged. Her sleep pattern improved and her diet was good. Gayle described her mood as "fine" and did not voice any suicidal thoughts or thoughts of self-harm whilst on the ward. Gayle enjoyed extended periods of time out throughout her stay, during which time she met up with friends and went for coffees. She was discharged on the 27th July 2012 and advised to attend the Hamish Allan Centre for them to provide some kind of homeless accommodation whilst awaiting more permanent housing.

Kind regards.

Yours sincerely

Dr Anna McKeever
FY2 in Psychiatry

Dr Julia Rawstorne
Consultant Psychiatrist

c.c. Medical Records, GRH

NHS Confidential: Personal data about a patient

Immediate Discharge and Medicine Prescription Form - Confidential

Gartnavel Royal Hospital
Glasgow G12 0XH
Telephone: 0141 211 3600

Ref. No: 002881

NHS Greater Glasgow and Clyde

Name of GP:
Surgery/Health Centre:
Fix ID label to all 4 copies
Patient: GAYLE WILSON
Address: NFA
Post Code: NFA
DOB: 21/07/79 Unit no:
Weight: CHI no: 2107796165

Ward: MCNAIR Tel:
Consultant: RAWSTORNE
Named Nurse:
Specialty: Psychiatry
Admission date: 25/6/12
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission:
Discharge date: / /

NURSE TO COMPLETE
Out Patient appointment date:
Diagnosis Informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY
Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date: 27/7/12
Signature of Recipient: G WILSON
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Deterioration in mental health.		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		TRAZADONE	oral	150mg	✓				✓		cont
		SIMVASTATIN	oral	40mg					✓		cont
		DAILY DISPENSING								*Prescription done*	

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details
14	150 Winthrop
7	40 Ranbaxy

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Dispensed by: Date: 27/7/12
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:
Medication Collected by:

Prescribers name: K. FISKEN Signature: Date 27/7/12
Designation: FY2 Pager number:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's name:	GAIL WILSON
Address:	NFA
Date of Birth:	21/07/79
Case record number:	
CHI:	2107796165

Next of Kin / Nearest Relative Details	
Name:	RITA WINTERS
Relationship:	AUNTY
Telephone Number:	339 1407 - 07884171670

Details of Stay in Hospital	
Date of admission:	25/06/12
Reason for admission:	SUICIDAL IDEATION. DETERIORATION IN MOOD.
Date of Discharge:	27/07/12
Legal status on admission:	INFORMAL
Treatment received whilst an inpatient:	ASSESSMENT AND MANAGEMENT OF MOOD IN SAFE ENVIROMENT TO MINIMIZE RISK OF SELF HARM.
Consultant's name:	DR RAWSTORNE
Named nurse:	BRIDGETE CHIKUKWA

Discharge Information	
Name of hospital:	Gartnavel Royal Hospital
Hospital telephone number:	211 3566
Follow up Arrangements: crisis input *(as known at time of discharge)*	
Address discharged to: *(if different from home address give details of arrangement e.g. nursing home, supported accommodation, Cheme, living with relative etc.)*	HAMISH ALLAN CENTRE WITH VIEW TO GET B&B ACCOMMODATION.
Outpatient appointment:	To Be arranged
Venue:	Riverside Resource Centre

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

G.P.	DR GHOURI
G.P. contact details:	8 PEEL STREET, GLASGOW. G11 5LL
CPN:	JUNE WEST
CPN contact details:	RIVERSIDE RESOURCE CENTRE 0141 211 1444
Social Worker:	
Social Worker contact details:	
District Nurse/Health Visitor:	
District Nurse/Health Visitor contact details:	
Medication On Discharge:	TRAZADONE, 150MG, ORAL, TWICE DAILY. SIMVISTATIN, 40MG, ONCE DAILY.
Depot medication prescribed:	
If Yes:	
Special Instructions/ Information/Precautions: *(Related to Wound Care, Medication, Diet, Exercise, Driving, Return to Work etc)*	* GOOL HAS DISCHARGE PRESCRIPTION SHEET
Additional information provided: *(Information leaflet, personal planning information, guidance notes, leaflet information etc)*	CURRENTLY HOMELESS. GAIL IS GOING TO REPORT TO HAMISH ALLAN CENTRE FOR TEMPORARY ACCOMMODATION UNTIL MORE PERMANENT HOUSING IS FOUND.
Informed of advanced statement prior to discharge:	Yes

Signature:		
Staff member:	S-STEPLOW STAFF Sister	27/7/12
Patient:		
Carer: *(Where applicable)*		

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Glasgow City
Community Health Partnership
~~Glasgow West~~ **Sector**
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

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Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1430
Fax: 0141 211 1444
www.nhsgg.org.uk

Dr. Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Date Dictated	29th March 2012
Date Typed	30th March 2012
Your Ref	
Our Ref	**KT/AM**
PIMS No:	**0705814**
CHI No:	**2107796165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Ghouri,

Re: **Gayle Wilson – DOB: 21.07.1979**
Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD

Diagnosis: **Borderline Learning Disability – F70.0**
Recurrent Depressive disorder – F53.4
Previous deliberate self harm

Medication: **Trazodone 150mgs BD**
Simvastatin

Legal Status: **Informal**

Follow-up: **Outpatient appointment in three months time**
June West, CPN, Riverside CMHT

I saw Miss Wilson in my outpatient clinic at Riverside CMHT on 28th March 2012. She reported doing well at present, her sleep, mood and appetite are normal. She also told me that she was admitted to Gartnavel Royal Hospital from November 2011 to January 2012 and she was started on Trazodone. Since her discharge she has been doing very well. She continues to have a stable mental state. She has ongoing input from June West, CPN and she continues to find this helpful.

She is on Trazodone 150mgs per oral BD and Simvastatin. She reports taking medication regularly and denies any adverse effects. She denied any alcohol intake but smoke 20 cigarettes per day. She also reports using valium on a regular basis. She spends almost £40 on these in a week. She reports misusing valium for years. She is very vague about further details.

Gayle Wilson – DOB: 21.07.1979

...cont...

She reports experiencing suicidal ideas on and off but denied any ongoing suicidal ideas or plans at present. She denied any paranoid ideas, persecutory delusions or perceptual abnormalities. Currently she is with her sister. She feels that the place is overcrowded. She already spoke with her CPN regarding finding her own place and her CPN had made a referral to Social Work.

Today at interview she presented well and there was no evidence of any depression or other psychotic illness. However, I also felt that she is a poor historian and rapport was poor. She seemed to have reasonable insight into her presentation. I will not make any changes to her management as her mental state is stable at present. I have advised her to reduce her street valium use – she didn't appear keen to do it. I offered her another appointment in three months time and advised her to contact us if she struggles to cope.

In the mean time she also has ongoing input from June West, CPN on a regular basis.

Kind regards.

Yours sincerely

Dr K Talluri
Specialty Doctor in Psychiatry

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Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow
and Clyde

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Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk
Date 17th January 2012
Our Ref EC/LC
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson** **Dob: 21/07/1979**
No fixed abode

Date of Admission: 31st October 2011

Date of Discharge: 10th January 2012

Diagnosis: Borderline learning disability F70.0
Recurrent Depressive Disorder F33.4 – current moderate depressive episode

Legal Status: Informal

Medications on Discharge: Simvastatin 40mg at night
Trazodone 150mg bd

Follow up: **Follow up at Riverside CMHT**
June West, CPN, Riverside
Follow up with DART Team - if felt appropriate by the service (initial assessment done on 10th January 2012)

Presenting Complaint:

Gayle was referred to the Rutherford Ward by her CPN with increased suicidal ideation. She has a diagnosis of Recurrent Depressive Disorder and had recently changed from Fluoxetine to Sertraline because of ongoing low mood. At the time of admission, Gayle's mother was an inpatient in Timbury Ward in Gartnavel Royal Hospital and was due to be discharged the following day. Gayle's house had also been redecorated which was an additional source of stress for Gayle. She reported taking an impulsive overdose of 10 tablets of 50mg of Sertraline the

day prior to admission apparently with suicidal intent. On admission, she stated that she was glad that it had not worked because "I've got two nephews". She denied ongoing suicidal ideation at the time of admission.

Gayle reported her mood was "low" recently. She had been attending the Community garden project at Alderman Road and was still enjoying this. She stated she had poor sleep describing initial insomnia but stated her energy levels and concentration were fine. She denied any psychotic symptoms and although She felt nervous anxiety did not seem to be a major part of her presentation.

The major stressors for her leading up to admission seemed to be her mother's plan for discharge from Timbury Ward, their house being rewired, and Gayle's father being physically disabled and in respite care.

Past Psychiatric History

This has been previously well documented Gayle has a diagnosis of borderline learning disability and recurrent depressive disorder. She is known to June West, CPN, Riverside.

Past Medical History

High Cholesterol

Drug History

On admission;

Sertraline 50mg daily
Simvastatin 40mg at night

Gayle states she is allergic to Penicillin (this causes a rash)

Family History

Gayle's mother suffers from depression and has a history of overdoses. Gayle's father is in poor physical health and suffers from Prostate problems. Gayle's sister suffers from Asthma and COPD.

Social History

On admission Gayle was living in GHA flat. She denies alcohol or drugs but smokes 20 cigarettes per day. She was in receipt of benefits (DLA and income support) and admitted some catalogue debts but was unsure how much.

Personal History

Gayle was born and bred in Glasgow. She has two older sisters Rita (50) who lives in Glasgow and Doreen (43) who lives in Ireland. Gayle's mother worked as a museum assistant and her father was a porter. Her mother has suffered from mental health problems for a long time and Gayle was taking into care when she was aged 6. She

attended residential schools and saw her father at the weekend. Gayle has clear memories of her mother taking overdoses.

Gayle did not do well at school and left with no qualifications. She moved back to her mother and fathers aged 18 from care. More recently Gayle has been involved with the Alderman Road garden project which she enjoys.

Mental State Examination

On admission Gayle was quite sweaty with short greasy auburn hair and was wearing a Baseball cap, football top and joggers. She had poor dentition and was very unkempt although a reasonable rapport was established. Her speech was normal. Subjectively Her mood was low but objectively she appeared euthymic and reactive. There was no formal thought disorder, no delusional thoughts and no perceptual abnormality. She was orientated with good insight in to her mental state.

Progress on the Ward

In light of alleged Gayle's overdose she was admitted to Rutherford Ward in Gartnavel Royal Hospital. Physical examination was normal although an ECG revealed a prolonged QTc (482). She was admitted on an informal basis. Gayle kept a low profile on the ward. Gayle's medication was reviewed. In the past she had responded well to Mirtazapine but was taken off this medication because of weight gain. She was therefore commenced on Trazodone to help with her sleep as well as her mood symptoms. Gayle seemed to respond well to Trazodone and the dose was increased to 300mg daily. This dose was later split because of side effects (headaches).

Gayle did not seem to be structuring her day whilst on the ward therefore was referred for occupational therapy. A full OT assessment was carried out and they were pleasantly surprised by Gayle's level of functioning. She started to attend OT groups and particularly enjoyed woodwork. Gayle used her time out of the ward appropriately.

Unfortunately whilst Gayle was on time out she fell out with her mother. Her mother was struggling with Gayle's mood swings and refused to have Gayle back home. Gayle spent further passes with her sister (Rita). In light of Gayle being effectively homeless She was referred to the DART service for homeless accommodation. In the long term We would be looking for a supported accommodation tenancy for Gayle in light of previous tenancies failing. However unfortunately this is a long process therefore DART have given her details of their service and details of the Hamish Allan Centre.

Gayle's mental state has been more stable now with fewer thoughts of self harm and no plans. Her nephew seems to be a huge protective factor. There were concerns that Gayle was becoming institutionalised in hospital therefore it seemed appropriate to discharge her with community follow up from her CPN June West, DART and medical team at Riverside CMHT. On the days leading up to discharge Gayle was given passes during which she agreed to stay with her sister. However left her sisters to apparently walk the streets. Gayle is not keen to stay with her sister or her mother therefore she has been given information on homeless services and will hopefully be followed up by DART with a view to a supported tenancy. She will be referred to community OT to continue activities which she enjoys.

If you have any questions please do not hesitate to contact us.

Many thanks.

Yours sincerely

Dr Erica Campbell
CT1 in general adult psychiatry

Dr Susan Rooney
Consultant Psychiatrist

Cc Medical Records, Gartnavel Royal Hospital
June West, CPN, Riverside CMHT

NHS Confidential: Personal data about a patient

Immediate Discharge and Medicine Prescription Form - Confidential

Gartnavel Royal Hospital
Glasgow G12 0XH
Telephone: 0141 211 3600

Ref. No: 000585

NHS Greater Glasgow and Clyde

Name of GP:
Surgery/Health Centre:

Fix ID label to all 4 copies

Patient: Gayle Wilson
Address: Flat 0/2, 1655 Dumbarton Rd.

Post Code: G14 9YD
DOB: 21/07/79 Unit no:
Weight: CHI no: 2107796165

Ward: Henderson Tel:
Consultant: Rooney
Named Nurse:
Specialty:
Admission date: 31/10/11
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission:
Discharge date: 9/1/12

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications

NURSE TO COMPLETE

Out Patient appointment date:
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY

Medication Rec. on Ward by: AM
Checked against kardex: AM
Issued by: AM Date: 10.1.12
Signature of Recipient: G Wilson
All known drug sensitivities / adverse reactions:
Penicillin - rash.

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		SIMVASTATIN	O	40mg					✓		
		TRAZODONE	O	150mg	✓				✓		

plus [illegible] with this supply

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details
7 ✓	40mg - Rowan
14 ✓	150mg - Winthrop

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Dispensed by: Date: 9/1/12
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by: Mother

Prescribers name: HUGHES Signature: Date: 9/1/11
Designation: GP Pager number:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's Name	GAYLE WILSON
ADDRESS	FLAT O/2 1655 DUMBARTON RD G14 9YD
DOB	21/7/79
Case Record Number	2107796165

Next of Kin/ Nearest Relative Details	
Name	VIOLET WILSON
Relationship	MOTHER
Address	
Telephone Number	0141 563 8676

Details of stay in hospital	
Date of admission	31/10/11
Reason for admission	DETERIOTATION OF MENTAL HEALTH
Ward admitted to	Rutherford
Legal status on admission	INFORMAL
Summary of treatment received during admission	MENTAL HEALTH ASSESSMENT MEDICATION REVIEW
Consultant's name	DR ROONEY
Named nurse	MONCEF CHARFADI

Discharge Information	
Name of Hospital	GRH
Hospital telephone number	0141-211-3619
Legal status on discharge	INFORMAL
Discharged against medical advice (if yes, give details)	
Ward discharged from	Rutherford
Ward telephone number	0141-211-3619

Follow-up arrangements (as known at time of discharge)	
Address discharged to (if different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative, etc.)	
Out-Patient appointment	TO FOLLOW
Venue	
G.P.	DR GHOURI
G.P Contact details	PEEL ST MEDICAL PRACTICE, G11 5LL 0141 3349331
CPN	
CPN contact details	
Social Worker	
Social worker contact details	
District Nurse/ Health Visitor	
District Nurse Health Visitor contact details	
Medication on discharge	NO MEDICATION SUPPLIED AS PATIENT LEFT WARD WITHOUT.
Depot Medication prescribed	
If yes when next due	
Additional follow-up support (e.g. home help, befriender, advocacy, input from voluntary organisations, etc.)	DART TO FOLLOW UP REG HOUSING
Special Instruction/ Information/ Precautions (Related to: wound care, medication, diet, exercise, driving, return to work, etc.)	
Additional information provided (Information leaflets, personal planning information, guidance notes, travel information, etc.)	

Signatures		
Staff member		Date:
Patient		Date:
Carer (where appropriate)		Date:

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NHS Greater Glasgow & Clyde

Admission Form/SMR04 Data Form

Part 1 Send to Health Records

PATIENT DETAILS

CHI Number/DOB: 2107196LHS — Under 18 Y (N)

PIMS Number (Glasgow only): D7058143

Surname: WILSON

Forename: GAYLE

Home Address: Flat 0/2 1655 Dumbarton Road

Post Code: G14 9YD

Home Tel: 01415624082

Mobile Tel: 07919185698

Sex: Male/(Female)

Ethnic Group (Mandatory - See back for codes): SA

Marital Status: Single

Next of Kin

Name: Violet Wilson

Address: Flat 0/2 1655

Post Code: G14 9YD

Home Tel: 0141 563 8076

Mobile Tel:

Relationship:

Is NOK to be Involved/Informed of Care? (Y)/N

Named Person or other Contact Details if Different from N.O.K.

Is Contact to be Involved/Informed of Care? Y/N

GP Name/Address

GP Name: Dr GHour

Telephone Number:

Address: Peel Street Medical Centre

Admission/Referral Details (See Back Cover for Codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
31/10/11	10.50am	Hughson	Rutherglen	12	58

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care: (Yes) No — If Yes Name of most recent Psychiatric Hospital	Admission Type
GRH	CPN	GRH	12

Legal Status

FORMAL / (INFORMAL)

If FORMAL Section Detail

Diagnosis

1. Diagnosis on Admission: Low mood
2. Other Conditions

Completed by _____ Signature _____

D642604

NHS Confidential: Personal data about a patient

Fax sent by :

18-10-11 11:01 Pg: 1/1

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

STRICTLY CONFIDENTIAL

Date: 18/10/11
Your Ref:
Pims No
Chi
Our Ref: MH/LC

Dr.....
.....
.....

Dear Dr GILCHRIST

RE: Patient's Name : CHI: 2107796165
Wilson Gayle
Address : Flat 0/2,
1655 Dumbarton Road,
GLASGOW,
Lanarkshire G14 9YD
D.O.B. : T/0705814/3 Female

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

STOP CURRENT ANTIDEPRESSANT
BT SERTRALINE 50mg DAILY

Yours sincerely

Dr Mark Hughson
Locum Consultant Psychiatrist

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Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

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Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk
Date 23rd August 2011
Our Ref RH/LC
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson** **Dob: 21/07/1979**
Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD

Date of Appointment: 15th August 2011

Following her recent discharge from the ward Miss Wilson did not attend her outpatient clinic appointment with me today. The appointment was given to her prior to her discharge. I am sure you will be receiving correspondence about her recent admission soon but she was discharged with input from the Community Mental Health Team and Crisis Service and as you are aware she has a lot of family support. I understand from the Crisis Team that she declined input and I have not heard any more concerns from the family which I take to be a positive sign.

I will reappoint her as soon as possible.

Yours sincerely

Dr Russell Hosie
Locum Consultant Psychiatrist

NHS
Greater Glasgow and Clyde

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's Name	Gayle Wilson
Address	Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD
Date of Birth	21/07/1979
CHI	2107796165

Next of Kin/ Nearest Relative Details	
Name	Violet Wilson
Relationship	Mother
Address	
Telephone Number	0141 563 8676

Details of stay in hospital	
Date of admission	16/07/11
Reason for admission	Suicidal ideation, attending Kingston/Erskine Bridges, Low mood
Ward admitted to	Rutherford
Legal status on admission	Informal
Summary of treatment received during admission	Nursing 1:1s in a Therapeutic Environment, Medication Review, Mental Health Assessment, Crisis Management
Consultant's name	Dr Beesley
Named nurse	Moncef Charfadi

Discharge Information	
Name of Hospital	Gartnavel Royal Hospital
Hospital telephone number	0141 211 3600
Legal status on discharge	Informal
Discharged against medical advice (if yes, give details)	No
Ward discharged from	Rutherford House
Ward telephone number	0141 211 3619

Follow-up arrangements (as known at time of discharge)	
Address discharged to (if different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative, etc.)	Home
Out-Patient appointment	
Venue	
G.P.	Dr Ghour
G.P Contact details	Peel Street Medical Centre, 11 Peel Street G11 5LL
CPN	Charlie Stewart
	Riverside CMHT, 547 Dumbarton Road, Glasgow
	G11 6HU
Social Worker	
Social worker contact details	
District Nurse/ Health Visitor	
District Nurse Health Visitor contact details	
Medication on discharge	No medications prescribed as Gayle took her own discharge.
Depot Medication prescribed	
If yes	
Additional follow-up support (e.g. home help, befriender, advocacy, input from voluntary organisations, etc.)	Referral to crisis team
Special Instruction/ Information/ Precautions (Related to: wound care, medication, diet, exercise, driving, return to work, etc.)	
Additional information provided (Information leaflets, personal planning information, guidance notes; travel information, etc.)	

Signatures		
Staff member	David Allan	Date:05/08/11
Patient		Date:
Carer (where appropriate)		Date:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Admission Form/SMR04 Data Form

Part 1 Send to Health Records

PATIENT DETAILS

CHI Number/DOB: 2 1 0 7 7 9 6 1 6 5 — Under 18 Y (N)

PIMS Number (Glasgow only): 0 7 0 5 8 1 4

Surname: WILSON

Forename: GAYLE

Home Address: Flat 0/2 1655 Dumbarton Road

Post Code: G14 9YD

Home Tel: 0141 562 4082

Mobile Tel: 07919185698

Sex: Male/(Female)

Ethnic Group (Mandatory - See back for codes): 1A

Marital Status:

Next of Kin

Name: Violent Wilson

Address:

Post Code:

Home Tel: 0141 563 8676

Mobile Tel:

Relationship:

Is NOK to be Involved/Informed of Care? Y / N

Named Person or other Contact Details if Different from NOK

Is Contact to be Involved/Informed of Care? Y / N

GP Name/ Address

GP Name: Dr Ghaur

Telephone Number: 0141 334 9331

Address: Peel Street Medical ~~Practice~~ Centre

Admission/ Referral Details (See Back Cover for Codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
16/7/11	1540	Dr Beasley	Rutherford	Home	52

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care: (Yes) / No If Yes Name of most recent Psychiatric Hospital	Admission Type
GRH	Crisis	GRH	39

Legal Status

FORMAL / (INFORMAL)

If FORMAL ~~Section~~ Detail

Diagnosis

Recurrent Depressive Disorder

1. Diagnosis on Admission
2. Other Conditions

Completed by J. Bailes

Signature J. Bailes

D642604

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Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk
Date 15th August 2011
Our Ref EC/LC
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr Ghouri

Re: **Gayle Wilson Dob: 21/07/1979**
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Date of Admission: **16th July 2011**

Date of Discharge: **5th August 2011**

Legal Status: **Informal**

Diagnosis: **Borderline learning disability F70.0**
Recurrent Depressive Disorder F33.4

Medications on Discharge: **Simvastatin 40mg at night**
Fluoxetine 20mg in the morning

Plans for follow up: **Crisis Team input on discharge**
Follow up at Riverside CMHT

Presenting Complaint:

Gayle was referred to Rutherford Ward at Gartnavel Royal Hospital with suicidal ideation and unwillingness to engage with the Crisis Team. On admission Gayle stated that she had been visiting the Erskine Bridge frequently threatening to throw herself off then approaching Police officers to say that she is a missing person. She stated that she had been feeling suicidal for "ages" and said that "Life isn't worth living" although she was unsure of any specific reason for this. On admission she stated that her mood was "alright". Gayle had been doing well recently and was participating in a gardening project. However, six weeks prior to admission she admitted to her aunt that she had been raped whilst in care at the age of 11. Since opening up about the alleged assault her behaviour had become "Out of control". On one occasion she had been found at her parent's house with

a rope around her neck and had been texting her aunt to say she planned to throw herself out the window. She was refusing to co-operate with her family and they were finding it increasingly difficult to cope with her behaviour. Around this time she also stopped taking her medication.

Past Psychiatric History

Gayle has a diagnosis of Recurrent Depressive Disorder and Borderline Learning Disability. She was known to Dr Connolly at Riverside Resource Centre however Unfortunately Dr Connolly has now left Riverside therefore her care will now be taken over by Dr Hosie (Locum Consultant). Gayle has had previous admissions to Gartnavel Royal Hospital, most recently at the end of June 2011 at which time she also had suicidal ideation.

Past Medical History

High Cholesterol

Drug History

Simvastatin 40mg at night. Fluoxetine 20mg once daily (Gayle was not complying with this medication at the time of admission). She is allergic to Penicillin.

Drug and Alcohol History

Gayle currently smokes twenty cigarettes per day but denies any alcohol use. She also denies any illicit drug use.

Social History

Gayle lives with her parents who are very supportive of her. She also receives support from her aunt. She attends the Alderman Road Gardening Club three times a week and spends a lot of time on her computer. She is unemployed and receives benefits.

Personal History

Gayle was born and raised in Glasgow and has two older sisters (one 18 years older than her and the other 12 years older than her). She states that up until the age of 5 her mum was physically aggressive towards her and Gayle was taken in to care at the age of 5. She states the reason she was taken in to care was because her mother was physically violent towards her and because she did not want to go to school. Around this time Gayle spent some time at Yorkhill Hospital under the care of Dr James. She remained in care between the ages of 5 and 16. She states that at the age of 11 she was raped by a member of staff in the care home. She says that she was also raped at the age of 14 by a boy who was a few years older than her. When she was 16 years old she moved back home to live with her parents as she had "nowhere else to go". For the past two years Gayle has had her own flat however she does not use this and stays with her parents instead.

Mental State Examination

On admission Gayle was difficult to engage in conversation. She was wearing a baseball cap which she kept pulled down over her face and answered with short answers and in a monosyllabic tone. Subjectively her mood was "okay" however she also stated that she had nothing to live for.

Physical Examination

Physical examination was unremarkable.

Progress on the Ward

During her initial assessment Gayle ran out of the room and tried to leave the ward however was convinced to stay voluntarily. In the past Gayle was taking 45mg of Mirtazapine however she disliked the side effect of weight gain so stopped complying with this medication (a few weeks prior to admission). This had then been switched to Fluoxetine during her previous admission however took it for a few days then discharged herself from the ward. Gayle was settled on the ward and kept a low profile. She did not make any suicidal threats although she did admit to some suicidal thoughts. Since she had not been complying with her medication she was restarted on Fluoxetine 20mg. She was referred to the Carr Gomm project on the ward and the plan was to get Gayle back to her gardening club however she was initially reluctant to do this. It was highlighted to her the importance of getting back to her normal activities.

Whilst on pass Gayle phoned the ward stating that she was not coming back to the ward. She later phoned the ward again stating that she had taken an overdose of Nurofen tablets so was advised to attend the A & E department. That night Gayle spent the night at her sisters and returned to the ward the following day accompanied by her mother and sister. Her mother expressed concerns about Gayle's behaviour and low mood and it was agreed that the best course of action was for Gayle to stay in hospital at that time. Gayle was initially happy with this however subsequently became quite upset stating that she had two packets of Nurofen and wanted to take them ("all I want to do is die"). Since she was very upset, complaining of low mood, low self esteem and threatening to kill herself. Dr Beesley requested that Gayle was reviewed by an MHO regarding a short term detention. She was reviewed by Hazel McDonald (MHO) however at this point Gayle had calmed down and was willing to stay informally. She agreed to comply with her medication and undergo an occupational therapy assessment and engage with activities. She also agreed to engage with the physiotherapist with the view to losing some weight. It was felt that accompanied time out was appropriate.

Gayle later had an overnight pass which she coped with well and returned bright in mood. She then seemed to settle in the ward and remain brighter. She admitted that for a few days prior to that things had got out of hand but she was now feeling calmer. She started attending the gardening project again and denied any suicidal ideation. Because of this improvement she was given unaccompanied timeout. Things seemed to go well for a couple of days and she was given an overnight pass. The following day Gayle apparently text her mother stating that she was going to kill herself. The Police were

contacted and Gayle was brought back to the ward. Again Gayle seemed to settle and was allowed another pass. Gayle refused to return to the ward from pass despite concerns from her family. Crisis input was arranged and her pass was extended to Friday however Gayle did not return by this date therefore she was discharged with Crisis Team input.

I will arrange clinic follow up for Gayle at Riverside CMHT. It was noted that her blood glucose was borderline (8.0) therefore I would be grateful if you could carryout fasting blood glucose on Gayle.

Many thanks.

Yours sincerely

Dr Erica Campbell
CT1 in general adult psychiatry

Dr Russell Hosie
Locum Consultant Psychiatrist

Cc Medical Records, Gartnavel Royal Hospital

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NHS
Greater Glasgow and Clyde

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's Name	Gayle Wilson
Address	Flat 0/2 1655 Dumbarton Road Glasgow
Date of Birth	21/07/1979
Case Record Number	2107796165

Next of Kin/ Nearest Relative Details	
Name	Violet Wilson
Relationship	Mother
Address	As above.
Telephone Number	0141 563 8676

Details of stay in hospital	
Date of admission	11/07/11
Reason for admission	Recurrent depression
Ward admitted to	Rutherford
Legal status on admission	Informal
Summary of treatment received during admission	Assessment
Consultant's name	Dr Beesley
Named nurse	H. Hutton

Discharge information	
Name of Hospital	Gartnavel Royal Hospital
Hospital telephone number	0141 211 3600
Legal status on discharge	Informal
Discharged against medical advice (if yes, give details)	Yes, patient has not been on the ward since 11/07/11.
Ward discharged from	Rutherford House
Ward telephone number	0141 211 3619

Follow-up arrangements (as known at time of discharge)	
Address discharged to (if different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative, etc.)	Flat 0/2 1655 Bearsden Road Glasgow
Out-Patient appointment	To be seen by Dr Beesley 13/07/11
Venue	Rutherford Ward
G.P.	Dr Ghouri
G.P Contact details	Peel Street Surgery 11 Peel Street Glasgow G11 SLL
CPN	
Social Worker	
Social worker contact details	
District Nurse/ Health Visitor	
District Nurse Health Visitor contact details	
Medication on discharge	None.
Depot Medication prescribed	
If yes	
Additional follow-up support (e.g. home help, befriender, advocacy, input from voluntary organisations, etc.)	Crisis Team
Special Instruction/ Information/ Precautions (Related to: wound care, medication, diet, exercise, driving, return to work, etc.)	
Additional information provided (information leaflets, personal planning information, guidance notes, travel information, etc.)	

Signatures		
Staff member	RMN (student nurse) MCHN/BSc SN	Date: 13/7/11
Patient		Date:
Carer (where appropriate)		Date:

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NHS Greater Glasgow & Clyde

Discharge Form/SMR04 Data Form

Part 3 Send to Health Records after Discharge

PATIENT DETAILS

CHI Number/DOB: 2107796165 Under 18 Y / N

PIMS Number (Glasgow only): 0705814

Surname: NIHSON

Forename: GAYLE

Home Address: FLAT 0/2, 1655 DUMBARTON RD

Post Code: GLASGOW

Home Tel:

Mobile Tel:

Sex: Male/Female

Ethnic Group (Mandatory - See back for codes): 1

Marital Status: S

Next of Kin

Name: DR GILMOUR

Address: RACHSPEACE/SEU, VIOLET WILSON

Post Code:

Home Tel: MOTHER

Mobile Tel: AS ABOVE

Relationship:

Is NOK to be Involved/Informed of Care? Y / N

Named Person or other Contact Details if different from NOK

Is Contact to be Involved/Informed of Care? Y / N

GP Name/ Address

GP Name: DR GILMOUR

Address: PARK SPICE SURGERY, 11 PEEL STREET, GLASGOW G11 5LL

Telephone Number:

Admission/ Referral Details (See Back Cover for Codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
11.7.11	1330	BEESLEY	RUTH	HOME	53

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care: (Yes) / No If Yes Name of most recent Psychiatric Hospital	Admission Type
GRH	CRISIS	GRH	39

Legal Status

FORMAL / INFORMAL If FORMAL Section Detail: INF

Diagnosis

1. Diagnosis on Admission: RECURRENT DEPRESSION
2. Other Conditions:

Discharge Details (See Back Cover for Codes)

Date: 13/07/11 Time (24hr): 1145

Discharge Type: 28

Discharge to: 12

Consultant on Discharge: Dr Beesley

Ward on Discharge: Rutherford Ward

Type of Psychiatric Care Provided: 1

Aftercare Arrangements: 1+3

Legal Status on Discharge: Informal

1. Discharge on Diagnosis
2. Other Conditions
3. Other Conditions

Care Programme Approach Y / N

Completed by: SLARGEY

Signature: Sara Slargey

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NHS Greater Glasgow & Clyde

Admission Form/SMR04 Data Form

Part 1 Send to Health Records

PATIENT DETAILS

CHI Number/DOB: 2107786165 Under 18 Y / N

PIMS Number (Glasgow only): 0705814

Surname: WILSON

Forename: GAYLE

Home Address: FLAT 0/2, 1655 DUMBARTON ROAD, GLASGOW

Post Code:

Home Tel:

Mobile Tel:

Sex: Male / (Female)

Ethnic Group (Mandatory - See back for codes):

Marital Status: S

Next of Kin

Name: DR GHOURI

Address: PEEL STREET SURG. / VIOLET WILSON

Post Code:

Home Tel: MOTHER

Mobile Tel: AS ABOVE

Relationship:

Is NOK to be Involved/Informed of Care? Y / N

Named Person or other Contact Details if Different from NOK

Is Contact to be Involved/Informed of Care? Y / N

GP Name/ Address

GP Name: DR GHOURI

Address: PEEL STREET SURGERY, 11 PEEL STREET, GLASGOW G11 5LL

Telephone Number:

Admission/ Referral Details (See Back Cover for Codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
11.7.11	1330	BEGGS	RSH	HOME	53

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care: (Yes) No. If Yes Name of most recent Psychiatric Hospital	Admission Type
GRH	CRISIS	GRH	39

Legal Status

FORMAL / INFORMAL. If FORMAL Section Detail: DNF

Diagnosis

1. Diagnosis on Admission: RECURRENT DEPRESSION
2. Other Conditions

Completed by SLAFFERY Signature [signature]

D642604

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NHS Greater Glasgow & Clyde

ADMISSION
~~Discharge~~ Form /SMR04 Data Form

Part 3 Send to Health Records after Discharge

CHI Number/ DoB	2107796165	Under 18 Y / N
PIMS Number (Glasgow only)	0705814	
Surname	WILSON	
Forename	GAYLE	
Home Address	1655 Dumbarton Rd Flat 0/2	Home Tel:
Post Code	G14 9YD	Mobile Tel:
Sex	Male / Female	Ethnic Group (Mandatory – See back for codes): White
Marital Status	Single	

Next of Kin

Name	Violet Wilson
Address	5 Ashmore
Post Code	
Home Tel	
Mobile Tel	
Relationship	Mum
Is NOK to be Involved/Informed of Care? Y/N	Is Contact to be Involved/Informed of Care? Y/N

GP Name / Address

GP Name	Glasgow
Address	Reel St Medical G11 5LL

Admission / Referral Details

Date	Time of Admission to ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
28/06	1710D	Beasley	Ruth	Home	

Admitting Hospital	Referred by:	Previous Psychiatric IP care: Yes / No If Yes Name of Hospital	Admission Type
Gart	Crisis		

Legal Status

FORMAL / INFORMAL
If FORMAL Section Detail

Diagnosis

1. Diagnosis on Admission
2. Other Conditions Borderline Personality Disorder

Discharge Details

See Back Cover for Codes

Date	Discharge to:
Time (24hr)	
Type of Psychiatric Care Provided	Legal Status on Discharge
1. Discharge on Diagnosis 2. Other conditions 3. Other Conditions	Care Programme Approach Y /N

Completed by

Signature

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NHS Greater Glasgow & Clyde

Admission Form/SMR04 Data Form

Part 1 Send to Health Records

PATIENT DETAILS

CHI Number/DOB: 2107796165 Under 18 Y / N

PIMS Number (Glasgow only): 0705814

Surname: WILSON

Forename: GAYLE

Home Address: Flat d2, 1655 Dumbarton Rd.

Post Code:

Home Tel:

Mobile Tel:

Sex Male/Female: female

Ethnic Group (Mandatory - See back for codes): 1A

Marital Status: Single

Next of Kin

Name: Violet Wilson

Address: as above

Post Code:

Home Tel:

Mobile Tel:

Relationship: mother.

Is NOK to be Involved/Informed of Care? Y / N

Named Person or other Contact Details if Different from N.O.K.

Is Contact to be Involved/Informed of Care? Y / N

GP Name/ Address

GP Name: Dr Ghani

Telephone Number: 0141 334 9331

Address: Peel St medical centre, 11 Peel St

Admission/ Referral Details (See Back Cover for Codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
28/6/11	17:00	Dr Beesley	Ward.	RRC	51

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care: Yes / No If Yes Name of most recent Psychiatric Hospital	Admission Type
G.R.H.	duty CPN		39.

Legal Status

FORMAL / INFORMAL If FORMAL Section Detail: informal.

Diagnosis

1. Diagnosis on Admission
2. Other Conditions

Completed by [redacted] Signature [redacted]

D642604

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Greater Glasgow and Clyde

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's Name	GAYLE WILSON
ADDRESS	0/2 1655 DUMBARTON RD GLASGOW G14 9YD
DOB	21/07/79
Case Record Number	2107796165

Next of Kin/ Nearest Relative Details	
Name	
Relationship	MOTHER
Address	
Telephone Number	0141 563 8676

Details of stay in hospital	
Date of admission	28/06/11
Reason for admission	DETERIOTATION OF MENTAL HEALTH
Ward admitted to	RUTHERFORD
Legal status on admission	INFORMAL
Summary of treatment received during admission	MENTAL HEALTH ASSESSMENT MEDICATION REVIEW
Consultant's name	DR BEESLEY
Named nurse	HEATHER HUTTON

Discharge Information	
Name of Hospital	GRH
Hospital telephone number	0141 211 3600
Legal status on discharge	INFORMAL
Discharged against medical advice (if yes, give details)	YES = UNWILLING TO REMAIN IN HOSPITAL TO BE SEEN BY MEDICAL TEAM. SIGNED AMA FORM.
Ward discharged from	RUTHERFORD
Ward telephone number	0141 211 3619

Follow-up arrangements (as known at time of discharge)	
Address discharged to (if different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative, etc.)	
Out-Patient appointment	
Venue	
G.P.	DR GHOURI
G.P Contact details	PEEL ST MEDICAL CENTRE 11 PEEL ST, G11 5LL 0141 334 9331
CPN	
CPN contact details	
Social Worker	
Social worker contact details	
District Nurse/ Health Visitor	
District Nurse Health Visitor contact details	
Medication on discharge	NO MEDICATION SUPPLIED AS PATIENT TOOK OWN DISCHARGE
Depot Medication prescribed	
If yes when next due	
Additional follow-up support (e.g. home help, befriender, advocacy, input from voluntary organisations, etc.)	HAS BEEN REFERED TO THE CRISIS TEAM FOR SUPPORT ON DISCHARGE.
Special Instruction/ Information/ Precautions (Related to: wound care, medication, diet, exercise, driving, return to work, etc.)	
Additional information provided (Information leaflets, personal planning information, guidance notes, travel information, etc.)	

Signatures		
Staff member	[signature]	Date: 8/7/11
Patient		Date:
Carer (where appropriate)		Date:

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Glasgow City
Community Health Partnership
North West Sector

Upper Hub
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH
Tel: 0141 232 2001
Fax: 0141 232 2142
E-mail: Linda.Dalre@ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

Private and Confidential

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Date Dictated 21st July 2011
Date Typed 25th July 2011
Your Ref: LG/LD
Our Ref:

Enquiries to: Dr Laura Gilham
Extension:
Direct Line 0141 232 2001

Dear Dr Ghouri

Re: Gayle Wilson Dob 21.07.1979 CHI 2107796165
Flat 0/2 1655 Dumbarton Road, Glasgow, G1`4 9YD

Date of Admission 28.06.11

Date of Discharge 07.07.11
(See last paragraph re failed admission 11th – 13th July 2011)

Legal Status Informal

Diagnosis Borderline learning disability F70.0
Recurrent depressive disorder F33.4

Medications on Discharge Simvastatin 40 mg nocte
Fluoxetine 20 mg mane
Please note no medications were prescribed as Gail took her own discharge.

Plans for follow-up Crisis Team for support
On-going follow up at Riverside Resource Centre

Presenting Complaint

Gayle was initially referred to Gartnavel Royal after an assessment by her CPN, Charlie Stewart, where Gayle had expressed on-going suicidal ideation. Gayle had been cutting her wrists with a Stanley knife and taking increasing amounts of Diazepam. She had also put a rope around her neck but was then found by a family member. She stated that she'd been feeling like this for a few weeks and was stopping the Mirtazapine. This was discontinued due to weight gain. She had been switched to Fluoxetine but hadn't been taking it as she was concerned about side effects. Her recent decline in mood had been precipitated by a fairly recent disclosure to her aunt Rita of childhood sexual. Her aunt is the only family

member aware of it and Gayle has difficulties with her mum and blames them for putting her in care as a child.

Past Psychiatric History

Gayle has a history of recurrent depressive disorder and is known to Dr Connolly.
She also has a borderline learning disability.

Past Medical History

High cholesterol.

Drug History

Simvastatin - but she had not been taking recently.
She is allergic to penicillin.

Social History

Gayle lives with her parents and had two older sisters, who have since left home. She attends Alderman Road Gardening Club three times a week. She spends the rest of her time on the computer using social networking sites like Facebook. She has been referred for a further OT assessment to try and engage in activities such as the gym and the swimming club. She states that she has one friend at Alderman Road and is currently single with no partner.

Personal History

Gayle grew up in care homes from age 6 – 16 due to her mother being unwell. (She had a "nervous breakdown" and her father was working full time.) She finds it difficult to get on with her parents as she blames them for abuse she suffered whilst in care. She didn't do well school. She has seen a psychologist at Yorkhill but didn't get any specific assistance at school.

Drug and Alcohol

Gayle smokes 20 cigarettes per day and drinks occasional alcohol but she denies using any illicit substances.

Mental State Examination

Gayle appeared to be overweight with poor dentition. She had short cropped hair and was casually dressed. She was wearing a cap over her face when she became distressed. Otherwise, she had good eye contact and rapport, although she was occasionally tearful and talking about how she felt. She was reactive and smiling at times. Her speech was of normal rate, rhythm and volume. Subjectively, she described that she felt low and objectively she appeared to be low but was reactive. There was no evidence of formal thought disorder. She stated that she felt safe in the hospital and that she would not harm herself if she were to be admitted. There were no perceptual abnormalities and she had insight into her condition.

Physical Examination

Heart sounds were pure with no additional sounds. Her pulse was 116 and regular. Her chest was clear with no added sounds. Her abdomen was soft and non-tender and tone and power were normal in all her limbs.

Progress on the Ward

Gayle was admitted to the ward for further assessment. Whilst there, she was reviewed by the consultant, Dr Gerber. Here she described that her main problem as her mood, instability and suicidal thoughts. She described how these all related to her previous experiences. Objectively, she was relaxed and had good eye contact and reasonable rapport. She was co-operative and appropriate. . Her mood was low but objectively she was reactive and non-distressed. There was no disturbance of thought perception. Her Fluoxetine was continued and she was allowed some time out from the ward to spend with her family. On several occasions, Gayle asked to leave the ward. Initially, after further discussion she was agreeable to staying in. However, on 5th July she was adamant that she wanted to leave and was seen and assessed and not felt to be detainable and discharged against medical advice. A couple of her hours afterwards, her mother phoned and was very concerned about her discharge, stating that Gayle was still suicidal and regretted her decision to leave. She was given a pass overnight and her bed was kept open for her to return. This was the case for a couple of days, however, Gayle did not return and she was discharged on 7th July with follow-up from the Crisis Team.

Gayle was referred on the 11th July with further low mood and suicidal ideation. She attended the ward and was assessed by the junior doctor. However, mid-way through the assessment, Gayle stated that she wished to leave. She was again not felt to be detainable, and her bed remained open for a couple of days in case she changed her mind. She was contacted in the community and we were informed that Gayle was staying with her aunt and had been in contact with the Crisis Team. She remained reluctant and was once again discharged on 13th July with follow-up from the Crisis Team

If you require any further information, then please do not hesitate to contact me.

Yours sincerely

pp. S. Beesley

Dr Laura Gilham
GP St2
Trainee to Dr Sarah Beesley

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Carole Shaw
Specialist OT
Riverside CMHT

Riverside CMHT
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 20th June 2011
Our Ref MC/LC
PIMs No 0705814
CHI No 2107796165
Direct Line 0141 211 1446
Fax 0141 211 1444

Dear Carole Dr Ghauri

Re Gayle Wilson Dob: 21/07/1979
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

I met with Gayle at the outpatient clinic on 13th June 2011. One notable factor is that she continues to gain weight and I think we cannot allow this to go unchecked. I have explained to Gayle that I will make a change to her anti-depressant medication after having gone through her previous case file in a bit more detail. In the interim I think it would be helpful if she could be assessed for either the Badminton group or the gym and swim group. Gayle visibly perked up when I put these to her. I think she is acutely aware of her weight gain and although she does attend Alderman Gardens three days a week as a volunteer she could do with a bit more opportunities for socialisation. This referral though is aimed at responding to both her weight gain which is most likely contributed by Mirtazapine and her social needs. I appreciate there maybe a delay but would be grateful if this could be prioritised. I am aware that you know Gayle well from previous contacts.

Once I have checked her case notes I will fax her GP Dr Ghouri with a prescription request. Her next outpatient review will be in about two months time but as you are aware that will be with my successor as I will shortly be moving on from Riverside.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

Cc Dr N A Ghouri, Peel Street Medical Centre, 11 Peel Street, Glasgow, G11 5LL

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Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

Riverside Resource Centre
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

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Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Date 1st March 2011
Your Ref
Our Ref **MC/CM**
PIMs No **0705814**
CHI No **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Ghouri

Re Gayle Wilson DOB 21.07.1979
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Diagnosis **Borderline Learning Disability F70.0**
Recurrent Depressive Disorder (currently in remission) F33.4

Medication **Mirtazapine 30mg at night**

Follow Up **Outpatient clinic appointment in 6 months**

I met with Gayle again at the end of January 2011. She had been seen by my ST6 trainee, Dr Neil Masson, but requested transfer back to my outpatient clinic.

She appears to be fairly stable at present. She attends the Alderman Gardens Project 3 days per week and appears to enjoy this. She has given up her flat and she is back living with her mum. Other than this she remains somewhat isolated, but keeps herself busy with Bebo and Facebook on her laptop and also continues to follow Rangers. She had been seen by one of our CPN's, but there is no ongoing need for regular CPN input.

In terms of her mental state, she acknowledged that she definitely feels better on her medication. There have been no episodes of self-harm since October and her mental state at interview was unremarkable. I have asked her to continue with things as they are and will keep her under review.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

Riverside Community Mental Health Team
The Centre for Health & Care
547 Dumbarton Road
Glasgow
G11 6HU
www.nhsgg.org.uk

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Dr Bhatti
Peel Street Medical Practice
11 Peel Street
GLASGOW
G11 5LL

Date 4.10.10
Your Ref
Our Ref JW / IB
PIMS No: **0705814**
CHI No: **2107796165**
Direct Line 0141 211 1430
Fax 0141 211 1444
Email

Dear Dr Bhatti

Re: Gayle Wilson, DOB 21.7.1979
0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Thank you for referring the above named patient.

I have enclosed a copy of my assesment for your records.

Yours sincerely

June West
Community Psychiatric Nurse

Enc.

Adult Mental Health - Specialist Shared Assessment

Personal Details

(* Mandatory Information Required on Referral)

CHI N°:	2107796165	Carefirst N°:		PIMS N°:	0705814
*Surname:	Wilson	Preferred Name:			
*First Name:	Gayle	Alias:			
*Address & Post Code:	0/2, 1655 Dumbarton Road Glasgow G14 9YD				
*Telephone N°:	563 8676	*Mobile No:	07909 706659		
*Date Of Birth:	21.7.79	*Gender:	Female		
Ethnicity:	White	NI Number:		Spiritual Need:	

Nationality :	Scottish	Preferred Language:	English	*Need For Interpreter:	NO
Method of Communication:	Verbal			Sensory Impairment:	NO
Asylum Status: If Relevant	N/A			Care Programme Approach:	NO

*Alerts e.g. Allergies, history of violence, ...

Allergy to penicillin.

*Name of Referrer:	Dr Bhatti	*Date of Referral:	25.6.10
*Designation or Relationship to Person Referred:	GP	*Agreement to Referral?	YES
*Reason For Referral:	Lost to follow-up.		

Statutory Events

*Diagnosis 1:	F70 - Borderline Learning Disability.	Named Person: (If appropriate)	NO
*Diagnosis 2:	F33.4 – Recurrent Depressive Disorder	Advanced Statement Included:	YES If yes Please give details of location & who holds a chronological account of care
Certificate of Incapacity:	☐YES NO☐	*Current Legal Status:	

*AWI/MH Act	Date Applied	End Date	Comments
N/A			

Adult Mental Health - Specialist Shared Assessment

Accommodation Type:	Flat	Tenure Type:	
Landlord Details:		Controlled Door Entry:	YES
Household Composition:	Lives with her parents.		
Known Risk Issues:			

Contact Information

Main Carer			
Name:	Violet Wilson	Address: A/A Postcode:	
Telephone:	A/A		
Mobile:	07899 024630	Relationship:	Mother
Next of Kin:	YES	Frequency of Contact:	Daily
If this person is unavailable will there be a requirement for additional services?			NO

Other Significant Contact			
Name:		Address:	
Telephone:		Postcode:	
Mobile:		Relationship:	
Next of Kin:	☐YES NO☐	Frequency of Contact:	

Key Holder			
Name:		Address:	
Telephone:		Postcode:	

Next of Kin			
Name:		Address:	
Telephone:		Postcode:	

Nearest Relative			
Name:		Address:	
Telephone:		Postcode:	

No Contact Requested With

Name:		Address:	
Relationship:		Postcode:	
Telephone:			
Reason:			

Adult Mental Health - Specialist Shared Assessment

Professional Contacts

GP		
Name:	Dr Ghouri	Address: 11 Peel Street
Telephone:	334 9331	Postcode: G11 5LL

Independent Advocate		
Name:		Address:
Telephone:		Postcode:

Current Services/Professional Contacts

Name	Telephone Number
1. Dr Masson	211 1430
2.	
3.	
4.	
5.	
6.	

*Medication at Time of Referral

Name	Dose	Route	Frequency
1. Mirtazapine	30mg	Oral	1 at night
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Medication Compliance/Reasons For Non-Compliance

Medication stopped by ?
Has taken medication erratically but is now taking it regularly.

What is the person's perception of their presenting circumstances?

"Feel ok just now but that can change".

What is the Carer's Perception of the Person's Presenting Circumstances?

Feels Gayle's mood swings are difficult to handle. Difficult motivating Gayle to attend to personal hygiene, but feels when Gayle is stable when she is on medication.

Personal & Family History (including Current Social Circumstances)

Late baby – difficult birth.
Difficult to manage as a small child – didn't sleep.
Schooling was at a residential school due to Gayle's behaviour at home.
Consequently was placed in a children's home after refusing to go back to school in March 1993.
Many recorded incidents of DSH by overdosing.
Currently living with her parents after being unable to sustain her own tenancy.

Adult Mental Health - Specialist Shared Assessment

Child Information

Name of Child 1:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐
Name of Child 2:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐
Name of Child 3:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐
Name of Child 4:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐
Name of Child 5:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Agencies Involved

Social Work Child & Families Team ☐
Health Visitor ☐
School/Nursery ☐
Mental Health Practitioner ☐
Other (please specify below) ☐
None ☐

Child Name	Contact Name	Professional Title	Telephone Number

Impact of Mental Health on Parenting and/or Potential Risk to Children

Psychiatric History

Long history of being involved with psychiatric services prior to adolescence.

General Health Issues

General health good.

Registered Disabled?	NO	If Yes please specify	

Capacity Issues

Has capacity been formally assessed in relation to:

1. Medical Treatment? Yes ☐ No x
2. Ability to manage Finances? If No please go on to question 3, Yes x No ☐
   - Financial intervenor? Yes ☐ No ☐
   - Does anyone hold financial guardianship? Yes ☐ No ☐
   - Intromission with access to funds? Yes ☐ No ☐
3. Ability to manage personal Welfare Matters? Yes x No ☐

Adult Mental Health - Specialist Shared Assessment

Welfare intervenor? Yes ☐ No ☐

Welfare power of attorney? Yes ☐ No ☐

Does anyone hold formal proxy powers/welfare guardianship? Yes ☐ No ☐

Finances

Does the person have difficulty managing finances?	Yes ☐	No x
Does anyone assist with financial matters?	Yes ☐	No x
Has a welfare benefit assessment been completed?	Yes ☐	No x

Current Income (please tick all that apply)

Employed	☐	Disability Living Allowance (Mobility)	x
Occupational Pension	☐	Disability Living Allowance (Care)	x
Statutory Sick Pay	☐	Housing Benefit	☐
Income Support	x	Council Tax Benefit/Exemption	☐
Incapacity Benefit	☐	Carer's Allowance	☐
Other (Please specify)	☐	Family Tax Credit	☐

Meaningful Activity/Occupation/Employability/Interests

Attends the gardening project but hasn't been for last 2 weeks – "can't be bothered".
Plays computer games.

Personal Strengths

Could not identify any.

Alcohol History/Current Usage

Does not drink – never has.

Drugs/Substance Abuse History/Current Usage

Denies any history of drug use.

Smoking History/Current Usage

20 cigarettes a day.

Forensic History

No.

Pre Morbid Personality

Difficult behaviour since early childhood.

Appearance & Behaviour

Casually dressed, relaxed.

Speech

Normal in rate, rhythm & tone.

Mood & Affect

Mood ok.
Affect ok.
Mood swings when not on medication.

Thought Content

No evidence of formal thought disorder.
Was unhappy with her consultation with Dr Masson. Feels he doesn't believe her, however this appears to be a recurrent theme with previous health professionals.

Adult Mental Health - Specialist Shared Assessment

Perceptions
No evidence of any psychotic symptoms.

Cognitive Functioning
Low range IQ. Diagnosed with mild learning difficulties.
Memory ok.
Concentration poor but does not appear related to mood.

Insight
Aware that she requires to take medication.

Sleep Pattern
No issues with sleep pattern but relates this to medication.

Nutrition
No issues but is overweight which does not appear to be of any consequence to her.

Assessment of Risk

Suicide/Self Harm Risk
Past suicidal thoughts and self harm but not since June 2010.

Protective/Risk Factors
None identified.

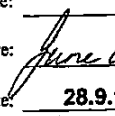
Has The Person Actively Contemplated Suicide/Suicide Plan?
Will take off for 2-3 days walking the streets – not sleeping, contemplates suicide.

Previous Suicide Attempts/Self Harm
Last time – 18 months ago, tried to hang herself.

Previous History of Violence or Harm to Others
No.

Vulnerability/Neglect/Other
Neglect personal care when stopping medication.

Person's Expectations of Service
Wants to have a link to mental health services.

Completed by:
Name: June West Designation: CPN
Signature: 
Date: 28.9.10

Counter signed by:
Name: _____ Designation: _____
Signature: _____
Date: _____

Adult Mental Health - Specialist Shared Assessment

Summary of Assessment & Initial Intervention Plan

CHI Number:	2107796165
Patient's Name:	Gayle Wilson
Address:	0/2, 1655 Dumbarton Road Glasgow G14 9YD
Telephone Number:	563 8676
Referrer Name & Designation:	Dr Bhatti, GP

CMHT Name:	Riverside CMHT
CMHT Address:	Riverside CMHT The Centre for Health & Care 547 Dumbarton Road Partick G11 6HU
Telephone Number:	211 1430
Date Referral Received:	25.6.10

Date of Allocation	Date Assessment offered:	Date Assessment Completed:
29.6.10	3.9.10	28.9.10

ICD 10 code Primary:		ICD 10 code Secondary:	
HoNOS:		ICD 10 code Secondary2:	

Other Rating Scales Used	
Name:	Outcome:
Name:	Outcome:

Formulation

Assessment of a 31 year old lady who was referred back to Riverside by her GP as she had complained of being lost to follow-up.
She has a diagnosis of recurrent depressive disorder, currently stable.
She is socially isolated but does attend a gardening project 3 times per week but she has not been for the last 2 weeks – stated she "can't be bothered".
No depressive symptoms at assessment.
Her mum was in attendance at assessment and was keen for her daughter to be follow-up up by psychiatric services.

Background/Contributory Factors

Lost to follow-up.

Risk Factors and Interventions

Gayle has had a medical review and will be followed-up with regular medical appointments. No other input.

Other Identified Needs/Interventions

Completed by:

Name: (Please Print) **June West** Designation: **CPN**

Signature: June West

Date: **28.9.10**

Counter signed by:

Name: (Please Print) _____ Designation: _____

Adult Mental Health - Specialist Shared Assessment

Signature: _____

Date: _____

GLASGOW RISK SCREEN

NHS Greater Glasgow and Clyde

Patient: GAYLE WILSON.	Chi No & DOB: 2107796165	PIMS No: 0705814
Legal Status: Informal ☐ Detained ☐ Community Order ☐	Ward / Dept / CMHT: RIVERSIDE.	

Context of Assessment: Inpatient admission: ☐ Initial engagement with service: ☑ Engagement with Crisis Services ☐
MDT / C.P.A. review: ☐ Annual review: ☐ Significant change in presentation / circumstances: ☐
Transfer to other aspect of service: ☐ Other: ☐ Specify.... Re-Referral

- This document should form an integral part of a comprehensive mental health assessment and care planning process. The factors listed below are not necessarily in any ranked order.
- This tool does not presume to be an exhaustive list of safety issues / risk factors. It is merely an aide memoir to inform clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (eg. out of hours), the screening and formulation should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).

Suicide/Self-Harm	✓	Violence	✓	Other Risk Factors	✓
HISTORICAL and SITUATIONAL FACTORS					
S1. Previous self-harm	✓	V1. Previous violent acts		O1. Vulnerable due to learning disability	✓
S2. Use of violent methods	✓	V2. Use of weapons		O2. History of exploiting others	
S3. Mental illness diagnosed or diagnosis uncertain	✓	V3. Previous admission to secure units		O3. History of social, financial or sexual exploitation	✓
S4. Socially isolated	✓	V4. Convictions for violence / assault		O4. Previous history of falls	
S5. Past diagnosis of personality disorder, or known impulsivity	✓	V5. Past diagnosis personality disorder / psychopathy / known impulsivity		O5. History of self-neglect / neglect of others – children or other dependents	✓
S6. Major physical illness		V6. Alcohol or drug misuse		O6. Lacks basic housing amenities	
S7. Alcohol/drug misuse		V7. Male under 35		O7. Previous known fire risk	
S8. Family history of suicide		V8. Prior supervision failure		O8. Socially or culturally isolated	✓
S9. Previous treatment non-adherence	✓	V9. Previous treatment non-adherence		O9 Eating disorder	
SHORT-TERM/OTHER PRECIPITATING FACTORS					
S10. Planning suicide		V10. Intoxicated		O10. Difficulty communicating needs / views	
S11. Access to lethal method		V11. Acute positive psychosis		O11. Comprehension difficulties	
S12. Hopeless / helpless		V12. Violent fantasies		O12. Confusion or disorientation	
S13. Recent major loss		V13. Identified target		O13. Sexually disinhibited or aggressive	
V14. Recent psych hospital discharge		V14. Access to weapons		O14. Significant financial problems	✓
S15. Current / recent treatment non-adherence		V15. Current / recent treatment non-adherence		O15. Current self-neglect	
PROTECTIVE FACTORS					
S16. Willing to respond to advice/carers	✓	V16. Willing to respond to advice		O16. Willing to respond to advice/carers	✓
S17. Has close relationship	✓	V17. Appropriate services available		O17. Appropriate services available	✓
S18. Religious beliefs					

Summary Formulation: - *Including safety concerns identified, context, protective factors or strengths:*

Past Diagnoses

Impulsivity

Identified risk of suicide / self harm

Date of screening: 3-9-10 Confirm Risk Management Plans are recorded in case notes *(see overleaf)*: ☐

Screening completed by: Print name: JUNE WEST Signature June West

Designation CPN.

Screening discussed with:
Patient ☑ Carer ☑ Consultant ☐ Other Dr. ☐ CPN ☑ Ward Nurse ☐ Social Work ☐

Occupational therapy ☐ Psychology ☐ Pharmacy ☐ Other ☐ specify.....

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

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Dr Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Resource Centre
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 03.09.10
Your Ref
Our Ref **NM/SW**
PIMs No **0705814**
CHI No **2107796165**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Bhatti,

Re Gayle Wilson DOB 21.07.1979
0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Diagnosis F70 Borderline Learning Disability
F33.4 Recurrent Depressive Disorder (currently in remission)

Medication Mirtazapine 30mg nocte

Follow Up Out Patient Clinic 2.2.11 at 2pm
CPN Assessment 3.9.10

Following your referral, I assessed this 31 year old single lady with a borderline learning disability at Riverside CMHT on 31st August 2010. She told me she had not received opt in letters from Riverside which precipitated her discharge which is why she had gone back to the practice. When the practice tried to stop her Mirtazapine several months ago she noticed that her moods, appetite, sleep, suicidal thoughts and self care deteriorated off them. She has now been back on Mirtazapine since then with subsequent improvements. She says she tends to stop medications when she feels well but she has now realised she needs to stay on them more long term. She denied any depressive symptoms. She said her family are happy with her current functioning. She attends Alderman Road Community Project three days per week. She does gardening there and enjoys it. Out with these days she tends to stay indoors and use her laptop. Ms Wilson lives at home with her parents, Violet (67) and Campbell (70). She denied any psycho-social stressors at present and feels happy with life. She did not want to be involved in any other projects at present.

Ms Wilson says she last took an over dose in November 2009 when she lived in her own tenancy. She said the door was kicked in police and she was taken to the Western Infirmary but discharged herself. Since then she decided to move back home with her parents. She has no plans to move out. She described one episode of self harm at the start of the year. She described cutting herself since her teens in response to stress.

I note there is a past history of a borderline learning disability (IQ>70). She has also been noted to have recurrent depression. She has been in touch intermittently with Riverside for the past ten years. She was discharged for non attendance of appointments.

Mental State Examination
She presented as an overweight lady who was androgynous in appearance. She wore appropriate, clean, oversized clothes. There was no evidence of self neglect or psychomotor retardation. She was initially a bit resistant to talk but became more friendly and spontaneous. Her speech was normal on all spheres and she objectively scored her mood as 10/10. Affect was reactive. She denied any suicidal thoughts for several months. There was no evidence of any psychotic disturbance. Her insight was unimpaired.

She said she was only able to write her name and read simple items. She can read a watch and handle currency.

Impression and Plan
This 31 year old lady with borderline learning disability and recurrent depressive disorder is currently in remission from her depressive illness. I understand the practice had tried to take her off her Mirtazapine but her depressive symptoms returned. I have advised her to stay on Mirtazapine for a few years before trying to come off it slowly. She is in agreement with this. She denies any side effects from it but I note her weight today is 110kg. She denies any weight gain since starting the Mirtazapine but obviously this may impair her ability to lose weight. I mentioned swimming and cycling and she seemed reluctant to engage in any physical activity but at least she attending the gardening project regularly. We also discussed diversionary tactics for when she feels like self harming.

I have arranged another appointment for 6 months time. She tells me she has an appointment for a CPN assessment this week and I will try and liaise with whoever is doing that assessment.

Yours sincerely



Dr Neil Masson
ST5 in Psychiatry

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7855922**	Receive Date:	**7-Feb-2026 19:07**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (46 years)**	Gender:	**F**
Address:	**'1-1 37A Dowanhill Street Glasgow G11 5RN**	Current Address:	**Flat 1/1 37A Dowanhill Street G11 5RN**
Return Contact No:			
Tel No:	**07890 536856**		**07890 536856**
Mobile No:	**07490 319509**		
Priority:	**within 4 hours**	Call Origin:	
Received:	**7-Feb-2026 19:07**	Calltype:	**Advice**
Advised:	**19:27**	Arrived PCC:	
Final Cons start:	**7-Feb-2026 22:10**	Final Cons End:	**7-Feb-2026 22:24**
Consulting Doctor:	**Thomas Gilhooly**	Own doctor:	

CHI Number:
2107796165

Reported Condition:
WORSENING RIGHT SIDED CHEST PAIN 2 HRS/PAIN GOING DOWN ARM 9 HRS

NHSD details:

Received By -	**Alison Paterson (Nhs 24) (Callhandler) (Cardo**
Triage Start Time -	**7-Feb-2026 19:07**
Triage End Time -	**7-Feb-2026 19:28**

Clinical Summary - **Clinical summary created by: Alison Paterson (Nhs 24) (Callhandler) () [07/02/2026 19:07:21]**
Reason for call: WORSENING RIGHT SIDED CHEST PAIN 2 HRS/PAIN GOING DOWN ARM 9 HRS
Confirmed symptom(s): Chest pain
Additional details of problem: Constricting band in chest Crushing discomfort in chest Pain radiating to jaw or upper back or neck or an arm Heaviness, pressure or tightness in chest Constant chest pain for less than 12 hrs Chest pain worse with a deep breath Chest pain worse with coughing Chest pain worse with movement Associated Features/Red Flags Changes in normal skin colour Palpitations
Symptom(s) not found: No current fever No pain moving through to the

back No pain between shoulder blades No changes in normal breathing pattern Not feeling cold and sweaty Not nauseated or vomiting Not feeling lightheaded or dizzy No chest injury in last 24 hours
Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country
20260207T192759.698 GMT Brian Murphy (NHS 24):RIGHT SIDED CHEST PAIN FOR 2 DAYS, WORSE IN THE LAST 2 HRS. HAD THESE SYMPTOMS IN THE PAST, HAS PERIEARDITIS. LIVES IN SUPPORTED ACCOMODATION. CHEST PAIN AT FRONT OF CHEST. SLIGHT CONSTRICTING BAND IN CHEST. PAIN RADIATING TO BACK OF SHOULDER & RIGHT ARM. HEAVINESS IN CHEST. NAUSEA EARLIER, NOW RESOLVED. COLOURING PALE. SLIGHT PALPITATIONS. GP HV 4 Outcome: Home Visit within 4 Hrs

Questions -

Algorithm: Keyword Search

Keyword 1:
[X] Chest Pain

Keyword 2:
[X] Arm

Keyword selected
[X] Chest Pain

Algorithm: Risk Assessment

Is this call from a Nursing or Care Home?
--NO

Do you have fever?
--NO

Have you been outside Europe in the last 21 days?
--NO

Algorithm: Protocols Used

Guideline used
[X] Safety Questions Protocol - Adult 5

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Algorithm: Safety Questions Protocol Adult 5

Does the patient have pain in their chest, either front or back?
--YES

Constricting band in chest
--YES

Crushing discomfort in chest
--YES

Pain radiating to jaw or upper back or neck or an arm
--YES

Pain moving through to the back
--NO

Heaviness, pressure, tightness in chest
--YES

Pain between shoulder blades
--NO

Changes in normal breathing pattern
--NO

Feeling cold and sweaty
--NO

Feeling nauseated or vomiting
--NO

Changes in normal skin colour
--YES

Duration of pain
[X] Constant for less than 12 hrs

Feeling light headed or dizzy
--NO

Palpitations
--YES

Worse with a deep breath
--YES

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Worse with coughing
--YES

Chest injury in the last 24 hrs
--NO

Worse with movement
--YES

Algorithm: Protocols Used

Last Guideline used in the recommendation
[X] Safety Questions Protocol - Adult 5

Disposition Contact GP Practice within 4 Hours (as soon as possible)

Final Consultation details:

Consultation Start - **7-Feb-2026 22:10**

Consultation Finish - **7-Feb-2026 22:24**

Consulting Clinician - **Gilhooly,Thomas**

History - **patient diagnosed with pericarditis in Jan**
now presenting with a similar pain right sided radiating to back and arm
in view of hx needs assesement with medics
arrange ambulance emergency response ref no 12935539

Clinical Codes - **R065. Chest pain**

Followups:
Ambulance called

Clinical Codes Summary (All Consultations):

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R065. Chest pain

Case Questions:

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24?	**No**
Do you agree with the case type determined by NHS 24?	**Ambulance**
Do you agree with the case priority determined by NHS 24?	**Should have been seen sooner**
Please provide any other pertinent feedback.	**patient has a hx of pericarditis and is presenting with chest pain, not appropriate for GP OOH**
Does this require urgent feedback to NHS 24	**No**

[redacted]

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7557105**	Receive Date:	**17-Feb-2025 18:00**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (45 years)**	Gender:	**F**
Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07890 521261**		**07890 521261**
Mobile No:			
Priority:	**within 1 hour**	Call Origin:	
Received:	**17-Feb-2025 18:00**	Calltype:	**Remote Consultation**
Advised:	**18:15**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Marguerite Ferrier**	Own doctor:	**Georgi Georgiev**

CHI Number:
2107796165

NHSD details:

Receptionist:
TAKEN 12 IBUPROFEN - 1.5 HRS
DPP2 Speak to clinician within 1 Hr
Clinical summary created by: Ammarah Ahmad (Pharmacist) () [17/02/2025 18:15:39] Reason for call: TAKEN 12 IBUPROFEN - 1.5 HRS 17:02:2025 18:00:45 LAWRENCEG1.. SUPPORT WORKER CALLING FOR PT. PT HAS TAKEN 12 IBUPROFEN TABLETS 1.5 HRS AGO.. 17:02:2025 18:14:43 AHMADA2.. PT TAKEN X12 IBUPROFEN 200MG 1.5 HRS AGO. NIL SYMPTOMS. TAKEN AS SELF HARM BUT REFUSING TO GO TO A&E. SUPPORT WORKER WITH PT AT MOMENT. OUTCOME: SPEAK TO CLINICIAN1 HR.. Outcome: Speak to clinician within 1 Hr

Triage details:
History - **Remote TT**
s/w support worker Lawrie and prev enctrs/portal/ecs/spec notes viewed background EUPD, mild LD, lives in supported accommodation

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long hx impulsive od's or alleged od's

pt text sister tonight to say she had taken 12x200mg ibuprofen at 4.30pm (2 hrs ago)
staff have seen empty packets, unsure if taken
asymptomatic
asked if she felt suicidal by support staff and clearly answered no, unsure why took the tabs - had been having a bit of a bad day mood wise, no specific triggers, longstanding unhealthy coping mechanism
overall recently last 2/12 has been doing much better, working with staff, established a weekly routine
agrees tonight has a lot to live for

last documented weight 07/23 - 90kg, hasn't lost weight as far as staff aware, state she is significantly overweight
ingested 2400mg ibuprofen
tox dose 100mg/kg = 9000mg so taken a good bit less than toxic dose
reassured staff no need for ED unless develops sx and would need reassessed

Diagnosis - **impulsive od on background of repeated sim events and diag LD, EUPD**

Treatment - **known to Riverside RC - advised to contact them to s/w duty CPN if any ongoing concerns re MH/risk of DSH**

Followups:
Other

Clinical Codes:
E21.. Personality disorders T8... Accidental poisoning by drugs

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7517654**	Receive Date:	**3-Jan-2025 14:30**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (45 years)**	Gender:	**F**
Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07890 521261**		**07890 521261**
Mobile No:			
Priority:	**within 1 hour**	Call Origin:	
Received:	**3-Jan-2025 14:30**	Calltype:	**Advice**
Advised:	**14:57**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Georgi Georgiev**

CHI Number:
2107796165

NHSD details:

Receptionist:
OVERDOSE 15HRS
DOC1 Dr to phone patient within 1 Hr (Disputed Outcome)
Clinical summary created by: Christine Bryson (Call Taker SI) () [03/01/2025 14:59:38] Reason for call: OVERDOSE 15HRS 03:01:2025 14:31:35 BRYSONC.. LORRI SUPPORT WORKER ON PHONEPT TOOK 14 NUROFEN ABOUT 11PM LAST NIGHTREFUSING TO GO TO A&E.. 03:01:2025 14:51:50 PACEWICZA.. DELIBERATE SELF HARM TOOK 14 NUROFEN TABS LAST NIGHT?TIME FRAME-NOT EATING/DRINKING-FEELING BURNING UPPER ABDO PAIN AND TO LEFT SIDE. REFUSING A&E OR SAS INTERVENTION-SPEAK TO DR DISPUTED OUTCOME 1HR.. Outcome: Dr to phone patient within 1 Hr (Disputed Outcome)

Followups:
Patient Did Not Attend

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7517685**	Receive Date:	**3-Jan-2025 16:13**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (45 years)**	Gender:	**F**
Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07890 521261**		**07890 521261**
Mobile No:			
Priority:	**999/Emergency**	Call Origin:	
Received:	**3-Jan-2025 16:13**	Calltype:	**Ambulance**
Advised:	**16:28**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Georgi Georgiev**

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 11690927 OVERDOSE 15HRS
EMGI 999 contacted - For information only
Clinical summary created by: Anne Pacewicz (Clinical Nurse) () [03/01/2025 16:29:40] Reason for call: SAS Ref: 11690927 OVERDOSE 15HRS 03:01:2025 16:14:25 BRYSONC.... LORRI SUPPORT WORKER ON PHONEPT TOOK 14 NUROFEN ABOUT 11PM LAST NIGHTREFUSING TO GO TO A&E.. 03:01:2025 16:23:46 PACEWICZA.. CALL BACK TO PT AND SUPPORT WORKER AS NO DISPUTED OUTCOME DR IN HRS.CALLED BACK TO DISCUSS NEED FOR REFERRAL TO SAS, DESPITE PT RESISTANCE.INFORMED SUPPORT WORKER CARE BEING REFERRED OVER TO SAS-999.. Outcome: 999 contacted - For information only

Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7451884	Receive Date:	21-Oct-2024 14:08
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (45 years)	Gender:	F
Address:	0/1 37A Dowanhill Street Glasgow G11 5RN	Current Address:	1/1 37A Dowanhill Street Glasgow G11 5RN
Return Contact No:			
Tel No:	07890 521261		07890 521261
Mobile No:			
Priority:	999/Emergency	Call Origin:	
Received:	21-Oct-2024 14:08	Calltype:	Ambulance
Advised:	14:25	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Georgi Georgiev

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 11437264 THIRD PARTY. SUPPORT WORKER RE. PT. 16 X 200MG NEUROFEN 10.30-11.00PM. NO SYMPTOMS.
EMGI 999 contacted - For information only
Clinical summary created by: John Evans (Pwp Call Taker) () [21/10/2024 14:25:32] Reason for call: SAS Ref: 11437264 THIRD PARTY. SUPPORT WORKER RE. PT. 16 X 200MG NEUROFEN 10.30-11.00PM. NO SYMPTOMS.Confirmed Symptom(s): No Confirmed Symptoms History and Mental state: Main problem: THIRD PARTY CALL. SUPPORT WORKER REPORTED PT TAKEN 16 X 200MG NEUROFEN TABLETS LAST NIGHT BETWEEN 220:30-23:00 HOURS. Engagement with services: NOT ASSESSED. Medication: NOT ASSESSED. RAG History and mental state: Red Call Detail(s): Clinical supervisor: Hutchison Sarah HUTCHISONS Cardonald Endpoint Management Selected (CT) 21:10:2024 14:28:25 EVANSJ1.. THIRD PARTY CALL. SUPPORT WORKER REPORTED PT TAKEN 16 X 200MG NEUROFEN TABLETS LAST NIGHT BETWEEN 220:30-23:00 HOURS. DW MHNP SARAH HUTCHISON... PT REFUSED OFFER TO BE TAKEN TO A&E BY SUPPORT WORKER. PT STATED WOULD REFUSE TO GO TO A&E BY AMBULANCE. CARE PASSED

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TO SAS. WORSENING STATEMENT GIVEN. ENDPOINT: 999 - AMBULANCE AS SOON AS POSSIBLE... SAS INCIDENT NUMBER: 11437264... Outcome: 999 contacted - For information only

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Followups:
None

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7415028**	Receive Date:	**7-Sep-2024 19:57**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (45 years)**	Gender:	**F**
Address:	**0/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**0/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07890 521261**		**07890 521261**
Mobile No:			
Priority:	**999/Emergency**	Call Origin:	
Received:	**7-Sep-2024 19:57**	Calltype:	**Ambulance**
Advised:	**20:23**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Georgi Georgiev**

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 1129994 OVERDOSE. 1 HOUR AGO
EMGI 999 contacted - For information only
Clinical summary created by: Bradley Farrant (Pwp Call Taker) () [07/09/2024 20:23:46] Reason for call: SAS Ref: 1129994 OVERDOSE. 1 HOUR AGOConfirmed Symptom(s): No Confirmed Symptoms Call Detail(s): Clinical supervisor: Jarvie Iain JARVIEI1 Cardonald Endpoint Management Selected (CT) 07:09:2024 20:18:25 FARRANTB.. SUPPORT WORKER CALLING TOOK 16 NEUROFEN. NO PAIN OR DISCOMFORT RIGHT NOW. PT DID NOT KNOW IF THEY DID THIS TO END THIER LIFE. NO OTHER HARM DONE TO SELF... NO DRUGS OR ALCOHOL TAKEN. SUPPORT WORKER DOES NOT DRIVE. WEIGHT 14 STONE. NO FOOD ALL DAY. PT REFUSED TO COMMUNICATE. PT STATES THEY DO NOT KNOW IF THEY PLAN TO HARM THEMSELVES MOVING FORWARD... PT HAS PRN DIAZAPAM. PT STATES THEY WOULD RATHER ACCESS THIS THAN GOING AND TAKIGN 16 MORE NEUROFEN. SUPPORT WORKER - LAURIE - WITH PT RIGHT NOW... DW I JARVIE PT STATED THEY DID NOT WANT TO ENGAGE AND THERE WAS NO OTHER WAY TO GET PT TO HOSPITAL

TONIGHT OTHER THAN AN AMBULANCE. SAS NO - 1129994. 999 AMBULANCE.. Outcome: 999 contacted - For information only

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Followups:
None

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7175210	Receive Date:	14-Dec-2023 23:34
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (44 years)	Gender:	F
Address:	1/1 37A Dowanhill Street Glasgow G11 5RN	Current Address:	8 Earl Street Glasgow G14 0AX
Return Contact No:			
Tel No:	0141 530 1149		0141 530 1149
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	14-Dec-2023 23:34	Calltype:	NHS24 Advised (Info Only)
Advised:	23:47	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
NO MEDICATION FOR MORNING. STAFF REFUSING WHILST PT AWAY. SCAI Patient given self care advice - For Information Only
Clinical summary created by: Bethany Griffith (Pwp Call Taker) () [14/12/2023 23:47:20] Reason for call: NO MEDICATION FOR MORNING. STAFF REFUSING WHILST PT AWAY.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Mental state: Medication: AS PER ECS. STATES NONE FOR TOMORROW. RAG History and mental state: Green Main problem: MEDICATION ISSUE. SUPPORTED ACCOMODATION - STATES STAFF HAVE TAKEN ALL MEDICATION OFF HER AND HAVE REFUSED TO GIVE HER MEDICATION WHILST STAYING AT NEICES A WHILE DUE TO HX OF OVERDOSE. PT HAS NO DOSE FOR TOMORROW. STATES ALSO THEY HAVE NOT GOT MAR SHEET FOR SIGNING OFF WHEN PT TAKES MEDS. Engagement with services: NOT ASSESSED. PSYCHIATRIST IN HX. Public protection considerations: Harm to others risk: NIL RAG Adult protection: Green RAG Child protection: Green RAG Harm

to others: Green Adult protection: NIL Child protection: NIL Suicide or self-harm: RAG Self-harm: Green RAG Suicide: Amber Self-harm risk: NO DSH, NO THOUGHTS. Suicide risk: STATES NO SUICIDAL THOUGHTS CURRENTLY. HX OF OVERDOSE A COUPLE MONTHS AGO. Risk from substance misuse: Substance abuse risk: NIL RAG Risk from substance misuse: Green Call Detail(s): Call reason: Medication issue Clinical supervisor: Boyd Allison BOYDA Cardonald 14:12:2023 23:48:17 GRIFFITHB.. PT FRUSTRATED AS STAFF AT SUPPORTED ACCOMODATION REFUSING TO GIVE PT HER MEDICATION TO TAKE AWAY WITH HER WHILST SHE STAYS AT HER NEICES. THIS DUE TO RECENT OVERDOSE... PT REPORTS NO RISKS TO SELF OR OTHERS TONIGHT. ADVISED THIS IS ISSUE TO TAKE UP WITH STAFF/ DR. ADVISED TO RETURN FOR THIS IN THE MORNING AS OOH CLINICIAN WOULD NOT PRESCRIBE WHEN MEDICATION IS AVAILABLE AT HOME... PT ALSO STATES STAFF DO NOT HAVE MAR SHEET TO RECORD MEDICATION INTAKE. ADVISED TO TAKE THIS UP AGAIN WITH CARE COMPANY... PT DID NOT WANT TO DISCUSS ANYTHING FURTHER. WORSENING STATEMENT GIVEN. DW MHNP ALLISON BOYD. OUTCOME - SELF CARE... Outcome: Patient given self care advice - For Information Only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7142151	Receive Date:	7-Nov-2023 16:38
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (44 years)	Gender:	F
Address:	1/1 37A Dowanhill Street Glasgow G11 5RN	Current Address:	1/1 37A Dowanhill Street Glasgow G11 5RN
Return Contact No:			
Tel No:	0141 530 1149		0141 530 1149
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	7-Nov-2023 16:38	Calltype:	NHS24 Advised (Info Only)
Advised:	16:46	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
SUICIDAL THOUGHTS: ONGOING
POLP Pt advised to contact Police - For Information Only
Clinical summary created by: Sean Mcbride (Pwp Call Taker) () [07/11/2023 16:46:06] Reason for call: SUICIDAL THOUGHTS: ONGOINGConfirmed Symptom(s): Endpoint Management Selected (CT) Suicide or self-harm: Self-harm risk: 3RD PARTY CALL FROM SUPPORT WORKER (VICKY). PT STRUGGLING WITH SELF HARM THOUGHTS. RAG Suicide: RAG Red RAG Self-harm: Red Suicide risk: 3RD PARTY CALL FROM (VICKY). REPORTS PT SUICIDAL, LEFT WITH CONCERNS. Any other issues: RAG Any other issues: Green Other issues: N/a Call Detail(s): Call reason: Suicidal thoughts Clinical supervisor: Dawson Angela DAWSONA Cardonald 07:11:2023 16:47:42 MCBRIDES.. 3RD PARTY CALL FROM SERVICE MANAGER AT SAMH (VICKY). 3RD PARTY REPORTS WANTING TO END LIFE TONIGHT, VOICED THOUGHTS OF JUMPING OFF BRIDGE. PT HAD LEFT SUPPORT ACCOMEDATION... ADVISED 3RD PARTY TO PHONE

POLICE SERVICE. 3RD PARTY REPORTS ANOTHER STAFF MEMEBER PHONING THEM. WORSENING GIVEN ABOUT PHONING BACK IF PT IS SAFE AT TIME AND 3RD PARTY ADVISED ON PROCESS. CONTACT POLICE... D.W MHNP A.DAWSON ADVISED CONTACT POLICE.. Outcome: Pt advised to contact Police - For Information Only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7039534**	Receive Date:	**16-Jul-2023 21:28**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (43 years)**	Gender:	**F**
Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07377 871490**		**07377 871490**
Mobile No:			
Priority:	**within 1 hour**	Call Origin:	
Received:	**16-Jul-2023 21:28**	Calltype:	**Advice**
Advised:	**21:47**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Mansha Kohli**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
TAKEN TOO MANY NUROFEN - PLANNING INTENTIONAL OVERDOSE
DOC1 Dr to phone patient within 1 Hr (Disputed Outcome)
Clinical summary created by: Kimberley Mcwilliams (Call Taker Si) () [16/07/2023 21:47:04] Reason for call: TAKEN TOO MANY NUROFEN - PLANNING INTENTIONAL OVERDOSEConfirmed Symptom(s): Overdose related enquiry Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 16:07:2023 21:30:09 MCWILLIAMSK1.. PT HAS TAKEN 6X NUROFEN ABOUT 1 HR AGO AND HAS TOLD SUPPORT WORKER SHE IS THINKING ABOUT TAKING OVER DOSE OF X16 PARACETAMOL. SUPPORT WORKER IS WITH PT JUST NOW.. DW PA IDIA NSOFOR RTN CALLER MULTIPLE CALLS TO SERVICE RECENTLY WITH MH CRISIS. 6 NUROFEN TODAY WITH INTENT TO CAUSE HARM, THREATENED FURTHER OVERDOSE WITH 16 PARACETAMOL... CARER HAS RETRIEVED PARACETAMOL AND WILL KEEP AWAY FROM PT, PT REFUSING A+E ATTENDANCE, SPEAK TO CLINICIAN 1 HOUR - DISPUTED OUTCOME.. Outcome: Dr to phone patient within 1 Hr (Disputed Outcome)

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Triage details:

History - **43 year old**
pmhx - eupd, ld, overdoses/dsh, t2dm
dhx - per ecs
pcx - has taken 6 x 200mg ibuprofen tablets at around 8.30pm. told support worker who lives in the flat across from her pretty much straight away. support worker had a good chat with her at that time. is feeling better, support worker says she seems better. no abdo pain/n/v. was asleep on the sofa and was settled just before i called back. not sure why she did it, support worker says she is shrugging her shoulders when i ask her. not sure if she wanted to harm herself or kill herself. doesn't feel like wants to take any more tablets/hurt herself/end her life at this point in time. not currently allocated to a cpn. saw pysch consultant last in june time, no planned follow up as yet.

6 x 200mg = 1200mg
toxic dose per toxbase for ibuprofen 100mg/kg
pt weight around 90kg, toxic dose would be 9000mg

Diagnosis - **non toxic intentional overdose**
no ongoing suicidal ideation
support worker present

Treatment - **per toxbase no medical assessment required wrt overdose**
offered appt pcec for futher discussion and r/v mental health, discussed could contact 111 and go via mental health option to speak to cpn, could f/u with gp on tuesday (surgeries closed tomorrow bank holiday). pt feeling better now, not thinking or feeling like she wants to do anything to hurt herself/end her life. support worker is there. feels tired and wants to get back to sleep.
call back if required

Followups:
No Follow Up

Clinical Codes:
E.... Mental disorders

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7039209	Receive Date:	16-Jul-2023 17:13
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (43 years)	Gender:	F
Address:	1/1 37A Dowanhill Street Glasgow G11 5RN	Current Address:	1/1 37A Dowanhill Street Glasgow G11 5RN
Return Contact No:			
Tel No:	07377 871490		07377 871490
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	16-Jul-2023 17:13	Calltype:	NHS24 Advised (Info Only)
Advised:	17:14	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Followups:
None

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7039175**	Receive Date:	**16-Jul-2023 16:08**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (43 years)**	Gender:	**F**
Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**	Current Address:	**1/1** **37A Dowanhill Street** **Glasgow** **G11 5RN**
Return Contact No:			
Tel No:	**07377 871490**		**07377 871490**
Mobile No:			
Priority:	**999/Emergency**	Call Origin:	
Received:	**16-Jul-2023 16:08**	Calltype:	**Ambulance**
Advised:	**16:52**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 9998699 MEDICATION ERROR 1/7
EMGI 999 contacted - For information only
Clinical summary created by: Cheryl Campbell (Call Taker Si) () [16/07/2023 16:52:45] Reason for call: SAS Ref: 9998699 MEDICATION ERROR 1/7Confirmed Symptom(s): Medication enquiry - not overdose Missed and / or lost medication Caller wants advice regarding medication No extra dose, overdose or warfarin taken Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 16:07:2023 16:11:46 CAMPBELLC6.. SUPPORT WORKER CALLING, PT HAS BROKEN INTO LOCKED MEDICATION IN OWN FLAT, PT HAS TAKING DIZAPAM 2MG, 30 TABLETS WAS ON RECORD, PT STATES TO CARERS HAS TAKING 3 YESTERDAY, THIS IS HER MAX DOSAGE, 27 UNACCOUNTADED FOR... PT REFUSING TO GIVE CARER BOX TO PROVE MEDICATION IS STILL THERE. CARER DOES NOT THINK SHE HAS TAKING THEM, PT SAYS HASNT TAKING THEM ALL BUT CANT SAY FOR SURE. PT HAS HX OF DOING THIS... CALLED PT BUT DIDNT WANT TO SPEAK TO ME ABOUT THE SITUATION SAYS SHE

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FELT FINE, CARER ALSO SAY NO SYMPTOMS.. DW PA OBAYDA AL-SHARBATI. UNACCOUNTED FOR 27 DIAZEPAM 2MG TABLETS. REFUSES TO HAND OVER. ASSUMING SHE HAS TAKEN FULL LOT (AND HAS A HISTORY OF THIS - HAS DONE BEFORE WITH QUETIAPINE) IT IS LIKELY TOXIC. WEIGHT UNKNOWN... TRIED TO SPEAK TO PATIENT WHILST ON PHONE - MADE IT CLEAR DOES NOT WISH TO ENGAGE. CAPACITY IN QUESTION. OUTCOME : 999.. POLICE INCIDENT NUMBER: 2546.. Outcome: 999 contacted - For information only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6887511**	Receive Date:	**10-Feb-2023 21:07**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (43 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**8 Earl Street** **Glasgow** **G14 0AX**
Return Contact No:			
Tel No:	**07490 319509**		**07490 319509**
Mobile No:			
Priority:	**Routine**	Call Origin:	
Received:	**10-Feb-2023 21:07**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**21:19**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
OVERDOSE 8HRS
SCAI Patient given self care advice - For Information Only
Clinical summary created by: Sheila Burton (Pharmacist) () [10/02/2023 21:19:56] Reason for call: OVERDOSE 8HRSConfirmed Symptom(s): Deliberate overdose Endpoint Management Selected (CCT) Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): Internal use only Recommendation: KW Transfer to NHS24 Pharmacist S+U Internal use only Outcome: Patient given self care advice - For Information Only

Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6875941	Receive Date:	28-Jan-2023 17:27
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (43 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	07490 319509		07490 319509
Mobile No:			
Priority:	within 2 hours	Call Origin:	
Received:	28-Jan-2023 17:27	Calltype:	Attend OOH Appointment
Advised:	17:42	Arrived PCC:	28-Jan-2023 19:25
Cons start:		Cons End:	
Consulting Doctor:	DP McGhee	Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
RETURN CALLER - MOUTH SWELLING AT JAW LEFT SIDE 10HRS
PCC3 PCEC within 2 Hrs
Clinical summary created by: Brian Mccoll (Call Taker Si) () [28/01/2023 17:42:11]
Reason for call: RETURN CALLER - MOUTH SWELLING AT JAW LEFT SIDE 10HRSConfirmed Symptom(s): No Confirmed Symptoms Symptom(s) not found: No fever No constricting band in chest No crushing discomfort in chest No pain radiating to jaw or upper back or neck or an arm No pain moving through to the back No heaviness, pressure or tightness in chest No pain between shoulder blades Not pale Not cold Not clammy Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s):
Clinical supervisor: CARLY MORRISON 28:01:2023 17:26:58 MCCOLLB5.. PT WAS THROUGHT TO DENTAL AT DUNDEE AND TRANSFERRED THROUGH AS WAS DIAGNOSED AS CLINICICAL NOT DENTAL - LOWER JAW SWELLING TENDER AND HOT TO TOUCH... SCN C MORRISON
RETURN CALLER ADVISED NOT DENTAL,SUDDEN ONSET OF SWELLING

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PT ADVISING GETTING WORSE SEE KIS NOTES - PCEC 2HRS.. Outcome: PCEC within 2 Hrs

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Triage details:

History - **complex medical history noted:- mild learning disability, unstable personality disorder, diabetes**

left lower jaw swelling for 1 day

observations noted

Examination - **Temp 37**
Sats 97
HR 113
BP 117/80

generalised dental caries

left lower jaw redness and swelling-dental abscess - -dental caries

Diagnosis - **dental abscess**

Treatment - **ciprofloxacin 500 mg bd**
co-codamol 8/500 2 tabs as required

advised to seek dental assessment and treatment

Followups:
Dental Follow Up

Clinical Codes:
1912. Toothache J0z.. Oral/salivary/jaw diseases NOS

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6862082	Receive Date:	13-Jan-2023 23:12
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (43 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd Rm 8, 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	07800 713370		07800 713370
Mobile No:			
Priority:	999/Emergency	Call Origin:	
Received:	13-Jan-2023 23:12	Calltype:	Ambulance
Advised:	23:48	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 9479342 PT HAS TAKEN X4 DAYS DOSES OF MEDS
EMGI 999 contacted - For information only
Clinical summary created by: Tracy Hill (Clinical Nurse) () [13/01/2023 23:48:47]
Reason for call: SAS Ref: 9479342 PT HAS TAKEN X4 DAYS DOSES OF MEDS 13:01:2023 23:18:29 HAMILTONL.. PT IS DROWSY, WHITES OF EYES ARE RED.NOT IN PAIN/ DISCOMFORT.DIZZY ON STANDING.PAIN IN L/SIDE, JUST ABOVE HIP.BREATHING SHALLOW. LIPS LOOK PURPLE... ATORVASTATIN, 40MG, X4, DAPAGLIFLOZIN 10MG X4, GLICLAZIDE, 80MG, X4, QUETIAPINE 25MG X16 SERTRALINE 100MG X8. TAKEN AROUND 5PM.ALSO DRANK 1/2 BOTTLE OF BUCKFAST (APPROX 175MLS).SUPPORTED LIVING... 13:01:2023 23:47:05 HILLT.. TOOK 160MG ATORVASTATIN = 2.133 MG/KG. TOX LEVEL 3MG/KG DAPAGLIFLOZIN 40MG = 0.533MG/KG. TOX LEVEL 0.7MG/KG SERTRALINE 800MG = 10.666 MG/KG. TOX LEVEL 7MG/KG QUETIAPINE 400MG = 5.33MG/KG . TOX LEVEL 15MG/KG... ABOVE TOX LEVEL FOR SERTRALINE. PT DROWSY

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AND DIZZY ON STANDING. PAIN IN LEFT ABDO ABOVE HIP. ALSO DRANK /2 BOTTLE OF BUCKFAST. ADVISED 999 EMERGENCY AMBULANCE SAS 9479342.. Outcome: 999 contacted - For information only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6828116**	Receive Date:	**14-Dec-2022 00:36**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (43 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**
Return Contact No:			
Tel No:	**07490 319509**		**07490 319509**
Mobile No:			
Priority:	**within 1 hour**	Call Origin:	
Received:	**14-Dec-2022 00:36**	Calltype:	**Advice**
Advised:	**00:55**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Alasdair Wilson**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
PT STATES THAT SHE HAS TAKEN 16 NUROFEN TABLETS AND WILL NOT DISCLOSE THE DURATION
DPP2 Speak to clinician within 1 Hr
Clinical summary created by: David Tamburrini (Call Taker Si) () [14/12/2022 00:55:42] Reason for call: PT STATES THAT SHE HAS TAKEN 16 NUROFEN TABLETS AND WILL NOT DISCLOSE THE DURATIONConfirmed Symptom(s): Dellberate overdose Symptom(s) not found: No fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): Clinical supervisor: ANNE MARIE MCKINNEY 14:12:2022 00:36:50 TAMBURRINID.. PT IS RESIDENT IN A HOMELESS UNIT. HX OF MENTAL HEALTH. PT STATES THAT SHE IS NOT WILLING TO GO INTO AN AMBULANCE.. PT WILL NOT LET SUPPORT WORKER INTO HER ROOM JUST NOW ALTHOUGH THEY DO HAVE A KEY TO ACCESS.. SUPPORT WORKER UNSURE OF DOSE THAT PT HAS TAKEN, TOXBASE ACCESSED AND BASED ON 400MG TABLETS TAKEN. EQUATES TO 67.36/KG. REFUSING TO ATTEND A&E. SPEAK TO CLINICIAN 1 HOUR. WORSENING STATEMENT.. Outcome: Speak to clinician within 1 Hr

Triage details:
History**NR 0104 - very long ring out on call back number, no VM.**

NR 0210 - still rings out.

NR 0309 - still rings out. Three failed contacts, pt in place of safety, support worker calling - call closed as per SMT policy.

Followups:
No Follow Up

Clinical Codes:
9N4.. Failed encounter

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6573227	Receive Date:	13-Jan-2022 23:12
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (42 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	07490 319509		07490 319509
Mobile No:			
Priority:	999/Emergency	Call Origin:	
Received:	13-Jan-2022 23:12	Calltype:	Ambulance
Advised:	23:20	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 8250656 TAKEN OVERDOSE - 10 MINS AGO
EMGI 999 contacted - For information only
Clinical summary created by: Elaine Clark (Pwp Call Taker) () [13/01/2022 23:20:14] Reason for call: SAS Ref: 8250656 TAKEN OVERDOSE - 10 MINS AGOConfirmed Symptom(s): Internal use only Endpoint Management Selected (CT) Call Detail(s): Clinical supervisor: S DOUGLAS 13:01:2022 23:19:16 CLARKE.. LIVES IN SUPPORTED ACCOMMODATION - TAKEN 14 X QUETIAPINE 25MG EACH WITH INTENTION OF END LIFE - FEELS DROWSY.. NO ILLICIT DRUGS/ALCOHOL - NEGATIVE FOR COVID-19 SYMPTOMS - PT REFUSING TO SPEAK TO STAFF - DW MHNP S DOUGLAS - CALLED EMERGENCY AMBULANCE REF 8250656.. Outcome: 999 contacted - For information only

Followups:
None

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6530130**	Receive Date:	**29-Nov-2021 23:35**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (42 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:			
Priority:	**999/Emergency**	Call Origin:	
Received:	**29-Nov-2021 23:35**	Calltype:	**Ambulance**
Advised:	**23:49**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
SAS Ref: 8105011 HISTORY OF MENTAL HEALTH. OVERDOSE ON PARACETAMOL - STATES TAKEN X 16 - UNSURE OF TIMEFRAME. PT DOESN'T WANT TO ENGAGE WITH STAFF. NO COVID.
EMGI 999 contacted - For information only
Clinical summary created by: Rachael Jess (Call Taker Si) () [29/11/2021 23:49:41]
Reason for call: SAS Ref: 8105011 HISTORY OF MENTAL HEALTH. OVERDOSE ON PARACETAMOL - STATES TAKEN X 16 - UNSURE OF TIMEFRAME. PT DOESN'T WANT TO ENGAGE WITH STAFF. NO COVID.Confirmed Symptom(s): Clinical supervision Call Detail(s): Clinical supervisor: A.DEMPSEY 29:11:2021 23:48:31 JESSR.. DELIBERATE OVERDOSE - X 16 PARACETAMOL. INFO VIA 3RD PARTY WHO IS SOCIAL CARE WORKER. UNSURE OF RECREATIONAL DRUGS OR ALCOHOL. 999 AMBULANCE... Outcome: 999 contacted - For information only

Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6457735**	Receive Date:	**10-Sep-2021 21:45**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (42 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:			
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**10-Sep-2021 21:45**	Calltype:	**Dr To Phone Pt <4 Hrs**
Advised:	**22:01**	Arrived PCC:	
Cons start:	**11-Sep-2021 08:53**	Cons End:	**11-Sep-2021 09:04**
Consulting Doctor:	**Abida Cathcart**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
MEDICATION ADVICE
DPP4 Speak to clinician within 4 Hrs
Clinical summary created by: Laura Macfarlane (Call Taker Si) () [10/09/2021 22:01:21] Reason for call: MEDICATION ADVICE PT TOOK 3 DAYS OF PRESCRIBED MED YESTERDAY ON PURPOSE. WAS DEALT WITH & 999 WAS CALLED. WHEN IS SAFE TO COMMENCE MEDS? DIDNT GET A CALL BACK FROM GP TODAY. NO COVID SYMPTOMS Confirmed Symptom(s): Medication enquiry - not overdose Delayed or missed dose; or dose enquiry Endpoint Management Selected (CCT) Symptom(s) not found: No fever Call Detail(s): Clinical supervision not used (First Triage) 10:09:2021 21:47:34 MACFARLANEL.. DOSAGES TAKEN AT 17.45 YESTERDAY IN TOTAL:ATORVISTATIN 120MGCERTRALINE 600MGQUETIAPINE 225MGGLICLAZIDE 240MGDAPAGLIFLOZIN 30MG.. PT WAS CHECKED BY PARAMEDICS, VITALS WERE ALL OK. PT REFUSED TO GO TO HOSPITAL. 3RD PARTY CALL, PT IS OUT JUST NOW.. OVERDOSE YESTERDAY OF: ATORVISTATIN 120MGCERTRALINE 600MGQUETIAPINE 225MGGLICLAZIDE 240MGDAPAGLIFLOZIN

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30MG.REFUSED TO ATTEND A&E. PARAMEDICS ATTENDED. CARE FACILITY LOOKING FOR ADVICE AS & WHEN TO RE-START MEDS. SPEAK TO DR 4 HRS... Outcome: Speak to clinician within 4 Hrs

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Consultation details:

History - **see notes. refuse to be taken to AE after taking 3 days of sertaline (120mg) 600mg quetaipine 225mg glicazide and 240 mg dapa.**
spoke with agency workedr at talbot centre-david not worjking today/mobile is off.
given the hx prob can wait to speak to own GP re restarting meds as unsure if prev h/o of overdose/PMH.

Diagnosis - **medication query**

Treatment - **adv could have diabetic meds the rest to wait till speaks to own GP.**

Followups:
GP Follow Up

Clinical Codes:
8B3H. Medication requested

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6276963**	Receive Date:	**26-Feb-2021 22:15**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (41 years)**	Gender:	**F**
Address:	**Flat 0-2** **Flat 0-2** **1655 Dumbarton Rd** **G3 6PN**	Current Address:	**Flat 0-2** **Flat 0-2** **1655 Dumbarton Rd** **G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 2 Within 2 hrs**	Call Origin:	
Received:	**26-Feb-2021 22:15**	Calltype:	**Dr To Phone Pt <2 Hrs**
Advised:	**22:31**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Yasim Mohammed**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
MEDICATION ENQUIRY , FORGOT TO HAND IN HER DAWSET BOX IN THURSDAY
DPP3 Speak to clinician within 2 Hrs
Clinical summary created by: Angela Fallen (Pwp Call Taker) () [26/02/2021 22:31:45] Reason for call: MEDICATION ENQUIRY , FORGOT TO HAND IN HER DAWSET BOX IN THURSDAY SUPPRT WORKER CALLING Confirmed Symptom(s): Endpoint Management Selected (CT) 26:02:2021 22:17:02 FALLENA1.. SUPPORT WORKER CALLING ON PTS BEHALF. PT SELF HARMED EARLIER BUT ONLY A SRATCH... NO THOUGHTS OF SELF HARM/SUICIDE... PT ADVISED SUPPORT WORKER THAT SHE HAS TAKEN 2 DAYS MEDS... IS KNOWN TO THE MHS... SPPRING PARK WAS ENGAGED WITH HER TODAY AND ADVISED WAS OK BUT NEVER EMNTIONED THE MEDICATION... TAKEN 400MGRM SETRALINE, 150 MGRMS OF QUOTIEPINE. AND 80 MGRMS OF SINVESTATIN. IS OKA DN PALYING PLAYTATION... NO COVID SYMPTOMS... PT IS ABOUT 12 STONE IN WEIGHT... CALL DSICUSSED WITH CAROLINE MHN. SPK TO DR 2HRS..
Outcome: Speak to clinician within 2 Hrs

Triage details:

History - **Not double dose of sertraline =400mg together with Quetiapine 150mg can cause QT prolongation d/w Dr Mcarthy Consultaatnt @ QEUH and she suggests get ECG done @ A & E // supported hostel/ also took 80mg simvastatin ? 14.00hrs /patient self harmed - superficial scratches but CPN though she was ok to b observed @ hostel./although drowsy is playing with play station. talked to the care officer who will arrange taxi to take her to QEUH with a note of medication and when took. Care taker w ill phone us back if there are any problems**

Followups:

Hospital Referral - Hostel will arrange taxi foor A&E for ECG

Clinical Codes:

T8... Accidental poisoning by drugs

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6154376	Receive Date:	29-Sep-2020 17:26
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (41 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	07490 319509		07490 319509
Mobile No:	07747 781577		
Priority:	Pr No Action Reqd	Call Origin:	
Received:	29-Sep-2020 17:26	Calltype:	No Action Required By Co-op
Advised:	17:48	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
3RD PARTY CALL - PT TAKEN OVERDOSE.
EMGI 999 contacted - For information only
Clinical summary created by: Ailie Hamilton (Pwp Call Taker) () [29/09/2020 17:48:07] Reason for call: 3RD PARTY CALL - PT TAKEN OVERDOSE. COVID 19 - NEGATIVE Confirmed Symptom(s): Endpoint Management Selected (CT) 29:09:2020 17:45:44 HAMILTONA2.. 3RD PARTY CALL FROM SUPPORT WORKER - PT ADVISED SUPPORT WORKER THAN SHE HAS TAKEN 14 X PANADOL EXTRA ADVANCE AT APPROX JUST BEFORE 5PM. PT FEELS SICK AND SLEEPY HOWEVER SUPPORT WORKER ADVISED SHE IS COHERENT... ADVISED BY MHNP K.WHITE FOR 999 AMBULANCE. SUPPORT WORKER ADVISED SHE WOUD STAY WITH PT UNTIL AMBULANCE ARRIVES. WORSENING STATEMENT GIVEN TO CALL 999...

Outcome: 999 contacted - For information only

Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6117589**	Receive Date:	**19-Aug-2020 00:01**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (41 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**GRI**
Return Contact No:			
Tel No:	**07490 319509**		**07490 319509**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**19-Aug-2020 00:01**	Calltype:	**Advice CPN**
Advised:	**00:26**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Tam Etherson**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: wishing to speka to CPN service Comments: These cases were received and finished within the last 72 hours:No Action Required By Co-op #6117383 at 18-Aug-20 19:35:06

Triage details:

Examinatio n -	**Consultation Text** **Telephone consultation (Caledonia House) ETHERSON, Thomas (OOH)** **Situation CPN call from DR Vincent GRI re htis 41 year old woman who is known to Springpark CMHT** **Background MEDICATION ?---Clinical summary created by: Geraldine Brennan (Clinical Nurse) () [18/08/2020 19:54:19]Reason for call: MEDICATION ? TOOK X8 NUROFEN 15 MIN AGO-TOOK X6 NIGHT NURSE AND X4 NUROFEN LAST NIGHT AT 10PM-WANTS TO KNOW IF SHOUD GO TO A&E-CALLED CRISIS**

TEAM AT SPRING PARK ADVISED TO CALL 111-NO C19 SYMPTOMS18:08:2020 19:53:15 BRENNANG.. SUICIDAL ONGOING FOR A YEAR TOOK 10 DIAZEPAM ON FRIDAY NIGHT 6 NIHT NURSE AND 4 IBUPROFEN LAST NIGHT AND HAS JUST TAKEN 8 X IBUPROFEN TABLETS ,.. SHE FEES SHE IS NOT GETTING HELP AT SPRINGPARK AND FELT THE CPN AT RIGSIDE SHE HAD SEEN BEFORE HELPED HER LAST HAD A PSYCHIATRC APPOINT IN JAN , SHE DOESNT KNOW HER WEIGHT ADVISED A/E GLASGOW ROYAL ASAP.. SHE SAID SHE WIL MAKE HER OWN WAY ...Outcome: Patient advised to go to A&E - For Information Only
Assessment telephone contact wit hDr Vincent Seeking background info on patient in order to confirm presentation Advised re tonights contact with Crisis Service and subsequent call to NHS24 as indicated above Dr Vincent advising patient denying any ongoing risk to self Patietn has also demonstrated HELP seeking acts tonight by accessing services independently Dr Vincent happy with feedback Dr Vincent requesting Patient contact via own team tomorrow please
Recommendation Call again if required
Risk Nil ongoing

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6117383**	Receive Date:	**18-Aug-2020 19:35**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (41 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**
Return Contact No:			
Tel No:	**07490 319509**		**07490 319509**
Mobile No:	**07747 781577**		
Priority:	**Pr No Action Reqd**	Call Origin:	
Received:	**18-Aug-2020 19:35**	Calltype:	**No Action Required By Co-op**
Advised:	**19:49**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

NHSD details:

Receptionist:
MEDICATION ?
AEP Patient advised to go to A&E - For Information Only
Clinical summary created by: Geraldine Brennan (Clinical Nurse) () [18/08/2020 19:54:19] Reason for call: MEDICATION ? TOOK X8 NUROFEN 15 MIN AGO-TOOK X6 NIGHT NURSE AND X4 NUROFEN LAST NIGHT AT 10PM-WANTS TO KNOW IF SHOUD GO TO A&E-CALLED CRISIS TEAM AT SPRING PARK ADVISED TO CALL 111-NO C19 SYMPTOMS 18:08:2020 19:53:15 BRENNANG.. SUICIDAL ONGOING FOR A YEAR TOOK 10 DIAZEPAM ON FRIDAY NIGHT 6 NIHT NURSE AND 4 IBUPROFEN LAST NIGHT AND HAS JUST TAKEN 8 X IBUPROFEN TABLETS ,.. SHE FEES SHE IS NOT GETTING HELP AT SPRINGPARK AND FELT THE CPN AT RIGSIDE SHE HAD SEEN BEFORE HELPED HER LAST HAD A PSYCHIATRC APPOINT IN JAN , SHE

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DOESNT KNOW HER WEIGHT ADVISED A/E GLASGOW ROYAL ASAP.. SHE SAID SHE WIL MAKE HER OWN WAY ... Outcome: Patient advised to go to A&E - For Information Only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6101708**	Receive Date:	**29-Jul-2020 21:58**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (41 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**29-Jul-2020 21:58**	Calltype:	**Advice CPN**
Advised:	**23:46**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**MARGARET EDGAR**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: Please call back

Triage details:
History **Consultation Text**

- **Telephone consultation (Caledonia House) EDGAR, Margaret (Seniorunscheduledcarenurse)**
  Situation t/c requesting return call from OOH CPN.
  Background Known to mental health services. Currently opened to Springpark Resource Centre. Diagnosis EUPD and Mild Learning Disability. Hx well documented on Emis which I will not reiterate to avoid repetition.
  Assessment On return to call to Gayle she appeared drowsy/ under the influence of a substance or substances. She denied illicit drug or alcohol use and denied deliberate self harm/overdose and explained she had just taken her nocte medication which included Quetiapine and diazepam. Gayle complained of struggling to cope with the grief of her sister's sudden death

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last year and expressed she ?hates this life I feel like this all the time? since the death of her sister. She also spoke of poor concentration and sleep and lack of structure to her day and nil motivation to attend to her personal care choosing to lie in her bed throughout the day. Reassurance provided and discussed the stages of grief and it was agreed she appeared to be stuck in the acceptance stage as Gayle reported she would ?never accept? her death and reported she wanted to be with her sister. Advised and encouraged to seek grief counselling as it was felt she may benefit from same. Reported she had ther number should she decide to make a self referral to the service. She was also advised of the importance of maintaining a structure to her day and attending to her personal care.She denied current thought of suicide/dsh plan intent.She was future focused in her plans including going to the pharmacy tomorrow to collect her medication.Agreed to contact mental health services should she require additional support with her thoughts and feelings. Advised writer planned to contact her CMHT to inform them of her contact with the service.
Recommendation Send tasks to Springpark CMHT to inform them of Gayle's contact with the service tonight. Advised and agreed to contact mental health services should she require additional support with her thoughts and feelings. Advised to consider and make a referral to Cruse Bereavement Counselling.
Risk No immediate risk identified at time of contact.

Discharge from care Appointment Outcome:

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6092699	Receive Date:	18-Jul-2020 17:22
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (40 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	0141 332 8512		0141 332 8512
Mobile No:	07747 781577		
Priority:	Pr 4 Within 4 hrs	Call Origin:	Other
Received:	18-Jul-2020 17:22	Calltype:	Advice CPN
Advised:	18:44	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	Sharon Swan	Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

Reported Condition:
Symptoms: Anna support worker @ talbot assoc, pt is missing, looking for info from CPN before Police are informed of abscontion.

Triage details:

History **Consultation Text**

- **Telephone consultation (Caledonia House) SWAN, Sharon (OOH)**
  Situation Anna support worker from Talbot Centre contacted OOH seeking any updated information prior to calling police reporting Gayle as a missing person
  Background Gayle open to Springpark diagnosis of EUPD & Mild Learning Difficulties -- EMIS Adastra & Trackcare viewed and not been in ED since Feb yesterday notes on EMIS noted nothing up to date on Adastra(OOH system)
  Assessment Returning call Anna reports Gayle has returned safe and well she contacted staff at 6pm and arrived back at 6:10 pm she was at

hairdressers and neices apparantly in good spirits interacting well..Offer to speak to Gayle declined by Anna whom says there is no need
Recommendation I will inform Springpark
Risk No reported risks so none identified T/C by proxy

Discharge from care Appointment Outcome:

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5973801**	Receive Date:	**27-Feb-2020 00:52**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	**Social Worker**
Received:	**27-Feb-2020 00:52**	Calltype:	**Advice CPN**
Advised:	**01:24**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Carol Armit**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: Cathy Traynor, support worker req call back from CPN team

Triage details:
History **Consultation Text**

- **Telephone call from relative/carer, Unscheduled care report (Caledonia House) ARMIT, Carol (SnrUnscheduledCareNurse)**
  Situation Telephone call from supported accommodation support worker requesting to speak with OOH CPN regarding Gayle
  Background Gayle is known to MH services and is open to Springpark. Diagnosis of EUPD and mild learning disability
  Assessment support worker wishing to know if Gayle had contacted our service tonight, she hasn't. Some concerns that Gayle had let the accommodation earlier tonight, ?with her hoodie up?, mood has been quite low today. support worker asked where she was going and said ?out?. Not voiced any thoughts, plans or intent to self harm. She has been trying to call

her, no answer. Manager has suggested that she call ED Departments. Did not speak with Gayle, simply looking to clarify if OOH service has had contact.
Recommendation will task own team via emis, cathy support worker will keep trying her mobile number.
Risk no new risks identified

Discharge from care Appointment Outcome:

Followups:
Patient Did Not Attend

Clinical Codes:
ZV6.. [V]Other reasons for encounter

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5974131**	Receive Date:	**27-Feb-2020 21:02**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**27-Feb-2020 21:02**	Calltype:	**Advice CPN**
Advised:	**23:38**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Anne-marie McCole**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: cpn to call Comments: These cases were received and finished within the last 72 hours:Advice CPN #5973801 at 27-Feb-20 00:53:41

Triage details:

History **Telephone consultation (Caledonia House) MCCOLE, Ann Marie (OOH)**

- **Situation Call from Gayle tonight looking for callback from cpn service Background Open to Springpark with diagnosis of EUPD and mild learning difficulty.**
  Assessment Returned call to Gayle who reports that she has cut herself with a piece of glass. Is currently at her neice's home.Reports that she is having thoughts to end her life by jumping from a bridge or taking an overdose of her medication. She states that her mood is lowered since the death of her sister in June . Spoke with neice Mandy and she stated that she could not have Gayle stayin at her home tonight .I spoke with Gayle again and she felt that she needed to be in hospital and was persistant that she would take an

overdose of her medication. I asked Gayle if it would help for us to arrange to see her face to face at Stobhill GEMS and she agreed to this . I advised her that she would have to make her own way up and she told me that she had sufficient funds for a taxi. Arranged to meet her there at Midnight . At 23:20 a call was placed with call handlers from Gayle cancelling the arranged visit , stating that she planned to take her medication , keep herself safe and ask her team to contact her tomorrow .
Recommendation I advised that I would inform her own team of her contact tonight and ask them to make contact with her .
Risk Eventually cntracted to keep herself safe .

Discharge from care Appointment Outcome:

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5968524**	Receive Date:	**21-Feb-2020 04:05**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	**Partner**
Received:	**21-Feb-2020 04:05**	Calltype:	**Advice CPN**
Advised:	**08:02**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Joanne Brooks**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: cpn ref frp, gri

Triage details:
History **Risk assessment ? Emergency presentation**

- **At risk of DSH - deliberate self harm Harm to Self: Yes Multiple previous acts of harm to self. Impulsive overdose of Nurofen prior to presentation. No further plan or intent to harm himself expressed at assessment.**
  Harm to Others: No No risk identified at the time of assessment.
  Harm to Children: No No risk identified.
  At risk for self neglect Harm from Self Neglect: Yes States has been lying in bed most days , less attentive to personal care and not eating or drinking well.
  Harm from Others: No No concerns regarding harm from others expressed at assessment.
  Falls: No No risk identified.

Harm related to Cognitive Impairment: No No risk identified at assessment.
Poor physical health: No
Absconding: No No risk identified.
a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Increased risk at present associated with change of CMHT and unhappiness with current accomodation , also recent bereavement of her sister.
b. What are the principal risks? What are the current risk factors? What are the protective factors? Impulsive acts of self harm /suicidal acts. Support avaialbel from staff in accommodation and from CMHT/Social Work.
Service user view of risks Gayle denied any acute risk in terms of plans to harm herself. She feels she would be better supported if she had a CPN.
Family / carer view of risks Not present at assessment.
a. Safety Plan Gayle plans to return home to her supported accomodation , she will contact her CMHT for support if required.
b. Risk management plan identify actions and timescale Asessment placed on Emis for the attention of CMHT staff.
Note of other professionals and teams and copies sent to: GP / SpringPark CMHT.

Followups:
No Follow Up

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5952317**	Receive Date:	**1-Feb-2020 18:13**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**1-Feb-2020 18:13**	Calltype:	**Advice CPN**
Advised:	**20:03**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Joanne Brooks**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: wishing to speak to CPN service

Triage details:

History
- **Situation Phone call from Marion , support worker at Dalhousie Street. She stated that Gayle had returned to the accommodation herself. She had superficial cuts to her arms but otherwise unharmed. I spoke with Gayle. She agreed that she had been feeling upset. She spoke of the recent loss of her sister , and also of her reluctance to engage with the staff at SpringPark as she was witing to be allocated more permanent accomodation and felt this would mean she would have to change CMHT again. She denied having a blade and stated that she had nothing with which to harm herself , she states that the cuts earlier were made with a fragment of glass which she found outside. Gayle denied any ongoing suicidal plan or intent. She stated that she would be able to maintain her safety overnight, states she would play her playstaion which is a good distraction. Staff in attendance felt satisfied that**

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she could remain at home tonight, she has night sedation which they felt had good effect last night and they would encourage again tonight. Staff will also make regular checks overnight and contact OOH if they had any concerns.
Staff confirmed that Police had attended due to the missing person concerns but had left following a chat with Gayle. I spoke with Dr Headden , Duty Dr at Mackinnon House , who agreed that it would be reasonable to cancel planned assessment tonight as risk appears to have reduced at this time.
Task sent on Emis to advise NE Crisis Team .
Background Gayle is currently known to SpringPark CMHT and to NE Crisis Team.
Assessment Gayle currently denies any acute suicidal ideation- she will remain at home tonight, staff are aware of risks and will contact OOH overnight if they have any concerns.
Recommendation Current plan discussed with Duty Doctor at MacKinnon House , and communicated via Emis to NE Crisis Team.
Risk Gayle now denies acute suicidal plan /intent. Staff aware of risks and will contact services again if required overnight.

Discharge from care Appointment Outcome:

Followups:
No Follow Up

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5907209	Receive Date:	17-Dec-2019 21:21
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (40 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Queen Eliz Univ Hosp Govan Road, Glasgow G51 1JL
Return Contact No:			
Tel No:	0141 332 0460		0141 332 0460
Mobile No:	07747 781577		
Priority:	Pr No Action Reqd	Call Origin:	
Received:	17-Dec-2019 21:21	Calltype:	No Action Required By Co-op
Advised:	21:29	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
MEDICATION ENQ TODAY
SCAI Patient given self care advice - For Information Only
Clinical summary created by: Angela Morrison (Usc Call Taker) () [17/12/2019 21:29:38] Reason for call: MEDICATION ENQ TODAY AT A&E JUST NOW AS TOOK 26 DIAZAPAN AROUND 5.20PM. IS BEING RELEASED . SUPPORT WORKER LOOKING FOR ADVICE ON WHETHER CAN GIVEN EVENING MEDS. Confirmed Symptom(s): Overdose related enquiry 17:12:2019 21:28:57 MORRISONA1.. D/W PSL - ADVISED TO CONTACT A&E FOR DISCHARGE INFO REGARDS FURTHER MEDICATION TODAY. OUTCOME - SELF CARE... Support Line Note: DICKSONL PSL - ADVISED TO CONTACT A&E. Outcome: Patient given self care advice - For Information Only

Followups:
None

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5907133	Receive Date:	17-Dec-2019 20:32
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (40 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	QEUH
Return Contact No:			
Tel No:	0141 332 0460		0141 332 0460
Mobile No:	07747 781577		
Priority:	Pr 4 Within 4 hrs	Call Origin:	
Received:	17-Dec-2019 20:32	Calltype:	Advice CPN
Advised:	23:48	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	Mairi McCreadie	Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

Reported Condition:
Symptoms: CPN TO CALL

Triage details:

History - **Situation Request for cpn assessment of this 40 year old lady who has been brought to the accident and emergency dept of the QEUH this evening after taking 26 x 2mg of DIazepam tablets which were her own.States this was done with suicidal intent.Cpn assessment agreed.**
Background Has open referrals to Riverside and Springpark as she is being transferred to Springpark. Gayle states that she is not happy that her care is being transferred and wants to stay at Riverside CMHT. Has an appt with Dr McTaggart at Springpark tomorrow morning but states that she is not going to attend this.Previous referrals to out of hours cpns.Diagnosis includes personality disoder and mild learning disability.Self presented on the advice of support staff and CMHT.
Assessment Assessed by cpns Mairi McCreadie and Gaynor Smith in the

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accident and emergency dept of the QEUH.Gayle presents as a casually dressed lady with her hood up throughout. She maintained good eye contact and her speech was normal in tone, rate and rhythm. Gayle stated that she is upset at present as her care is being transferred and she does not want to go to Possil as she does not think it is safe. She states that she cannot afford a taxi and does not feel safe walking there. She reports that she has a good relationship with her keyworker in Riverside and it is easy for her to get to appts. She is hoping to move to the Riverside catchment area.Mood appeared stable at a good level and Gayle was able to initiate humour with cpns and rapport was easily established.Reports no change in her current level of functioning on a day to day basis.No evidence of any psychotic Sx and none reported. Not preoccupied or distracted at any point. Not upset of distressed.No evidence of any agitation or anxiety.Gayle reports that she was annoyed today which is why she took the tablets. She denied that she had been planning this and did not make any preparations prior to act or conceal the act. On assessment she denied that she has any ongoing thoughts plan or intent to harm herself further. She denies any active suicidal thoughts.She is keen to return home and get some sleep. Gayle at the end of the assessment reported that she was now planning to go and see Dr McTaggart at Springpark in the morning.
Recommendation Has appt with Dr McTaggart at Springpark in the morning and is planning to attend this.Utilise out of hours for support as needed.
Risk Risk of impulsive behaviours when she feels frustrated or not in control.No evidence of any deterioriation in mental health on assessment.Denies any ongoing thoughts plan or intent to harm self.

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	5850577	Receive Date:	19-Oct-2019 02:27
Patient's Name:	Gayle Wilson		
Date of birth:	21-Jul-1979 (40 years)	Gender:	F
Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN	Current Address:	Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN
Return Contact No:			
Tel No:	0141 332 8512		0141 332 8512
Mobile No:	07747 781577		
Priority:	Pr No Action Reqd	Call Origin:	
Received:	19-Oct-2019 02:27	Calltype:	No Action Required By Co-op
Advised:	02:59	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Nadeem Bhatti

CHI Number:
2107796165

NHSD details:

Receptionist:
POTENTIAL OVERDOSE OF MEDICATION
POLP Pt advised to contact Police - For Information Only
Clinical summary created by: Lynsey Robertson (Usc Call Taker) () [19/10/2019 02:59:47] Reason for call: POTENTIAL OVERDOSE OF MEDICATION SEEN TABLETS IN THE TOILET BUT CANT BE SURE IF SHE HAS TAKEN ANYTHING. SUPPORT WORKER PHONING- PT SUICIDAL - TAKEN INTO HOSPITAL FOR MENTAL HEALTH. POLICE WERE IN ATTENDANCE EARLIER.DISCHARGED FROM HOSPITAL TOOK MEDICATION BOX AND WENT TO HER ROOM. Confirmed Symptom(s): Overdose related enquiry 19:10:2019 02:28:04 ROBERTSONL4.. AWAITING PHONECALL FROM CRISIS TEAM... BUT DOESNT WANT TO WAIT FOR PHONECALL INCASE PT HAS TAKEN THE TABLETS AND NEEDS TO GO TO A&E.. SPOKE TO

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PHARMACY SUPPORT LINE - ADVISED CALLER DAVID PT NEEDS TO ATTEND A&E - CALLER STATED CANT GET GAYLE TO GO TO A&E... DW NP D BARNES - ADVISED TO CONTACT POLICE ON 999 FOR WELFARE CHECK. PHONED POLICE SCOTLAND - ADVISED A INCIDENT NUMBER WAS STILL OPEN FOR PT. GIVEN INCIDENT NUMBER 2942-18TH OCT... ENDPOINTED AS POLICE CONTACTED... Support Line Note: YOUNGERK D/C FROM HOSPITAL A FEW HOURS AGO, ? OVERDOSED ON OWN MEDS, ALTHOUGH SOME TABLETS SEEN IN TOILET, ADVISE A/E ASAP, WORSENING STATEMENT Outcome: Pt advised to contact Police - For Information Only

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Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5850538**	Receive Date:	**19-Oct-2019 01:31**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow** **G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	**Other**
Received:	**19-Oct-2019 01:31**	Calltype:	**Advice CPN**
Advised:	**03:30**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Steven Forrest**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: support worker is looking to speak with a cpn to find out what has happened to Gayle tonight Comments: These cases for this patient open at time of receive:Advice CPN #5850395 at 18-Oct-19 22:19:30

Triage details:
History - **DUPLICATE**

Followups:
No Follow Up

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5850553**	Receive Date:	**19-Oct-2019 02:00**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	**Social Worker**
Received:	**19-Oct-2019 02:00**	Calltype:	**Advice CPN**
Advised:	**03:30**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Steven Forrest**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: David, support worker req call back from CPN team Comments: These cases for this patient open at time of receive:Advice CPN #5850538 at 19-Oct-19 01:32:28, Advice CPN #5850395 at 18-Oct-19 22:19:30

Triage details:
History - **DUPLICATE**

Followups:
No Follow Up

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5850395**	Receive Date:	**18-Oct-2019 22:18**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**GRI A&E**
Return Contact No:			
Tel No:	**0141 332 8512**		**0141 332 8512**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**18-Oct-2019 22:18**	Calltype:	**Advice CPN**
Advised:	**03:35**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Stephen Wilkie**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: wishing to speak to CPN service

Triage details:

History - **Agreed to assess at GRI A&E.**

Examination - **Face to face consultation (Glasgow Royal Infirmary) GOLDIE, Charles (OOH)**
Situation .Request from ED at GRI for OOHs CPN assessment. Brought to department by police following a request by support staff for police welfare visit after Gayle had verbalised plans to overdose. Gayle had informed the staff of her thoughts , had then visited local shops and bought Ibuprofen tablets and returned to her supported accomodation with them . She did not consume any of the tablets and voluntary surrendered them to the police when they arrived. Had superficially cut her left wrist , no medical treatment required . Police report that during their contact with Gayle she has been settled and

calm . She had not repeated her suicidal thoughts of earlier and informed them she feels she requires her medication to be reviewed .Had also drank a half bottle of Buckfast
Background .Known to the Springpark RC , previously Riverside . Had called the crisis team earlier on Friday evening reporting that she felt her mood was low , describing struggling with her sisters death and described experiencing ? flash backs ? relating to her death. At this point reporting thoughts of a suicidal nature . Following this support staff advised to request police welfare visit . Presently on Sertraline 200mg daily .
Assessment .Assessed by Stephen Wilkie and Charlie Goldie . Gayle was dressed in a tracksuit to and bottom , throughout assessment she pulled her hood over her face and tended to look towards the floor making engagement difficult . She was an inconstistant historian and tended to contradict herself throughout. She was rather negative in her view of the services and suport she recieves . Verbalising an opinion that nothing is helping with the emotional difficulties she experiences following her sisters death. She reported feeling low in mood , however during contact she presented as reactive in her affect , with no obvious symptoms of depressive illness . She generally presented as disgruntled and frustrated . She described needing to be ? put somewhere ? tonight . She repeated her earlier threats of taking paracetamol if this was not facilitated . However these threats were vague in content and she described no actual concrete plan . She presented having capacity for her decision making and had shown over the course of yesterday and last night that she had the ability to keep herself safe and access appropriate support when required . As the interview progressed there were periods when she became quite reactive , describing future plans and a wish to be re-housed in the near future . At assessment there was no firm evidence of immediate risk to herself . There was no evidence of psychotic features or formal thought disorder . Presentation similar to previous contacts with OOHs and keeping with her diagnosis of EUPD and Mild Learning Difficulties . Appears to struggle at periods to identify approriate coping strategies when emotionally overwhelmed . By the end of assesment more settled and agreed to return to supported accomodation and maintain her safety.
Recommendation .Will request telephone contact from Day Crisis tomorrow to offer verbal support , in an attempt to defuse further crisis . Agreed to same . Prior to CPNs leaving department the medical staff again reviewed Gayle as following initial review her blood pressure was found to be slightly raised . Following these proceedures police will transport home .

Discharge from care Appointment Outcome:

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5798146**	Receive Date:	**21-Aug-2019 22:49**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd 52 Dalhousie Street Glasgow G3 6PN**	Current Address:	**NHS Greater Glasgow And Clyde Glasgow Royal Infirmary Castle Street A&E Glasgow G4 0SF**
Return Contact No:			
Tel No:			
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**21-Aug-2019 22:49**	Calltype:	**Advice CPN**
Advised:	**03:10**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Donna Munro**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: Dr Busgeegh GRI A&E X24102 - CPN call

Triage details:

History -	**agreed to assess.**
Examination -	**Face to face consultation (Glasgow Royal Infirmary) GOLDIE, Charles (OOH) Situation .Request from ED at the Glasgow Royal Infirmary for assessment from the OOHs CPN Service . Brought to department by ambulance following a reported overdose of 4mg x 30 tablets of Chlorphenramine tablets . Support staff from the Talbot Centre called**

the ambulance . Reports having taken the tablets over the course of the day . Difficult getting an accurate account of how the support staff became aware of the reported overdose . Gayles account was rather vague and contradictory . She reported they had approached her when she was leaving her accomodation and at that point she informed of her actions . However she could not described why she had shared the information about the reported overdose.

Background .Recent difficulties well documented . Known to psychiatric services at Riverside RC . Diagnosis of EUPD and mild learning difficulty . Discharged from Gartnavel Royal Hospital after being admitted on the 4/8/19 under detention following expressing suicidal intent . Gayles sister had recently died , which appears to have been the catalyst to her most recent period of crisis . Discharged yesterday afternoon . Documented that on discharge there was no evidence of suicidal intent . Crisis follow-up had been arranged via West Crisis Team.

Assessment .Assessed by Donna Munro and Charlie Goldie . Gayle was casually dressed , although she reported that she had not been ? washing ? , her personal hygiene was reasonable . She wore a black skip hat , which throughout the assessment she pushed down over her face , bloking any attempt at eye contact . She presented as orientated . Her speech was of normal rate and tone , her speech content was rather basic and straight to the point . She quickly indicated she was feeling tired and wanted to get home to her accomodation . There was no evidence of sedation and her concentration levels were good . Her mood appeared reactive , though her general demeanor was pessimistic . She suggested that she had been feeling suicidal when she left the ward , which contradicted earlier documentation . However on exploring this further , she was a rather vague historian and had a tendency to ? rubbish ? the involvement of any individual or services involved with her . Throughout contact she was calm in manner , no evidence of distress and presented as having capacity for her decision making and behaviour. At no point did she disclose further plans to harm herself and seemed more concerned about how she would be transported to her accomodation . She described at times how she struggles since the death of her sister , but was unwilling to discuss the process of bereavement or possible supports .

Recommendation . Documented that West Crisis plan to follow-up Gayle later today . However when discussing this she was negative about engaging with same . She suggested she would be out when they attempt to contact her and will not answer her phone . We asked if it would be more helpful for contact from her own keyworker , but again this was met with a negative response . We informed her we would be requesting the contact from Crisis and it would beneficail if she communicated with the service .

Risk .No evidence of immediate plans to harm herself . However

possible risk of further impulsive acts of harm to self when emotionally distressed .

Discharge from care Appointment Outcome:

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5778260**	Receive Date:	**28-Jul-2019 18:21**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (40 years)**	Gender:	**F**
Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow G3 6PN**	Current Address:	**Talbot Association Ltd** **52 Dalhousie Street** **Glasgow G3 6PN**
Return Contact No:			
Tel No:			
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**28-Jul-2019 18:21**	Calltype:	**Advice CPN**
Advised:	**20:19**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Robert Hinshelwood**	Own doctor:	**Nadeem Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: PLEASE CALL BACK

Triage details:

Examinatio n - **CommentSituation Gail logged call with Out of hours.**
Background Lives in Talbot supported accomodation. Known to mental health team at Riverside.
Assessment Gayle reports feeling low all day. Notes this relation to loosing her sister in June. Aware this will be difficult without sister. Informs she was close to sister and she was like a ?mother? figure to her. Has been struggling to do anything today and had thoughts of harming self today. Did not inform what but had ideas of going out. Reports sleep ok. Concentration reported as poorer and she has not felt like eating much today.
Recommendation Discussed loss and aware this will be difficult. Aware this is process she will be going through and will expect to feel low.

Discussed earliy stages of bereavement. Advised to keep busy and to utilise support staff in her accomodation. Plans on seeing them when she gets her meds shortly.
Risk No current intent to harm self. Advised to seek support from staff in situ and call back if needing further input.

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential; Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5262036**	Receive Date:	**16-Jan-2018 03:09**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (38 years)**	Gender:	**F**
Address:	**494 Great Western Road Talbot Centre Glasgow G14 9YD**	Current Address:	**494 Great Western Road Talbot Centre Glasgow G14 9YD**
Return Contact No:			
Tel No:	**0141 563 8676**		**0141 563 8676**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	**Other**
Received:	**16-Jan-2018 03:09**	Calltype:	**Advice CPN**
Advised:	**03:20**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Anthony Irvine**	Own doctor:	**N Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: PC Joseph Bole, G138 looking for background info in missing person investigation.

Triage details:
History - **INFO GIVEN**

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**5196675**	Receive Date:	**16-Nov-2017 20:57**
Patient's Name:	**Gayle Wilson**		
Date of birth:	**21-Jul-1979 (38 years)**	Gender:	**F**
Address:	**494 Great Western Road Talbot Centre**	Current Address:	**Gri**
	Glasgow G14 9YD		
Return Contact No:			
Tel No:	**0141 563 8676**		**0141 563 8676**
Mobile No:	**07747 781577**		
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**16-Nov-2017 20:57**	Calltype:	**Advice CPN**
Advised:	**00:00**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Anthony Irvine**	Own doctor:	**N Bhatti**

CHI Number:
2107796165

Reported Condition:
Symptoms: cpn to call

Triage details:
History - **SEE EMIS PORTAL CPN ASSESSMENT**

Followups:
Other

Clinical Codes:
8.... Other Therapeutic Procedures

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3822452** Date: **15 Jul 2013** Time of Call: **16:23**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **33** **Y**

Address Today: **494 Great Western Road**
Glasgow
Post Code: **G12 8EW**

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstoun
Glasgow
Ground Right
Post Code: **G14 9YD**

Phone Number Today: **(0141) 357 2500** -

Home Phone If different: **(0141) 563 8676** -

NHS24 Call ID : 13376950

Callers Name: **Donna (Senior Support Worker)** Relationship to patient:

Name of GP: **Bhatti N** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No:

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **No Action Required by Co- NOT GIVEN** NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived: Time Complete: **15/07/2013 16:24:16**

Patient's Complaint: **Patient's Complaint:**

SELF MEDICATES. TOLD MENTAL HEALTH WORKER ON PHONE HAD TAKEN OVERDOSE. MHW PHONED SUPPORT WORKER AND PT THE LEFT THE UNIT. UNSURE WHAT HAS TAKEN. TAKES DIAZEPAM AND AMOTRYPTOLINE WHICH ARE THE ONLY MEDS IN PT'S ROOM. ((Non-Clinical User) (Cardonald))
PSL-ADVISED CONTACT POLICE. ((Other Clinical User) (Cardonald))
—
SUSPECTED OVERDOSE 30 MINS SEE A/V
—
Clinical summary created by: (Non-Clinical User) (Cardonald) [15/07/2013 16:22:27]
SUSPECTED OVERDOSE FOR 30 MINS AND SELF MEDICATES. TOLD MENTAL HEALTH WORKER ON PHONE HAD TAKEN OVERDOSE. MHW PHONED SUPPORT WORKER AND PT THEN LEFT THE UNIT. UNSURE WHAT HAS TAKEN. TAKES DIAZEPAM AND AMOTRYPTOLINE WHICH ARE THE ONLY MEDS IN PT'S ROOM. ADVISED SUPPORT WORKER TO PHONE THE POLICE
—
This call should be transferred via serious and urgent telephony route.

Remarks: This call should be transferred via serious and urgent telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3650895** Date: **05 Jan 2013** Time of Call: **17:24**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **33 Y**

Address Today: **Aspire - Room 11**
18 Hillhead Street
Glasgow
Post Code: **G12 8PY**

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstoun
Glasgow
Ground Right
Post Code: **G14 9YD**

Phone Number Today: **(07747) 781 577** -
Home Phone If different: **()** -

NHS24 Call ID : 12599126

Callers Name: Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **PCEC Within 4 Hrs** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**IF** Time Arrived: **05/01/2013** Time Complete: **05/01/2013 18:42:54**

Patient's Complaint: **Patient's Complaint:**

STATES THAT RIGHT LEG HAS BEEN SORE ALL WEEK BUT WHEN WOKE THIS MORNING FOUND A RED LUMP AT THE TOP OF THE LEG ON THE INSIDE. IS PAINFUL TO TOUCH AND PAINFUL WHEN WALKING. ((Non-Clinical User) (Glasgow))

—

LUMP ON RIGHT LEG 1 DAY SEE AV

—

Clinical summary created by: (Nurse Advisor) (Cardonald) [05/01/2013 17:25:25]
RED PAINFUL SWOLLEN LUMP RIGHT INNER THIGH FOR TODAY AND APPROX 2 - 3 INCHES WIDE. FEVERISH. STATES LEG HAS BEEN PAINFUL ALL WEEK. WESTERN INFIRMARY PCEC 4 HOURS.

—

This call should be directed via consult telephony route.

Remarks: surgeons- WIG .

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **R4330** Follow Up: Hospital Refferal

Consultation(s):

By: Adie Leigh **Start:** 05/01/2013 18:20:42 **Finish** 05/01/2013 18:42:36

Clinical Assessment Details
Started-05/01/2013 18:20:42
Finished-05/01/2013 18:42:36
History
33 y.old female lives in homeless unit. 1 week hx of upper rt leg pain, now notices lump right inner thigh , tender ++. Denies ivda . feels bit feverish. E & D ok. Not used analgesia. PMhx- depresssion, prev DSH. hypercholestrolaemia/ DHx- simvastatin. mirtazepine. allergy- PENICILLIN. smoker 10/day no etoh no iv drug abuse
Examination

Overweight P- 115 R T- 36.5 sats - 95% RA Lower limb- no evidence of groin iv sites. 5cm fluctuant mass on inner apsect upper 1/3 Rt thigh. some overlgying erythema. tender ++ not pulsatile note old DSH marks rt lower leg. CRT <2s. pedal pulses intact. can w/b, walkign with slight limp.

Diagnosis

Imp- Rt thigh abscess

Treatment

Vulnerbale adult.- needs further evauluated ? u/s abscess ? I & D referred- ortho adked to be referred to surgeon given site of abscess surgeons 18.40hrs kindly accepted.

Clinical Coding

Clinical code: M0... (Skin/subcutaneous infections)

Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3616984** Date: **09 Dec 2012** Time of Call: **02:03**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **33** **Y**

Address Today: **Aspire**
18 Hillhead Street
Glasgow
Ground Right
Post Code: **G12 8PY**

Home Address If different: **Aspire**
18 Hillhead Street
Glasgow
Ground Right
Post Code: **G12 8PY**

Phone Number Today: **(07747) 781 577** -

Home Phone If different: **()** -

NHS24 Call ID : 0

Callers Name: Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**JANIE** Time Arrived: Time Complete: **09/12/2012 02:55:22**

Patient's Complaint:

return to service tonight and now requiring a call back

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **SCOTS** Follow Up: CPN Referral

Consultation(s):

By: Dick Scot **Start:** 09/12/2012 02:43:34 **Finish** 09/12/2012 02:55:08

Clinical Assessment Details
Started-09/12/2012 02:43:34
Finished-09/12/2012 02:55:08
History

Spoke to Gayle who has been returned to her accommodation by the Police who were requested to attend by Aspire Support staff. Gayle reports that she had been feeling suicidal for a number of months, she also reports that she has been feeling depressed for a similar time period. Gayle claims she was standing at a bus stop when the Police located her, Gayle claims she was enroute to Erskine Bridge.

Examination

Gayle sounded calm and coherent throughout the telephone triage, she reports that her mood has been depressed for a number of months, she did not describe any symptoms that would indicate she was experiencing any difficulties with her mood. Gayle claims that she has been feeling suicidal for a similar timescale, Gayle states she was wandering the streets of Glasgow last night as she was feeling suicidal. However Gayle indicated that she was keen to engage with her CPN and wished to know who she should speak to, if she feels suicidal in the future. Gayle reports a 24 hour history of auditory hallucinations, Gayle admits she has no previous history of psychosis. No evidence of cognitive impairment noted, however not formally tested at the time of the assessment. Speech content, rate and tone appropriate. Gayle answered all questions clearly and initiated conversation without prompting. No evidence of alcohol or illict drug misuse noted prior to presentation. Gayle lives in supported accommodation.

Diagnosis

F3/7 known to DART/ Riverside CMHT.

Treatment

Gayle appeared to respond to advice and reassurance, she was unsure what helped her in the past. Gayle verbalised future plans to engage with Services and was keen to ensure that she had someone she could call if she felt suicidal in the future. I advised Gayle that I would pass on her request to her CPN for follow up and a copy of tonights contact would be forwarded to the Crisis West Team for information in case Gayle felt the need to contact them over the weekend.

Clinical Coding

Clinical code: 8.... (Other Therapeutic Procedures)

Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3616939** Date: **09 Dec 2012** Time of Call: **00:40**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **33** **Y**

Address Today: **Aspire**
18 Hillhead Street
Glasgow
Post Code: **G12 8PY**

Home Address if different: **Aspire**
18 Hillhead Street
Glasgow
Ground Right
Post Code: **G12 8PY**

Phone Number Today: **(0141) 339 6395** -

Home Phone if different: **()** -

NHS24 Call ID : 0

Callers Name: **Sunmi / Support Worker**

Relationship to patient:

Name of GP: **Ghouri NA**

Practice No: **030**

Surgery: **030 11 Peel Street**

Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL**

Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90**

NHS24 Time Passed:

Receptionist's Name:**EDOCH**

Time Arrived:

Time Complete: **09/12/2012 02:42:28**

Patient's Complaint:

CPN / support worker on phone

Patient's Complaint:

Remarks:

BP:

PR: per min

Temp:

Clinical Notes:

Triage Doctor **SCOTS**

Follow Up: CPN Referral

Consultation(s):

By: Dick Scot **Start:** 09/12/2012 02:41:23 **Finish** 09/12/2012 02:41:55

Clinical Assessment Details
Started-09/12/2012 02:41:23
Finished-09/12/2012 02:41:55
History
Call from Samantha at Aspire to report that she had been dealing with Gayle earlier . She had approached staff to report that she wanted throw herself off a bridge or take an overdose. Whilst awaiting CPN to return the call she left the building stating I'm going to do what I have to do. Samantha reports that she called the police immediately. Samantha reports that |Gayle has been dealing with stressors this week with regards to her father having to attend for a scan and her uncle having been recently diagnosed with cancer. Gayle has also just learned that her nephew may be about to be taken into care and this has upset her as she normally spends Christmas with him.
Examination

Diagnosis
F3/7 known to DART and Riverside CMHT
Treatment

Clinical Coding
Clinical code: 8.... (Other Therapeutic Procedures)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3617046** Date: **09 Dec 2012** Time of Call: **04:32**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **33** **Y**

Address Today: **Aspire**
18 Hillhead Street
Glasgow
Ground Right
Post Code: **G12 8PY**

Home Address If different: **Aspire**
18 Hillhead Street
Glasgow
Ground Right
Post Code: **G12 8PY**

Phone Number Today: **(07747) 781 577** -
Home Phone If different: **() -**
NHS24 Call ID : 0

Callers Name: Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**
Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**JANIE** Time Arrived: Time Complete: **09/12/2012 06:40:33**

Patient's Complaint:
call back

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor **RHINS** Follow Up: Other

Consultation(s):

By: Hinshelwood Robert **Start:** 09/12/2012 06:01:44 **Finish** 09/12/2012 06:32:04

Clinical Assessment Details
Started-09/12/2012 06:01:44
Finished-09/12/2012 06:32:04
History
Known to Dart and Riverside. 2nd call of evening.
Examination
Gayle called as unable to settle. Claims she has not slept for 4 days. Took her mirtazepine and not helping her sleep. Gayle cannot identify any particular catylist for why her mood has dropped. Does claim that she has been acting differently with family and been more irritable.
Diagnosis

Treatment
Gayle plans on using some distraction and getting some rest. Has appointment she will attend with DART on Monday and also plans on calling crisis over weekend.
Clinical Coding
Clinical code: 8.... (Other Therapeutic Procedures)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 3330231 Date: 14 Jan 2012 Time of Call: 11:54

Patient's Name: Gayle Wilson DOB: 21/07/1979 Age: 32 Y

Address Today: 8 Earl Street Home Address If different: 0/2 1655 Dumbarton Road
Scotstoun

Glasgow Glasgow
Ground Right

Post Code: G14 0AX Post Code: G14 9YD

Phone Number Today: (07919) 185 698 - Home Phone If different: () -

NHS24 Call ID : 11140826

Callers Name: Relationship to patient:

Name of GP: Ghouri NA Practice No: 030

Surgery: 030 11 Peel Street Cipher No: G0810 9

Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL Fax No: 0141 339 9501

Speed Dial: 187

Call Type: Dr to phone patient within NOT GIVEN NHS24 Time Passed:

Receptionist's Name:IIF Time Arrived: Time Complete: 14/01/2012 13:06:25

Patient's Complaint: **Patient's Complaint:**

LOOKING FOR PRESCRIPTION FOR TRAZADONE AND SIMVASTATIN. OVERDOSED ON MEDICATION ON TUES AND ADMITTED TO HOSPITAL. HAS NOT HAD ANY MEDICATION SINCE. ((Non-Clinical User) (Glasgow))

—

CB.LOOKING FOR MEDICATION. SEE A/V

—

Clinical summary created by: (Non-Clinical User) (Cardonald) [14/01/2012 11:56:51]
X FOR X AND UNTRIAGED CALL - PASSED TO PARTNER TO ACTION

—

This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.

Remarks:

BP: PR: per min Temp:

Clinical Notes:
Triage Doctor **2065** Follow Up: GP Follow Up

Consultation(s):

By: Pettigrew Roslyn **Start:** 14/01/2012 12:40:45 **Finish** 14/01/2012 13:06:12

Clinical Assessment Details
Started-14/01/2012 12:40:45
Finished-14/01/2012 13:06:12
History
Hx of mental health problems - depression. Has been in Gartnavel Royal. D/ch >1wk ago. Staying with sister who normally administers medication. Unfortunately meds were given to Gayle on dch from GRH. She took OD on Tuesday

14 trazodone+7simvastatin. Admitted for 4hr to Western. Cardiac monitor only, then dch. Assures me no ongoing suicidal intent. No idea why did this on Tuesday. Feels withdrawing from trazodone now-shaky/anxious. Spoke to sister (Margaret) who controls medication and with whom Gayle lives at present. Assures me she will keep close eye on Gayle and administer meds over weekend. Can only issue 3 trazodone. Must contact Gp Monday for more. Offered PCEC review - declined. Hacve resource centre number if changes/concerns.

Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: 8B3H. (Medication requested)
Prescription Details
Drug Name-trazodone tablets 150mg
Preparation-tablet(s)
Dosage-take one tablet morning and night
Quantity-3

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 3328377 Date: 11 Jan 2012 Time of Call: 00:45

Patient's Name: Gayle Wilson DOB: 21/07/1979 Age: 32 Y

Address Today: A+E @ WIG Home Address If different: 0/2 1655 Dumbarton Road
Scotstoun

Glasgow

Post Code: Post Code: G14 9YD

Phone Number Today: (0141) 211 2653 Home Phone If different: ( ) -

NHS24 Call ID : 0

Callers Name: Dr Mcgroarty Relationship to patient:

Name of GP: Ghouri NA Practice No: 030

Surgery: 030 11 Peel Street Cipher No: G0810 9

Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL Fax No: 0141 339 9501

Speed Dial: 187

Call Type: Advice CPN Priority 3 Within 90 NHS24 Time Passed:

Receptionist's Name:EDOCH Time Arrived: Time Complete: 18/01/2012 09:21:44

Patient's Complaint: Patient's Complaint:

CPN –GP referral

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: Dick Scot Start: 11/01/2012 03:14:48 Finish 11/01/2012 03:30:54

Clinical Assessment Details
Started-11/01/2012 03:14:48
Finished-11/01/2012 03:30:54
History

This 32 year old lady was brought to the Western Infirmary Accident and Emergency by the Police following an alleged overdose of Trazodone x 12 tablets earlier today. Miss Wilson appeared vague regarding where she took her overdose, initially claiming she took the overdose in the street, then later retracted this claiming she was in her Mothers. No evidence of alcohol or illicit drug misuse prior to presentation. Miss Wilson is presently known to Riverside Community Mental Health Team, she has a dual diagnosis of recurrent depressive disorder and mild mental retardation. Miss Wilson was discharged from Henderson House GRH today following an eleven week admission. Miss Wilson claims she was discharged today without any prior knowledge.

Examination

Miss Wilson was dressed in a hospital gown on a trolley staring directly at the ceiling throughout the assessment. Miss Wison did not display or describe any symptoms that would suggest she was experiencing any difficulties with her mood at the time of the assessment. Miss Wilson claims she impulsively ingested Trazodone x 12 tablets today, there appears to have been no precipitating factors. Miss Wilson admits to long history of self poisoning. There was evidence of recent self harm noted on her left forearm. Miss Wilson appeared vague and evasive regarding ongoing suicidal ideation or thoughts of self harm, however indicated she planned to go to her Aunts or the garden party today. There was no evidence of psychosis or thought disorder, Miss Wilson did not verbalise any paranoid ideation at the time of

assessment. No evidence of cognitive impairment noted, however nor formally tested at the time of the assessment. Speech content, rate and tone appropriate. Miss Wilson answered all questions clearly and initiated conversation without prompting. There was no evidence of alcohol or illicit drug misuse noted prior to the assessment. Miss Wilson did not indicate if there was any history or alcohol or illicit drug misuse. Miss Wilson appears to be homeless at present. She states that her Mother and Aunt live locally, however was not keen to stay with either.

Diagnosis

F3/7, known to Riverside Community Mental Health Team. Miss Wilson was brought to Accident and Emergency following an alleged overdose. She appeared vague and evasive regarding the events leading to her overdose, and continued to be vague when discussing ongoing suicidal ideation. Miss Wilson indicated she did not wish to participate any further in the assessment as she had been in the Accident and Emergency since 2300 hours.

Treatment

Clinical Coding

Clinical code: 8.... (Other Therapeutic Procedures)

Prescription Details

Consultation(s):

By: **Start:** 30/12/1899 **Finish** 18/01/2012 09:21:44

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3177833** Date: **15 Jul 2011** Time of Call: **21:50**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** **Y**

Address Today: **A&E**
WIG

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstoun

Glasgow

Post Code: Post Code: **G14 9YD**

Phone Number Today: **(0141) 211 2402** - Home Phone If different: **() -**

NHS24 Call ID : 0

Callers Name: **DR Kadhim** Relationship to patient**C**

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**TSTEV** Time Arrived: Time Complete: **16/07/2011 00:48:12**

Patient's Complaint:
would like to arrange for a CPN to review pt

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **GUTHR** Follow Up: Other

Consultation(s):

By: Guthrie Carol-Ann **Start:** 16/07/2011 00:15:46 **Finish** 16/07/2011 00:48:58

Clinical Assessment Details
Started-16/07/2011 00:15:46
Finished-16/07/2011 00:48:58
History
Assessed by Dr Masson today and WAS ADVISED THAT SHE DOES NOT REQUIRE HOSPITAL ADMISSION AT PRESENT AND THAT SHE SHOULD BE MANAGED IN THE COMMUNITY BY RIVERSIDE RC AND THE CRISIS TEAM, LEFT THIS APPOINTMENT AND TOOK A TAXI TO THE ERSKINE BRIDGE, WHEN SHE GOT ON THE BRIDGE DR MASSON TELEPHONED HER, SHE THEN LEFT THE BRIDGE AND GOT A TAXI INTO TOWN, SHE SAID TO JUMP IN THE KELVIN, HOWEVER SHE PASSED TWO POLICE OFFICERS AND INFORMED THEM SHE WAS A MISSING PERSON, THEY TOOK HER TO WIG A&E AND SHE CONTINUES TO VOICE THOUGHTS TO HARM HERSELF CPN ASSESSMENT REQUESTED. 4 WEEKS AGO CLAIMED SHE DISCLOSED SOMETHING THAT SHE SHOULDN'T HAVE DONE TO HER AUNT, DURING THIS TIME SHE HAS BEEN CUTTING HERSELF AND IMPULSIVELY OVERDOSING WHICH SHE SAID GIVES HER RELIEF, SHE HAD A WEEK LONG HOSPITAL ADMISSION FOR WHICH SHE DISCHARGED HERSELF AND SHE IS CURRENTLY INVOLVED WITH THE CRISIS TEAM. CASUALLY DRESSED, WITH POOR EYE CONTACT, HIDING UNDER A BASEBALL CAP, NO DEPRESSIVE FEATURES DESCRIBED, INITIALLY STATING THAT SHE PLANS TO LEAVE THE HOSPITAL AND DO SOMETHING STUPID, IS ACTIVELY SEEKING HOSPITAL ADMISSION STATING THE FLUOXETINE AND DIAZEPAM WHICH SHE WAS PRESCRIBED TODAY CANNOT BE COMMENCED IN THE COMMUNITY AS SHE WILL GUB THEM ALL. RELUCTANTLY AGREED TO KEEP HERSELF SAFE UNTIL TOMORROW UNTIL WE SPEAK TO THE CRISIS TEAM

NHS Confidential: Personal data about a patient

AND REQUEST FOLLOW UP FOR HER AND INFORM THEM THAT SHE FEELS SHE NEEDS TO BE IN HOSPITAL AND ALLOW THE TEAM WHO KNOW HER MAKE THAT DECISION. HER AUNT RITA CAME TO A7E AND SHE AGREED THAT GAYLE SHOULD GO TO HER HOUSE TONIGHT AND SHE FELT FOLLOW UP FROM THE CRISIS TEAM WOULD BE HELPFUL, HOWEVER SHE TO IS SEEKING HOSPITAL ADMISSION FOR GAYLE AS SHE FEELS THE FAMILY ARE FINDING IT INCREASINGLY DIFFICULT TO MANAGE GAYLE. URGENT FOLLOW TO BE REQUESTED FROM THE CRISIS TEAM IN THE AM.

Examination

Diagnosis

Treatment

Clinical Coding

Clinical code: 8.... (Other Therapeutic Procedures)

Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3177909** Date: **15 Jul 2011** Time of Call: **22:59**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** Y

Address Today: **Wig A&E**

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstoun

Glasgow

Post Code:

Post Code: **G14 9YD**

Phone Number Today: **(07884) 171 670** -

Home Phone If different: () -

NHS24 Call ID : 0

Callers Name: **Rita Winters**

Relationship to patient:

Name of GP: **Ghouri NA**

Practice No: **030**

Surgery: **030 11 Peel Street**

Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL**

Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90**

NHS24 Time Passed:

Receptionist's Name:**ESTRI**

Time Arrived:

Time Complete: **15/07/2011 23:21:03**

Patient's Complaint:

wants to be hospitalised

Patient's Complaint:

Remarks:

BP:

PR: per min

Temp:

Clinical Notes:

Triage Doctor **KEVIN**

Follow Up: CPN Referral

Consultation(s):

By: Kavanagh Kevin **Start:** 15/07/2011 23:18:08 **Finish** 15/07/2011 23:20:51

Clinical Assessment Details
Started-15/07/2011 23:18:08
Finished-15/07/2011 23:20:51
History

Examination

Diagnosis

Treatment
Duplicate call, no action required.
Clinical Coding
Clinical code: 8.... (Other Therapeutic Procedures)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 3176458 Date: 12 Jul 2011 Time of Call: 22:42

Patient's Name: Gayle Wilson DOB: 21/07/1979 Age: 31 Y

Address Today: 0/2 1655 Dumbarton Road
Scotstoun

Glasgow

Post Code: G14 9YD

Home Address If different: 0/2 1655 Dumbarton Road
Scotstoun

Glasgow

Post Code: G14 9YD

Phone Number Today: (0141) 563 8676 -

Home Phone If different: () -

NHS24 Call ID : 0

Callers Name: RITA WINTERS

Relationship to patientO

Name of GP: Ghouri NA

Practice No: 030

Surgery: 030 11 Peel Street

Cipher No: G0810 9

Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL

Fax No: 0141 339 9501

Speed Dial: 187

Call Type: Advice CPN Priority 3 Within 90

NHS24 Time Passed:

Receptionist's Name:ROBWI Time Arrived:

Time Complete: 12/07/2011 23:41:09

Patient's Complaint:

Patient's Complaint:

CALL FROM PATIENTS AUNT - WOULD LIKE CPN TO CALL HER BACK ON (0141 339 1407)

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor SCOTS

Follow Up: Other

Consultation(s):

By: Dick Scot **Start:** 12/07/2011 23:39:03 **Finish** 12/07/2011 23:40:35

Clinical Assessment Details
Started-12/07/2011 23:39:03
Finished-12/07/2011 23:40:35
History
Patients Aunt seeking information relating to phone numbers for Rutherford WD.No direct contact with patient from CPNs.
Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: 8.... (Other Therapeutic Procedures)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3171960** Date: **07 Jul 2011** Time of Call: **18:30**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** **Y**

Address Today: **Unsure Of Number Dumbarton Road Glasgow**

Home Address If different: **0/2 1655 Dumbarton Road Scotstoun Glasgow**

Post Code:

Post Code: **G14 9YD**

Phone Number Today: **(07919) 185 698** -

Home Phone If different: **(0141) 563 8676** -

NHS24 Call ID : 10410800

Callers Name:

Relationship to patient:

Name of GP: **Ghouri NA**

Practice No: **030**

Surgery: **030 11 Peel Street**

Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL**

Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **No Action Required by Co- NOT GIVEN**

NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived:

Time Complete: **07/07/2011 18:30:57**

Patient's Complaint:

Patient's Complaint:

HAS BEEN DISCHARGED FROM HOSPITAL BUT HAS NO MEDICATION NEEDS PROZAC AND CHOLESTORAL MEDICATION ((Non-Clinical User) (Cardonald))
PATIENT HUNG UP BEFORE FULL INFO COULD BE GIVEN . COULD NOT GET PATIENT BACK ON PHONE . DW TL J CAMERON OK TO CLOSE CALL ((Non-Clinical User) (Cardonald))
OPENED FOR CMI PURPOSES. NO SERVICE PROVIDER HAD BEEN INSERTED. ((Other Clinical User) (Edinburgh))
—
HAS NO MEDICATION
—
Clinical summary created by: (Non-Clinical User) (Cardonald) [07/07/2011 18:23:37]
MEDICATION ENQUIRY FOR 1DAY AND HAS RUN OUT OF MEDICATION ADVISED RE COMMUNITY PHARMACIST
—
This call should be directed via consult telephony route.
TO THE CALL HANDLER: If you are trained in advise and refer, launch and use the associated protocol.
The symptoms described during this call suggest that the individual concerned should contact a pharmacist.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3165316** Date: **28 Jun 2011** Time of Call: **01:27**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** **Y**

Address Today: **0/2 1655 Dumbarton Road Scotstoun Glasgow**

Post Code: **G14 9YD**

Home Address If different: **0/2 1655 Dumbarton Road Scotstoun Glasgow**

Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** -

Home Phone If different: () -

NHS24 Call ID : 0

Callers Name:

Relationship to patientM

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**BMC** Time Arrived: Time Complete: **28/06/2011 04:03:24**

Patient's Complaint: **Patient's Complaint:**

MOTHER WISHES TO SPEAK TO CPN - APPARENTLY ATTENDED A&E WIG EARLIER...

Remarks:

BP: PR: per min Temp: .

Clinical Notes:

Triage Doctor **ELIZA** Follow Up: Other

Consultation(s):

By: MacLeod Elizabeth **Start:** 28/06/2011 03:21:55 **Finish** 28/06/2011 03:25:31

Clinical Assessment Details
Started-28/06/2011 03:21:55
Finished-28/06/2011 03:25:31
History
Mother contacted the service, unhappy at the outcome of clients assessment earlier at the Western Infirmary, mother feels client should be in hospital. Requested to speak with client, same declined, client overheard in the background making vague threats to harming herself, however, unwilling to speak with myself. Advised that own team will be informed of contact tonight, client agreed to this. Offered further contact overnight if required. making vague threats to harm
Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: zV6.. ([V]Other reasons for encounter)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3165171** Date: **27 Jun 2011** Time of Call: **21:54**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** **Y**

Address Today: **0/2 1655 Dumbarton Road**
Scotstoun

Glasgow

Post Code: **G14 9YD**

Phone Number Today: **(0141) 211 2402** -

NHS24 Call ID : 0

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstoun

Glasgow

Post Code: **G14 9YD**

Home Phone If different: () -

Callers Name: **Dr Galea W.I.** Relationship to patient**C**

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Advice CPN** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**WILSO** Time Arrived: Time Complete: **28/06/2011 05:40:45**

Patient's Complaint:
wishing to speak to a cpn

Patient's Complaint:

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **AMCCO** Follow Up: Other

Consultation(s):

By: MCcOLE Anne-marie **Start:** 28/06/2011 04:59:02 **Finish** 28/06/2011 05:41:14

Clinical Assessment Details
Started-28/06/2011 04:59:02
Finished-28/06/2011 05:41:14
History

Asked to assess this 31yr old lady at WIG A&E after walking in c/o of having suicidal thoughts. Had superficially lacerated her left arm on Saturday. Had been a patient of Dr Connolly and when she last saw her she had changed her mirtazapine to fluoxetine. She had mistakenly thought that Dr Connolly meant her to stop her mirtazapine on the 13th. Has not been taking the fluoxetine as she is worried about the side effects. Reported that she had been in children's homes for the age of 6. Claims that she has had a poor relationship with both her parents whom she now lives with. Now claims to be looking for help with her past.

Examination

Casually dressed , boyish looking woman wearing jogging bottoms, a jacket and a sports cap. Good eye contact and fair rapport. Orientated to time place and person. Speech was of normal rate tone and rhythm and content of her speech was normal. No e evidence of any psychotic symptoms or any formal thought disorder. Mood was reactive and spoke freely about the football and how she would be buying a season ticket for Rangers. Spoke angrily about her erratic upbringing and how she suffered as a child, claiming that her mother had taken a nervous breakdown and her father felt incapable of looking after her. Stated that she had been bullied at school and eventually had attended a special school at Yorkhill Hospital where she had psychology input. Attends a gardening project at Alderman Rd and although she enjoys this she is upset that the government have the payment of Â£15/ week which she seen as an incentive.

NHS Confidential: Personal data about a patient

Diagnosis

F3/F7 known to Riverside R/C

Treatment

No suicidal thoughts plans or intent and has clear plans for the future. Would appreciate psychological help as she feels that she has not had that as an adult. Looking forward to the birth of her nieces baby and describes many positives in her life. Appreciated the contact with cpns. Will contact Riverside to arrange an appointment with her cpn.

Clinical Coding

Clinical code: 8.... (Other Therapeutic Procedures)

Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **3156927** Date: **18 Jun 2011** Time of Call: **12:22**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** Y

Address Today: **0/2 1655 Dumbarton Road Scotstoun Glasgow**

Post Code: **G14 9YD**

Home Address If different: **0/2 1655 Dumbarton Road Scotstoun Glasgow**

Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** -

Home Phone If different: () -

NHS24 Call ID : 10340490

Callers Name: **Sharon - Cpn -Crisis Team** Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Dr to phone pt within 1 Hr Priority D Dual** NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived: Time Complete: **18/06/2011 13:03:31**

Patient's Complaint: **Patient's Complaint:**

PATIENT THOUGHT CONSULTANT TOLD PATIENT TO STOP THIS MED. NEEDS 15ML OF MIRTAZEPINE, STARTING DOSEAGE. ((Non-Clinical User) (Glasgow))
PATIENT IS AGGITATED AND LEARNING DIFFICULTIES. ((Non-Clinical User) (Glasgow))
RPN FOR CPN - 0141 211 1430 ((Nurse Advisor) (Glasgow))
—
NEEDS MIRTAZEPINE SEE A/V
—
Clinical summary created by: (Nurse Advisor) (Glasgow) [18/06/2011 12:20:57]
ACCESS TO MEDS FOR 1/7 AND INITIALLY 3RD PARTY VIA CRISIS TEAM CPN.PT- LEARNING DIFFICULTIES/DEPRESSIVE DISORDER.LONGTERM MIRTAZAPINE 45MG.S/B CONSULTANT MON- MISUNDERSTOOD MEDS ADVICE- TAKEN NIL SINCE MON.INCREASING AGGITATION,ANXIETY.PACING ROOM.PALE.NAUSEATED.ABDO CRAMPS.CPN FEELS NEEDS RECOMMENCED AT LOWER DOSE - 15MG +/- DIAZEAPM 2MG.HAS ONLY 45 MG TABS AVAILABLE.LOCAL PHARMACY CLOSES AT 1PM.GP CALL ABCK PLEASE.
—
This call should be directed via consult telephony route.
TO THE CALL HANDLER: If you are trained in advise and refer, launch and use the associated protocol.
Painkillers ? use either Paracetamol and or Ibuprofen, follow guidance on package and/or ask pharmacist for advice.
If the patient does not suffer from any other medical conditions like asthma, gastric bleeding or presently pregnant, then ibuprofen should be started at the appropriate maximum dose as directed on the product packaging.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D195** Follow Up: GP Follow Up

Consultation(s):

By: Fleming Murray **Start:** 18/06/2011 12:44:48 **Finish** 18/06/2011 13:02:54

Clinical Assessment Details
Started-18/06/2011 12:44:48
Finished-18/06/2011 13:02:54
History
call from crisis team cpn riverside resource centre. patient mistakenly stopped mirtazepine 45mg daily earlier this week post appt with psychiatrist. now experiencing some withdrawal symptoms. cpn requesting scrip for mirtazepine and diazepam.
Examination

Diagnosis
medication requested.
Treatment
scrip to boots, partick.
Clinical Coding
Clinical code: 8B3H. (Medication requested)
Prescription Details
Drug Name-mirtazapine tablets 15mg
Preparation-tablet(s)
Dosage-one at night
Quantity-7
Drug Name-diazepam tablets 2mg
Preparation-tablet(s)
Dosage-as required
Quantity-12

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 3122430 Date: 06 May 2011 Time of Call: 23:50

Patient's Name: Gayle Wilson DOB: 21/07/1979 Age: 31 Y

Address Today: Outside In Great Western Road Home Address If different: 0/2 1655 Dumbarton Road

Glasgow Glasgow

Intercom/Buzzer Entry

Post Code: Post Code: G14 9YD

Phone Number Today: (07919) 185 698 - Home Phone If different: () -

NHS24 Call ID : 10181783

Callers Name: Gayle Relationship to patient:

Name of GP: Ghouri NA Practice No: 030

Surgery: 030 11 Peel Street Cipher No: G0810 9

Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL Fax No: 0141 339 9501

Speed Dial: 187

Call Type: CPN to phone Pt within 1 Priority D Dual NHS24 Time Passed:

Receptionist's Name:IIF Time Arrived: Time Complete: 07/05/2011 00:41:33

Patient's Complaint: **Patient's Complaint:**

PT STATES IT IS ANTI DEPRESSANT BUT DOES NOT FEEL IT IS DOING ANYTHING FOR HER. ((Non-Clinical User) (Edinburgh))
PT STATES EARLIER TODAY SHE CUT HER WRISTS BUT DOES NOT WANT TO SPEAK TO ANYONE ABOUT THIS. ((Non-Clinical User) (Edinburgh))
UNABLE TO CONFIRM RETURN NUMBER BUT NUMBER OF TURRET TAKEN. ((Non-Clinical User) (Edinburgh))
—
MEDICATION QUERY SEE A/V
—
Clinical summary created by: (Nurse Advisor) (Edinburgh) [06/05/2011 23:52:44]
DEPRESSION, SELF HARMING FOR TODAY AND WORSENING LOW MOOD, SELF NEGLECT, CUT LEFT WRIST TODAY, DENIES THIS REQUIRES ATTENTION. POOR SLEEP PATTERN. ON MIRTAZEPINE, THINKS MAY HAVE ONGOING SUICIDAL IDEATION. GP/CPN TO CALL WITHIN1 HR PLEASE
—
MADE P2 ON ADVISE OF T/L B. JOHNSSON.
This call should be directed via triage telephony route.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor SFORR Follow Up: No Follow Up

Consultation(s):

By: Forrest Steven **Start:** 07/05/2011 00:39:49 **Finish** 07/05/2011 00:41:18

Clinical Assessment Details
Started-07/05/2011 00:39:49
Finished-07/05/2011 00:41:18
History
CALL FROM CLIENT KNOWN TO RIVERSIDE CMHT. QUERY RE MEDICATION ISSUES ADVISED TO CONTACT OWN TEAM ON MONDAY AND ARRANGE A REVIEW. HAPPY WITH THIS OUTCOME.
Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: 8.... (Other Therapeutic Procedures)
Prescription Details

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2949984** Date: **26 Oct 2010** Time of Call: **22:02**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **31** **Y**

Address Today: **0/2 1655 Dumbarton Road**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Home Address If different: **0/2 1655 Dumbarton Road**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** -
NHS24 Call ID : 9376226

Home Phone If different: **(0141) 563 8676** -

Callers Name:

Relationship to patient:

Name of GP: **Ghouri NA**

Practice No: **030**

Surgery: **030 11 Peel Street**

Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL**

Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **No Action Required by Co- NOT GIVEN**

NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived:

Time Complete: **26/10/2010 22:02:35**

Patient's Complaint:

Patient's Complaint:

CHEST QUITE RED. FLARED UP YESTERDAY, CALMED DOWN AT NIGHT AND HAS NOW FLARED UP AGAIN. FEELS SORE. ((Non-Clinical User) (Glasgow))
SEEMS TO BE A BIT LIKE A SPOT ((Non-Clinical User) (Glasgow))
CALLED BACK NO CHANGE ADVISED NA WILL CALL BACK ASAP ((Non-Clinical User) (Glasgow))
—
CB - RED LUMP ON CHEST, 24 HRS, SEE A/V
—
Clinical summary created by: (Nurse Advisor) (Cardonald) [26/10/2010 22:05:15]
RED SPOT ON BREAST (R) FOR 24 HOURS AND SIZE OF PEA, REDNESS ABOUT 10P PIECE DIAMETER, TENDER TO TOUCH, SOFT, GREEN CENTRE. REASSURED, SELF CARE ADVICE GIVEN. OUTCOME - SELF CARE.
—
This call should be directed via consult telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within three hours.

Remarks: This call should be directed via consult telephony route.

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

NHS Confidential: Personal data about a patient

Primary Care Division

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr NA Ghouri
Peel Street Medical Practice
11 Peel Street
Glasgow
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE

Date: 19 September 2006
Your Ref:
Our Ref: AG / DT
PIMs No: 0705814
CHI No: 210 779 6165

Direct Line: 0141 211 1430
Fax No: 0141 211 1444

Dear Dr Ghouri

Re: GAYLE WILSON D.O.B. 21.07.1979
FLAT 0 / 2, 1655 DUMBARTON ROAD, GLASGOW G14 9YD

The above mentioned failed to attend for her outpatient appointment on Tuesday 15th August 2006 with Dr Andrew Gray, Consultant Psychiatrist at the Riverside Resource Centre.

I have therefore discharged her from my case load. If in the future you feel that she requires to be re-referred to our service, please do not hesitate to contact us.

Yours sincerely

Dr Andrew Gray
Consultant Psychiatrist

22 SEP 2006

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Primary Care Division

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Ms Gayle Wilson
Flat 0 / 2
1655 Dumbarton Road
Glasgow
G14 9YD

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date	18 August, 2006
Your Ref	
Our Ref	AG / DT
PIMS No:	**0705814**
CHI No:	**210 7796 6165**
Direct Line	0141 211 1446
Fax	0141 211 1444
Email	

Dear Ms Wilson

I notice that you failed to attend for your outpatient appointment on the Tuesday 15th August 2006. If you would like a further appointment, please contact my secretary on the above number before the **15th September 2006** and this will be arranged.

If we do not hear from you within this time we will assume you no longer wish to be seen and will we discharge you back to the care of your GP.

Yours sincerely

23 AUG 2006

Dr Andrew Gray
Consultant Psychiatrist

cc. Dr NA Ghouri, Peel Street Medical Practice, 11 Peel Street, Glasgow, G11 5LL

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Call No: 1633108 CHI No: 2107796165	Date : 06 May 2006		NHS 24 No: 3226590
Patients Name: Gayle Wilson	D.O.B. Age 21/07/1979 26 Y		Callers Name Violet
Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow	Home Address if different: 0/2 1655 Dumbarton Road Scotstoun Glasgow		
Post Code: G14 9YD	Post Code: G14 9YD		
Phone Number (0141) 562 4082 -	Call Type Pt to Contact pract < 36		
Name of GP: Ghouri NA	Time Call Received at NHS 24: 22:48		
Surgery 030 11 Peel Street	Time Details Received at GEMS: 23:08		
Practice Number 030	Time Patient Arrived:		
Fax Number 0141 339 9501	Consultation Start time:		
Speed Dial 063W	Consultation End time:		
Dispatched To ADVISED CALLS			

Clinical Information

POSSIBLE GALL BLADDER PAIN. SEE A/V Comments: HAS HISTORY OF GALL STONES. RECENT SYMPTOMS SIMILAR.
Clinical summary created: 06-May-2006
GALLBLADDER REMOVED 3 YEARS AGO RECENTLY HAS HAD SIMILAR PAINS AND SYMPTOMS, PAIN WORSE TONIGHT, INTERMITANT VOMITING, NO ANALGESIA TAKEN TODAY, STATES NOTHING HELPS PAIN, OFFERED PCEC APPOINT, REFUSED, ADVISED ANALGESIA AND CONTACT OWN GP.

Primary Care Nurse

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

6 MAY 2006

Referral:	Seen by Dr:	Rota No:	Nurse:

NHS Confidential: Personal data about a patient

Call No: 1626967 CHI No: 2107796165	Date : 29 Apr 2006	NHS 24 No: 3193956	
Patients Name: Gayle Wilson	D.O.B. Age 21/07/1979 26 Y	Callers Name Violet	
Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow		Home Address if different 0/2 1655 Dumbarton Road Scotstoun Glasgow	
Post Code: G14 9YD		Post Code: G14 9YD	
Phone Number (0141) 562 4082		Call Type PCEC+Transport within 90	
Name of GP: Ghouri NA		Time Call Received at NHS 24: 14:44	
Surgery 030 11 Pool Street		Time Details Received at GEMS: 15:00	
Practice Number 030		Time Patient Arrived: 15.20	
Fax Number 0141 339 9501		Consultation Start time: 15.40	
Speed Dial 063W		Consultation End time: 15.50	
Dispatched To WESTERN			

Clinical Information

GLOB STOMACH PAINS 3 DAYS WORSENED 1 DAYClinical summary created: 29-Apr-2006
UNTRIAGED CALL SENT TO PARTNER

2 MAY 2006

(4022 assigned at 15:07:)
Primary Care Nurse
Triage Person assigned to call via Despatch Screen.

Cx Infrequent - diarrhoea

BP: /	Pulse	Temp: 36.6 °c	Allergies Ciprofloxacin → rash.

Clinicians Notes

Several months h/x frequent abdominal pain and diarrhoea.
Seen by GP but not examined or treated.
Ax obese. Tender right hypochondrium. No mass. Bs -

Lower abdominal pain for last week, with intermittent diarrhoea. Pain is worse today. Nil vomitting. has been taking ibuprofen. History of depression

? IBS.
Rx Loperamide 2 x 2 at night
- Cx Lactulose 3g/5ml.

Referral:	Seen by Dr: 4022 Brown	Rota No: 103	Nurse:

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

120

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 50938417A

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	26	21/07/79	08/03/06	23:45	009662/06

Address	Sex	Religion	Date of Inc	Time
1655 Dumbarton Road GLASGOW	Female	Church of Sc	06/03/06	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single -	UE	OTHER	WALKING

PC G14 9YD | Tel

GP

Name: Dr HAY

Address: PEEL STREET MEDICAL
11 PEEL STREET
GLASGOW
G11 5LL
0141 334 9331

Referred by: SELFREF

NEXT OF KIN

Name: VIOLET WILSON

Relat. MOTHER

Tel. No. 07919815561 CONT

Address: 1655 Dumbarton Road
GLASGOW
G14 9YD

Complaint

9 MAR 2006

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
23:45	Category 4

Initial Complaint: LIMB PROBLEMS UPPE

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Tendonitis (R) wrist

X-ray film/ECG shows

Treatment given: Splint

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)*: [illegible] MACNAB

Signature of Medical Officer

Cons (SpR) SHO3 SHO JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data about a patient

Call No: 1457344 CHI No: 2107796165	Date : 09 Aug 2005	NHS 24 No: 2269318	
Patients Name: Gayle Wilson	D.O.B. Age 21/07/1979 26 Y	Callers Name Voilet	
Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow		Home Address if different 0/2 1655 Dumbarton Road Scotstoun Glasgow	
Post Code: G14 9YD		Post Code: G14 9YD	
Phone Number (07979) 721 048		Call Type Ft to Contact pract < 36	
Name of GP: Ghouri NA		Time Call Received at NHS 24: 00:46	
Surgery 030 11 Peel Street		Time Details Received at GEMS: 00:57	
Practice Number 030		Time Patient Arrived:	
Fax Number 0141 339 9501		Consultation Start time:	
Speed Dial 063W		Consultation End time:	
Dispatched To ADVISED CALLS			

Clinical Information

VIOLENTLY SICK HIGH TEMP 3/7Comments: GALL BLADDER REMOVED 3 YEARS AGO
Clinical summary created: 09-Aug-2005
RIGHT UPPER QUADRANT PAIN 3 DAYS, HAD CHOLECYSTECTOMY 3 YRS AGO. PAIN EASED A BIT BY PARACETAMOL. NO FEVER, ADVISED TO CONTACT OWN GP SURGERY IN MORNING FOR APPOINTMENT.

09 AUG 2005

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

Referral:	Seen by Dr:	Rota No:	Nurse:

NHS Confidential: Personal data about a patient

Primary Care Division

Riverside Resource Centre
12 Sandy Road
Partick
G11 6HE

NHS
Greater Glasgow

Private & Confidential
Dr Hay
11 Peel Street
Glasgow
G11 5LL

Date 22nd July 2005
Our Ref AG/GA
Direct Line 0141 211 1430

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21.7.79
165 Dumbarton Road, Glasgow G14 9YD

I saw Gayle for review at Riverside on the 11th of July. She was accompanied by her mother.

Gayle was fairly talkative when I saw her today, and was able to tell me that she had been feeling reasonably well since the last time I saw her. Her mood has generally been quite bright, and she has not been getting particularly anxious or irritable. She is still getting spells of low mood, but these have been less frequent, usually once every couple of weeks, and are not lasting more than a day at a time. Gayle could not really identify any precipitants for these low spells. Gayle's mother agreed that she had been keeping reasonably well.

Gayle is still not doing a great deal with her time, generally sitting in the house watching TV. She does get out to visit her family though. I have referred Gayle to the CLDT, and I hope they will be able to involve her in some activity. They are due to see her fairly soon.

Gayle has continued on Lofepramine 70 mg daily and Diazepam 2 mg daily as required. She seems to be tolerating this okay. We agreed she should continue on these doses for now.

I have arranged to see Gayle again for review in a couple of months.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

28 JUL 2005

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Primary Care Division

Riverside Resource Centre
12 Sandy Road
Partick
G11 6HE

NHS
Greater Glasgow

Private & Confidential
Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 3rd June 2005
Our Ref AG/GA
Direct Line 0141 211 1430
Fax 0141 211 1444

16. JUN 2005

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21.7.79
1655 Dumbarton Road, Glasgow G14 9YD

I saw Gayle for review at Riverside on the 30th of May 2005. She was accompanied by her mother, who again did most of the talking. Gayle did not want to be seen on her own.

Gayle's mother said that Gayle had been fairly stable since last time I saw them, and Gayle agreed with this. Gayle said she had been a bit more active, getting out to visit her family, though much of her time is still spent in the house. Her mood has been fairly bright, and she has not been getting too anxious or irritable. There have not been any further episodes of self harm.

Gayle's mother did say that Gayle had been a bit unsettled over the past weekend, apparently because Gayle's niece, who she is quite close to, had been taken into hospital. She had settled down with a bit of extra Diazepam though.

Gayle has continued on Lofepramine 70 mg daily. She takes 2 mg of Diazepam as required, usually once or twice a day.

We have been trying to find some more structured activity for Gayle, but this has proved difficult. The North West Training Project did not feel that she would be appropriate for their service.

I have written to the Community Learning Disability Team to ask them to see Gayle for assessment, and hopefully they will be able to fix her up with an appropriate placement.

I have advised Gayle to continue with her current doses of medication for now. I will see her for review in a couple of months.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

ACTIVITY GOALS

Name CAILE WILSON

Referring GP/PAM DR GHOUGH

Practice Site 11 PEEL ST

1 MAY 2006

Date of birth (dd/mm/yy) 2/2/79

GP Name (if different)

Practice

Baseline / 6 Month Activity Goals (delete as appropriate)

Activities I will try

Active Living Activities

SWIMMING 5 x WK

BRISK WALKING, CLIMBING STAIRS, ACTIVE HOUSEWORK

Future Activities

GYM CLASS

GP

1st Step to activity (preparation)

BOOK GYM INDUCTION @ RECEPTION

2nd Step - within 2 weeks I will (action)

GYM SESSION MON + WED 2-3PM

3rd step - by the end of MAY (1 month's time) I will:

SWIMMING 2 x WK GYM 2 x WK

SWIMMING 1 x WK

4th step - by the end of JULY (3 months time) I will:

BE AND A ROUTINE MAINTAIN ACTIVE LIVING ACTIVITIES

5th step - by the end of NOV (6 months time) I will:

BOOK 6 MONTH APPOINTMENT

I agree to try this physical activity plan until OCTOBER

at which stage I am due to book my next appointment for an exercise consultation.

Participant's Signature C WILSON Date 5/5/06

Exercise Counsellor's Signature

W6301/0603

NHS Confidential: Personal data about a patient

Priority 3 03

NHS Greater Glasgow

White copy to Patient
Pink and Yellow copy to Dietitian

PRIMARY CARE DIVISION
NUTRITION AND DIETETIC SERVICE

PATIENT REFERRAL

DATE REFERRED: 4/4/05 DATE RECEIVED: 12/4/05

NAME: Gayle Wilson RELEVANT CLINICAL HISTORY/ BIOCHEMICAL RESULTS DOCTOR/REFERRER

ADDRESS: 6/2 1655 Dumbarton Rd. DESIGNATION: P M

G14 CURRENT MEDICATION PRACTICE CODE: G40296

DATE OF BIRTH/ NUMBER: 21/7/79 Lofepramine 70mg Diazepam 2-5mg in am PRACTICE STAMP

TEL NO: M/H 958 0814 HEIGHT: 1.63 WEIGHT: 106 39.9kg/m² PAEDIATRIC REFERRAL ☐

DOMICILLIARY VISIT REQUIRED ☐

NUTRITIONAL ADVICE REQUIRED, PLEASE INDICATE

- ☑ Dietary Assessment
- ☐ Advice on Dysphagia
- ☑ Weight Reduction Advice
- ☐ Nutritional Support
- ☐ Allergies
- ☐ Lipid Alteration
- ☐ Diabetic
- ☐ Other
- ☐ GI Disorders
- ☐ Poor Nutrition
- ☐ Iron Deficiency

02 JUN 2005

Thank you for referring the above patient to the Nutrition and Dietetic Service. The patient:

Attended ☐ See Dietitian's report below

Did not attend ☑ Appointment given, no contact from patient, patient now discharged from service.

Did not opt in ☐ No appointment request has been received, patient now discharged from service.

DIETITIAN'S REPORT

Height: Weight: BMI:

Objectives: Pt failed to attend appointment therefore discharged.

Action:

Support Literature / Diet Sheet provided? Yes ☐ No ☐

Review appointment arranged? Yes ☐ No ☐

Date:

Dietitian: M McClements Date: 27/5/05

NHS Confidential: Personal data about a patient

Primary Care Division

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL
Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 8 April 2005
Your Ref
Our Ref AG/EP

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444

Dear Dr Hay

Re: GAYLE WILSON DOB 21.07.79
1655 DUMBARTON ROAD, GLASGOW G14 9YD

I saw Gayle for review at Riverside on 14 March. She was accompanied by her mother and her sister. I had not seen Gayle for over a year, as she had missed quite a few appointments.

Gayle did not say a great deal during the interview, as her mother did most of the talking, but she seemed to agree mostly with what her mother was saying. Gayle's mother said that Gayle's condition had been largely unchanged over the past year. She is getting good days and bad days. On her good days she will be quite bright, talkative and go out to visit her sister. On bad days though she can be quite agitated and irritable, and tends to be withdrawn and stay in her bed. She has not had any further thoughts of self-harm though.

When I saw her today Gayle appeared reasonably bright. She did not describe any particular problems or worries, and she had no active thoughts of self-harm. She said she had been sleeping and eating reasonably well recently.

Gayle is still staying with her mother, and seems to spend much of her time in the house.

Gayle has continued taking Lofepramine 70mg daily. She seems to be tolerating this okay, and feels it has been helpful. We decided to continue on this dose for now.

We have in the past felt that engaging Gayle in some regular activity would probably be the best way forward. She is not keen in going back to the gardening project, and did not really get on very well at Flourish House. I will rerefer her to the North West Training Project to see if she can get into something like woodwork or picture framing.

I will arrange to see Gayle again for review in due course.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

13 APR 2005

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust
STRICTLY CONFIDENTIAL

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

Ms G Wilson
1655 Dumbarton Road
Glasgow
G14 9YD

Date 11 June 2004
Your Ref
Our Ref AG/DLT

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email

Dear Ms Wilson

I notice that you failed to attend for your outpatient appointment on the 3rd of June 2004. If you would like a further appointment please contact my secretary on the above number within the next ten days and this will be arranged. If we do not hear from you within this time we will assume you no longer wish to be seen and will discharge you back to the care of your GP.

— Rescheduled !

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

Cc: Dr E Hay, 11 Peel Street, Glasgow G11 5LL

9 JUN 2004

POSITIVE ABOUT DISABLED PEOPLE

D370787

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 25 February 2004
Your Ref
Our Ref AG/HB/57

Direct Line 0141/232 9203
Extension
Fax 0141/211 1444

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21/07/79
1655 Dumbarton Road, Glasgow G14 9YD

I saw Gayle for review at Riverside on the 24th of February 2004. She was accompanied by her mother.

When I last saw Gayle she had complained of a number of depressive symptoms, and we had decided to start her on Reboxetine. However, she told me today she had been unable to tolerate this due to nausea, and had to discontinue this after about a week.

Gayle said there hadn't been a great deal of change in her symptoms over the last couple of months. She said she had been feeling quite flat and finding it difficult to motivate herself to do much. She has been off her foods, though she hasn't lost any weight. Her sleep pattern has been disturbed, and she finds it hard to concentrate on anything. She has had some vague thoughts about taking an overdose, but there have been no further episodes of self-harm.

Gayle is currently staying with her mother, though she does have her own flat. She has never moved into it, though. Her mother does seem to do a lot for Gayle.

Our attempts to engage Gayle with some structured activity so far have not come to anything. We will continue to look into this.

After some discussion we decided to try Gayle on a different antidepressant. She hasn't done well with SSRIs in the past, and the Reboxetine seemed to make her sick as well, so we eventually decided to try Lofepramine, with an initial dose of 70mgs daily.

I will see Gayle again for review in a few weeks' time.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

1 MAR 2004

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS Greater Glasgow

STRICTLY CONFIDENTIAL

Date 24/2 2004
Your Ref
Our Ref
Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email

Dear Dr

Re: Patient's Name: Gayle Wilson
Address: 1655 Dumbarton Road
D.O.B. 21/7/74

I reviewed the above patient at the Riverside Resource Centre. I would be grateful if you make the following changes to his/her medication.

Start Lorazepam 70mg daily ✓ Rx'ed.
(Diazepam was been stopped)

A more detailed letter will follow shortly.

Could you also check U+E, LFT, FBC & TFT please.? Thanks.
↳ still outstanding
26/2/04.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

FIVE ABOUT

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 25 November 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/232 9203
Extension
Fax 0141/211 1444
Email elaine.archibald@glacomen.scot.nhs.uk

27 NOV 2003

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

I saw Gayle at Riverside on 24 November 2003. She was accompanied by her mother.

It has been a few months since I last saw Gayle, as she has missed a number of appointments. Gayle told me that she had been quite physically unwell, and indeed had had to go into hospital to have her gallbladder removed. She seems to have made a good recovery from this though.

Gayle said that over the past couple of months she had been feeling increasingly depressed. She described persistent low mood, lack of motivation, irritability and anxiety. She has hardly been getting out of the house at all, and hasn't been doing much around the house other than lying in bed. Her sleep pattern has been disturbed, and her appetite has been variable. She said that her thought content had generally been fairly gloomy, and that she had had some recurrent thoughts of taking an overdose though she hasn't acted on these for quite a while now.

We have tried to engage Gayle at the Kelvindale Training Centre again, but the only activity on offer there is gardening, and Gayle felt that she couldn't do this due to her bad back. We had also referred her to Flourish House, but Gayle felt she didn't fit in there as everyone was much older than her.

Gayle's current medication is Diazepam 2mgs up to three times a day. She feels this does help keep her calm a bit, though it doesn't really affect her mood.

After some discussion we decided to start Gayle on an antidepressant. She has previously been on SSRI's, but told me that these had made her quite agitated. I would suggest trying her on Reboxetine, initially at a dose of 4mgs twice a day.

I think that probably the most beneficial thing for Gayle would be to try to get her involved in some sort of regular activity and I will look into the possibility of this. I have arranged to see Gayle again for review in a few weeks time.

NOTES.

Continued

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

NHS
Greater
Glasgow

Re: Gayle Wilson, (cont.)

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS Greater Glasgow

STRICTLY CONFIDENTIAL

Date 24/11 2003
Your Ref
Our Ref
Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email

Dear Dr

Re: **Patient's Name:** Gayle Wilson
Address: 1655 Dumbarton Road
D.O.B. 21/7/79

I reviewed the above patient at the Riverside Resource Centre. I would be grateful if you make the following changes to his/her medication.

Stemetil Prochlorperazine 4mg three daily.

A more detailed letter will follow shortly.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

STRICTLY CONFIDENTIAL

Ms G Wilson
1655 Dumbarton Road
Glasgow
G14 9YD

Date 21 October 2003
Your Ref
Our Ref /EA/

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email

Dear Ms Wilson

I notice that you failed to attend for your outpatient appointment on 20 October 2003. If you would like a further appointment, please contact my secretary on the above number within the next ten days and this will be arranged. If we do not hear from you within this time we will assume you no longer wish to be seen and will discharge you back to the care of your GP.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

Cc: Dr Hay

29 OCT 2003

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

DEPARTMENT OF SURGICAL GASTROENTEROLOGY
MR DAVID J GALLOWAY'S CLINIC

Our Ref: 1109/GS/AMM

Please reply to: Mrs Angela McGroarty

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Direct Line: 0141 211 3192
Fax No: 0141 357 4725

Date Dictated: 11.09.03
Date Typed: 16.09.03

Dr Hay
11 Peel Street
Glasgow
G11 5LL

Dear Dr Hay

Re: Gayle Wilson, (21.7.79), HN 938417, 1655 Dumbarton Road, Glasgow, G14 9YD

Gayle has recovered from her cholecystectomy very well. Her wounds have healed nicely and histology did show an inflamed gallbladder with stones in and one impacted in the neck. Unfortunately she appears to have sinusitis at present with purulent sputum nasally, congestion and tenderness. Her chest is nice and clear so I have given her a handwritten letter to you to see whether you think some Beconase and antibiotics would be appropriate. We have discharged her.

Yours sincerely

24 SEP 2003

Graeme Smith
Specialist Registrar

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 15 September 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/232 9203
Extension
Fax 0141/211 1444
Email elaine.archibald@
glacomen.scot.nhs.uk

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

Gayle had an appointment at Riverside at 12.00pm on 15 September 2003, but due to transport difficulties she and her mother didn't arrive until just after 1.00pm. Unfortunately, I was with another patient at this time, and they weren't able to wait to be seen.

We will send out another appointment.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

OK

18 SEP 2003

POSITIVE ABOUT DISABLED PEOPLE

D370787

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Gartnavel General Hospital, 1053 Great Western Rd, Glasgow, G12 0YN

NHS
Greater Glasgow

DIVISION OF SURGERY

Reply to: DAVID J GALLOWAY
Our Ref : Hospital No 0938417

Direct: 0141 211 3192
FAX : 0141 357 4725

10 September 2003

Dr E J Hay
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

12 SEP 2003

Dear Dr Hay,

Re: **GAYLE WILSON, D.O.B. 21/07/1979**
1655 DUMBARTON RD, GLASGOW, G14 9YD

Your patient was admitted as arranged to Gartnavel General Hospital on 28 July 2003.

MAIN DIAGNOSIS FOR EPISODE
BILIARY COLIC (574.2)

PAST MEDICAL HISTORY
BILIARY COLIC (574.2) Feb 03

PROCEDURES PERFORMED
29/07/2003 LAPAROSCOPIC CHOLECYSTECTOMY (J18.3+Y50.8)

COMPLICATIONS
NONE (V65.8)

OUTCOME
SATISFACTORY AT DISCHARGE

ADDITIONAL COMMENTS
Very anxious woman. Some bile spilled at surgery. Given post-op antibiotics.

Your patient was discharged home on 30 July 2003, and has an appointment to attend my Surgical Clinic, Gartnavel General Hospital in 6 weeks.

Yours sincerely

GASmith Spn

OK. DJG

PP DAVID J GALLOWAY
Consultant Surgeon

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 20 August 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/232 9203
Extension
Fax 0141/211 1444
Email elaine.archibald@glacomen.scot.nhs.uk

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

Gayle had another appointment at Riverside on 18 August 2003, but did not attend. She has missed several appointments now. Her mother has been in touch to say that Gayle has been physically unwell, so this may explain her non-attendance. We will send out another appointment anyway.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

25 AUG 2003

POSITIVE ABOUT DISABLED PEOPLE

[redacted] Confidential: Personal data about a patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

4:45

335532

CONFIDENTIAL

WEST GLASGOW HOSPITALS
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

[redacted]

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.:_____

Your Patient :

Name Gayle Wilson
Address:_____

D.O.B. 21/07/79 Unit No. 938417

Consultant Galloway
Admitted to Ward SC On 28/07/03.
Discharged 30/07/03 From Ward SC
Or seen at _____ *Clinic,on* __/__/__

Diagnosis
1 lap diclocystectomy
2_____
3_____
4_____

Operation/Procedures
1_____
2_____
3_____

Follow Up Arrangements

Clinic_____	Date__/__/__	
Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No
Paramedical (please state)_____		
Other _____		

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	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 from date of discharge
CIPROFLOXACIN		500mg		/						/			1/52
△ VOLTAROL		50mg		/			/				/		1/52
DIAZEPAM		5mg		/			/				/		Pts own

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
7	14x500mg Ciprofloxacin
	28x50mg Voltarol
	Patient's Own

Dispensed by [redacted] Checked by DC
Date 30/7/03 CP Check

Medication Collected by (Messenger)

WARD USE ONLY
Medication Rec. on Ward by_____
Issued by_____
Date Issued_____
Signature of Recipient_____

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)

△ Change to Paracetamol 1g 4-6° prn p.c G. Davies.

✓OK H

DR.s NAME IN BLOCK CAPITALS [redacted] **SIGNATURE** [redacted] **DATE** 29.07.03

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 4046

NHS Confidential: Personal data about a patient

Call No: 981876	Date : 03 Aug 2003	NHS 24 No: 345390	
Patients Name: Gayle Wilson	D.O.B. Age 21/07/1979 24 Y	Callers Name	

Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow	Home Address if different 0/2 1655 Dumbarton Road Scotstoun Glasgow
Post Code: G14 9YD	Post Code: G14 9YD
Phone Number (07786) 328 619	Call Type No action required-Self
Name of GP: Hay EJ	Time Call Received at NHS 24: 19:11
Surgery 030 11 Peel Street	Time Details Received at GEMS: 19:26
Practice Number 030	Time Patient Arrived:
Fax Number 0141 211 6228	Consultation Start time:
Speed Dial 063W	Consultation End time:
Dispatched To ADVISED CALLS	

Clinical Information :

Clinical summary created: 03-Aug-2003
MOTHER PHONING, DAUGHTER CONSTIPATRED SINCE SURGERY LAST WEDNESDAY, ADVISED INCREASE IN LACTULOSE TO 15ML TONIGHT, SEEING PRACTICE NURSE TOMORROW WHO CAN ADVISE FURTHER.

4 AUG 2003

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

Referral:	Seen by Dr:	Rota No:	Nurse:

NHS Confidential; Personal data about a patient

Call No: 979138	Date : 30 Jul 2003	NHS 24 No: 339534	
Patients Name: Gayle Wilson	D.O.B. Age 21/07/1979 24 Y	Callers Name Mrs Wilson	
Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow		Home Address if different 0/2 1655 Dumbarton Road Scotstoun Glasgow	
Post Code: G14 9YD		Post Code: G14 9YD	
Phone Number 07786 328 519		Call Type PTS within 2 Hrs	
Name of GP: EJ Hay		Time Call Received at NHS 24:	
Surgery 030 11 Peel Street		Time Details Received at GEMS: 18:11	
Practice Number 030		Time Patient Arrived: 1850	
Fax Number 0141 211 6228		Consultation Start time:	
Speed Dial 063W		Consultation End time: 1930.	
Dispatched To DRUMCHAPEL			

Clinical Information

Clinical summary created: 30-Jul-2003
SEVERE ABDO PAIN-GALLBLADDER REMOVED YESTERDAY-KEYHOLE -,DISCHARGED THIS FTERNOON,HAS PARACETAMOL FOR ANALGESIA-TAKEN 4 TABS SINCE 15.30,SLIGHT BROWN LEAKAGE FROM WOUND,NEEDS TRANSPORT WISHES TO ATTEND WESTERN PCEC

Diazepam 5 mg (TID) Vitals: NAD.
Cephalexin commenced today.
Co pain for umbilical wound site.

31 JUL 2003

BP: /	Pulse	Temp: 36.9 °c	Allergies Penicillin

Clinicians Notes

Had keyhole cholecystectomy y'day Pt tol ... more midline/umbilical wound pain Pt Dazipam 5mg tid PCM tid
awaiting
c/o pain around wound
Allergic Rx Penicillin
Also Rx Elastoplast allergy.
Tender over rectus abdominis on trying to sit
RS normal. Chest clear
D. Pantop inj 2 tea tubes blood
Ex Tramadol 50mg

Referral:	Seen by Dr: Dr.	Rota No: 181	Nurse: R. Cameron

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

DEPARTMENT OF DIGESTIVE DISEASES
MR D J GALLOWAY'S SURGICAL CLINIC

Our Ref: MZ/AMK
Your Ref:

Date Dictated: 19 June 2003
Date Typed: 8 July 2003

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN
Direct Line: 0141 211 3192
Fax No: 0141 357 4725

Dr E Hay
11 Peel Street
GLASGOW
G11 5LL

9 D JUL 2003

Dear Dr Hay

Gayle Wilson 1655 Dumbarton Road GLASGOW G14 9YD DOB 21.7.79 Hospital Number 938417

I reviewed this patient in Mr Galloway's clinic today. She had been admitted as an emergency to the Western last February with right upper quadrant pain and an ultrasound scan showed multiple gallbladder calculi. Liver function tests were normal. She tells me that she has had pain every day which has been similar in nature mainly right upper quadrant and accompanied by vomiting. I have discussed this patient with Mr Galloway and in view of the severity of this patients symptoms we have arranged for her to have a laparoscopic cholecystectomy on 22 July. I have explained the procedure to her including the risks and complications and the 5% open conversion rate. Gayle who attended with her mother today understands all this and is willing to undergo the operation. We will this admit her to Ward 5C on 22 July for surgery on the same day.

Yours sincerely

They cancelled.
Gayle still awaits!
MZ 30/7.

M ZAMMIT
SENIOR HOUSE OFFICER IN SURGERY

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE

NHS Greater Glasgow

STRICTLY CONFIDENTIAL
Dr E Hay
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Date 17 July 2003
Dictated 14 July 2003
Your Ref
Our Ref AQ/CC

Direct Line 0141 211 1430
Fax 0141 211 1444
Email @
glacomen.scot.nhs.uk

Dear Dr Hay

Re: Gayle Wilson DOB 21.7.79
1655 Dumbarton Road, Glasgow, G14 9YD

Gayle had an appointment at Riverside on 14th July 2003, but did not attend. I will get in touch with her to arrange another appointment.

Yours sincerely

Andrew Gray

Dr A Gray
Consultant Psychiatrist

24 JUL 2003

GAYLE has awful biliary colic + is on W/L. for surgery — we hope this will be done 30/6.

NB.

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 24 June 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email elaine.archibald@glacomen.scot.nhs.uk

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

Gayle had an appointment at Riverside on 23 June 2003, but did not attend. We will send her a further appointment in due course.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

RECEIVED 27 JUN 2003

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Gartnavel General Hospital, 1053 Great Western Rd, Glasgow, G12 0YN

NHS
Greater
Glasgow

DIVISION OF SURGERY

Reply to: DAVID J GALLOWAY
Ref No: Hospital No 0938417

Direct: 0141 211 3192
FAX : 0141 357 4725

20 June 2003

DR HAY
PEEL STREET MEDICAL CENTRE
11 PEEL STREET
GLASGOW
G11 5LL

Dear Dr Hay,

Re: GAYLE WILSON, D.O.B. 21/07/1979
1655 DUMBARTON RD, GLASGOW
G14 9YD

Thank you for referring this patient for a surgical opinion. She was put on the non-urgent waiting list on 19/06/2003 under the care of David J Galloway for admission to Gartnavel General Hospital as an in-patient.

PROVISIONAL DIAGNOSIS:

CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS

PROPOSED TREATMENT:

LAPAROSCOPIC CHOLECYSTECTOMY

25 JUN 2003

Yours sincerely,

MARK ZAMMIT
SENIOR HOUSE OFFICER IN SURGERY

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 03 June 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email elaine.archibald@glacomen.scot.nhs.uk

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

Gayle had an appointment at Riverside on 2 June 2003, but did not attend. We will send out another one in due course.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

6 JUN 2003

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Glasgow Emergency Medical Services (Centre Name) STOBHILL

Call No: 946419	Date: 03 Jun 2003	Time of Call: 23:27
Patient's Name: Gayle Wilson	D.O.B.Age: 21/07/1979 23 Y 6165	
Address Today: 0/2 1655 Dumbarton Road Scotstoun Glasgow	Home Address If different: 0/2 1655 Dumbarton Road Scotstoun Glasgow	
Post Code: G14 9YD	Post Code: G14 9YD	
Phone Number Today: (07786) 191 728	Home Phone If different: (00000) 000 000	
Special Directions to Today's address: NHS24 Call ID : 262973		
Callers Name: Violet Wilson	Relationship to patient:	

Name of GP: Hay EJ		Practice No: 030	
Surgery: 030 11 Peel Street		Cipher No: G0792 7	
Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL		Fax No: 0141 211 6228	
		Speed Dial: 063W	
Call Type: PTS within 2 Hrs	Priority 3 Within 2 hrs	Time Passed:	
Receptionist's Name: IIF	Time Arrived:	Time complete: 04/06/2003	

Patient's Complaint:

Comments: PCEC WITH TRANSPORT - AWAITING CHOLECYSTECTOMY, PAIN MUCH WORSE TONIGHT ON RIGHT SIDE GOING THROUGH TO HER BACK UNRELIEVED BY COCODAMOL.

OK.

BP: /	PR: per min	Temp:

Clinical Notes Triaged By:

Triage

4 JUN 2003

Diagnosis decided to go to bed and take paracet

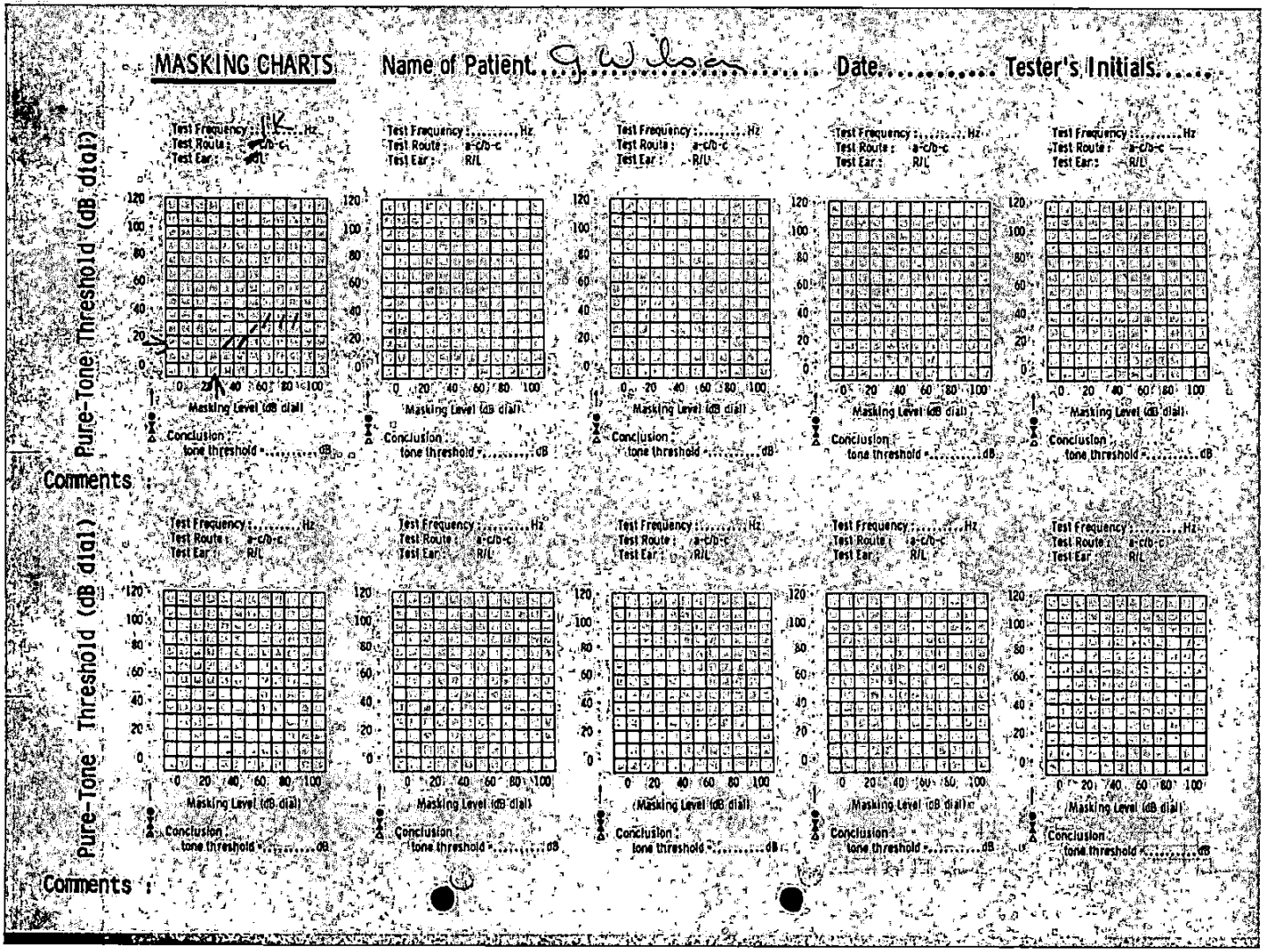
Treatment:

Diagnosis Code:

Referral:

Seen by Dr:	Rota No:	Nurse:

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

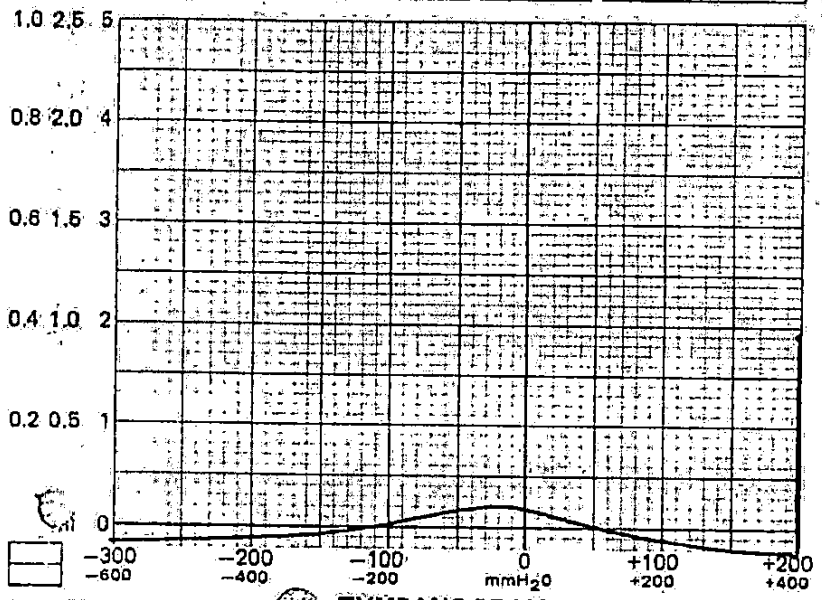
GSI Grason-Stadler

1723 Middle-Ear Analyzer

NAME NO. AGE

EXAMINER DATE TIP SIZE

SENSITIVITY*						FREQ.		RECORD SPEED	
1.0	2.5	5.0	Y	B	G	220	660	NORM.	SLOW



*MULTIPLY SENSITIVITY X 3 AT 660 Hz

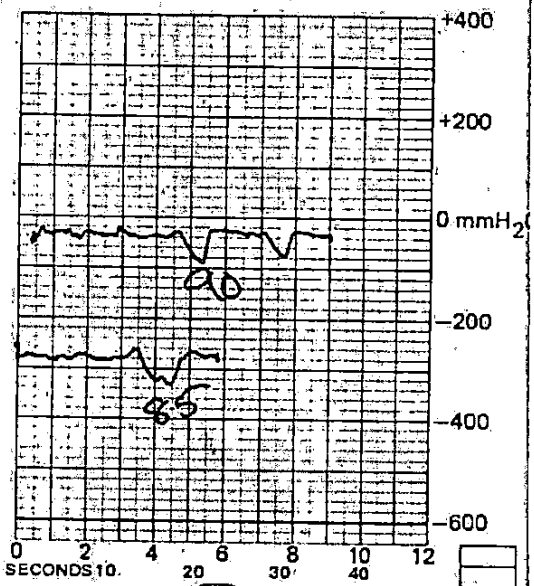
TYMPANOGRAM

CHART NO. 1723-9600

LEFT | RIGHT

REFLEX SENSITIVITY | .5 | 1.0

250	500	1K	2K	4K	LB	HB	BB	
		85						STIMULUS IPSI HL
		90						CONTRA HL



REFLEX EUSTACHIAN TUBE

REV 5

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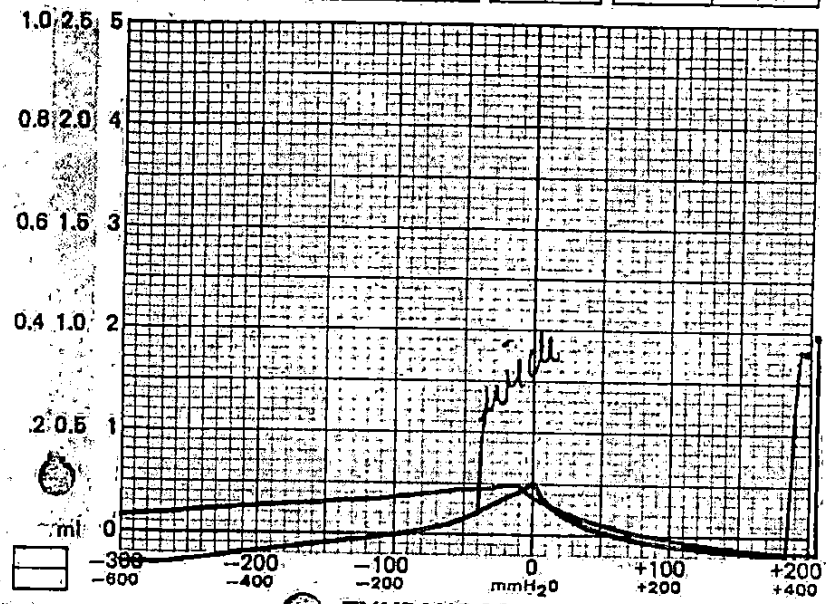
GSI Grason-Stadler

1723 Middle-Ear Analyzer

NAME NO. AGE

EXAMINER DATE TIP SIZE

SENSITIVITY*			Y	B	G	FREQ.		RECORD SPEED	
1.0	2.5	5.0				220	660	NORM.	SLOW



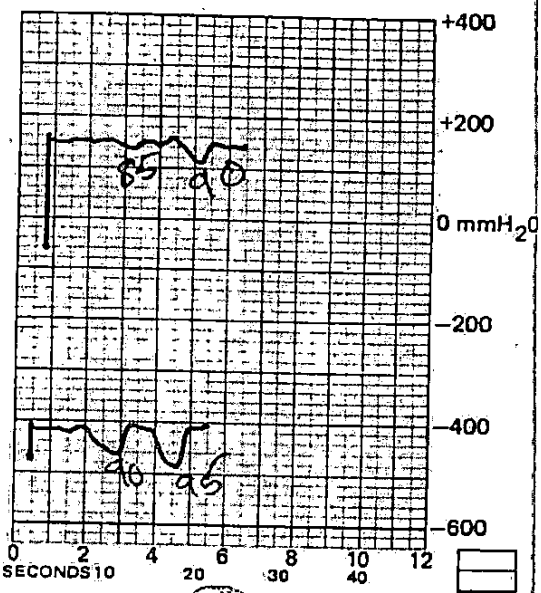
*MULTIPLY SENSITIVITY X 3 AT 660 Hz

TYMPANOGRAM

LEFT RIGHT

REFLEX SENSITIVITY .5 1.0

250	500	1K	2K	4K	LB	HB	BB	STIMULUS
								IPSI HL
								CONTRA HL



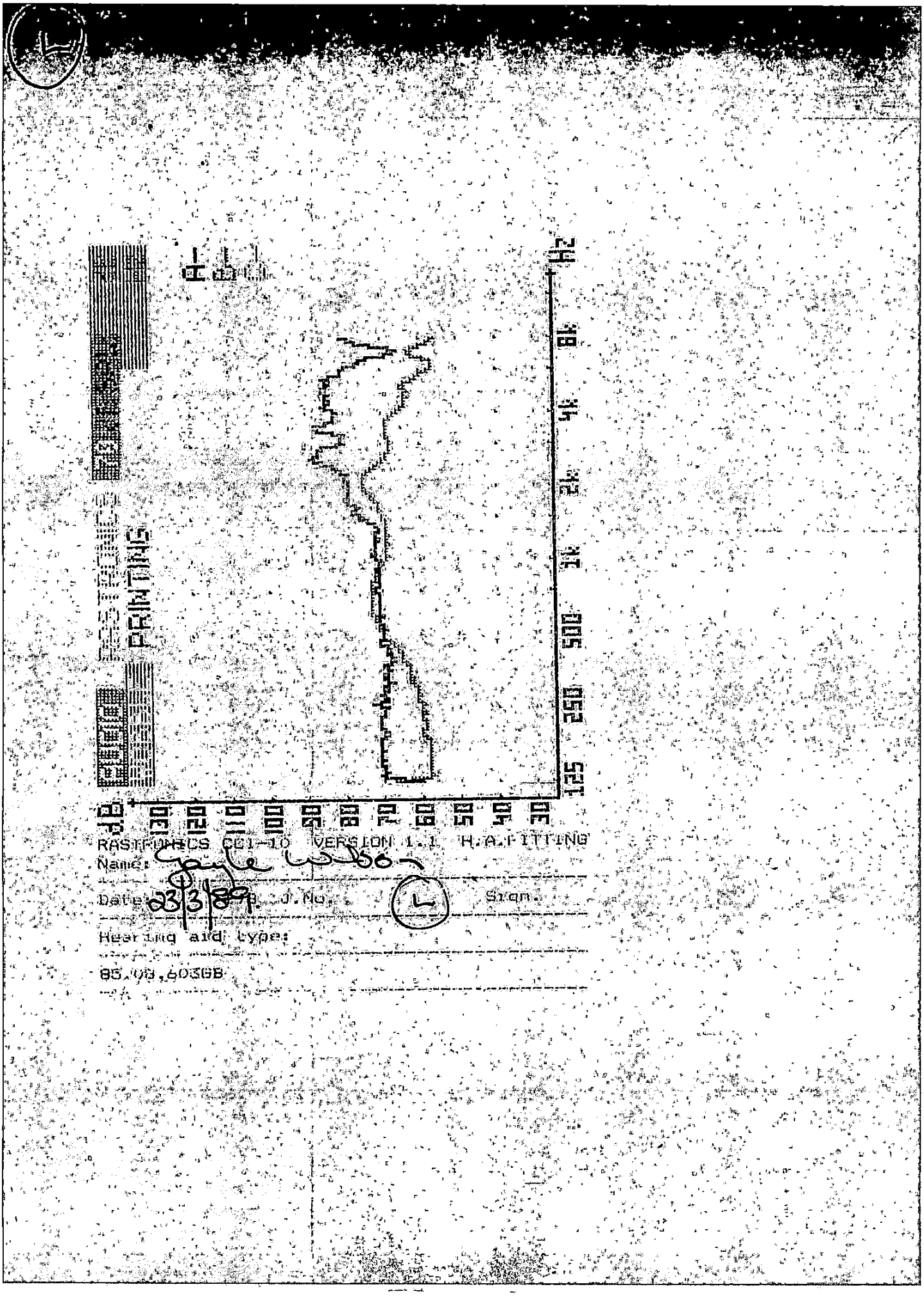
REFLEX EUSTACHIAN TUBE

CHART NO. 1723-9600

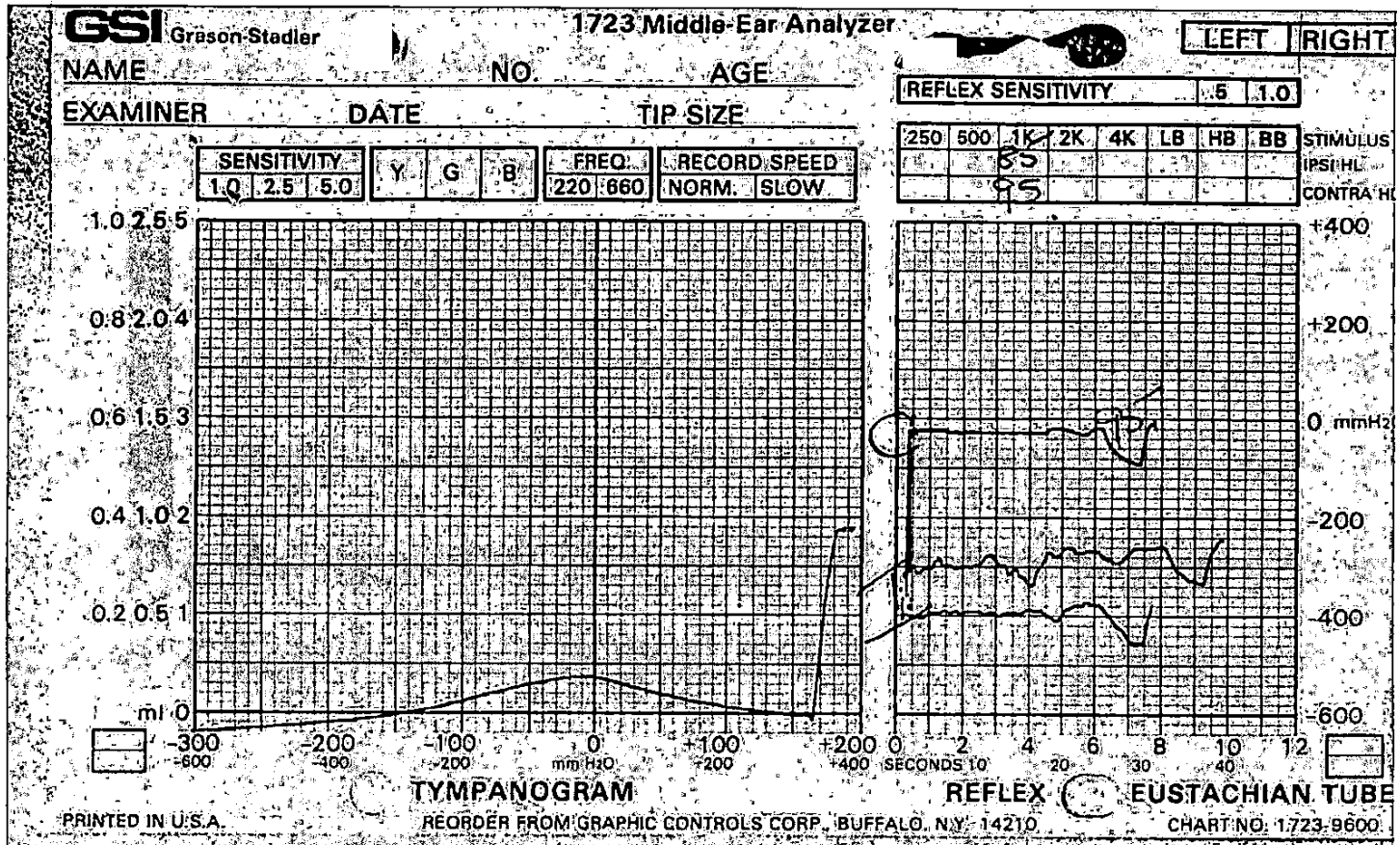
REV 5

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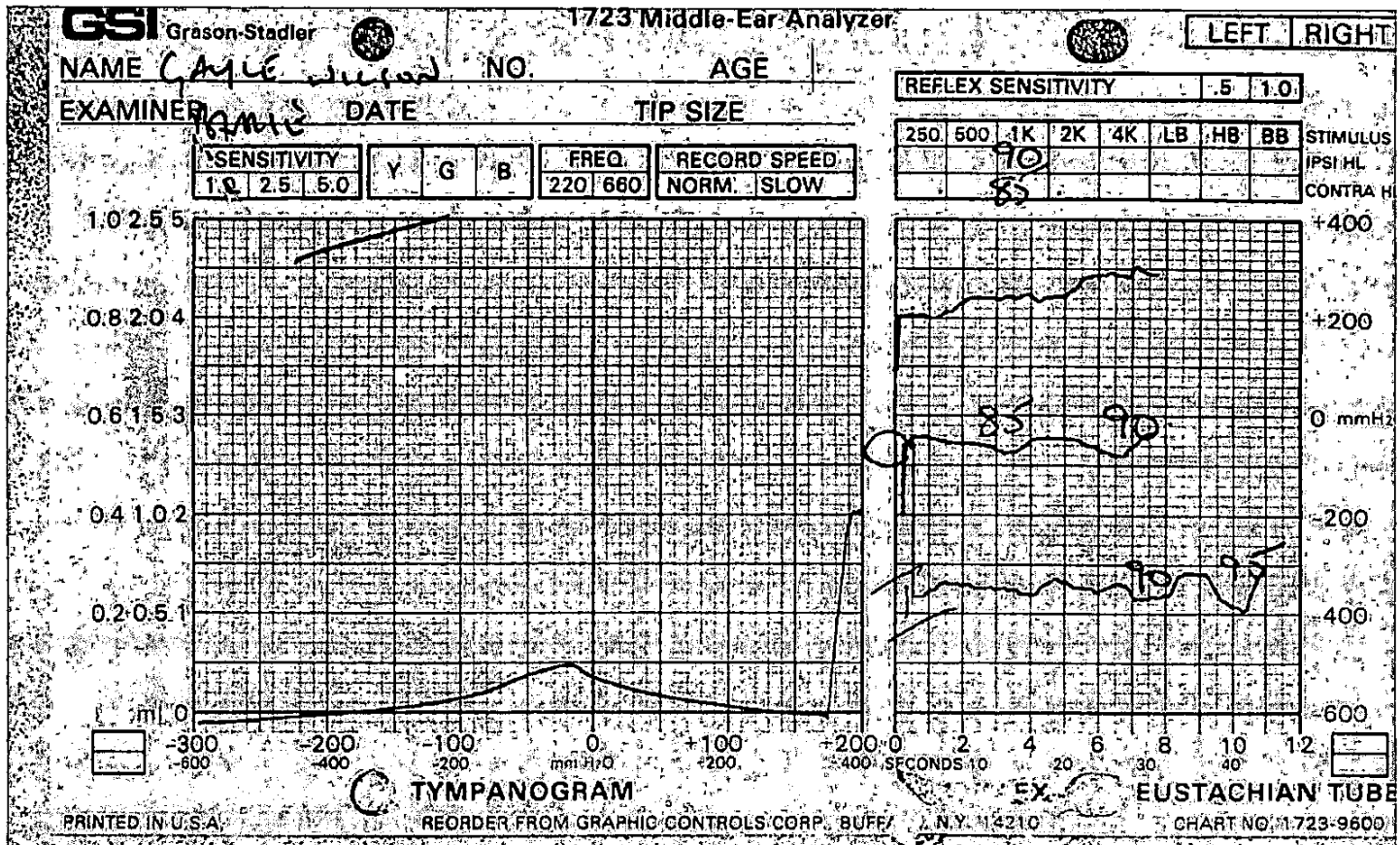
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W85 [illegible] Call No. [illegible]

Patient's Name & Address: Gail Wilson

24 Stewart Villas St

c/F

Call 8

Date 21.10.87

Time 23.40

23.50

Complaint And History

Vomiting

High Temp

Relevant Clinical Findings

Temp: Temp 98.4

Pulse: Chest clear

Systems: No CVS [illegible]

Tender abdomen

Diagnosis: No Diagnosis +/-

Patient To Call If Necessary:

Treatment: Ampicillin [illegible]

Admit Ward D

To Surgery In Days:

Please Revisit In Days:

Hospital Admission Arranged:

[illegible] OWNER Henry

BACTRIM co-trimoxazole

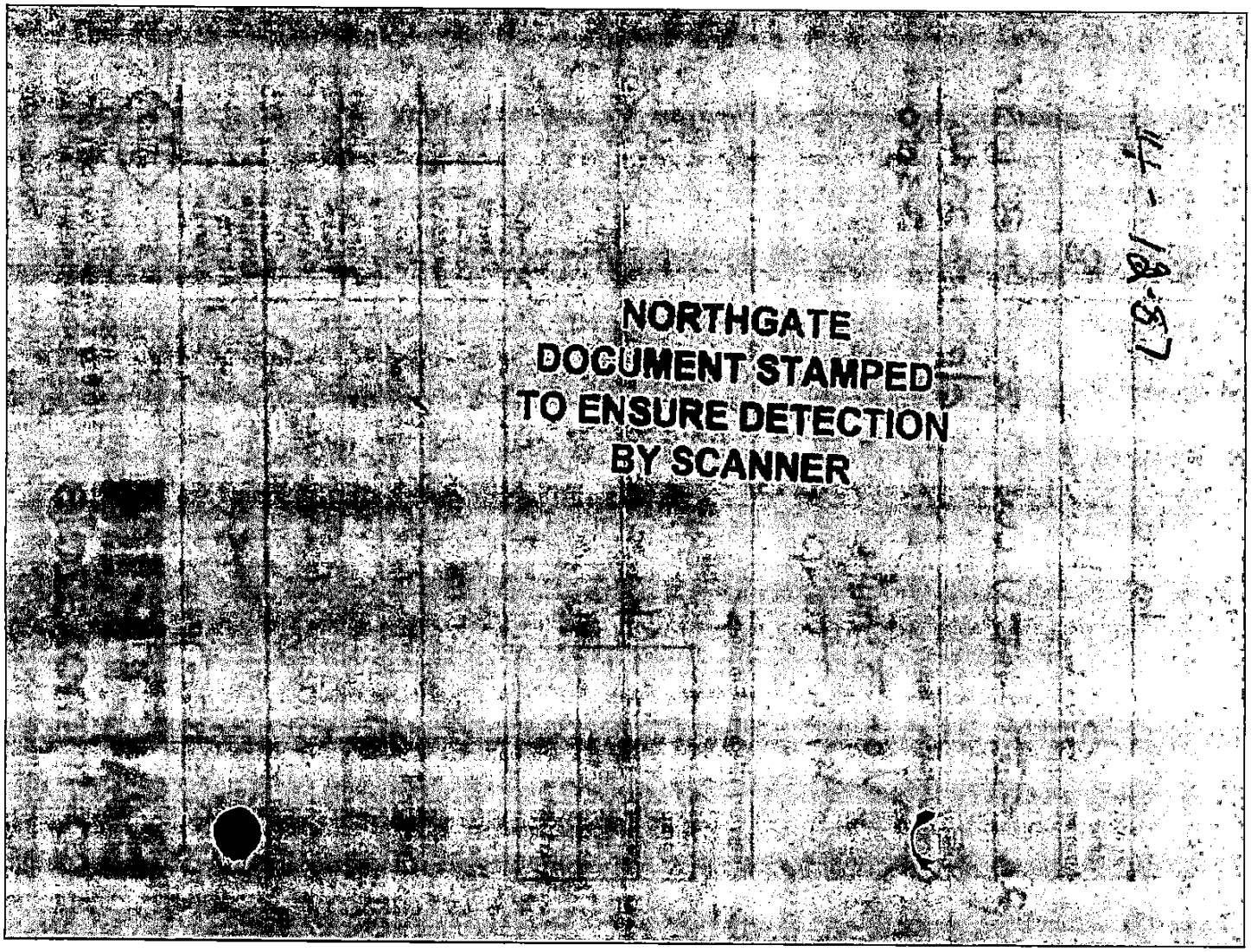
Bactrim is a trade mark

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ROCHE PRODUCTS LIMITED
PO BOX 8, WELWYN GARDEN CITY
HERTFORDSHIRE AL7 3AY

P999249/585

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ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill,
Glasgow, G3 8SJ

AAW/SMC

14th November, 1988

Dr. Henry,
337 Dumbarton Road,
Glasgow,
G11 6AL.,

Dear Dr. Henry,

Gayle Wilson D.O.B. 21.7.79 - 305401
24 Stewartville St, Dowanhill Glasgow G11 5PJ.,

Gayle was admitted on 10.10.88 with a history of drowsiness. There was no evidence of head injury, and examination on admission showed no neurological deficits. She has a long psychiatric history of social maladjustment, and she was under the care of Dr. James, who reviewed her on this occasion. Investigations showed no abnormalities apart from low serum iron. She was discharged home on 13.10.88 on Sytron. The Social Work Department have been involved in her management.

Yours sincerely,

ALI AL WAFI
Surgical Registrar.

23-11-88

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ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888 Ext.401

DEPARTMENT OF CHILD & FAMILY PSYCHIATRY

Yorkhill,
Glasgow, G3 8SJ

DSJ/VMcL

11th May 1988

Mrs L Woolfson
Assistant Area Reporter
Strathclyde Regional Council
McKenzie House
400 Argyle St
GLASGOW

Dear Mrs Woolfson

Re: GAYLE WILSON DOB 21.7.79
24 STEWARTVILLE ST DOWANHILL GLASGOW G11 5PJ

I enclose a background report and covering letter about Gayle. This note is to share with the Wilson Family my recommendations of the next few months.

1. Gayle is benefiting from Nerston School. She has already formed useful relationships with the staff and her school problems and difficulties with emotional development are being attended to.

2. It will take several months at Nerston before Gayle matures sufficiently to present less difficulties in the home situation.

3. Mrs Wilson despite recent set backs appears to be making overall progress through her own period of difficulty. She has stated on several occasions in recent weeks that it is difficult for her to cope with Gayle's behaviour at weekends and it is acknowledged that the long summer holiday would inevitably be accompanied by a rise in tension with Gayle's demands.

4. Rita who has always been involved with Gayle's care will probably be re-housed with her own child Mandy. It is hoped that this will be in Partick area but there may be an intermediate spell elsewhere.

5. Doreen is sometimes working away from Glasgow and Mr Wilson works shifts and this means he is not always able to be present in the evenings. The evenings are particularly difficult as tensions are built up during the day and reach a peak.

6. I will be reluctant to place Gayle completely away from her family at this stage as in many ways the family is close. If Mrs Wilson continues to get help with her nerves and Gayle continues to attend Nerston there may be an overall lessening of tension in a few months time.

cont...../

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7. My solution for the next few months would be that Gayle goes to Ailsa Children's Home or equivalent nearby placement at the weekends and during the long holidays, but she continues to attend Nerston school on a Monday to Friday basis. Access to the family would be desireable during the day time. This would usually be to her own home but sister Rita would be likely to be visiting or if Rita gets re-housed Gayle could also spend days or even overnight stays depending on what kind of accommodation is evenutally produced for Rita.

8. It is known that Gayle coped with Ailsa as this arrangement has already been tried and will probably be tried again before the next Panel.

9. The disadvantage would be that Gayle has to cope with a number of different situations. I think she will adapt well enough to this but such an arrangement would need to be reviewed perhaps in 3 months and then in 6 months time. By the end of 6 months one would be looking for overall progress. If the arrangments became too confusing I would be discussing the situation with other professionals involved so that new suggestions could be made to the Children's Panel if requested.

Yours sincerely

David S James
Consultant Child Psychiatrist

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ROYAL HOSPITAL FOR SICK CHILDREN

Our Ref:
Your Ref:
Enquiries to:

YORKHILL
GLASGOW G3 8SJ
Telephone: 041-339 8888

17/11/87

Dear Dr Henry,

This report gives details of our involvement with Gayle to date. We are suggesting a Spell in 5 day/week residential school and the referral has also been sent to Child Guidance to arrange this.

Sincerely

Dr D.S. Bowers
Consultant Child Psychiatrist.

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19 NCV 19

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[redacted]

PSYCHIATRIC REPORT

GAYLE WILSON — Gayle would be 8 at this time

21.7.79

24 STEWARTVILLE ST, GLASGOW G11

Gayle was first referred to this Department in early 1985 when she was 5½ years of age. The referring Doctor commented that Gayle had several behavioural problems, that she slept poorly often going to bed at 1 am and frequently refused to go to school thereby causing great scenes at home. Problems in verbal communication were noted both at home and at school. At the first interview in the summer of 1985 Mrs Wilson described Gayle as hyperactive, on the go all the time and then not sleeping at night. She cried a lot as a baby and has always been a handful. Mrs Wilson had a nervous breakdown when Gayle was 2 and said she had felt like hitting Gayle because she was so exhausted.

Gayle was a late baby as Mrs Wilson was 35 when she discovered she was pregnant which was late on in the pregnancy and there was ambivalence about having another child at that stage. Gayle was 2.25 kgs at birth and was delivered after faetal distress. Early and persisting psycho-social difficulties in the family are referred to later in this report.

Physically Gayle is large and overweight for her age, her weight being over the 97th centile and her height around the 90th. She has a tendency to be rather clumsy and had difficulty in walking along a straight line and fine finger movements were rather slowly performed. Her stature makes her appear more mature and older than her chronological age.

The first psychological assessment was carried out in December 1985 when Gayle was 6 years and 3 months. The report is enclosed which indicates Gayle was of low-average intelligence with an unusual profile. The verbal I.Q. rating was of 15 points ahead of the verbal score and motor output difficulty with less good spacial and organisational skills were evident in copying, design and writing. Comprehension and word finding difficulties were suspected as well as expressive difficulties. It was borne in mind that although Gayle was then in Primary 2 she had missed a substantial amount of schooling. A speech therapy assessment was performed in November 1985 and it was concluded that Gayle had language difficulties encompasing comprehension, auditory memory and discrimination, word selection and retrieval, syntax and organisation of material. These were difficult to evaluate as her performance fluctuated. Assessment was repeated in June of this year, Elizabeth Anderson's report is enclosed. The marked verbal performance discrepancy persisted although there was little change in the borderline to low-average overall range of intellectual ability. Clumsiness, poor co-ordination and poor visuo-spatial organisation was noticed with weekness in reading and spelling. It was felt that Gayle would encounter difficulties in maintaining following the pace of normal school in most spheres of her work. These findings were borne out at Downhill Primary School. Her writing was noted to be poor and her social progress behind the group. She was easily led and dominated by other children. Our remedial teacher saw Gayle during the Primary 2 stage and Mrs Margaret Grubb commented that it would be difficult for a class teacher to incorporate the amount of phonic help that Gayle would require. Sight reading was to be encouraged to help her problems with sequencing and blending.

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Gayle has been observed as an In-Patient for some weeks during this summer and as a Day-Patient more recently. She was previously observed in an Out-Patient group and has had individual sessions with one of our Registrars and more recently with Jenné Martens, Senior Occupational Therapist. In the Out-Patient group Gayle had a lot of difficulty interacting and remained isolated throughout the period of group assessment. She was unable to follow through any interaction with peers and stood near to the therapist being unable to initiate any interaction with others. She was dull in manner and inappropriate being provocative in her posture and a strong regressive aural content to her play was observed. She was extruded by the group and the experience only served to increase her feelings of inadequecy so that she was withdrawn from the group after preliminary assessment sessions. The initial assessment sessions while Gayle was an In-Patient during this summer were interesting. She likened the first session to school because felt tipped pens were used and froze with anxiety and became unable to speak. She played more readily with dolls and became increasingly expressive over the subsequent sessions. The dolls were used to represent inconsistences in the parents attitudes the father doll being idealised or punitive and the mother doll sometimes being replaced by an older sister. The material increasingly appointed to disorganisation within the family.

A considerable amount of family therapy has been used. Mrs Wilson is in her mid-40's at this point she does not want details of her extremely unsettled and traumatic upbringing to be disclosed. She blames herself for her long standing ambivalence towards Gayle and her problems between mother and child have led to nervous breakdowns, periods of admission to hospital for Mrs Wilson. She is a direct and forthright lady who when in good health is a senior domestic at the Art Gallery.

Mr Wilson is in his late 40's. He appears placid and able to absorb Gayle's restless and difficult behaviour. He worked as a porter at the Southern General Hospital.

The eldest child is Rita now in her mid 20's. Rita attended special school and is a kindly caring person who has played the maternal role over most of Gayle's upbringing. She is close to Gayle but there are difficulties on the horizon as Rita is shortly to have a baby and plans to settle down with her fiancé. Rita is torn between her new life and needing to stay at home to help with Gayle. Doreen is now 19. She leaves the family for periods of time usually going down south to work in a hotel. She communicates fluently and is supportive to her mother at an emotional level.

During family therapy sessions there was a tendency for Mrs Wilson to set limits opn Gayle's behaviour and Gayle would usually pay little heed constantly interupting or diverting attention to herself in a restless somewhat disorganised fashion. Mr Wilson would then involve Gayle in some activity which undermined his wife's position and caused a triangular situation.

Gayle was admitted for In-Patient observation from 4.6.87 to 17.7.87. She was noted to be ill at ease, clumsy and unsure of herself. She settled into the ward routine and remained unsure of herself and in this setting rather unaccertive. Again problems of integration with the group emerged and she needed a lot of support and reassurance from the staff. Gayle's problems were found to be 1) poor self-esteem, 2)poor ability for Gayle to cope with her personal hygiene with reliance on relatives at home or staff in the unit 3)other self help skills were behind the norms for her age and 4)co-ordination problems previously noted were seen in the group. Latterly she seems settled and secure with the staff and was able to call some nurses by their individual names. It was of interest that the complaints of tempertantrum difficulties were not seen in the Ward, Gayle did not try to run away.

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She confided in Staff that she had been bullied at school and did not want to return.

We do not feel Gayle would cope with either the work or the peer group at her ordinary school and since her discharge she has attended as a Day-Patient. Her progress has plateaued and has varied according to the tensions within the home. We now have very little doubt that a residential school for maladjusted children near to Glasgow would be most advantageous next step. She requires several months of support both in school and during out of hours activities to help her gain confidence coping with her peer group. It would be particularly difficult for her special needs to be met within the family which at the time of writing this report is under considerable stress.

David S James
Consultant Child Psychiatrist

November 1987

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INVERCLYDE ROYAL HOSPITAL, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAIL	11	21/07/1979	18/03/91	15:39	004319/91

Address	Sex	Religion	Date of Inc	Time
C/O SOUTH ANNAN RESIDENTIAL SCHOOL FAIRLIE	FEMALE	CE	18/03/91	-

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
	568206	SINGLE		OTHER	WALKING/OTHER

GP

Name	Address	Referred by
HOWIE	10/14 FRAZER ST LARGS	SELF REFERRAL

NEXT OF KIN

Name	Address	Complaint
CAMPBELL		INJURY
Relat. FATHER	S/A	RT LEG
Tel No.		

DATE AND INIT

CLINICAL NOTES

Pc. inversion injy to (R) ankle difficulty weight bearing.
c sudden - pain.

ex sudden - tader. (R) lat malleolus.

knee
ankle } full ROM.

Vascular. capillary refill.

foot steady,

for XR (R) ankle. = N.B.F.
for further progress and discharge.

Examining Doctor: [signature]

Investigations	X-Ray	Lab	ECG	Blood Bank	Bact
	6500				

Diagnosis:

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg

	Pop	Resusc

	Pat Group	Diag	Anat Sit
1	1	26	9L
2			
3			
FD			

Disposal	Home	Admit	A/E Clinic	Irreg Dis

ied	DOA	GP	Transfer	Other Clinic	DNW

Research:

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Strathclyde Regional Council

CA5
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Review Case Conference Minute

Social Work Department Child Abuse Procedures

Name of child(ren)	D.O.B.	Registration Category	Remain on Register	De-Register
GAYLE WILSON	21.07.79	AT RISK	YES	

HOME ADDRESS	PRESENT ADDRESS
24 Stewartville Street Partick GLASGOW G11	Southannan School Fairlie LARGS Ayrshire

CHANGES TO REGISTER (i.e. Address, A. Team, Key Worker, etc.)

Date of Initial Case Conference:	27.04.88
Date of This Review:	13.02.91
Date(s) of Previous Review(s):	12.09.88; 10.02.89; 06.09.89; 28.02.90; 15.08.90
(a) Chairperson	D MOFFAT, AREA MANAGER, NW3 AREA TEAM

(b) Present (names)	Designation	Agency
Mr P Entwistle	Senior Social Worker	NW4 Area Team
Ms A Crawford	Educational Psychologist	Psychological Services
Doctor D James	Child Psychiatrist	DCFP, Yorkhill Hosp.
Mrs S Kelly	Social Worker	NW4 Area Team
Mr T McFadden	Admin. Assistant	NW4 Area Team

(c) Invited but unable to attend		
I Lamb or Representative		Southannan School
Doctor Henry	G.P.	337 Dumbarton Road

REPORT

Mr David Moffat, Chairman, opened the Review with the introductions and requested that Mrs S Kelly, Social Worker, give an update on the situation since the previous Review.

Mrs Kelly, Social Worker, stated that Gayle has been on the register since April 1988 following an assault by her mother Violet.

She moved to her present placement, Southannan School, in July 1989 where she is on a seven-day residence basis which is seen as necessary to provide sufficient respite to the family. Weekly homeleave continues on a Sunday to Monday basis. Mrs Wilson is proving continually difficult to handle particularly over her inability to accept Gayle's placement at Southannan. She therefore over-reacts to all sorts of problems to do with the school, and creates frequent difficulties over the home-leave situation. There is ongoing weekly discussion with Mrs Wilson regarding these problems. The home situation is also not helped by the ill-health of Rita (sister) the principal carer, who was in hospital at Christmas and is still having blackouts.

Mrs Kelly stated that Gayle is progressing at Southannan, both socially and emotionally, however Gayle's behaviour can still stimulate an adverse reaction at home and there is difficulty in getting the family to recognise that there has been progress with Gayle.

Mrs Kelly reported that she still considers that there is still wide scope for regression with Gayle due to the dynamics at home.

Doctor James, Child Psychiatrist, stated that he saw Gayle on 18 December 1990; Mrs Wilson (Mother) and Rita (sister) on 24 December 1990; Gayle on 12 January 1991; Mr & Mrs Wilson (Father and Mother) Rita and Mandy (niece) on 14 January and 11 February 1991.

Mrs Wilson had queried the appropriateness of the placement at Southannan partly as a result of her being upset about Gayle being in care due to her own past experiences. Doctor James reported that having been asked by the Reporter for his opinion regarding the appropriateness of Gayle's placement at Southannan School he confirmed that due to the type of schooling offered at Southannan School, which has proven to be effective in dealing with regressional behaviour and emotional difficulties, coupled with Southannan School's ability to feed into separate ordinary schools, led him to believe that the placement was appropriate.

Mrs Wilson (Mother) is progressing in that she is now able to recognise that her anxiety about the whole situation can in itself cause problems. Gayle is also progressing in that she does now understand that her behaviour has upset Rita (sister) and she regrets this. However, she, herself, believes that one night per week is sufficient contact at the moment. Although Gayle seems well settled at Southannan School. and although she has her own room there is a distinct lack of privacy which may affect the development of her social skills.

Doctor James felt that the same risks still exist and although there has been progress, that that progress is not, as yet, at the level which benefits Gayle.

Alison Crawford, Educational Psychologist, stated that she has had minimal contact with Gayle and her family.

..... /

Minute prepared by Signature

Area Officer/Chairman

Date 15 - 11 - 91

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NOTE TO ADDRESSEES

IF YOU DISAGREE WITH ANY ASPECT OF THIS REPORT YOU SHOULD CONTACT THE AREA OFFICER IMMEDIATELY IN WRITING. IF YOU AGREE WITH THE CONTENT PLEASE RETURN THE ACKNOWLEDGEMENT BELOW.

To Area Officer

I have received a copy of the report of the Case Conference/Review

held on regarding

and agree with the content and recommendations

Signature

Date

Peter Entwistle, Senior Social Worker, stated that there seems to be no transferrence of the coping ability shown by Mrs Wilson (Mother) within her work setting to the home setting. She is now seen, however, of managing difficulties that are an indirect result of Gayle's placement at Southannan School, such as transport arrangements. However, it is not seen that there has been sufficient improvement to remove Gayle's name from the Register.

Mr David Moffat, Chairman, stated that although there have been minor improvements in the circumstances at home they have not been significant enough to justify removing Gayle's name from the Register.

Mr Moffat concluded that Gayle's name would remain on the Child Abuse Register in the Category At Risk. This being due to the considerable risk factors within the home setting, particularly surrounding the homeleave situation.

The date of the next REVIEW CASE CONFERENCE is set as :

WEDNESDAY 14 AUGUST 1991 at 2 pm at NORTH WEST 4 AREA TEAM.

PLEASE DO NOT WRITE ON THIS TEAR-OFF SLIP

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UNIVERSITY OF GLASGOW

PROFESSOR FORRESTER COCKBURN
Samson Gemmell Chair of Child Health

DR. E. N. COLEMAN
Leonard Gow Lecturer

DR. M. D. C. DONALDSON
DR. M. B. DRUMMOND
DR. A. KERR
DR. J. Y. PATON
Senior Lecturers



University Department of Child Health
Royal Hospital for Sick Children
Yorkhill, Glasgow G3 8SJ

Telephone: 041-339 8888
Fax: 041-357 2785

MDCD/ADC/305401

cc Dr Henry, 337 Dumbarton Road, Glasgow

4 September 1990

Dr D S James
Consultant Child Psychiatrist
RHSC
Yorkhill

Dear Dr James

Re - Gayle WILSON, (21.7.79), Unit No. 305401
1-Up, 24 Stewartville Street, GLASGOW, G11 5PJ

Thank you for writing about Gayle and for your most helpful information concerning her.

Her tall stature is a reflection partly of obesity, but also early entry into puberty. Thus aged 11.1 years, Gayle has been menstruating regularly for the past 6 months, and probably started breast development as early as 8 or 9 years. Thus although tall for her age at 153.9 cm (5'1"), she is not likely to grow much more and will thus end up in the bottom half of the normal range for adult female height.

I agree that she is somewhat uncoordinated but this is not a specific finding and I am sure that she is not ataxic.

Her otitis media has ceased to be a problem of late but if this continues it would be helpful to have her reviewed by an ENT Surgeon.

Clinically, Gayle is not at all anaemic and I wouldn't pursue the question of a low serum iron.

Finally, the Nursing Officer in Medical Genetics, Carole Ferguson, was able to examine Gayle's external genitalia (understandably Gayle wasn't keen for me to do this) and found that one of the labia minora was slightly larger than the other, but there was no redness. I gather from Sandra McLaughlin (Gayle's key teacher) that the problem with her private parts is more one of redundant skin noticed by mother than actual soreness.

I hope these comments are helpful and haven't arranged to see Gayle again routinely.

With kind regards,

Yours sincerely

Malcolm Donaldson
Senior Lecturer in Child Health

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4-9-96

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ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888 Ext.4220

DEPARTMENT OF CHILD & FAMILY PSYCHIATRY

Yorkhill,
Glasgow, G3 8SJ

DSJ/VM

27th August 1990

Dr M Donaldson
Senior Lecturer in Child Health
Royal Hospital for Sick Children

Dear Dr Donaldson

GAYLE WILSON (21.7.79) Hosp No: 305401
1-Up, 24 Stewartville St Glasgow G11 5PJ

Thank you for seeing Gayle before she goes on holiday next month. While there is no clinical urgency about this referral, the timing will be significant in terms of allaying parental anxiety and taking Gayle on holiday is always stressful as relationships become easily strained.

The enclosed report gives background information. Gayle has been seen in DCFP since she was 5½ years of age. Gayle was 2.25 kgs at birth and apparently there was foetal distress and relationships with her mother have been difficult from the start. There have been indications of mild cerebral dysfunction with minor problems of co-ordination and fine movements and psychological assessments indicate Gayle to be of low-average intelligence with verbal score 15 points ahead of her performance score.

To summarize a complex situation, Gayle's 3 areas of development have been out of phase during her childhood:-

1) Physical Growth. Since assessed at the age of 8 Gayle's height has been between the 90th and 97th centile, and her weight in excess of the 97th centile so she is big for her age.

2) Cognitive Development. Lags behind her chronological age.

3) Psychosocial Development. This has been the area of most difficulty as Gayle has tended to withdraw or have temper tantrums because of an explosive relationship with her mother who has had considerable difficulties in her own right.

Gayle was an in-patient in DCFP in the summer of 1987 and she was subsequently accepted into Nerston Residential School where she settled happily and made progress with her attainments and personality development. Unfortunately Nerston stopped taking girl pupils and Gayle was subsequently transferred to Southannan, near Largs, which is another Residential School that also offers family support. Frequently there are difficulties in returning Gayle to school from weekend leave but on the whole she is making good progress.

cont...../

[redacted]

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[redacted]

27th August 1990

Dr M Donaldson

GAYLE WILSON (21.7.79) Hosp Nos: 305401
1-Up, 24 Stewartville St, Glasgow G11 5PJ

There was a short admission under Mr Young's care in October 1988 when Gayle was admitted drowsy. She probably had a respiratory infection and was treated with Erythromycin. There could well have been a psychological overlay and I checked urine for drug screen, but there was no evidence of toxic substances. As she looked anaemic, blood count and serum iron were performed (results enclosed) which showed a borderline low iron level and a course of oral iron was given.

Gayle does have intermittent problems with middle ear infections, otherwise she appears in robust health.

We would welcome your advice on the following points:-

1) Rate of Growth. Can we assume this is within normal limits and that we do not need to worry about any pituitary dysfunction or other underlying pathology.

2) Would you agree that co-ordination is adequate bearing in mind a long history of problems in this area.

3) Should we be checking her serum iron again.

4) Does her otitis require further investigation. I believe she does have some link with an ENT Department elsewhere.

Many thanks for your help.

Yours sincerely

David S James
CONSULTANT CHILD PSYCHIATRIST

cc Dr Henry, 337 Dumbarton Rd, Glasgow

Encs

PS. Since dictating this I have received this letter from the Social Worker involved indicating Gayle has some soreness of her "private parts" - this is a new development. Please could you check this as well.

IHS Confidential: Personal data about a patient

31/8/90

[redacted]

NORTHGATE
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TO ENSURE DETECTION
BY SCANNER

NHS Confidential: Personal data about a patient

INVERCLYDE ROYAL HOSPITAL, GREENOCK. ACCIDENT/EMERGENCY DEPARTMENT

Surname:	Forename:	Age:	DoB:	A/E Number:
Wilson	Gail	10	21/7/79	

Birth Surname:	Address:	NoK:	Date:
	c/o Southannan School Fairlie	Violet	12/5/90
Marital Status / **Sex**: S / F		Address: 24 Stuartvill St Partick	Time:
Tel: 568206	Postcode:	Phone: 0141 3348757	

Accident/Emergency (Delete as applicable)	Place of Injury: 1 2 3 4 (5)	Cause of Injury:	Date of Injury	G.P:
		7	11/5/90	Temp Largs ~~GP~~ Hendry Dumbarton Rd Glas

Referred by: 1 2 3 4 5 (6)	Religion	Complaint:
	P	Inj (L) ankle

CLINICAL NOTE

PC: fell → inj to (L) ankle

OE: Tender swollen (L) lat. mall

Ky: NSF

Q. DTG.

Examining Doctor MM

Investigations	x-ray ✓ 10926	;	Lab	;	ECG				
Treatment	Dressing	;	Suture	;	Tet Tox	;	Pop	;	Resusc
Diagnosis									

	Home	Admit	A/E Clinic	Irreg Dis	Died
Disposal	GP	Transfer other Hosp.	Other Clinic	Did not Wait	DOA

NHS Confidential: Personal data about a patient

ROYAL INFIRMARY
GLASGOW
G4 0SF
TELEPHONE 041-552 3535

LH/JH

20 November 1989

Dr S Smellie
The Surgery
10/14 Frazer Street
LARGS KA30 9HP

GAYLE WILSON
24 STEWARTVILLE STREET,
PARTICK
GLASGOW

Dear Dr Smellie

RE: GAIL WILSON
SOUTHANNAN SCHOOL
FAIRLIE

You wrote to us seeking information with regard to the above. I am writing to inform you that our Records Department can find no trace of the above person attending Glasgow Royal Infirmary because of ear problems.

Yours sincerely

L. Honeyman

L Honeyman
UNIT MEDICAL OFFICER
UNIT MEDICAL OFFICER
GLASGOW ROYAL INFIRMARY

To: Reception From: Dr.	TICK
FILE	
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT.	
VISIT	

Other:

NHS Confidential: Personal data about a patient

10th ~~October~~ November 1989.

Mrs Taff,
Community Medicine Dept.,
Glasgow Royal Infirmary,
Glasgow.

Dear Mrs Taff,

GAYLE
~~Gail~~ Wilson 21.7.79.
Southannan School, Fairlie.

Home address ??
24 Stewartville Street,
Partick,
Glasgow

Gail has recently joined our practice because she is now attending Southannan School, Fairlie. I understand she has been attending your department because of ear problems. I would be very grateful if you would forward any information on Gail's previous treatment to help us with her further management.

Yours sincerely,

Susan Smellie.

FILE please

GLASGOW ROYAL INFIRMARY

AE/CS 970536X

24th November 1988 Children's Clinic

Dr. W.T. Sommerville,
46 Murray Sq.,
East Kilbride, G75.

Dear Dr. Sommerville,

Gayle Wilson, (21.7.79), C/o Nerston Rosedential School,
H.A. 24 Stewartville St., Gll.

Thank you for referring this patient who gives a history of hearing impairment. She has no history of infection, and no dizziness or tinnitus. She has no problem with her nose or throat. There is no history of measles or mumps and no family history of deafness. She had a head injury at the age of 5 and dysmature when delivered at full term and she was in an incubator for a week. Examination of her ears showed nothing abnormal. Both tympanic membranes were normal. She could hear a whispered voice at 2 ft in both ears. Impedance tests and stapedial reflexes were normal Pure tone audiogram showed normal hearing in the right side. In the left side there was a mild sensorineural hearing lose. We will review her again in four months and report her hearing tests.

Yours sincerely,

A. El-Kholy,
Registrar.

Form No.
75

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

Dr W T Sommerville
46 Murray Square
East Kilbride
G75

PAEDIATRIC/ENT CLINIC

GMcG/EY/970536 X
23rd March 1989

Dear Dr Sommerville

Re: Gayle Wilson 21/7/79
c/o Nerston Residential School
24 Stewartville Street G11 5PJ

I reviewed your patient at Mr MacKenzie's Clinic this morning. Her pure tone audiometry and tympanometry were within normal limits and I have therefore discharged her from the clinic.

Yours sincerely

G McGarry
Senion House Officer

Form No.
75

NHS Confidential: Personal data about a patient

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP.112

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital .....ROYAL INFIRMARY..... Date 9.9.88.... | Urgent Appointment Required YES/NO

Please arrange for this patient to attend the ....E.N.T..... clinic of Dr/Mr ..McNeill.....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ....WILSON..... Maiden Surname .....

First Names .....Gayle..... Single/Married/Widowed/Other

Address c/o Nerston Resedential School ..... Date of Birth .....21.7.79.....

H.A. 24 Stewartville Street Glasgow Patient's Occupation .....

Postal Code .....G11 5PJ..... Telephone Number .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital .....

Year of Attendance ..... Hospital No .....

If the patient's name and/or address has/have changed since then please give details:

.....

.....M.v.Maclennan

.....Paediatric/ENT

.....ENT Clinic

.....Zoe 10/11/88 Thurs 24/11/88

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. W.T. Sommerville
46 Murray Square
East Kilbride
G75 0BH

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

WTS/my

Dear Dr. McNeill,

This young lady is at Nerston school for maladjusted children. She is registered with me as a temporary resident. She was brought this morning with a complaint of dullness of hearing. She seems able to hear the conversational voice, but there has been some doubt about inattention at school. On examination today forced whisper was reduced to three feet in the right ear and six feet in the left. She was, however, able to hear my conversation easily. Examination of the tympanic membranes showed no abnormality and in particular there is no retraction. Bar conduction was better than bone conduction in both ears. This raises the question of some form of sensory-neural hearing loss. I would be grateful if you would see her and advise.

Thank you. Kind regards.

Yours sincerely,

W.T. Sommerville

PASD Thurs

Dr. W.T. Sommerville

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

Signature .....

NHS Confidential: Personal data about a patient

GLASGOW ROYAL INFIRMARY

CLINIC AND WARD NOTES

DATE OF BIRTH [illegible] HOSPITAL NO [illegible]
FIRST NAME GAYLE SURNAME WILSON
ADDRESS C/O NERSTON SECONDARY SCHOOL
ADDRESS 24 STEWARTVILLE ST OCCUPATION
GLASGOW G11 5PJ
HOSPITAL WD/DEPT. CONSULTANT

PLEASE WRITE OVER WHITE LETTERS

20/10/87 Rev Self Gr
(8)/11/88 Mrs S.F.A

24/11/88

? Hearing loss

no ear loss no dizz

was dysmeta
was in Incubator 7/52

Gen

no meds
no mgs

no family deafness

Head injury at 5

CE Ears

Tm Rev 1

Nose -

Throat -

23/3/89

Well.

No further trouble.

FFT: WV 2ft bilat

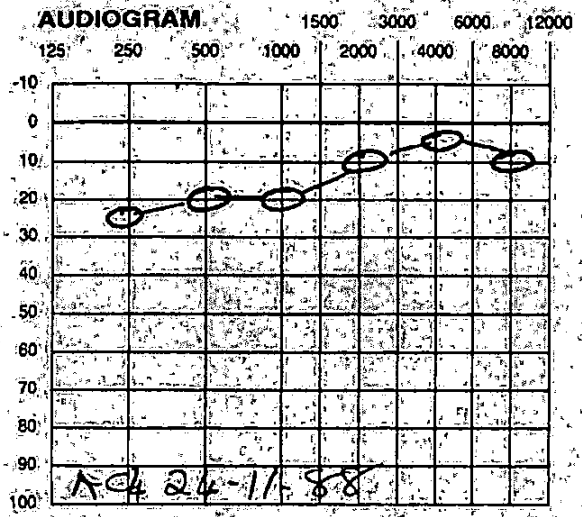
DTAplenic.

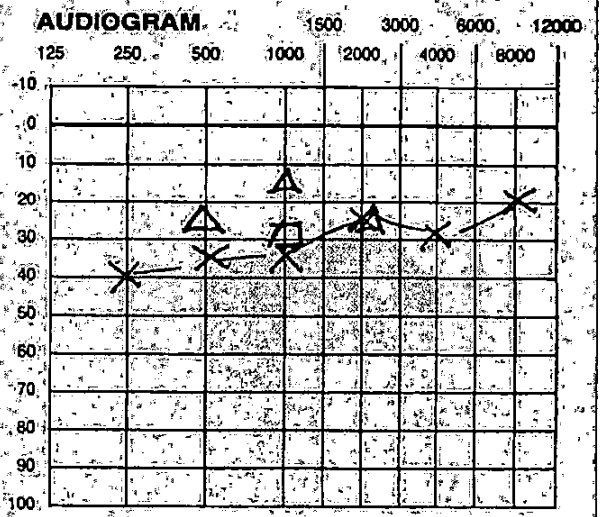
NHS Confidential: Personal data about a patient

WILSON Gayle

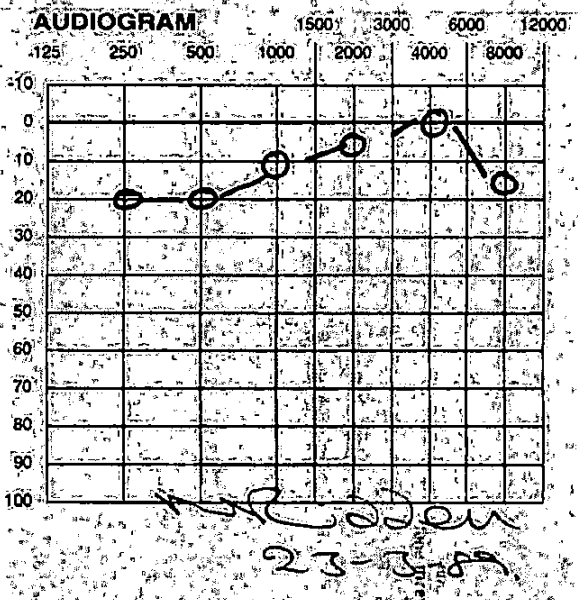
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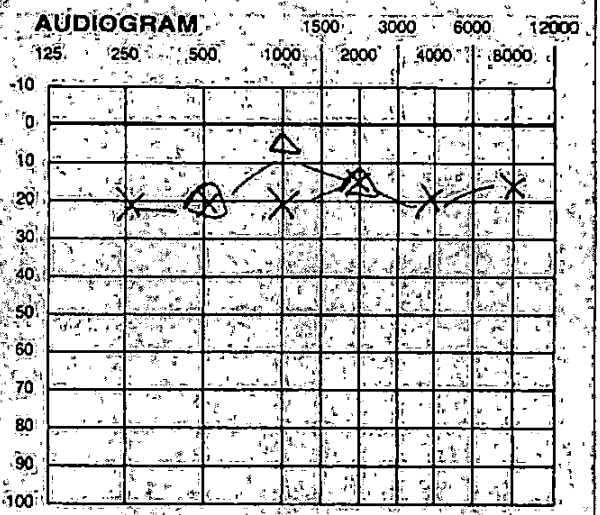
9705366

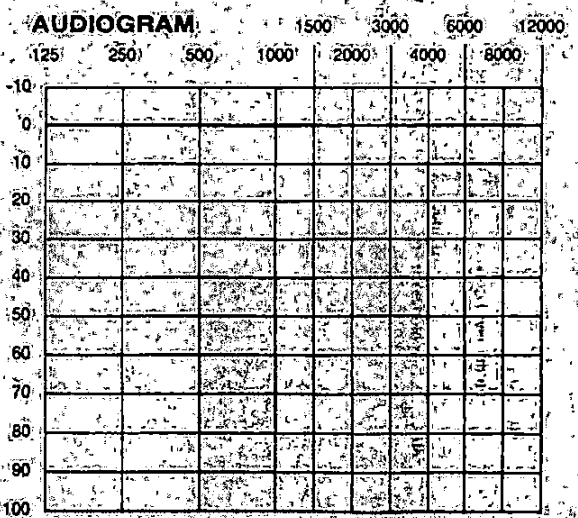


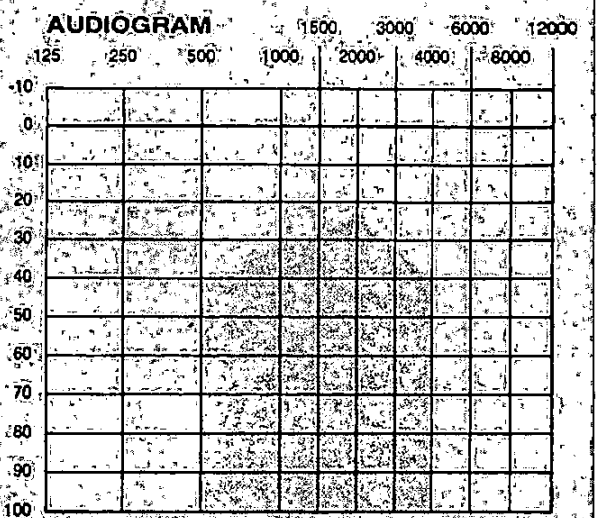


Mr Dunlop









NORTHGATE
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TO ENSURE DETECTION
BY SCANNER

IRS Confidential: Personal data should be redacted

15-11-95

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref.

Your Ref. Diet/EMB

If phoning ask for Dietitians: Judy McAdam/Jan Biggart

Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

Date as Postmark

Patients Name:	**Gayle Wilson**
Address:	**Flat G1, 77 White Street, Glasgow G11**
Date of Birth:	**21.07.79.**

DIETETIC CLINIC

An appointment has been made for you with the Dietitian at the Clinic held in the Black Suite, Upper Floor, Clydebank Health Centre, on:

MONDAY 18 DECEMBER 1995 at 11.30 am

If you wear spectacles please bring them with you as you may have to read over a diet sheet.

As a new patient to the Clinic you have been allocated a 30 minute appointment. If you cannot keep this appointment please phone the above number or write to cancel the appointment to allow us to offer this time to another patient. If you fail to keep or cancel this appointment your G.P. will be contacted to find out if another appointment is required.

Your General Practitioner has been sent a copy of this letter.

Yours sincerely,

E. McBride

FILE A

Community Dietitian

c.c. Dr J McConnell, 5 Stewartville Street, Glasgow ✓

NHS Confidential: Personal data about a patient

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

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	16	21/07/1979	23/08/95	17:35	036142/95

Address	Sex	Religion	Date of Inc	Time
77 WHITE STREET PARTICK GLASGOW	FEMALE	NK	23/08/95	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11		SINGLE	NK	EMERGENC	WALKING/OTHER

GP

Name	Address	Referred by
MCCONNELL	STEWARTVILLE STREET GLASGOW	OTHER/NOT KNOWN REFERRAL

NEXT OF KIN

Name	Address	Complaint
VIOLET MOTHER	D	OVERDOSE 12 PARACET

Relat.	Tel. No.
SA	SA SA

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 Overdose by paracetamol.

X-Ray film/ECG shows

Treatment given Gastric lavage + Activated Charcoal
Serum paracetamol @ 4° post ingestion
Done Detected

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) SMITHWICK

Cons SR (Reg) SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

NHS Confidential: Personal data about a patient

GREATER GLASGOW HEALTH BOARD

DEPT. OF DERMATOLOGY

938417/W
WILSON GAYLE
77 WHITE ST F
GLASGOW S
21/07/79
G11 5EE G.P.Prac.40474

DATE 26/7/95

DIAGNOSIS Fungal Infection

Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/will not follow. In the meantime I would be grateful if you would prescribe the following:-

Lamisil 250mg OD for

12/52

Consultant Mackie

IHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

ACCIDENT/EMERGENCY FORM

AE No. C/

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	17/08/94	01:05	002252/94

Address	Sex	Religion	Date of Inc	Time
15 TURNBERRY RD HYNDLAND GLASGOW	FEMALE		16/08/94~	18:30~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G13	334 1800	SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY
Address: 337 DUMBARTON ROAD, GLASGOW, G11 6AL
Referred by: SELF REFERRAL

NEXT OF KIN

Name: CAMPBELL WILSON
Relat.: FATHER
Tel. No.: 334 0537
Address: 77 WHITE ST, GLASGOW

Complaint: OVERDOSE

NK

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: Mixed overdose.
No paracetamol or salicylates detected.

X-Ray film/ECG shows: No treatment given.

Treatment given:
Psychiatrist assessed & in attendance.

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)
JONES

Cons SR Reg (SHO) HO Clin Assist (please circle)

Signature of Medical Officer

19. 8. 94

IRS Confidential Personal data about a patient

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref: CM/RL/938417

Your ref :

Please reply to : 0141-211 2540

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

11 May 1995

Department of Dermatology

Dictated: 26.04.95

14-5-95

Dr G P Henry
The Surgery
337 Dumbarton Road
GLASGOW
G11 6AL

Dear Dr Henry

Gayle Wilson (D.o.B. 21.07.79)
77 White Street, Glasgow

Gayle was seen at the Dermatology clinic on the 26 April in regard to a 5 month history of itchy feet. I note that she has not noticed benefit with the use of Canesten HC cream.

Examination today reveals dystrophy of several of her toenails and mild scaling along the lateral margin of the feet and a mild erythema affecting the soles. The history is more suggestive of tinea infestation here and in view of the nail dystrophy, it is possible that an oral anti-fungal agent will be required. I note that she wears training shoes and the diffuse erythematous change on the sole, also raises the possibility of juvenile plantar dermatosis.

I have performed nail clippings and skin scrapings today. If the results are positive, I will inform you and suggest commencing an oral anti-fungal. Otherwise, I have suggested that she uses emollients and if no evidence of fungal infection is found, then the use of a topical steroid such as Eumovate ointment bd would be appropriate, and I have suggested a 'reduction in the use of training shoes if possible.

We will review her back at the clinic in 3 months time.

Yours sincerely

COLIN MORTON
Registrar in Dermatology

IHB Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

ACCIDENT/EMERGENCY FORM

AE No. C/

R 12 (1)

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	09/05/95	21:52	019345/95

Address	Sex	Religion	Date of Inc	Time
77 WHITE ST GLASGOW	FEMALE	CS	09/05/95	21:00~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11 5PJ	954 0114	SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY
Address: 337 DUMBARTON ROAD, GLASGOW, G11 6AL
Referred by: SELF REFERRAL

NEXT OF KIN

Name: VIOLET WILSON
Relat.: MOTHER
Address: SA
Tel. No.: [redacted]

Complaint: INJURY (4) R ANKLE

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: Lat. ligament strain (L) ankle
No #

X-Ray film/ECG shows

Treatment given: Bdr Backslab/Crutches

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 9/7 To be arranged _____

Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
	(AE)									

Medical Officers Name (in Block Letters): SMITHWICK

Cons SR (Reg) SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: [signature]

NORTHGATE
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TO ENSURE DETECTION
BY SCANNER

12-5-96

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

12/2

AE No. C/

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	02/05/95	16:06	018047/95

Address	Sex	Religion	Date of Inc	Time
77 WHITE ST PARTICK GLASGOW	FEMALE	COS	30/04/95	~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11 5PJ		SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY

Address: 337 DUMBARTON ROAD
GLASGOW
G11 6AL

Referred by: SELF REFERRAL

NEXT OF KIN

Name: VIOLET

Relat.: MOTHER

Tel. No.:

Address: S/A

Complaint: INJURY L/WRIST

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: (L) wrist STI post bang on wall
not swollen/bruised full ROM.

X-Ray film/ECG shows:

Treatment given: DTC.

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): S. PORTS

Cons SR Reg (SHO)/HO Clin Assist (please circle)

Signature of Medical Officer: S Ports.

IHS Confidential: Personal data about a patient

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

Our ref : LC/AG/938417

Your ref :

Please reply to : 211 3000

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Direct Line :
Fax No :

DEPARTMENT OF OTOLARYNOGLOGY

ENT Clinic: 21.02.95
Typed: 04.03.95

Dr G P Henry
337 Dumbarton Rd
GLASGOW G11 6AL

Dear Dr Henry

Re: Gayle Wilson, Dob 21.07.79,
77 White St, Glasgow, G11 5EE

I reviewed this 15 year old girl in the ENT Clinic today. She has a history of intermittent episodes of right otalgia which can last for several weeks and occur 3-4 times per year since the age of about 7. They tend to be associated with a blocked nose, eg. a cold. She is not on any drugs or nasal drops at present.

On examination there was no abnormality of her ears, nose or throat. In particular her nasal airways were quite clear and there was no evidence of rhinitis. This girl's symptoms would appear to be due to Eustachian tube obstruction associated with an upper respiratory tract infection. Unfortunately there is no specific treatment for this. I suggest that she tries oral or nasal decongestants when the pain is present to try and improve the Eustachian tube dysfunction. I have discharged her from the clinic.

Yours sincerely

Lyn Cooke

L COOKE
Consultant ENT Surgeon

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trust

Incorporating the Western Infirmary, Gartnavel General Hospital,
Drumchapel Hospital, Glasgow Eye Infirmary & The Glasgow Homoeopathic Hospital

DEPARTMENT OF OTOLALRYNGOLOGY

Our ref : AS/EDB/938417

Your ref :

Please reply to :

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Direct Line :
Fax No. :

8th December 11994
(dict.: 22 11 94)

Dr G P Henry
337 Dumbarton Road
GLASGOW G11 6AL

Dear Dr Henry

RE: GAYLE WILSON DOB 21 07 79
77 WHITE STREET GLASGOW G11 5EE

This young patient had a history of recurrent right acute otitis media associated with headache, mainly during nasal blockage. I reviewed him today at the ENT Clinic. Right tympanic membrane was mildly retracted but there was no perforation. Her external canal was within normal limits. The left ear was normal. Nose examination showed severe congestion but without any deviation or polyps. Throat and pharynx were normal. Hearing assessment by tuning fork and whispering were also within normal limits. Most probably this patient has right Eustachian dysfunction.

I gave her Betnesol nose drops and will review her in three months.

Thanking you

Yours sincerely

A. Said
Locum ENT S.H.O.

16-12-74

IRS Confidential Personal data should be redacted

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

IHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

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ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

ACCIDENT/EMERGENCY FORM

AE No. C/

12/3

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	05/12/94	17:23	017058/94

Address	Sex	Religion	Date of Inc	Time
77 WHITE ST GLASGOW	FEMALE	CS	01/12/94~	~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11.5PJ	334-0537	SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY
Address: 337 DUMBARTON ROAD, GLASGOW, G11 6AL

Referred by: SELF REFERRAL

NEXT OF KIN

Name: VIOLET
Relat.: MOTHER
Tel. No.:
Address: SA

Complaint: INJURY WRIST R

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: Soft tissue injy (Rt) forearm following direct trauma

X-Ray film/ECG shows:

Treatment given: tubigrip support (Rt) wrist

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): G PATTERSON

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: [signature]

7-12.94

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WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

ACCIDENT/EMERGENCY FORM

AE No. C/

RM 11(2)

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	30/11/94	21:47	016575/94

Address	Sex	Religion	Date of Inc	Time
77 WHITE ST GLASGOW	FEMALE	CS	23/11/94	~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11 5PJ	334 0537	SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY
Address: 337 DUMBARTON ROAD, GLASGOW, G11 6AL
Referred by: SELF REFERRAL

NEXT OF KIN

Name: VIOLET WILSON
Relat.: MOTHER
Address: S/A/A
Tel. No.:

Complaint: CONDITION BOTH EARS

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: Bilateral Otitis media with effusion
No infection.

X-Ray film/ECG shows

Treatment given: Observe to make a PNJ bd for 5/7
Valsalva poor decongestion

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 Review.

DISCHARGE CODES: ~~Please Circle~~

1. Admission
2. Discharge
3. Refer to G.P. (circled)
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): M. STELLARS

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: [signature]

3. 12. 94

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BY SCANNER

Intl Confidential - Personal data should be redacted

NHS Confidential: Personal data about a patient

4

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GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 10286

HOSPITAL CODE

SURNAME	FORENAMES	BIRTH SURNAME
WILSON	GAIL	

ADDRESS: 13/15 TURNBERRY ROAD GLASGOW
PATIENT'S OWN OCCUPATION: SCHOOL GIRL

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G11	334. 1800	21. 07. 79	F	S	C/S

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
VIOLET	MOTHER	HENRY	

ADDRESS	ADDRESS
77 WHITE STREET GLASGOW	337 DUMBARTON ROAD GLASGOW

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.
G11	334. 0537		

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
13. 10. 96	YES		

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
19. 25	O/D

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
13. 10. 96		4	GP ___ SELF ✓ POLICE ___ OTHER (CODE) 8

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: Paracetamol O/D

X-Ray film/ECG shows:

Treatment given: Levels below Tx line
⇒ Discharged, No FU required.

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): J THORBURN

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer: JT

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16. 10. 94

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WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-211-2304

ACCIDENT/EMERGENCY FORM

AE No. C/

Rm 11 ENT chair

HOSPITAL No:

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	15	21/07/1979	25/09/94	16:38	008105/94

Address	Sex	Religion	Date of Inc	Time
77 WHITE STREET GLASGOW	FEMALE	CS	19/09/94	~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G11 5PJ	334 0537	SINGLE	CHILD	EMERGENC	WALKING/OTHER

GP

Name: HENRY
Address: 337 DUMBARTON ROAD GLASGOW G11 6AL

Referred by: SELF REFERRAL

NEXT OF KIN

Name: RITA
Relat.: SISTER
Tel. No.: 954 3752
Address: 1529 DUMBARTON ROAD GLASGOW

Complaint: CONDITION R EAR

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 (1) otitis Media

X-Ray film/ECG shows

Treatment given Erythromycin

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) SMITH

Cons SR Reg (SHO) HO Clin Assist (please circle)

Signature of Medical Officer GA

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28.9.94

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GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. JP/JW/062745

Your Ref.

If phoning ask for Jennifer

Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH

Telephone: 041 211 3600
Fax: 041 337 2408
xxxxxxxxxx

PRIVATE AND CONFIDENTIAL

Direct Line: 041-211 3589

ADOLESCENT UNIT

30th August 1994

Dr David James
Consultant Child Psychiatrist
DCFP
Royal Hospital For Sick Children
YORKHILL NHS TRUST
GLASGOW
G3 8SJ

Dear David

GAYLE WILSON DOB 21.7.79
c/o AILSA CHILDREN'S HOME 13 TURNBERRY ROAD
HOME ADDRESS: 77 WHITE STREET GLASGOW G11 5EE

Further to your transfer of Gayle's psychiatric care to myself, during the week beginning the 15th of August, I have to date had no direct contact with Gayle herself, but have had a number of meetings with other involved professionals and with Mr Wilson, Gayle's father and her sister, Rita. As you know, Gayle's repeated statements of suicidal intent and threatened overdosing combined with her actually taking a number of overdoses over the course of a week or so, had caused considerable concern and difficulty in containing Gayle, both for staff in Ailsa and for the family. There was concern that Gayle might take a life threatening overdose and also a sense of puzzlement over why Gayle was so distressed. As you described very clearly in your letters and notes, she is a girl who struggles with verbal communication and particularly when stressed, is inclined to express herself through maladaptive, non-verbal ways of communicating.

It seemed that there had been a number of changes in Gayle's situation recently which may well have had some bearing on her behaviour. She moved to Ailsa at the beginning of July, the situation at home having become untenable. She had also just started in assessment at Fern Tower and had been due to resume attendance at Joan of Arc School. It is said to be an identified pattern with Gayle that she has difficulty in returning to school at the start of term. It also seems to have been difficult for Gayle that Ailsa is so close to the family home and that the rules and advice that she received in each were at times contradictory. It seemed that the more distressed Gayle became, the more she shuttled to and from between the home and Ailsa, with staff in Ailsa feeling increasing unable to contain Gayle and increasingly frustrated by what they perceived as the families over-indulgence of Gayle, in terms of giving her money and not always promptly ensuring her return to Ailsa. The combination of this was that Gayle eventually absconded from Ailsa and was missing overnight on the 18th of August.

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It seemed during this crisis that what was most imrortant for Gayle was to feel contained and safe in some setting and I met with both staff from Ailsa and the Wilson family (Gayle not being present, having absconded) to discuss whether together they could acheive a greater degree of consistency and stablity with Gayle. I suggested that the task for Gayle and her family in expecting that she stay in Ailsa when her family are so near at hand was perhaps too difficult.

Subsequent to this meeting, Gayle returned to Ailsa and since then has been considerably more settled. She has been able to return to school and to continue her assessment at Fern Tower. A review meeting on the 26th of August concluded that for the forseeable future, Gayle would remain in Ailsa. It was acknowledged that there had been a considerable number of changes for Gayle recently and also a considerable number of professionals now involved with Gayle and that it would be important to try and clarify the respective roles of all these agencies. We agreed that, therefore, that for the time being I would have no direct involvement with Gayle, but in the meantime would offer consultation to Ailsa about ways in which they might understand Gayle's behaviour and assist her in moving towards more adaptive ways of coping with upset. We also agreed that a meeting of all the agencies currently involved would be convened after Fern Tower have completed their assessment in a few weeks time. It was acknowledged that following this, there might be some prospect of looking at the potential for work with Gayle and her family.

Yours sincerely

JPickett

J Pickett
Consultant Child and Adolescent Psychiatrist

Dr Henry, 337 Dumbarton Road, Glasgow G11
Marjorie Muirhead, Social Worker, Church Street Social Work Office

1-9-94

NHS Confidential: Personal data about a patient

DEPARTMENT OF CHILD & FAMILY PSYCHIATRY

Tel. No. 041-201 0229
(Direct Line)

DSJ/RB

24th August, 1994.

Dr. Jackie Pickett,
Consultant Psychiatrist,
Adolescent Unit,
Gartnavel Royal Hospital.

Dear Dr. Pickett,

RE : GAYLE WILSON (d.o.b. 21.7.79)
77 WHITE STREET, GLASGOW G11 5EE.

Thank you for taking over the psychiatric aspects of Gayle's care. The enclose reports give background detail. The main points being as follows.

Gayle has had contact with my team for almost 10 years, she had an early growth spurt and her cognitive development has always been on the dull side of average. The main problem has been in the area of emotional development characterised by tendency to marked regression when she becomes mute, inaccessible and stubborn. The family have had considerable problems and her mother, Mrs. Violet Wilson, has herself matured from the effects of an institutional upbringing over the last 10 years and now holds down a reliable post in museum work. Some of Gayle's behaviour is modelled on her mother's previous methods of coping by taking overdoses and much of Gayle's nurturing has been provided by her big sister, Rita, who now has her own little girl.

You will see that Gayle has been in a number of residential placements, including Nerston and South Annan. In recent months she has been accommodated either at home and at Cleveden Drive (was Lochgarry) Children's Home, and more recently at Ailsa. Gayle, to some extent, dictates where she wants to be and Social Work legislation generally tries to follow what is realistic and best at the time. Gayle seems to want to keep her place open at the children's home, but also appears to increasingly value her time with her family.

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GAYLE WILSON (d.o.b. 21.2.79)

I have seen Gayle on a number of occasions when she has been uncommunicative and difficult. Sometimes this behaviour has a manipulative component, but at other times it is difficult to know what the stresses are about.

She has begun an assessment at Fern Tower, as the period of difficulty often relate to attempts to return Gayle to school. The recent overdoses on 16.8.94 could well relate to some expectation about a return to Joan of Arc School, but some of this expectation was removed and I do not think Gayle was so concerned about her Fern Tower sessions recommencing.

Medically her growth spurt has levelled out, although she remains heavy for her height. She has recurrent middle ear infections and I had her seen by a paediatrician on 12.8.94 because of complaints of dizziness, and at that point, there was nothing untoward and electolites and LFTs were normal. She has previously been checked for thyroid status by Dr. Malcolm Donaldson, the results being normal.

Yours sincerely,

DR. DAVID S. JAMES
Consultant Child Psychiatrist

c.c. GP - Dr. Henry, 337 Dumbarton Road, Glasgow G11
Marjory Muirhead, Social Worker, Church St. Social Work Office, 35 Church Street, Glasgow G11.

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[redacted]

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GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

DEPARTMENT OF OTOLARYNGOLOGY

Our Ref MC/MPM/938417
Your Ref .....
Phoning Ask for Sharon E.N.T.Secretary
211 3212

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Tel No 041-211 3000
Fax No 041-357 4552
Direct Line .....

Mr.H.R.Chandrachud
Mr.D.G.Carrick
Mr.N.K.Geddes
Mr:M.Chaurasia
Mr.M.S.C.Morrisey

Dict 20 January 1994
Typed 23 February 1994

Dr D P Henry
337 Dumbarton Road
GLASGOW
G11 6AL

Dear Dr Henry

Gayle Wilson 77 White St Glasgow G11 5EE - DOB 21.07.79

I had occasion to see this girl once again, her mother mentions an episode when she had pain in the left ear, this is now resolved. According to her mother, her hearing is quite reasonable although sometimes she tends to be inattentive.

On examination both ear drums were unremarkable, there was no infection in the external auditory canal. The tuning fork test did not suggest any conductive loss, her hearing had been tested earlier and found to be normal. I did not therefore repeat the test. She does have some catarrh in the nose and I have given her a long term course for Flexonase nasal spray.

Yours sincerely

M CHAURASIA F R C S
Locum E N T Consultant

2-374

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WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

AE No. C/ 935839

HOSPITAL CODE: G516H

SURNAME	FORENAMES	BIRTH SURNAME
Wilson.	Gayle	

ADDRESS: 77 White St Partick.

PATIENT'S OWN OCCUPATION: Schoolgirl

POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
G11	334 0537	21/7/79. 14	2.	1	C/S

NEXT OF KIN: NAME	RELATIONSHIP	FAMILY DOCTOR: SURNAME	INITIALS
Violet Wilson	Mother	Dr Hendry	

ADDRESS	ADDRESS
A/A	337 Dumbarton Rd

POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.

ACCIDENT/EMERGENCY: DATE OF ATTENDANCE	PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO	IN/OUT PATIENT	YEAR
6/10/93	Yes.	OUT	

TIME OF ATTENDANCE	REASON FOR ATTENDANCE
12.00	Injury to (L) arm.

DATE OF INJURY OR ILLNESS	TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL
6/10/93	11.45.	7.	GP___ SELF ✓ POLICE___ OTHER (CODE) 1.

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: Soft tissue injury (L) arm.

X-Ray film/ECG shows: ? # ulnar styloid → clinically no # wrist

Treatment given: ? Growth plate.

Discharge

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): Ian Smith

Cons SR Reg (SHO/JHO) Clin Assist (please circle)

Signature of Medical Officer: L. Smith

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ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888 Ext.4220

DEPARTMENT OF CHILD & FAMILY PSYCHIATRY

Yorkhill
Glasgow G3 8SJ

DSJ/VM

11th June 1993

Dr Malcolm Donaldson
Senior Lecturer in Child Health
Yorkhill Hospital

Dear Dr Donaldson

GAYLE WILSON (21.07.79) 305401
77 WHITE STREET PARTICK GLASGOW G11 5EE

You were kind enough to see Gayle in September 1990 when I was concerned about her rate of growth, low serum iron co-ordination and ear infections.

Your predictions regarding stature, obesity and early entry into puberty have turned out rather as you expected, and the predictions that you made have been helpful in reassuring various child care workers, as well as myself, that Gayle would not eventually turn out to be a very large person.

Much has happened socially and educationally. Gayle was placed for a number of years in Southannan Residential School near Largs because of her regressive behaviour, educational difficulties and problems within the family. Over the last few months Gayle appeared to enjoy her weekend leaves at home and showed increasing resistence to returning to her residential school, making various threats and refusing to move out of the house. While at residential school she managed out to an ordinary school (Ardrossan Academy) on a sessional basis, and in the main coped with these ordinary school sessions quite well. Gayle is now living at home on a trial basis with a lot of Social Work support including attending IT Groups. She will attempt to go back to an ordinary secondary group.

The hearing problem has waxed and waned and while at Southannan School she was seen at the Inverclyde Hospitel. The otitis flared up again during the Christmas holidays and Dr Henry, GP, referred Gayle to Gartnavel General Hospital where she was recently seen. I do not yet have a report to hand but the parents say that Gayle may well require a deaf-aid in the future.

NHS Confidential: Personal data about a patient

11th June 1993

Dr Malcolm Donaldson

GAYLE WILSON (21.07.79) 305401
77 WHITE STREET PARTICK GLASGOW G11 5EE

My reasons for referring her back to you are as follows-

1. To re-check aspects of her physical growth and stature. Gayle remains somewhat obese and it would be helpful to be reassured or otherwise that Gayle continues to follow your predicted course for her adolescent physical development.

2. Gayle remains prone to moodiness and sometimes appears slow in her responses. The lateral parts of her eyebrows are missing and her hair falls out. I wonder if it might be worth assessing her thyroid and/or other endocrine investigations.

3. On the whole I am quite pleased with Gayle's overall progress in that her physical, emotional and cognitive development seem to be coming together in a more integrated way than formally. In the past physical development was too forward, her cognitive on the low side (full scale IQ 78 at the age of 7 years 11 months), and her emotional development varied from regressed infantile patterns with patches of more age-appropriate control. Now Gayle is able to make friends, converse with reasonable eye contact and cope with more of the pressures of school.

Many thanks for seeing her.

Yours sincerely

Dr David S James
CONSULTANT CHILD PSYCHIATRIST

c.c. Dr Henry, 337 Dumbarton Rd Glasgow

14.6.93

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BY SCANNER

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DEPARTMENT OF OTOLARYNGOLOGY

CONSULTANTS
Mr Chandrachud
Mr Carrick
Mr Geddes

GARTNAVEL GENERAL HOSPITAL
GLASGOW G12 0YN

Tel: 041-334 8122
Secretary Ext. 6212

MC/MWS/938417

Dictated: 27 May 1993
Typed: 8 May 1993

Dr G P Henry
337 Dumbarton Road
GLASGOW
G11 6AL

Dear Dr Henry

Gayle WILSON - DoB 21.07.1979
77 White Street GLASGOW G11 5EE

Many thanks for referring this girl. I was surprised to note that she was here to see me on her own. However, she did mention some pain in the left ear.

On examination no abnormality could be noted in the ears, post-nasal space or the laryngopharynx. Palpation of the neck revealed no abnormality either. The audiogram suggested a very slight conductive loss on the left side, taking the threshhold to 30 db. and above.

I do not think there is anything sinister about this. The pain may have been due to an episode of otitis media in the past which seems to have resolved. I would, therefore, just advise pain killers as necessary.

Yours sincerely

M CHAURASIA
Locum ENT Consultant Surgeon

NHS Confidential: Personal data about a patient

12 · 6 · 93

NORTHGATE
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BY SCANNER

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WESTERN INFIRMARY/GARTNAVEL GENERAL UNIT

EMERGENCY OUTPATIENT PRESCRIPTION

*IMPORTANT — PRESCRIBER SHOULD REFER TO THE NOTES OVERLEAF
NORMALLY ONLY 7 DAYS SUPPLY WILL BE ISSUED

PATIENTS NAME Gayle Wilson — DATE OF BIRTH

PATIENTS ADDRESS — HOSPITAL NUMBER

PLEASE DISPENSE THE FOLLOWING THERAPY

PHARMACY USE

Flixonase nasal spray
one puff bd 2/12

Please take this prescription to the Main Reception Desk to have it receipted, before presenting it to Pharmacy.

* FOR HOSPITAL ONLY OR CLINICAL TRIAL DRUGS STATE QUANTITY OF DRUGS TO BE SUPPLIED

NO. DAYS TREATMENT

DOCTOR'S SIGNATURE [signature]

CLINIC ENT DATE 27/2/93

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*

NHS Confidential: Personal data about a patient

ARGYLL & CLYDE HEALTH BOARD **INVERCLYDE GENERAL AND COMMUNITY UNIT**

Inverclyde Royal Hospital

Department of Ear, Nose &Throat/ Head and Neck Surgery

Mr. R. McGuiness
Mr. I. C. Paton

LARKFIELD ROAD,
GREENOCK PA16 OXN
Tel: (0475) 33777 Ext.

Your Ref:

Our Ref:

RMCG/RBB/237109

If phoning please ask for:

dictated 2nd October 1991
typed 3rd October 1991

Dr S J Heaney
10/14 Frazer Street
LARGS

Dear Dr Heaney

Gayle Wilson, Southannan School, Fairlie, 21.7.79

Thank you for asking me to see Gayle. As you know she complains of recurrent left-sided otalgia.

On examination the left tympanic membrane was found to be intact although a little sclerosed. The ear canal was also perfectly healthy but there was no wax present. I think she is suffering from recurring otitis externa. I have advised her and the representative from Southannan School to keep her ear dry, in particular to avoid getting soapy water into her ear over the next few months. I have not arranged to see her again but would be happy to do so if you think it necessary.

Kind regards.

Yours sincerely

R MCGUINESS
CONSULTANT ENT SURGEON

To: Reception From: Dr.	TICK
FILE	✓
NOTES PLEASE	
PRESCRIPTION	
MAKE APPT.	
VISIT	
Other:	

NHS Confidential: Personal data about a patient

Glasgow Emergency Medical Services (Centre Name)

Call No: 942792 | Date: 28/05/2003 22:45:52 | Time of Call:

Patient's Name: Gayle Wilson | D.O.B.Age: 21/07/1979 23 Y

Address Today: 8 Earl Street Md
Scotstoun
Glasgow

G14 0AX

Post Code:

Phone Number Today: 44 07796191 728

Home Address if different: 8 Earl Street Md
Scotstoun
Glasgow

G14 0AX

29 MAY 2003

Post Code:

Home Phone if different: 254300

Callers Name:

Relationship to patient:

Name of GP: EJ Hay

Practice No: 030

Surgery: 030 11 Peel Street

Cipher No: G0792 7

Address:

Fax No: 0141 211 6228

Speed Dial: 063W

Call Type: PCC4

Time Passed:

Receptionist's Name: IIF | Time Arrived: 23:00

Time complete:

Patient's Complaint:

Comments: PCEC WESTERN 4 HOURS SEVERE UPPER ABDOMINAL PAIN A-
ND VOMITING ASSOCIATED FEVER UNABLE TO TOLERATE ORAL ANALGES-
IA. AWAITING CHOLECTESTOMY SEEN AT GEMS. YESTERDAY AND BY GP-
. TODAY CONDITION DETERIORATING THIS PM..

DH Cocodamol 30/500
PmH Gall stones
no asthma

* Allergic to PENICILLIN.

BP: 142/95 | PR: per min 100 | Temp: 36.3 °C

Clinical Notes

Awaits cholecystect. Getting Cocodamol 30/500 but no
benefit & vomiting a lot. Sore all day - severe pain
(R) UQ → back. Currently in bed. No pale stool or dark urine
O/E tachycardic, but not distressed. Not icteric. Not dehydr.
Abdo soft, tender (R) UQ but no
guarding at all.

Voltarol 75mgs/3ml
stemetil 12.5mg/1ml
given IM @ 23:15hrs
CMCowan

Treatment:

Appears less sore than expected, but tachycardic,
in view of vomit → Diclofenac 75mg IM
prochlorperazine 12.5mg IM.
then restart Cocod PRN. Encouraged fluids

Diagnosis Code: abdo pain OK

Referral:

Seen by Dr: Leeper | Rota No: | Nurse: CMCowan

NHS Confidential: Personal data about a patient

Glasgow Emergency Medical Services (Centre Name)

Call No: 942465	Date: 27/05/2003 23:24:35	Time of Call:
Patient's Name: GAYLE WILSON	D.O.B.Age: 21/07/1979 23 Y	6165
Address Today: 1655 DUMBARTON ROAD GLASGOW G14 9YD	Home Address if different:	29 MAY 2003
Post Code:	Post Code:	
Phone Number Today:	Home Phone if different:	
Callers Name:	Relationship to patient:	

Name of GP: Hay EJ	Practice No: 030
Surgery: 030 11 Peel Street	Cipher No: G0792 7
Address:	Fax No: 0141 211 6228
	Speed Dial: 063W
Call Type: WI	Time Passed:
Receptionist's Name: ANKIN / Time Arrived: 27/05/2003 23:26:59	Time complete:

Patient's Complaint:
VOMITING, ABDOMINAL PAIN [GALL STONES]

BP: 130/90	PR: per min 60 irregular	Temp: 37.2°C

Clinical Notes

Known case Gallstone in waiting list for Cholecystectom Dec 2003,
C/O Abdominal pain for 4days not responding to Paracetamol & Buscopan. °Vomiting, °clay Coloured stool.
°E: PR: 72m.h IR, ENT: O.K., Chest: Clear, Heart: S1S2
Abdomen: Soft & NON Tender, BS+ve.

Treatment: Plan Co-dydramol 30/500 Tablet II start & II 6hrs later, if no Improvement will see G.P. To Discuss regarding Waiting Time for Operation.

Diagnosis Code:

Referral:

Seen by Dr:	Rota No: 57	Nurse:

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

NHS
Greater Glasgow

STRICTLY CONFIDENTIAL

Dr E Hay
11 Peel Street
Glasgow
G11 5LL

Date 08 May 2003
Your Ref
Our Ref AG/EA/T/0705814/1

Direct Line 0141/211 1430
Extension
Fax 0141/211 1444
Email elaine.archibald@
glacomen.scot.nhs.uk

09 MAY 2003

Dear Dr Hay

Re: Gayle Wilson, D.O.B. 21 07 79
1655 Dumbarton Road, Glasgow, G14 9YD

I saw Gayle for review at Riverside on 29 April 2003. She was accompanied by her mother and her sister.

The interview was not very productive as it was dominated by Gayle's mother and sister who profusely disagreed about what the problem was. Gayle's mother felt that Gayle was extremely depressed, while her sister felt that there was nothing much wrong. Gayle herself doesn't really make many comments.

It was clear that it was going to take more time than I had in the clinic to do a proper assessment, so I suggested to Gayle that she come back to see me in my new patient clinic in a couple of weeks. The family were agreeable to this.

I will let you know what happens.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

G.

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 938417

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	23	21/07/79	10/04/03	01:30	014322/03

Address	Sex	Religion	Date of Inc	Time
1655 Dumbarton Road GLASGOW	Female	Ch.of Scotla	10/04/03	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 9YD	9590383	Single /	UE	Other	Other

GP

Name: Dr HAY
Address: PEEL STREET MEDICAL, 11 PEEL STREET, GLASGOW, G11 5LL, 0141 334 9331
Referred by: Selfref

NEXT OF KIN

Name: VIOLET WILSON
Relat.: MOTHER
Tel. No.: 9590383
Address: 1655 Dumbarton Road, GLASGOW, G14 9YD

Complaint

10 APR 2003

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
01:31	Category 3

Initial Complaint: ABDOMINAL PAIN

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: ? gall bladder problem

X-ray film/ECG shows: V Gly

Treatment given: Analgesia
Advised low fat diet

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)*: REILLY

Signature of Medical Officer

Cons SpR SHO3 (SHO) JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data about a patient

North Glasgow University Hospitals
NHS Trust
Gartnavel General Hospital, 1053 Great Western Rd, Glasgow, G12 0YN

NHS
Greater
Glasgow

DIVISION OF SURGERY

Reply to: DAVID J GALLOWAY
Our Ref : Hospital No 0938417

Direct: 0141 211 3192
FAX : 0141 357 4725

11 March 2003

Dr E J Hay
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

19 MAR 2003

Dear Dr Hay,

Re: GAYLE WILSON, D.O.B. 21/07/1979
1655 DUMBARTON RD, GLASGOW, G14 9YD

Your patient was admitted as an emergency to the Western Infirmary on 27 February 2003.

MAIN DIAGNOSIS FOR EPISODE
BILIARY COLIC (574.2)

INVESTIGATIONS PERFORMED
ULTRASOUND EXAMINATION Result abnormal

PROCEDURES PERFORMED
NO PROCEDURE

COMPLICATIONS
NONE (V65.8)

OUTCOME
SATISFACTORY AT DISCHARGE

ADDITIONAL COMMENTS
Admitted with right upper quadrant pain. Ultrasound shows multiple gallstones. No evidence of common bile duct dilatation. Has been put on waiting list for laparoscopic cholecystectomy.

Your patient was discharged home on 27 February 2003, and was put on my non-urgent waiting list for re-admission to Gartnavel General Hospital as an in-patient.

PROPOSED RE-ADMISSION PROCEDURE(S)
LAPAROSCOPIC CHOLECYSTECTOMY (J18.3+Y50.8)

Yours sincerely

DAVID J GALLOWAY
Consultant Surgeon

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

348426

CONFIDENTIAL

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
WESTERN INFIRMARY, Glasgow G11 6NT
Telephone 0141-211-2000

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.:

Your Patient :

Name: GAYCE WILSON
Address:

D.O.B. 21/07/79 Unit No. 938417

Consultant Mr GALLOWAY
Admitted to Ward L10W On 26/02/03
Discharged on 27/02/03 From Ward L10W
Or seen at Clinic,on / /

Diagnosis
1 PUQ pain
2
3
4

Operation/Procedures
1 USS abdo.
2
3

PHARMACY DEPARTMENT
RECEIVED 10.35
REQUIRED
READY

Follow Up Arrangements

Clinic Date / /

Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No

Paramedical (please state)
Other

Please TICK box if childproof containers are UNSUITABLE ☐

PHARMACY USE ONLY

Medicine	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 from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
A Cefuroxime	PO	250mg		✓							✓		5 DAYS		20 x 250mg Lilly
Metronidazole	PO	400mg*		✓					✓		✓		5 DAYS.		15 x 400mg Cox
Diazepam	PO	2mg		✓									3 ondef		7 x 2mg Alpharma
Paracetamol	PO	1g		✓	✓				✓		✓		5		50 x 500mg Storm

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)
* P.C. dose confirmed Micro.
A P.C. Cefalexin 250mg qid substituted as per formulary. J. Macfie MPharms.

Dispensed by SM Checked by
Date 27/2/03 CP Check

Medication Collected by (Messenger)

PRESCRIBERS NAME IN BLOCK CAPITALS MCCALL
DESIGNATION RMO
SIGNATURE
DATE 27/2/03

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 3177

WARD USE ONLY

Medication Rec. on Ward by
Issued by
Date Issued
Signature of Recipient

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-339-3046

G

CONSULTANTS: Mr W M Tullett
Mr P T Grant
Dr S Perry
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

CRN: 938417

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	23	21/07/79	27/02/03	02:10	008051/03

Address	Sex	Religion	Date of Inc	Time
1655 Dumbarton Road GLASGOW	Female	Ch.of Scotla	27/02/03	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 9YD	9590383	Single /	UE	Other	Walking

GP

Name: Dr HAY

Address: PEEL STREET MEDICAL
11 PEEL STREET
GLASGOW
G11 5LL
0141 334 9331

Referred by: Selfref

NEXT OF KIN

Name: VIOLET WILSON
Relat. MOTHER
Tel. No. 9590383

Address: 1655 Dumbarton Road
GLASGOW
G14 9YD

Complaint

27 FEB 2003

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
02:11	Category 3

Initial Complaint: ABDOMINAL PAIN

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Ovarian Cyst

X-ray film/ECG shows

Treatment given: Admit
Mx and Obs
USS mane.

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 (circled)
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)*
Gow		Gilmour M

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)*: KS Gow

Signature of Medical Officer

Cons SpR SHO3 SHO (circled) JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
Partick
Glasgow
G11 6HE

NHS
Greater Glasgow

Dr Hay
11 Peel Street
Glasgow G11 5LL

Date 30 January 2003
Our Ref CS/GF

Direct Line 0141 211 1430
Fax 0141 211 1444

Re: Gayle Wilson, 1655 Dumbarton Road, Glasgow G14
D.O.B. 21.07.79

Dear Dr Hay

A few words to let you know that I have referred Gayle Wilson to see a medical staff at the request of Gayle's mother.

She phoned me on the 28.01.03 and demanded that her daughter be seen by a medical staff. At one stage I had to tell her that I do not like her tone of voice and that I won't accept anybody to talk to me the way she did. I still don't think that Gayle requires a C.P.N – I have referred her to Kelvindale Training Centre where she was 2 years ago. Hopefully this will satisfy Mrs Wilson.

Yours sincerely

4 FEB 2003

CLah

? duplicate.

Carlos Lahire
Community Psychiatric Charge Nurse

ps An appointment will be sent to her in due course to see a medical staff at Riverside Resource Centre.

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Greater Glasgow Primary Care NHS Trust

Riverside Resource Centre
12 Sandy Road
Partick
Glasgow
G11 6HE

NHS
Greater Glasgow

Dr Elizabeth Hay
11 Peel Street
Glasgow G11 5LL

Date 27 January 2003
Our Ref CL/LM

Direct Line 0141 211 1430
Fax 0141 211 1444

29 JAN 2003

RE: Gayle Wilson, 1655 Dumbarton Road, Glasgow G14
D.o.B. 21.07.79

Dear Dr Hay

Thank you for referring Gayle to the assessment clinic of Dr Grey, Consultant Psychiatrist. I saw her today at 10.30am. She was accompanied by her mother.

Mental Health Examination

Appearance & Behaviour:	Casually dressed, but well presented. Maintained a very good rapport throughout the interview. Good eye contact.
Mood / Affect:	Mood reactive, and not low. Denied any ongoing suicidal ideation.
Speech & Thought:	Speech appropriate in tone, rate, and content. No eveidence of disorder of thought.
Perception:	No evidence or reports of perceptual abnormalities.
Cognitive Function:	Fully orientated for time, place and person.
Insight:	Recognises the need to keep herself busy by attending the E.S.F training Centre, or Flourish House, where she will be able to meet people. Also recognises the need to take her diazepam as prescribed.

Plan

Gayle said that she enjoyed her time at the Kelvindale Training Centre 2 years ago. (Now known as the European Social Fund), and she would like to re-attend. I have contacted them today, and Gayle will be sent an appointment to see a member of their team.

I have also referred Gayle to Flourish House (which I think would be a more permanent position for her). She has an appointment with them on Thursday 30.01.03 at 2.30 pm.

I do not intend to see Gayle again.

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

29 JAN 2003

P.S The ~~choice~~ above action plan was discussed in the presence of Dr Grey, and the multi disciplinary team.

Yours sincerely

C Lahire

Carlos Lahire
Community Psychiatric Charge Nurse

PS Mrs Wilson (Gayle's mother) phoned me @ 1.30 pm to tell me that Gayle can't attend Flourish House because he isn't like she was then, she became "unwell."
I told her that I shall refer her to Kelvindale Day Training Centre. She was delighted with Kelvindale Training Centre.

V/M.

NHS Confidential: Personal data about a patient

Riverside Resource CPN's.

Dr ELIZABETH HAY
11 Peel Street
Glasgow G11 5LL
Tel: 0141 334 9331

12/12/02

R. Gayle Wilson 21/7/79 * GF & Ears

This lassie is occasionally taking O/D's and has visited being referred to learning disabilities — however, her comprehension, speech, and some social skills mean that she is simply not the correct case for that service.

She does have mild learning difficulties, and some social adjustment difficulties too. Mum may well just expect too much (of Gayle ± of Health & Social Services). Please will you see Gayle, and try to assess if any action would benefit her?

EH

Bxx. No. 37.

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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: 938417

G.P. COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	23	21/07/79	30/10/02	22:00	045216/02

Address	Sex	Religion	Date of Inc	Time
8 Earl Street GLASGOW	Female	Ch.of Scotla	30/10/02	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
Single /	UE	Other	Other

PC G14 0AX Tel 586 3769

GP

Name: Dr HAY
Address: PEEL STREET MEDICAL
11 PEEL STREET
GLASGOW
G11 5LL
01413349331
Referred by: Selfref

NEXT OF KIN

Name VIOLET WILSON
Relat. MOTHER
Tel. No. 586 3769
Address: 8 Earl Street
GLASGOW
G14 0AX

Complaint

31 OCT 2002

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Triage Time	Triage Category
22:01	Category 3

Initial Complaint: Psychiatric Proble

Dear Doctor, HAY

The above-named patient attended Accident & Emergency Department today.

Diagnosis SUICIDAL IDEATION

X-ray film/ECG shows

Treatment given REVIEWED BY COMMUNITY LEARNING DISABILITY TEAM

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)* N HUNTER

Signature of Medical Officer

Cons SpR SHO3 (SHO) JHO Clin Assist ENP *(please circle)*

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409

6

CRN: 938417

NHS Greater Glasgow

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	22	21/07/79	25/02/02	21:25	008524/02

Address	Sex	Religion	Date of Inc	Time
8 Earl Street GLASGOW	Female	Ch.of Scotla	25/02/02	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 0AX	586 3769	Single /	UE	Other	Walking

GP

Name	Address	Referred by
Dr HAY	PEEL STREET MEDICAL 11 PEEL STREET GLASGOW G11 5LL 01413349331	Selfref

NEXT OF KIN

Name	Address	Complaint
VIOLET WILSON Relat. MOTHER Tel. No. 586 3769	8 Earl Street GLASGOW G14 0AX	26 FEB 2002

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TRIAGE

Triage Time	Triage Category
21:25	Category 2

Initial Complaint: FACIAL INJURY

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: lac^n inner upper lip

X-ray film/ECG shows

Treatment given: Advice

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 Officer's Name *(in BLOCK LETTERS)*: M^KICHAN

Signature of Medical Officer

Cons SR Reg SHO/HO Clin Assist *(please circle)*

211

NHS Confidential: Personal data about a patient

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

Patients Name:- GAYLE WILSON

Address:- 8 EARL ST.

Date of Birth:- 21.7 79

CHI No:-

2 JUL 2001

Dear Doctor Hay

Your patient, named above, was seen by the Clinic Podiatrist today _____

by _____.

DIAGNOSIS:-

TREATMENT PLAN:-

Foothealth/footwear advice	_____
Routine Podiatry	_____
Intensive Podiatry	_____
Orthotic/appliance prescription	_____
Orthopaedic referral necessary	_____
Referral to other discipline	_____
Nail Surgery	_____
No podiatry required, discharged	_____

COMMENTS:-

Miss Wilson failed to attend her ~~first~~ appt. Her notes will be kept on record — no action meantime

Please contact me if you have any queries regarding your patients podiatry care.

Yours sincerely

Senior II Podiatrist

Podiatry (chiropody) Clinic, Sandy Road Clinic, 12 Sandy Road, GLASGOW, G11 6HE
Telephone No.: 0141 211 1419

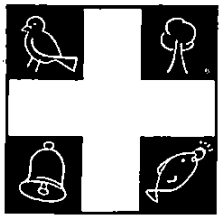
D370787

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Our Ref SAC/DL

Dictated 21st February 2001
Typed 26th February 2001



GREATER GLASGOW
PRIMARY CARE
NHS TRUST

26 February 2001

Strictly Confidential
Not for Further Distribution Without Consent

Dr E Hay
Peel Street Medical Centre
Glasgow
G11 5LL

6 MAR 2001

Direct Tel No: 01360 329252

Dear Dr Hay

RE: Gayle Wilson DOB: 21/07/1979
8 Earl Street, Glasgow G14 0AX

I was asked to see Ms Wilson by Ray Hattie, community learning disabilities nurse, following his assessment of her. I met her and her mother at the family home on the 5th December 2001. My attempt at a follow up appointment has been unsuccessful. I apologise for the delay in this letter. As you know Ms Wilson is a 21 year old woman who lives with her mother and disabled father.

Ms Wilson told me that she was alright. She explained that she has good days and bad days, at which point her mother tried to help Ms Wilson explain this by saying "I am the spokesperson for Gayle". Ms Wilson was happy for her mother to take this role, but would speak for herself when I pursued this. She said that on a bad day she can see no light at the end of the tunnel, but on good days she feels fine. Both Ms Wilson and her mother agreed that she had been feeling alright for a few weeks. She had been sleeping well, her appetite had been good, she had been taking an interest in her play-station, her social interaction had been good at home and she had been communicating well, her energy levels were good, she was not miserable, irritable or labile in mood. Self care can be an issue but had been fine during the month prior to my visiting. Her concentration was good, she was not seeking more reassurance than usual, did not have symptoms of anxiety or obsessions, and did not complain of guilt of suicidal intent although she had some tedium vitae but no hopelessness. She told me she tends to live on a day-to-day basis. Ms Wilson acknowledged that she lacks confidence and that this is a long term-problem. I could not elicit any symptoms of depression, obsessive compulsive disorder, anxiety, or psychosis.

Ms Wilson said that she has a good relationship with yourself and that she saw Dr James, child psychiatrist as a child. She has had a previous admission as an emergency to a psychiatric ward following an episode of deliberate self-harm. Medically she has a perforated eardrum but no other history.

At the time of my visit Ms Wilson was prescribed **Imipramine 25mg tds.** She had had this for a 2 year period but admitted that she misses a lot of doses as they make her feel sleepy. Previously she has taken **Cipramil** and **Diazepam.** She does not drink alcohol or take illegal drugs. She smokes about 20 cigarettes per day - this increases if she is having a bad day.

Ms Wilson's father is said to have had "wee mini strokes". Ms Wilson and her mother could not remember the name of the disorder that has affected "all his muscles in his body" but explained to me that he now requires a wheelchair and it is expected that his problems will continue to deteriorate. His problems were diagnosed two years ago, and Ms Wilson explains she found this difficult to adjust to, and this was part of the reason behind her episode of deliberate self-harm and subsequent admission to hospital. Her mother had mental health problems post-partum , but not subsequently. She has a sister, Rita, who is 18 years older than her and who has asthma, and a sister, Doreen, who is 12 years older. She has no other family history of psychiatric problems.

Ms Wilson was born at Queen Mother Hospital, Yorkhill. Her mother had a normal pregnancy when carrying her, but breech vaginal delivery. Ms Wilson was 4 lbs. at birth and taken to the SCBU for the first few months of her life. During the first 5 years of her life her mother had a "complete breakdown" and so she was cared for by her older sister Rita. Mother was a patient at Gartnavel Royal Hospital for half of this time. Her father was in the family home at this time, but working. Ms Wilson attended Dowanhill Primary School, then went to school at Yorkhill DCFC at age 6. Her first year at Dowanhill had been free from problems, but she then experienced interpersonal problems particularly with her teacher, and hence her transfer to special education. Ms Wilson says she had no friends although her mother says she did have two. Ms Wilson denies other bad experiences at home. However following the age of 15 years Ms Wilson says that things "never went right". " Life wasn't good". She left school at sixteen and went to Unite Enterprise for 6 months which she enjoyed. She completed the training course and then undertook a 6 week training course as a nursery nurse. However the following year was a bad experience as she went for repeated interviews but was unsuccessful. She describes that "no-one wants me". She has not sought work since then and says that "life has never been the same since". This is three or four years ago. She said that she has taken prescribed medication since around that time, but has taken none of them consistently. Ms Wilson says that she has problems holding a conversation with people and lacks confidence socially. She is frightened of work or college but became very motivated and interested whilst we discussed what sort of day time occupation she would enjoy. She told me she would be interested in working with disabled people or disabled children. She said that one of her qualities is that she has a lot of patience, and she would also be interested in voluntary work if there was not suitable paid employment. She was convincing while stating this ambition.

Ms Wilson is not currently in employment or at college. She says she enjoys playing with her play-station at home and likes rave music (although does not go to raves). This does introduce some conflict at home as her mother finds the music difficult. Consequently these activities tend to be solitary activities. She tends to get up very late in the morning or afternoon and often stays up late. She denies having any other interests. She does not appear to help with any of the household chores, with her mother taking on all of these tasks. She does not even appear to take responsibility for keeping her bedroom tidy. The family have three cats and a dog. Ms Wilson feeds the dog and very occasionally takes the dog for a walk. She only occasionally goes into town. She enjoys helping her disabled father. She sees her sister Rita who lives only ten minutes a way every day and they have a good relationship. Her other sister lives in Ireland and they meet occasionally. There is no-one else she is in regular contact with. There is a neighbour of her mothers age whom she occasionally sees, but the family are not friends with other neighbours. She has no best friend or close friend or friends of her own age, and has never had a sexual relationship. She has claimed income support for the last year.

It was apparent that Ms Wilson is of average intellectual ability, consequently I did not formerly undertake an assessment of her skill level or intelligence, as this would not have been appropriate in her case.

On mental state examination Ms Wilson was dressed in her nightwear. She was overweight. She was co-operative with the assessment, but tended to allow her mother to speak for her, and her mother routinely adopted this role during the assessment. She smoked throughout the assessment. She was not agitated and had no retardation of facial expression, gesticulation or bodily movement. Ms Wilson spoke in full sentences and had good articulation. She described her mood as "I'm feeling alright" and her affect was euthymic. The rate, possession, and form of her thoughts was NAD. Her content of thought revealed was that she was bored, wants to fulfil a caring role, has tedium vitae, but is not hopeless or guilty and does not have suicidal intent. She has chronic low self esteem. She did not have any psychotic phenomena. Cognitively, regarding her concentration she was not distractible. She was orientated for time, place and person. I did not formerly assess her memory. She was able to provide her background history herself. Intellectually she is of average ability. She has some insight into her situation, and is asking for help in finding meaningful employment, or voluntary work in a caring role. Good.

Summary

Ms Wilson is a 21 year old woman of average intellectual ability who lives with her mother and physically disabled father. She does not have any current symptoms suggestive of mental illness, but has been treated for depression in the past, including emergency hospital admission. Her mother has a history of post-partum mental illness. Ms Wilson has developed limited coping skills and has low self confidence, related to her personal history (she spent months in SCBU; her mother had mental ill health during the first 5 years of her life; she experienced interpersonal difficulties at school; she experienced repeated rejection whilst attempting to find employment 4 or 5 years ago). Her problems are compounded by a limited social network, and lack of meaningful daytime occupation. She does not engage in any structured routine daytime activity. Her mother fulfils the household tasks and Ms Wilson remains dependent upon her, with neither woman appearing to seek to change these roles. She feeds the family dog and sees herself in a caring role in future (possibly to fulfil a need to be "needed"). Her employment record is limited, but she did enjoy her training courses, and says she would like to work in paid employment or as a volunteer in a caring role - possibly with disabled or learning disabled children. She appeared genuinely motivated whilst discussing this point.

I have discussed Ms Wilson with my community learning disabilities nurse colleague Ray Hattie. He will attempt to make enquiries to help Ms Wilson find employment / voluntary work. I was unsuccessful in my attempts to revisit Ms Wilson (which I had said I would do just to feed back about employment, not to provide any psychiatric intervention). I note that Ms Wilson takes her **Imipramine 25mg tds** fairly sporadically. From the information available to me I am unclear if she has had any clearly documented depressive symptoms for which she is taking this medication for a maintenance dose. If that is not the case perhaps it would be sensible to discontinue the prescription. At this stage I will not attempt to re-contact Ms Wilson.

Yours sincerely

pp **Professor S-A. Cooper**
Honorary Consultant in Learning Disabilities Psychiatry

c.c. Ray Hattie, CLDT North West

IH3 Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

WEST GLASGOW HOSPITALS
ACCIDENT/EMERGENCY FORM

Med Corr G.P. COPY

G

CRN: 938417

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	WILSON	GAYLE	21	21/07/79	29/01/01	22:49	004338/01

	Address	Sex	Religion	Date of Inc	Time
	8 Earl Street GLASGOW	Female	Ch.of Scotla	27/01/01	

	PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
	G14 0AX	586 3769	Single /	UE	Other	Walking

	Name	Address	Referred by
GP	Dr HAY	PEEL STREET MEDICAL 11 PEEL STREET GLASGOW G11 5LL	Selfref
NEXT OF KIN	Name: VIOLET WILSON Relat.: MOTHER Tel. No.: 586 3769	Address: 8 Earl Street GLASGOW G14 0AX	Complaint: 30 JAN 2001

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

TRIAGE TIME 22:49

TRIAGE CATEGORY Category 3

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis (R) loin pain, borderline ~~INITIAL~~ COMP~~LAINT~~ UTI, urine clear. Abdominal Pain

X-Ray film/~~ECG shows~~ ⇒ pcalculi

INITIAL TREATMENT

Treatment given Brufen & Cephalexin.

~~FILED BY MRLHUNT~~

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 As this is a reg. occurence ? urology referral. Thanks.

↳ who says? SJM.

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

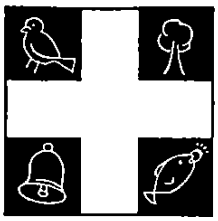
Clinic Refered to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters) CAMERON.

Signature of Medical Officer

Cons SR Reg ~~SHO~~ Clin Assist (please circle)

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GREATER GLASGOW
PRIMARY CARE
NHS TRUST

CONFIDENTIAL

22 August 2000

Dr. E. Hay
Peel Street Medical Centre
GLASGOW
G11 5LL

Dear Dr. Hay,

24 AUG 2000

RE: GAYLE WILSON D.o.B. 21/07/1979
ADDRESS: 8 EARL STREET, GLASGOW. G14

Thank you for referring the above client to the C.L.D.T. North West.

The referral will be allocated and a visit arranged in the near future. The Team will then consider how complex the needs are and what level of assessment is required.

We will be in contact again following the initial visit.

Yours sincerely,

C. Brownlie

CHRISTINE BROWNLIE
Base Administrator

D370787 Community Learning Disabilities Team, Unit 7b, The Quadrangle, 59 Ruchill Street, GLASGOW G20 9PX
Tel: 0141 201 6200 Fax: 0141 946 0921

POSITIVE ABOUT DISABLED PEOPLE

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Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP11F

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ✓ Sport Urgent

Hospital GRH. Learning disabilities N.W. Date 7/8/00 CHI No.

Please arrange for this patient to attend the ..... clinic of Dr/Mr .....

Patient's Surname WILSON Maiden Surname .....

First Names Joyce Single/Married/Widowed/Other .....

Address 8 Earl St Date of Birth 21/5/79

Patient's Occupation .....

Postal Code G14 Contact telephone number .....

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital GRH

Year of attendance 2000 Hospital No. .....

If the patient's name and/or address has/have changed since then please give details:

Now 8 Earl St
Flat 3/1

Can patient attend at short notice? YES / NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Dr E. HAY
PEEL ST MEDICAL CENTRE
GLASGOW G11 5LL
Tel: 0141 334 9381

Please use rubber stamp

PLEASE PRINT IN BLOCK LETTERS PLEASE

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:

Please will you continue to support this young lady as you see fit. She had applied for a position as a cook in the kitchen where she may be capable of some useful work if well supervised. Maybe that is too optimistic. Would be grateful for your help

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

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THE NOTRE DAME CENTRE

for Children Young People and Families

CLINICAL DIRECTOR/CHIEF EXECUTIVE OFFICER: *Sister Mary Ross Ph.D.*

Child Guidance Clinic
20 Athole Gardens
GLASGOW
G12 9BA
Tel: 0141 339 2366
Fax: 0141 357 1443

Adolescent Unit
1 Dundonald Road
GLASGOW
G12 9LJ
Tel: 0141 334 6131
Fax: 0141 334 6260

4 August 2000

Dr Hay
The Surgery
11 Peel Street
Partick
Glasgow G11

07 AUG 2000

Dear Dr Hay

Re: Gayle Wilson (21.7.79) 8 Earl Street Scotstoun.

Gayle was in to see me on Tuesday 1st August.

I had seen her the previous week and she has had a good spell and seemed to have enjoyed her recent 21st birthday celebrations.

However she said she had taken 6 of her anti depressants that morning and wanted to take the rest, stating that they would have no ill effect on her.

On the positive side she asked me to contact Stuart Whiteley on her behalf at Riverside to see if she could re-established contact with him. She seemed to feel she had been discharged as a result of failed appointments due to moving house.

When I spoke to Stuart he was of the view that a referral by you to the Learning Disabilities Team would be more appropriate and I agreed to contact you about this.

It is hard to know what would help Gayle and I know she has had many offers from various sources.

I would welcome your views.

Yours sincerely

Christine Liddle

Christine Liddle.
Psychologist

Re-referred 7/8/00

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Ref: RH/PT

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

30 June 2000

Mr Stuart White
Community Psychiatric Nurse
Riverside Resource Centre
12 Sandy Road
Partick
Glasgow
G11

Dear Stuart

Re: GAYLE WILSON 37 EARL STREET SCOTSTOUN GLASGOW DOB: 21/07/1979

Following your referral to this department on behalf of the above named young lady I am writing to confirm that we have been unable to proceed with the referral and have closed the case.

You may remember I spoke with you on the phone and indicated my difficulties in obtaining contact with Gayle.

I have subsequently spoken with her mother on the telephone who was unconvinced that input from the learning disability team would be of any benefit to Gayle and that she was a regular attender at the Kelvindale Centre in Gartnavel.

I gave Mrs Wilson two weeks to discuss with her daughter the services on offer from the team and she was to contact this office if the position changed.

As we have not heard from Gayle or her mother since that time we will not be proceeding with the referral.

She can of course be re-referred at any time should circumstances change.

Yours sincerely

R Hattie

3 JUL 2000

Ray Hattie
Community Nurse - Learning Disabilities

cc Dr Riley

Community Learning Disabilities Team Unit 7B The Quadrangle 59 Ruchill Street Glasgow G20 9PX
Tel: 0141 201 6200 Fax: 0141 946 0921

D370787

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our ref: SW/IB

11 May 2000

PRIVATE & CONFIDENTIAL

GREATER GLASGOW
PRIMARY CARE
NHS TRUST

Dr Hay
Peel Street
GLASGOW
G11

Dear Dr Hay

RE: Gayle Wilson, DOB 21.7.79, 37 Earl Street, Glasgow G14

Further to my last letter regarding Ms Wilson.

Full and accurate assessment and formulation of a treatment plan has been difficult due to Ms Wilson's ambivalence and cognitive ability and her mother's expectations of our service.

Mrs Wilson (Gayle's mother) stated that Gayle's response to stressful situations and anxiety was to take an overdose. This has complicated any possible plan due to an impending move of house and referral to other agencies. A plan of treatment was to refer Gayle to occupational therapy for an exercise programme. I also discussed referral to community learning disability team for assessment.

To date Gayle has failed to attend occupational therapy. Mrs Wilson stated Gayle did not feel happy to attend so stayed at home. I have also attempted to visit Gayle at home on several occasions, with no reply. Mrs Wilson would telephone stating the appointment date and time was wrong and re-schedule.

Gayle now has an appointment with Kelvindale Training with Mrs Wilson happy to attend with her. She also has another appointment with my colleagues in the learning disability team, as she failed to attend the first one.

I have advised Mrs Wilson there is no more I can offer Gayle at this time as her motivation to attend appointments or resources is low, also her ability to attend unaccompanied is nil, e.g. her mother and sister attend all appointments with her.

I will discharge her from my caseload at this time and hope she continues to attend Kelvindale. Please feel free to re-refer her should her situation change.

Yours sincerely

Stuart Whyte
Community Psychiatric Nurse

Riverside Resource Centre, 12 Sandy Road, PARTICK, G11 6HE Tel: 0141 211 1430
Fax: 0141 211 1444 E Mail: swhyte@glacomen.scot.nhs.uk

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THE NOTRE DAME CENTRE

for Children Young People and Families

CLINICAL DIRECTOR/CHIEF EXECUTIVE OFFICER: *Sister Mary Ross Ph.D.*

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Fax: 0141 357 1443

Adolescent Unit
1 Dundonald Road
GLASGOW
G12 9LJ
Tel: 0141 334 6131
Fax: 0141 334 6260

20 April 2000

Dr Hay
11 Peel Street
Partick
Glasgow G11

25 APR 2000

Dear Dr Hay

Re: Gayle Wilson 37 Earl Street Scotstoun Glasgow

At Gayle's last visit to Fern Tower she indicated that she was again abusing her anti depressant medication and not observing the prescribed dosage.

She did not seem to feel any ill effects apart from informing me that it had been difficult for her to waken up.

I'm not sure what can be done about this but felt you should know.

Yours sincerely

C M. Bernie

Christine Liddle
Psychologist

c.c. Dr Ogg, Consultant Psychiatrist, Riverside Clinic, 12 Sandy Road Partick

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GREATER GLASGOW
PRIMARY CARE
NHS TRUST

CONFIDENTIAL

18 April 2000

Dr. Hay
11 Peel Street
Partick
GLASGOW
G11

25 APR 2000

Dear Dr. Hay,

RE: GAYLE WILSON D.o.B. 21/07/1979
ADDRESS: 37 EARL STREET, GLASGOW. G14

The above named client has been referred to C.L.D.T. North West by the Riverside Resource Centre.

The initial visit will be carried out by a C.L.D.T. member and a copy of the outcome of this visit will be forwarded to you on completion.

Yours sincerely,

C. Brownlie

CHRISTINE BROWNLIE
Base Administrator

Community Learning Disabilities Team, Unit 7b, The Quadrangle, 59 Ruchill Street, GLASGOW G20 9PX
Tel: 0141 201 6200 Fax: 0141 946 0921

POSITIVE ABOUT DISABLED PEOPLE

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ASSESSMENT FORGAYLE WILSON, DOB 21.7.79, 37 EARL STREET, GLASGOW G14 0BB

MEDICAL ALERTS/ALLERGIES
Penicillin.

REASON FOR REFERRAL/PRESENTING COMPLAINT
2-3 weeks ago experienced low mood, went to GP, asked for CPN support, previously seen by Dr Gavin Brown due to suicidal thoughts and self harm.

PERSONAL PSYCHIATRIC HISTORY
Seen by Dr Brown September '99, previously attended the Notre Dam Centre for children and adolescents.

First seen at child and adolescent psychiatry, Yorkhill aged five and a half with school refusal sleep problems and difficulty with verbal communication.

Aged 6 years psychological assessment indicated low average intelligence.

In-patient 5 day unit June 1987 - July 1987.

CURRENT MEDICATION
Imipramine 25mgs 1x3/24 weekly prescription.

FAMILY HISTORY

Father:	60 in March, disabled 2 years ago, very close, stroke.
Mother:	57 years old, good relationship, mother acts as spokesperson for Gayle, although mother was present during assessment.
Siblings:	Doreen (in Ireland) aged 32, Rita aged 39, good relationship.
Significant Others:	No close friends, unable to establish relationships.

PERSONAL HISTORY

Birth:	Breach birth, something not right with baby, cried all night.
Childhood:	Normal childhood, would never wear shoes aged 5.
Schooling:	Started Dowanhill, teacher called her names, made Gayle aggressive, bullied regularly.
Work Record:	Although applied for many jobs, never worked.
Relationships:	Nil.
Current Living Circumstances:	Lives with mum and dad, 2 up council flat, likes Earl Street, good neighbours.
Current Daily Routine/Interests:	Sleeps most of day then plays computer games.

DRUG AND ALCOHOL HISTORY
No alcohol, smokes 20+ per day.

MENTAL HEALTH EXAMINATION

Appearance and Behaviour:	Small girl, heavy in stature, very little eye contact, looking to mother to talk for her. No unprompted conversation.
Mood/Affect:	Stated her mood is low with very little in life to look forward to.

SPEECH AND THOUGHT

1. General:	No unprompted speech, voice low, content logical and coherent, thought content difficult to assess.

PERCEPTION
No perceptual problems noticed.

Riverside Resource Centre, 12 Sandy Road, PARTICK, G11 6HE Tel: 0141 211 1430
Fax: 0141 211 1444 E Mail: SWhyte@glecomen.scot.nhs.uk

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COGNITIVE FUNCTION
Orientated in all spheres. Memory poor in short and long term.

INSIGHT
Has limited insight into current health care difficulties.

INITIAL FORMULATION
20 year old girl referred to short term CPN team. Previous suicide attempt due to inability to cope. Assessment was made difficult due to her reluctance to speak, and only through her mother.

I discussed options available regarding training and possible groups. I will refer Gayle to Occupational Therapy in meantime and will discuss with learning disabilities team future options.

Riverside Resource Centre, 12 Sandy Road, PARTICK, G11 6HE Tel: 0141 211 1430
Fax: 0141 211 1444 E Mail: SWhyte@glacomen.scot.nhs.uk

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Glasgow Emergency Medical Services (Centre Name)

Call No: 144607	Date: 13.2.00	Time of Call: 01.25	
Patient's Name: GAYLE DALE WILSON	D.O.B.Age: 21.7.79	20 YRS	
Address Today: 34 EARL STREET 2UP SCOTSTOUN	Home Address If different:		
Post Code: —	Post Code:		
Phone Number Today: 656 789	Home Phone If different:		
Special Directions to Today's address:			
Callers Name:	Relationship to patient:		
Name of GP: DR HAY	Practice No: 30		
Surgery: 111 PEEL STREET	Cipher No: G07927		
Address:	Fax No: 211-6228		
	Speed Dial:		
Call Type: PTS	Time Passed:		
Receptionist's Name:	Time Arrived:	Time complete:	

Patient's Complaint:

looking for HELP

BP: /	PR: per min	Temp:

Clinical Notes

D. N.A.

Treatment:

14 FEB 2000

Diagnosis Code:

Referral:

Seen by Dr:	Rota No:	Nurse:

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GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref;- GB/AS

Your Ref;-

If Phoning
Ask for;- Dr Ogg's Secretary

Ward 3A
Gartnavel General Hospital
1053 Great Western Road
GLASGOW
G12 OYN

Tel: 0141-211 3158

Dictated;- 8th Sept 1999
Typed;- 9th Sept. 1999

Dr Hay
11 Peel Street
Glasgow
G11

RECEIVED
13 SEP 1999

Dear Dr Hay

RE;- GAYLE WILSON, 37 Earl Street, Glasgow, G14 OBA
D.O.B;- 21.7.79 G.R.H.no;- 062745

I reviewed this 20 year old girl at my out-patient clinic at the Riverside Resource Centre on the 8th September 1999. The referral was made by Christine Liddell, Clinical Psychologist at the Notre Dame Centre. According to her letter Gayle had been attending the Notre Dame Centre since the age of 14 and had become increasingly emotionally disturbed, and has taken three overdoses in the last year, most recently one week ago. The Notre Dame Centre is primarily an adolescent unit and it seemed appropriate that we should now take over her psychiatric care.

At interview Gayle denied any feelings of low mood or suicidal thoughts and for this reason, she was unsure of why the referral had been made. As the interview progressed, Gayle did open up a little and admitted to me that she had been feeling slightly down but gave me no reason why. Her appetite is fine but said that she is sleeping until 12 noon.

Medical History;- Nil of note.

Current Medication;- Cipramil, 70 mgs mane, which she does not take. She is allergic to penicillin.

Family History;- Father is 59 years old and awaiting a bowel operation. She said that she has a good relationship with him. Mother, 56 years old, and in good health. Gayle said that this too is a good relationship although I see from the referral letter that Gayle's mother constantly puts her down and, as a result, Gayle has extremely low self confidence. She has two older sisters, Doreen, 31, and Rita, 38. Doreen lives in London and Rita lives in Glasgow and she sees her regularly. They have a good relationship.

Personal History;- Born in Glasgow. Gayle fails to remember much about her early childhood although I see that she spent most of it in various residential homes. Her schooling was chaotic and she

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failed to attend from the age of 13. She worked as a hairdresser for a few months at the age of 16 and has not been in employment since.

Current Circumstances:- Stays with mother and father in a terraced house. She seems to be very socially isolated with no friends and does very little other than sit around the house. Smokes 20 cigarettes per day, no alcohol or recreational drugs.

Mental State Examination;-
Appearance and behaviour;- very immature. Eye contact was poor, and she constantly sucked her thumb. She was unwilling to discuss just about anything and responded with one word replies, denying any problems.
Mood;- euthymic.
Speech;- was normal rhythm and rate and was logical and coherent.
Thought content;- was impossible to assess
Perception:- normal
Memory;- long term - good. Short term - good.
Recall -poor.Performing serial 7's was a problem for her and this may be due to her below average IQ

Impression;- As you can see this was a very difficult assessment although there were signs towards the end of the interview that Gayle was ready to talk in greater depth at our next meeting, which she readily agreed to. I have advised her about the importance of taking her Cipramil every morning and have advised her to obtain her medication in a one week supply to reduce the risk of overdosing, which she has agreed to do. I will also arrange for her to have a C.P.N. who will visit her at home.

I will see her again at my return clinic in ward 3A, G.G.H. in one month's time.

With kind regards.

Yours sincerely

Gavin Brown

GAVIN BROWN
S.H.O. TO DR OGG

c.c. Claire Quinn
C.P.N.
Riverside Resource Centre
Sandy Road
Glasgow
G11

GARTNAVEL GENERAL HOSP.
Ward 1A
1053 Great Western Road

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref: /DS/

Your Ref:

If phoning
Ask for: Ext 1440

Riverside Resource Centre
12 Sandy Road
Partick
GLASGOW
G11 6HE

Tel: 0141-211 1430
Fax: 0141-211 1444

CONFIDENTIAL

Date: 8/9/95.

Dear Dr. HAY.

Re: PATIENT'S NAME GAYLE WILSON.

DATE OF BIRTH 21/07/79.

ADDRESS 37 Earl Street,
Glasgow.

I reviewed the above patient at the Riverside Resource Centre. I would be grateful if you would make the following changes to his/her medication:

- CIPRAMIL 20mg: mane - Script for 1 week.
- To be renewed weekly. 28 days given dispensed weekly

A more detailed letter will follow shortly.

Yours sincerely

Gavin Brown. SHO Psychiatry / to Dr. Ogg.

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

fan c
9

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

CRN: 938417

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	19	21/07/79	01/05/99	17:50	018033/99

Address	Sex	Religion	Date of Inc	Time
37 Earl Street GLASGOW	~~Female~~	~~Ch.of Scotla~~	~~01/05/99~~	~~17:00~~

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 0BB	579 0318	Single /	UE	Leisure	Walking

GP

Name: Dr HAY

Address: PEEL STREET MEDICAL
11 PEEL STREET
GLASGOW
~~G11 5LL~~

Referred by: Selfref

NEXT OF KIN

Name: VIOLET WILSON

Relat.: MOTHER

Address: 37 Earl Street
GLASGOW
G14 0BB

Tel. No.:

Complaint

RECEIVED
- 4 MAY 1999

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: Mild Head injury

X-Ray film/ECG shows

Treatment given: HIWC.

TRIAGE

TRIAGE TIME 17:50
TRIAGE CATEGORY Category 3

~~INITIAL COMPLAINT~~
LACERATIONS

~~INITIAL TREATMENT~~

FILED BY MRSTAY

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): Perry

Cons SR (Reg) SHO/JHO Clin Assist (please circle)

Signature of Medical Officer: S Perry

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ADMISSION No.

Acute Medical Receiving Unit Level 8, Western Infirmary, Glasgow, G11 6NT - 0141-211-2850
CONSULTANT IN CHARGE Dr Weir

PATIENT	Ms Gayle Wilson	AGE	HOSP. No. 938417
ADDRESS	37 Earl Street GLASGOW G14 OBB	DATE OF BIRTH	21/07/79
ADMITTED	16/03/99	DISCHARGED	17/03/99
DIAGNOSIS 1st	Deliberate self poisoning	OPERATION 1st	
DIAGNOSIS 2nd		OPERATION 2nd	
DIAGNOSIS 3rd		OPERATION 3rd	
DIAGNOSIS 4th		OPERATION 4th	

CASE SUMMARY

SI/II

Dictated : 19/03/99
Typed : 31/03/99

Dr Hay
11 Peel Street
GLASGOW
G11 5LL

Dear Dr Hay

This 19 year old girl was admitted to the Acute Receiving Unit having ingested 20 Anadin tablets. There was a past history of recent overdoses, her most recent being 3 weeks previously. Examination was unremarkable. Routine bloods were satisfactory and her Salicylate levels did not require specific treatment.

She was reviewed by our psychiatric colleagues, who felt that she did require a period of in-patient monitoring and she was subsequently Sectioned under the Mental Health Act and transferred to the Psychiatric Unit at the Southern General Hospital.

MEDICATIONS ON DISCHARGE:
Nil.

FOLLOW-UP:
No planned medical follow-up.

Yours Sincerely

S Irvine

Dr Sarah Irvine
Medical S.H.O

RECEIVED
15 APR 1999

No. 0062573

NHS Confidential: Personal data about a patient

Glasgow Emergency Medical Services (Centre Name) WESTERN

Call No: 1908	Date: 29 Mar 1999	Time of Call: 23:25	
Patient's Name: Gail Wilson		D.O.B.Age: 21/07/79	19 Y
Address Today: 1655 Dumbarton Rd G/ Floor Scotstoun GLASGOW		Home Address If different:	
Post Code:		Post Code:	
Phone Number Today: (0141) 958 1378 - Home		Home Phone If different: () -	
Special Directions to Today's address:			
Callers Name:		Relationship to patient: Mother	

Name of GP: Hay EJ		Practice No: 030	
Surgery: 11 Peel Street		Cipher No: G0792 7	
Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL		Fax No: 0141 211 6228	
		Speed Dial: 063W	
Call Type: Own Transport ROUTINE		Time Passed: 23:36	
Receptionist's Name: EWEIR	Time Arrived: 23 45	Time complete:	

Patient's Complaint:
pain on her left side - is sharp - running a temp - unwell lst 2 days - getting worse - patient refusing to attend hospital - mum concerned - please phone

BP: /	PR: per min 92	—	Temp: 37-7

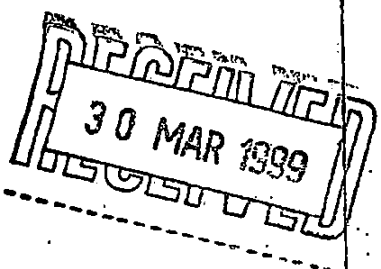
Clinical Notes

(L) flank pain on ad. off weeds, worse mightr. No urinary upset or frequency. periods regular

(L) flank tender. BS nad no mass

A - UTI.

Treatment: Trimethoprim 200g bd (14) continue paracetamol



Diagnosis Code:

Referral: See GP at St Albans

Seen by Dr: OSBORNE | Rota No: 223 | Nurse:

NHS Confidential: Personal data about a patient



GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref: AK/LR/110301

Your Ref:

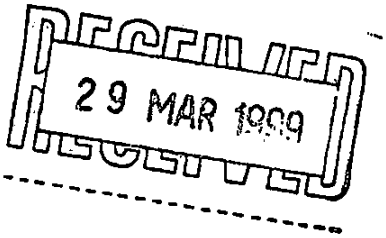
If phoning ask for: Dr Kerr's Secretary

Department of Psychiatry
Southern General Hospital
1345 Govan Road
GLASGOW
G51 4TF

Telephone: 0141 201-1900 (switchboard)
Direct Line: 0141-201-1908
Fax: 0141 201-1920

Dictated on: 23.03.99
Typed on: 24.03.99

CONFIDENTIAL



Dr Hay
11 Peel Street
Partick
GLASGOW

Dear Dr hay

RE GAIL WILSON DOB: 21.07.79
37 EARL STREET, GLASGOW, G14

DATE OF ADMISSION:	**17.03.99**
DATE OF DISCHARGE:	**19.03.99**
STATUS:	**DETAINED UNDER SECTION 25 REVOKED ON 19 MARCH 1999**
R.M.O:	**DR A KERR**
DIAGNOSIS:	**OVERDOSE**
MEDICATION ON DISCHARGE:	**NIL**
FOLLOW-UP:	**NIL**

History of Presenting Complaint

Gail was transferred from the Western Infirmary following an overdose of 20 Anadin Extra tablets which she seemed to take impulsively. At the time, she stated that she wanted to die and still had the idea that she was going to hang herself. She was unwilling to discuss any problems at the time and was unwilling to accept any help. With a history from her Mother, it is apparent that she had been self harming for the past few months and her Mother felt that if she was threatening to hang herself then, she would be likely to carry this out. It is unclear why there was an increase in self harm and she was therefore detained under Section 25 of the Mental Health (Scotland) Act.

Past Psychiatric History

Psychological assessment aged 6 years revealed below average IQ. Learning problems and speech difficulties. Adolescent psychiatric help during schooling.

Past Medical History

NIL

Medication on Admission

NIL

NHS Confidential: Personal data about a patient

Family History

Maternal depression.

Social History

Gail lives with her Mother and Father although she does not get on with her Mother. There are also two sisters who she has a good relationship with.

Illicit Drugs and Alcohol

She smokes 10-20 cigarettes per day but takes no alcohol or drugs.

Mental State Examination on Admission

Gail was casually dressed and maintained good eye contact. Her speech was of normal rate and volume with her affect being reactive. Her mood was euthymic but her thoughts contained suicidal ideation with plans ? intent. Perception was normal and physical examination and routine bloods were unremarkable.

Treatment and Progress

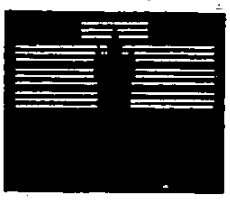
Gail was reviewed on the 19th March 1999 by Dr Kerr. At this time she was adamant that she was not going to take any further overdoses. She appeared to have settled well on the Ward and therefore her Section was lifted and she was discharged home with no formal follow-up arranged.

I understand that she sees a Psychologist and she will therefore continue with this.

Yours Sincerely,

DR PAUL MONAGHAN
SENIOR HOUSE OFFICER
to Dr Angela Kerr
Consultant Psychiatrist

NHS Confidential: Personal data about a patient



West Glasgow Hospitals University NHS Trust

LEVEL 8 ACUTE MEDICAL UNIT
Western Infirmary, Dumbarton Road, GLASGOW

CONSULTANT IN CHARGE - PROFESSOR BRODIE

Patient's Name	**Gayle Wilson**	**Hosp No**	**938417**
Address	**37 Earl Street GLASGOW, G14 0BB**	**DOB**	**21.07.79**
Admission date	**26.02.99**	**Discharge date**	**26.02.99**
1st Diagnosis	**Overdose**		
2nd Diagnosis			
Ref:	**DK/CL**	**Dictated: Typed:**	**02.03.99 14.03.99**

Dr Hay
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Dear Dr Hay,

Gayle presented to Accident & Emergency with a deliberate overdose of 16 Anadin Extra tablets today. I note that she has had a number of presentations to Accident & Emergency this week with a similar story although has refused treatment. There is also a past history of her cutting her wrists approximately six weeks ago.

On examination, she was nauseous and had a single dose of charcoal and no symptoms consistent with Aspirin overdose.

She was reviewed by our Psychiatric colleagues who noted that her past history was that of being seen by the Child and Adolescent Psychiatrist up until 1995 with a diagnosis being made of "Mild mental retardation" with personality disorder. The patient refused to be assessed by the Psychiatrist and following discussion with the Consultant on call for Psychiatry it was felt that she was not detainable. The patient signed and irregular discharge form and subsequently left the hospital.

Kind regards

Yours sincerely

DAVID KAY
SENIOR HOUSE OFFICER IN MEDICINE

RECEIVED
18 MAR 1999

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

ACCIDENT/EMERGENCY FORM

G.P. COPY

Cub (1)

CRN: 938417

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	19	21/07/79	16/03/99	17:32	011071/99

Address	Sex	Religion	Date of Inc	Time
37 Earl Street GLASGOW ~~G14 OBB~~	Female	Ch.of Scotla	16/03/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
		Single /	SCHOOL	Other	Walking

GP

Name: ~~Dr HAY~~ ~~VIOLET WILSON~~

Address: ~~PEEL STREET MEDICAL~~ 11 PEEL STREET GLASGOW G11 5LL

Referred by: Selfref

NEXT OF KIN

Name: MOTHER

Relat.

Tel. No.

Address: ~~37 Earl Street~~ GLASGOW G14 OBB

Complaint

RECEIVED 17 MAR 1999

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TRIAGE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

TRIAGE TIME 17:32

TRIAGE CATEGORY Category 2

The above-named patient attended Accident & Emergency Department today.

Diagnosis: Paracetamol OD.

INITIAL COMPLAINT ~~Overdose~~

INITIAL TREATMENT

X-Ray film/ECG shows

Treatment given: Admit 8

FILED BY MRMHAMI

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)
		weir.

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)

MCCAUGHEY / PETRIE.

Cons SR Reg SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

Tracy McCaughey / copers

NHS Confidential: Personal data about a patient

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

(1)

1006
2356

CRN: 938417

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	19	21/07/79	25/02/99	23:57	008290/99

Address	Sex	Religion	Date of Inc	Time
37 Earl Street GLASGOW ~~G14 0BB~~	Female	Ch.of Scotla	25/02/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
		Single /	SCHOOL	O/D	Walking

GP

Name: Dr HAY ~~VIOLET WILSON~~
Address: ~~PEEL STREET MEDICAL~~ 11 PEEL STREET GLASGOW G11 5LL

Referred by: Selfref

NEXT OF KIN

Name: MOTHER
Relat.
Address: ~~37 Earl Street~~ GLASGOW G14 0BB
Tel. No.

Complaint

RECEIVED
26 FEB 1999

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

~~TRIAGE~~

Dear Doctor,

TRIAGE TIME 23:57

TRIAGE CATEGORY Category 2

The above-named patient attended Accident & Emergency Department today.

Diagnosis SALICYLATE OVERDOSE.

INITIAL COMPLAINT
~~Overdose~~

X-Ray film/ECG shows

INITIAL TREATMENT

Treatment given

FILED BY MRLREID

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)
C9 cardio.		Brodie.

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) Molloy

Cons SR (Reg) SHO/JHO Clin Assist (please circle)

Signature of Medical Officer

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

ACCIDENT/EMERGENCY FORM

Rm 3

CRN - 938417

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
WILSON	GAYLE	19	21/07/79	24/02/99	17:01	008089/99

Address	Sex	Religion	Date of Inc	Time
37 Earl Street GLASGOW	Female	Ch of Scotla	24/02/99	

PC	Tel	Marital Status	Occupation/School	Type of Inc	Mode of Arrival
G14 0BB		Single /	SCHOOL	O/D	Walking

GP

Name: Dr HAY

Address: PEEL STREET MEDICAL
11 PEEL STREET
GLASGOW
G11 5LL

Referred by: Selfref

NEXT OF KIN

Name: VIOLET WILSON

Relat.: MOTHER

Tel. No.:

Address: 37 Earl Street
GLASGOW
G14 0BB

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 Salicylate / Paracetamol OD

X-Ray film/ECG shows

Treatment given Pt left dept against advice

TRIAGE

TRIAGE TIME 17:01

TRIAGE CATEGORY Category 2

INITIAL COMPLAINT
Overdose

INITIAL TREATMENT

FILED BY MRKWISH

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)

Cons SR Reg (SHO/HO) Clin Assist (please circle)

Signature of Medical Officer

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Podiatry(chiropody) Dept
Sandy Rd Clinic
12 Sandy Rd
Glasgow
G11 6HE
Tel:- 0141 211 1419

Date As Postmark

Patients Name:- GAIL WILSON

Address:- 37 EARL STREET

Date of Birth:- 21.07.79

CHI No:-

Dear Doctor Hay.

Your patient, named above, was seen by the Clinic Podiatrist today 11 Feb 99

by John Veto.

DIAGNOSIS:- Possible Onychomycosis of L/st nail - chronic Tinea pedis

TREATMENT PLAN:-

Foothealth/footwear advice	✓
Routine Podiatry	
Intensive Podiatry	
Orthotic/appliance prescription	
Orthopaedic referral necessary	
Referral to other discipline	
Nail Surgery	
No podiatry required, discharged	

RECEIVED 17 FEB 1999

COMMENTS:-

-Pt given advise regarding foot hygiene and prevention of reinfection from fungal infections
-Nail clippings sent for mycology analysis - will forward results on receipt

Please contact me if you have any queries regarding your patients podiatry care.

Yours sincerely

J.A. Veto
Senior II Podiatrist

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. JB/EMB

Your Ref.

If phoning ask for

Community Dietitians:
Mrs. Judy McAdam S.R.D.
Mrs. Jan Biggart S.R.D.

Dietetic Clinic
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

1.7.96

Dear Dr.

RE: Gayle Wilson D.O.B: 21.7.79
77 White St

Thank you for referring this patient. Unfortunately they have defaulted from review at the Dietetic Clinic. I have therefore made no further review appointments.

Details of Progress/Comments:

only attend initial appointment on 20.5.96 + 2 apts given to my letter of that date.

1.7.96 failed to attend

Yours sincerely,

Community Dietitian

DrDNArev

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref.

Your Ref. JMcA/EMB

If phoning ask for

Dietetic Clinic
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

Dr J McConnell
5 Stewartville Street
GLASGOW
G11

20 May 1996

Dear Dr McConnell

GAYLE WILSON, DOB 21.07.79.
77 WHITE STREET, GLASGOW G11 5PJ

Thank you for referring Gayle to the Dietetic Clinic for advice on a weight reduction diet. Gayle was first seen as an out patient today. Her height was 1.61 m, weight was 101.2 kgs giving her a BMI of 41. Both Gayle and her mother attended the clinic today. It was very difficult to obtain a precise diet history. Gayle was very quiet and seemed slightly reluctant to talk about food. Her mum however gave me as much information as she was able to. Gayle has a lot of food dislikes and a very limited number of meals that she is prepared to eat. Unfortunately most of these are high in fat. Gayle was reluctant to make changes and we have had to reach a compromise in order to try and slowly change the types of foods that she presently eats. I have explained the weight reduction diet to both Gayle and her mum and have given them a weight reduction diet sheet. I will be seeing them again in approximately four weeks time and will keep you informed of any progress.

Yours sincerely

Judy McAdam

JUDY McADAM
Community Dietitian

P.S.
Sorry Group ED session is not available yet but is presently being considered by our Dietetic manager.
We hope a session will be available in the near future.

JM

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref.

Your Ref. Diet/EMB

If phoning ask for Dietitians: Judy McAdam/Jan Biggart

Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

Date as Postmark

Patients Name:	**GAYLE WILSON**
Address:	**G1 77 WHITE STREET, GLASGOW G11 5PJ**
Date Of Birth:	**21.07.79.**

DIETETIC CLINIC

An appointment has been made for you with the Dietitian at the Clinic held in the Black Suite, Upper Floor, Clydebank Health Centre on:

MONDAY 20th MAY 1996 at 9.00 am

If you wear spectacles please bring them with you as you may have to read over a diet sheet.

As a new patient to the Clinic you have been allocated a 30 minute appointment. If you cannot keep this appointment please phone the above number or write to cancel the appointment to allow us to offer this time to another patient. If you fail to keep or cancel this appointment your G.P. will be contacted to find out if another appointment is required.

Your General Practitioner has been sent a copy of this letter.

Yours sincerely,

E. McBride

Community Dietitian

cc Dr J McConnell

0370787

NHS Confidential: Personal data about a patient

GREATER GLASGOW
COMMUNITY AND MENTAL HEALTH SERVICES
NHS TRUST

Dietetic Clinic
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6363

Our Ref. JMcA/EMB

Your Ref.

If phoning ask for 0141 531 6346

29 January 1996

Dr J M McConnell
5 Stewartville Street
GLASGOW
G11

Dear Dr McConnell

GAYLE WILSON, DOB 21.07.79.
FLAT G1, 77 WHITE STREET, GLASGOW

Thank you for referrring Gayle Wilson to the Dietetic Clinic for advice on a weight reduction diet. This patient has now been sent two appointments and has defaulted on both despite phoning and requesting the second appointment. Unfortunately I have no choice but to discharge her from our clinic list but will be pleased to reappoint her should you wish to refer her again at some later date.

Yours sincerely

pp. Ian Biggart

JUDITH McADAM
Community Dietitian

gm

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Our Ref. Diet/EMB
Your Ref.
If phoning ask for Dietitians: Judy McAdam/Jan Biggart

Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

Date as Postmark

Patients Name:	**Gayle Wilson**
Address:	**Flat G1, 77 White Street, Glasgow G11**
Date of Birth:	**21.07/79**

DIETETIC CLINIC

An appointment has been made for you with the Dietitian at the Clinic held in the Black Suite, Upper Floor, Clydebank Health Centre, on:

MONDAY 29TH JANUARY 1996 at 11.30am

If you wear spectacles please bring them with you as you may have to read over a diet sheet.

As a new patient to the Clinic you have been allocated a 30 minute appointment. If you cannot keep this appointment please phone the above number or write to cancel the appointment to allow us to offer this time to another patient. If you fail to keep or cancel this appointment your G.P. will be contacted to find out if another appointment is required.

Your General Practitioner has been sent a copy of this letter.

Yours sincerely,

Community Dietitian

c.c.Dr McConnel, 5 Stewartville Street, Glasgow G11

GM

NHS Confidential: Personal data about a patient

GREATER GLASGOW COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST

Dietetic Clinic
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ

Tel: 0141 531 6346

Our Ref. JB/EMB

Your Ref.

If phoning ask for Community Dietitians:
Mrs. Judy McAdam S.R.D.
Mrs. Jan Biggart S.R.D.

18 · 12 · 96

Dear Dr.

RE: Gayle Wilson D.O.B: 21.4.79
Mark Co
44 White St

Thank you for referring this patient to me for
Weight Reduction

One/~~Two~~ appointments have been given for my Clinic and the patient did not attend.

Unfortunately I have been unable to help on this occasion. Please re-refer this patient in the future if you feel it is appropriate.

Yours sincerely,

J. McAdam

Community Dietitian

Feedback.doc

Jm

NHS Confidential: Personal data about a patient

West Glasgow Hospitals University NHS Trus

Incorporating the Western Infirmary, Gartnavel General Hospital, The Glasgow Homoeopathic Hospital
Drumchapel Hospital, Glasgow Eye Infirmary, Knightswood Hospital & Blawarthill Hospital

Our ref : RMK/NMV/938417

Your ref :

Please reply to : DIRECT LINE - 0141 211 2540

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Direct Line :
Fax No :

Dictated: 1.11.95
Typed: 12.11.95

PROFESSOR MACKIE'S DERMATOLOGY CLINIC

Dr G P Henry
The Surgery
377 Dumbarton Road
GLASGOW
G11 6AL

Dear Dr Henry

RE: GAYLE WILSON 77 WHITE STREET GLASGOW
DOB: 21.7.79

This lady defaulted from the clinic. As the clinics are busy just now we will not send for her again unless she is re-referred.

Yours sincerely

R M MacKie
Professor of Dermatology

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

Riverside Resource Centre
12 Sandy Road
GLASGOW
G11 6HE

STRICTLY CONFIDENTIAL

Date 10/3/09

Our Ref MC /

Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr

Re: Patient's Name: T/0705814/1 Wilson Gayle Female

Address: Flat 0/2 1655 Dumbarton Road Glasgow G14 9YD

D.O.B. .....

CRI Number: 2107796165

I reviewed the above patient at the Riverside [illegible] I would be grateful if you make the following changes to his/her medication.

Please issue prescription fortnightly rather than weekly now.

A more detailed letter will follow shortly.

Yours sincerely

M Connolly

Dr Moira Connolly
Consultant Psychiatrist

RECEIVED 1 MAR 2009

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NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

Riverside Resource Centre
1/2 Sandy Road
GLASGOW
G11 6HE

STRICTLY CONFIDENTIAL

Dr Ghani
Peel St Surgery
11 Peel St.

Date 10.2.09

Our Ref MC /

Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr Ghani

Re: Patient's Name: Gayle Wilson
Address: 21.7.79
D.O.B. 10/2/16 55 Dumbarton Rd

I reviewed the above patient at the Riverside Resource Centre. I would be grateful if you make the following changes to his/her medication.

MIRTAZAPINE 15mg nocte. Dossette box please.
1 week supply at a time - due to Gayle's risk of overdosing
Lofepramine stopped.

A more detailed letter will follow shortly.

RECEIVED 10 FEB 2009

Yours sincerely

Dr GLASGOW WARE, ST4 to

Dr Moira Connolly
Consultant Psychiatrist

Rx given

#7469 P.001 /001
RIVERSIDE
14-FEB-2008 11:21 0141211444

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GP EXERCISE REFERRAL SCHEME



Health Profile TO BE COMPLETED BY GP.

It is important that you complete this profile so that your patient can be given an appropriate exercise prescription. Please refer patients to a member of the Exercise Referral Team based at the patient's preferred exercise venue (see listing on reverse of the folder). Send the completed form to the team member and telephone their booking line to make an appointment for the patient to attend the Exercise Referral Scheme.

PATIENT DETAILS

Name Gayle Wilson

Address 8/2 16st Dumbarton

Hospital No (if known) _____

D.O.B 21.7.74 Tel No. M/M

GP DETAILS (or stamp)

Name Dr M Aryoumi

Address 11 Peel St

Clyde

Tel No. 772 4331 Fax No. 339 9567

MAIN CORONARY HEART DISEASE RISK FACTORS

	Yes	No
1. Does your patient have a heart condition? If NO, go to question 2	Y	N
If YES, has your patient completed a full cardiac rehabilitation programme within the last 6 months? If YES, go to question 2. **If NO, please use the referral form for patients with CHD.**	Y	N
2. Does your patient have symptomatic valvular heart disease? If YES, please do not use the Exercise Referral Scheme.	Y	N
3. Does your patient have any physical or mental limitations which would make exercise programmes difficult (eg previous stroke, rheumatoid arthritis, back pain etc). If YES, please provide details _____	Y	N
Please note that patients must have both the mental and physical ability to be able to participate in class based or individual based exercise programmes.		
4. Does your patient smoke cigarettes? If YES, how many per day? 20 If ex-smoker how long stopped? _____	Y	N
5. Is your patient's blood pressure ≥ 160/90? If YES, are they being monitored/treated? Please do not use the Exercise Referral Scheme if blood pressure is constantly ≥ 160/90 and is not being monitored/treated or if blood pressure is ≥ 200/110.	Y / Y	N / N

6. Please indicate current drug therapy
   - ☐ Beta Blocker ☐ Alpha Blocker
   - ☐ Rate limiting calcium channel blocker/any vasodilator

   Other relevant drugs _____

OTHER RELEVANT INFORMATION

	Yes	No
7. Does your patient drink alcohol? If YES, please state no. of units per week _____	Y	N
8. Does your patient have chest problems? Please provide details of any medication: _____	Y	N
9. Is your patient diabetic? If YES, ☐ IDDM ☐ NIDDM	Y	N
10. Does your patient have any joint pains or conditions? e.g. osteoarthritis, osteoporosis If YES, please provide details _____	Y	N
11. Does your patient suffer from epilepsy?	Y	N
12. Is your patient currently on any medication which would affect their exercise tolerance? If YES, please provide details _____	Y	N
13. Is your patient recovering from an operation or illness? If YES, please provide details _____	Y	N

Based on this health profile, and my knowledge of the patient, I know of no reason why this patient should not join the Exercise Referral Scheme. This scheme involves a one to one physical activity consultation and advice on appropriate exercise and self monitoring (as per GGHB protocol).

Doctor Signature _____

Print name _____ Date _____

I give permission for this information to be passed on to the Exercise Referral Staff.

Patient Signature G WILSON

Print name GAYLE WILSON Date 4/4/05

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NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DEPARTMENT .....



938417
WILSON GAYLE
1655 Dumbarton Road F
GLASGOW 21/07/79
G14 9YD
G.P.Prac. 40296

DATE 11/9/3.

DIAGNOSIS ? Sinusitis

Dear Dr,

I saw this patient at my outpatient clinic today. A full report will/will not follow.

headache
yellow nasal discharge
chest clear.
(post op lap chole doing well)
appears to have sinusitis
? beconase & antibiotics ?

Thanks

GASmith SpR

Consultant Mr Gallen

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

HOME PLAN

SUPPLEMENTARY

NHS Greater Glasgow

Gayle Wilson
Patient Label
1655 Dumbarton Rd
Glasgow
G14 9HD 21/7/99

SOCIAL WORK
Arrangements made

PHYSIOTHERAPY

OCCUPATIONAL THERAPY

SPEECH AND LANGUAGE THERAPY

NUTRITION AND DIET THERAPY

SPECIALIST NURSE

~~DISTRICT NURSE~~ Practice nurse for wound check.
Contact number
Request for visit made for 4/8/03. am pm (please circle)

DISTRICT NURSE INFORMATION

TISSUE VIABILITY (Please attach copy of wound care plans)
Type of wound (pressure sore, surgical wound etc) laparascopic cholecystectomy
Location of wound(s) Abdomen x4
Grade of sore (Torrance) Mattress type
Current Treatment
Supply of dressings with patient Yes No

CONTINENCE (Please tick if appropriate)
Incontinent of urine ☐ STOMA Colostomy ☐
Incontinent of faeces ☐ Ileostomy ☐
Catheterised ☐ Other (please specify)
Date of last catheter change Aids / Appliances used
Catheter size and type Supply of Aids / appliances with patient Yes No

OTHER INFORMATION (Oxygen therapy, Nebulisers, PEG feeding etc.)

Patient / Carer (Signature) G WILSON
Named / Associate Nurse (Signature)

01918

GRI job no. 93999 / 1

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

upgrade appt 28/5/93
for cholecystectomy

07796 19 1728

211 3192 Mr Gallagher

PREMIQUE*/CYCLE PREMARIN* PREMPAK-C*
*Trade Mark

NHS Confidential Personal data should be protected

NHS Confidential: Personal data about a patient

Rocked 29/5/03

To Mr. Galloway
Consultant Surgeon
Gartnavel General

FAXO
0141 357 4725

28/5/03

Re- Gayle Wilson.
o/12
165 Dumbarton Road
G14 9YD
tel. 07796 191728

This girl is having frequent severe symptoms (vomiting / pain / prostration) every month due to cholelithiasis / cholecystitis
I would be most grateful if you could possibly bring her appointment forward (her appt for December 2003).

With thanks.

Yours

Dr ELIZABETH HAY
11 Peel Street
Glasgow G11 5LL
Tel: 0141 334 9331

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DUTY DOCTOR: 100

CALL NO.: 3

PATIENT'S NAME & ADDRESS: CAEL WILSON

24 STUART MILLE ST 1/1

PARTICK

AGE: 10

DATE: 8,7,90

TIME PASSED: 17.39

TIME ARRIVED:

TELEPHONE INFORMATION RECEIVED

V+T 2 DAYS

HISTORY & EXAMINATION

Temp Headache

Abd Pain

Vomiting - No Diarr

Abd - NAD CNS ✓

No N, Rigidity

TEMP. 37.6

PULSE

B.P. /

DIAGNOSIS

Viral Illness

TREATMENT/DISPOSAL

↑ Fluids - Observe

PATIENT TO CALL IF NECESSARY

TO SURGERY ON

DAY

PLEASE REVISIT ON

DAY

HOSPITAL ADMISSION ARRANGED

PATIENT'S OWN DOCTOR: HENRY 128

GENERIC DRUG BATCH/LOT NO.

AIR CALL MEDICAL SERVICES 0908 691919

Printed on Recycled Paper

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DUTY DOCTOR AB/414. CALL NO. 16

PATIENT'S NAME & ADDRESS Carl Wilson 15291 Dumbarton Rd Scotsom 1/1

D.O.B. 15

DATE 20-3-95

TIME RECEIVED C/R 21-47

TELEPHONE INFORMATION RECEIVED Lasidoo Stomach & Bowel Pain

TIME PASSED 1-10

TIME ARRIVED

TIME COMPLETED

HISTORY & EXAMINATION

Neck NO Rigidity
C/o Pain L side of abdome
NO mass NO tenderness
Chest - NAD
Throat Tonsil red & Puffy

3812 TEMP.

PULSE

B.P. /

DIAGNOSIS

Ac. pharyngitis

PATIENT TO CALL IF NECESSARY ✓

TREATMENT/DISPOSAL

O T. Erythromycin 250 - STD
T. Paracetamol 2/4

TO SURGERY ON DAY

PLEASE REVISIT ON DAY

PATIENT'S OWN DOCTOR HENRY

GENERIC DRUG BATCH/LOT NO. 128

HOSPITAL ADMISSION ARRANGED

Tylex* CAPSULES



Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
DEC 20 '94 20:21	131	HENRY	0132
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O./O.B.S.**
DEC 20 '94 20:22	122	Howard	
TIME ARRIVED	**PATIENTS NAME**	**M** / **F**	
DEC 20 '94 21:48	GAIL WILKSON		**T.R.**

AGE YEARS	AGE MONTHS	ADDRESS	TEL
15		77 WHITE ST PARTICK	334 0537
ORIGIN			
MUM			

DIRECTIONS G **MAP REF.**

MESSAGE

c/o temp, cold dcy
new cause,
headache
sore throat

OPERATOR KT

DIAGNOSIS / TREATMENT

AURI.

REVISIT

F.P. 10 128

ADMISSION / AMBULANCE / **TIME**

OPERATOR A

Tylex CAPSULES
Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

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TIME RECEIVED	G.P. No	G.P. NAME	CALL NO
MAR 19 '95 21:47	B1	Heuday	16

TIME PASSED	DEP. No	DEP. NAME	S.C.C/O.B.S.
MAR 20 '95 1:09	AB 414	GILANI	

TIME ARRIVED	PATIENTS NAME	M	F
MAR 20 '95 1:25	Gail Bo Wilson		T.R.

AGE YEARS	AGE MONTHS	ADDRESS	TEL
15		1529 Dumbarton RD Scotston 1/1	954 3752

ORIGIN: SC

DIRECTIONS:

MAP REF.:

MESSAGE: Pains in stomach
4/52 ago

OPERATOR: GL

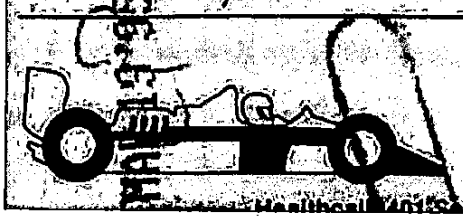
DIAGNOSIS
TREATMENT: Ac prophylaxis
Erythromycin
paracetamol

REVISIT:

F.P. 10: 0128

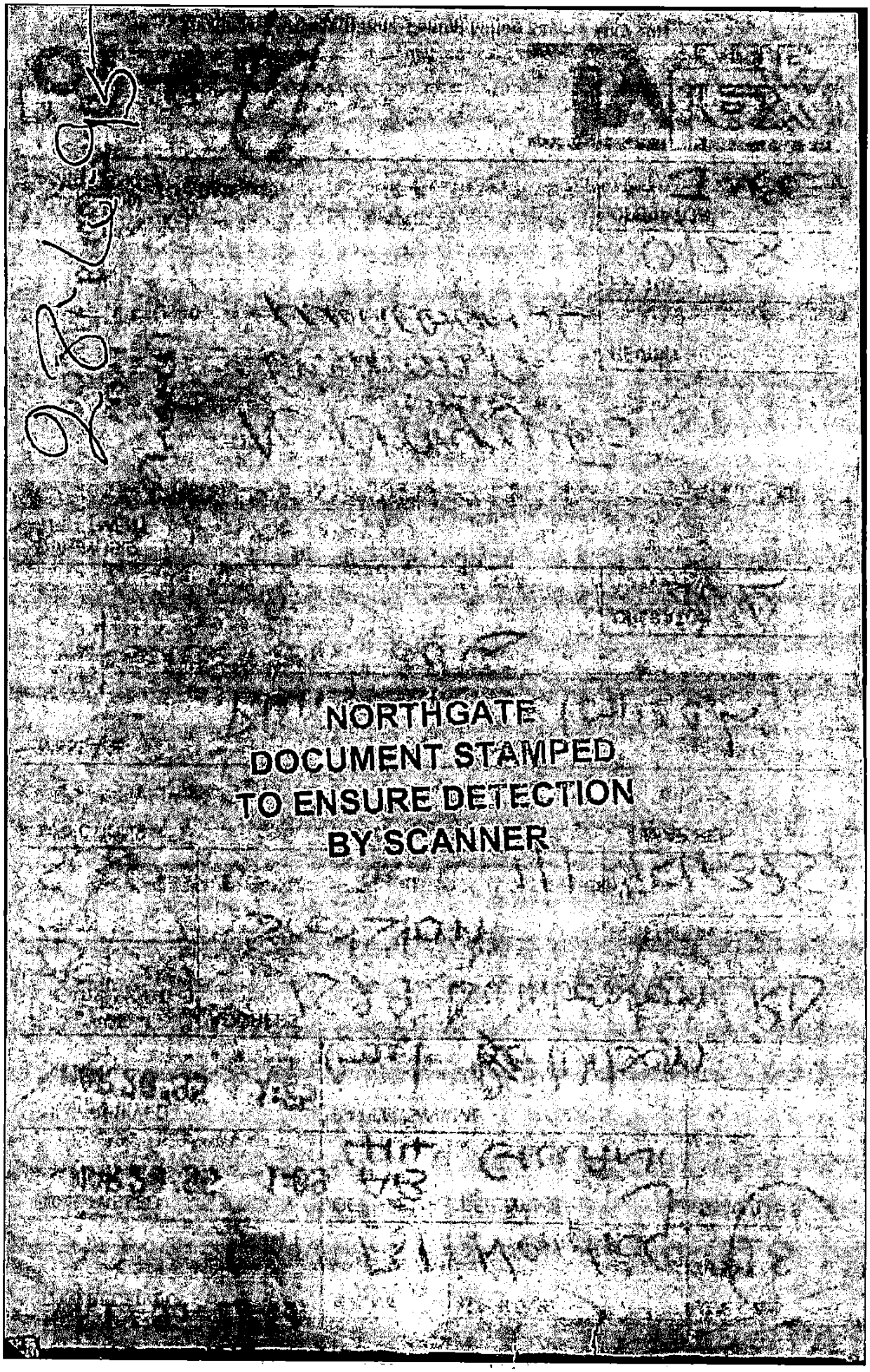
OPERATOR: JMcC

ADMISSION / AMBULANCE / TIME:



Tylex CAPSULES

Healthcare, 401 South Row, Central Milton Keynes MK9 2PH


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TO ENSURE DETECTION
BY SCANNER

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
1990 JUL 17	131	Hendry	B 375
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O./O.B.S.**
1990 JUL R 18:55	500	Young	
TIME ARRIVED	**PATIENTS NAME**	**M / F**	
18 JUL R 19:21	GAIL WILSON	F	
		T.R.	

AGE YEARS	AGE MONTHS	ADDRESS	TEL
10		24 Stewarthill Ville St Partick	334-8757

ORIGIN: Sis.

DIRECTIONS: 1/1

MAP REF:

MESSAGE: not eating - 2 days
headaches
Vom. + Temp.
2 days

OPERATOR: GR

DIAGNOSIS TREATMENT: Viral Inf
Nil given

REVISIT:

F.P. 10: G 128

OPERATOR: RG

ADMISSION / AMBULANCE / TIME: 1990 JUL 18 0100

BAYER

Adalat®
nifedipine

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
DEC 12 '92 19:13	131	HEMORY	215
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
DEC 12 '92 20:27	31	Wallis	
TIME ARRIVED	**PATIENTS NAME**	**M / F**	
DEC 12 '92 20:43	GAYLE WILSON	F	T.R.

AGE YEARS	AGE MONTHS	ADDRESS
13	—	77 White St. Partick

ORIGIN: Sister

TEL. 334-0537

DIRECTIONS: Buzz ~~[illegible]~~ o/l.

MAP REF.

MESSAGE: Headache + ~~one~~ ear + stomach painful + VOM — all day

MED

OPERATOR: gm

DIAGNOSIS / TREATMENT: U. MAL

Pa

REVISIT

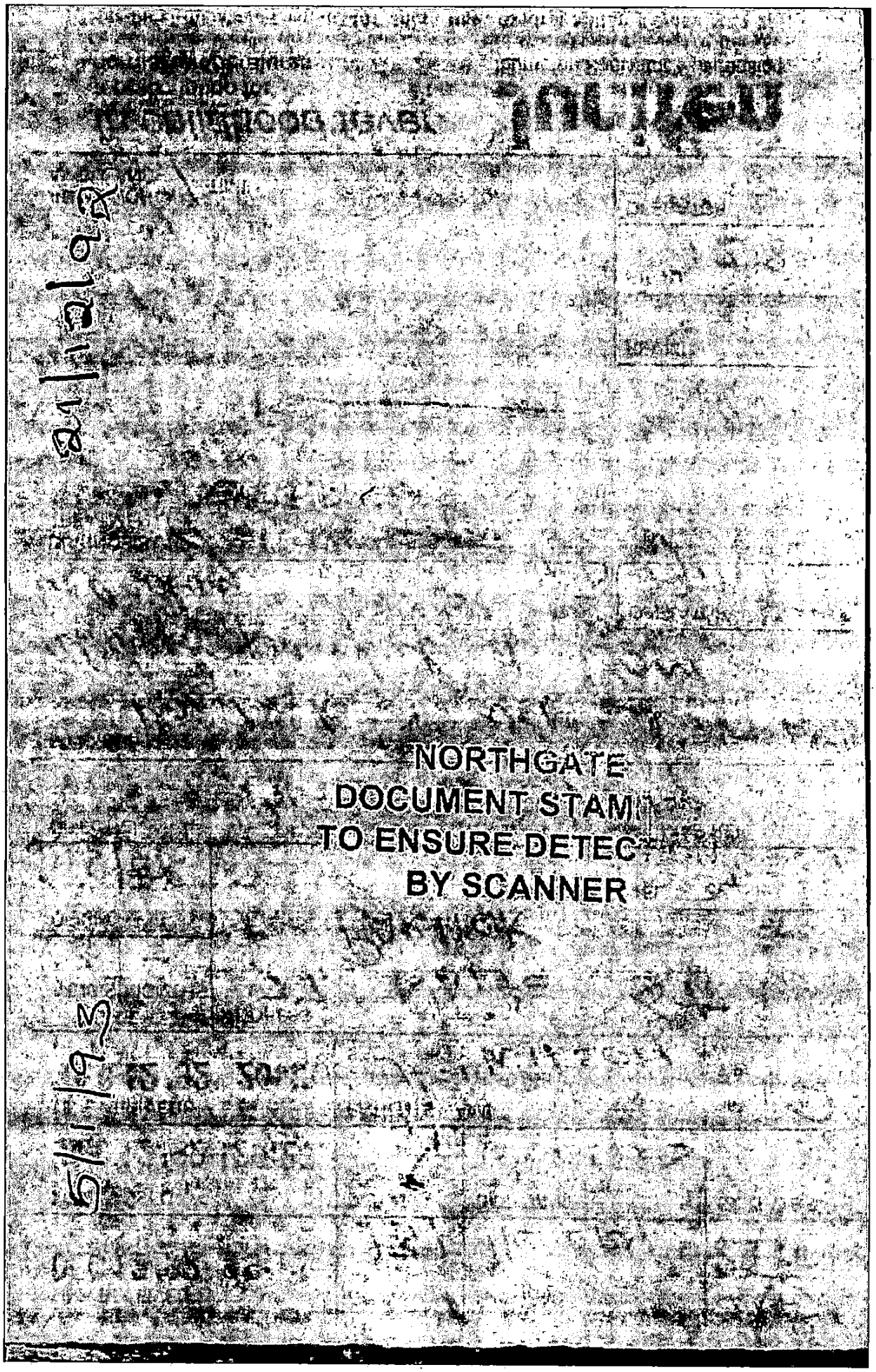
F.P. 10: 128

ADMISSION / AMBULANCE / TIME

OPERATOR: CC

In childhood fever
a prescription for normal temperatures.

Junifen
Ibuprofen Paediatric Suspension
Further information is available from Boots Pharmaceuticals, a division of The Boots Company PLC, Nottingham.


NORTHGATE
DOCUMENT STAM
TO ENSURE DETEC
BY SCANNER

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NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. HAY

PATIENT'S DETAILS

SURNAME (~~Mr, Mrs~~, Miss, ~~Ms~~) WILSON

OTHER NAME(S) GAIL

ADDRESS 8 EARL STREET

GLASGOW

G14 0AX POSTCODE

TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/9 $^{-1}$	$^{+}$0·25 DS					6/9		NS
L	6/9 $^{-1}$	$^{+}$0·25	$^{-}$0·25	10			6/6 $^{+1}$		NS

Previous corrected V.A. Date

Date of Birth 21·7·1979

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Gail attended for eye exam today with reduced vision which could not be corrected significantly with spectacle lenses.

Ophthalmoscopy revealed a possible haemorrhage just superior to the macula in the RE.

Would it be possible for Gail to be seen by an ophthalmologist regarding this.

Thank you

I agree / ~~do not agree~~ that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed A G WILSON Date 13:10:01

Optic discs R+LO·2

IOP R mmHg L mmHg

Tonometer used: Applanation/Tonometer

Visual Fields

R L

Plot attached . . . Y/N

Name and Address of Optometrist/OMP

JOANNA BINNIE
SPECDEALS OPTICIANS
340, DUMBARTON ROAD
GLASGOW G11 6GG
TEL: 0141 334 8172

Signed (Optometrist/OMP) Date 13·10·01

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms _____

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Part One - This part must accompany any referral and be retained by the Ophthalmologist

Signed (GMP) Date

Printed for Tactica Solutions B13738 5/00 (71412)

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Ophthalmic Opinion/Notification

This form may be used if a formal report is not being prepared

It should be copied to - Optometrist/OMP

- GMP

Name and Address of Optometrist/OMP

JOANNA BINNIE

SPECDEALS OPTICIAN
340, DUMBARTON ROAD
GLASGOW G11 6GG
TEL: 0141 334 8172

Name and Address of referring GMP

Patient's Name GAIL WILSON

Address 8 EARL STREET

GLASGOW

G14 0AX

Comments

Signature G Wilson Date 13-10-01

GOS(S)(M) Part Four - To Be Retained By Ophthalmologist And Copied To Optometrist/OMP and GMP

Printed for Tactica Solutions B12646 3/00 71412

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TO ENSURE DETECTION
BY SCANNER

31 OCT 2001

NHS Confidential: Personal data about a patient

ScotNursing
There for you.

Nursing and Care Services

Local Branch Telephone 0845 303 3344
E-mail info@scotnursing.com
Website http://www.scotnursing.com

CT/LM

9th November 1998

ScotChildCare, 53 Main Street,Alexandria, Dunbartonshire, G83 ODY, 01389 711000

Dr. Hay
Peel Street Medical Centre
11 Peel Street
Partick
Glasgow
G11 5LL

Dear Dr. Hay,

POSITION - SCOTCHILDCARE WORKER

The person named below has given your name as a Referee.

I would be grateful if you could complete and return this form, using the stamped addressed envelope provided.

As no acknowledgement will be sent, please accept my thanks in anticipation of your co-operation in this matter.

NAME OF CANDIDATE **GAYLE WILSON**
DOB: 21/07/79

ADDRESS 37 EARL STREET, FLAT 2/2, GLASGOW

✓ 16/11

Yours sincerely,

pp K. Blackwood

CHRISTINE TOTTEN NNEB
CHILDCARE MANAGER

A:\MSWORKS\LORNA\CCREFREQ.WPS

FRES THE FEDERATION OF RECRUITMENT AND EMPLOYMENT SERVICES Approved Standards for Recruitment
INVESTOR IN PEOPLE
NQA ISO9002 REGISTERED COMPANY ISO 9002 - Certificate No. 7016
UKHCA UNITED KINGDOM HOME CARE ASSOCIATION LIMITED
SCOTTISH QUALIFICATIONS AUTHORITY

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benefits agency

Executive Agency of the Department of Social Security.

SOCIAL SECURITY

Your reference is JN493377B
Please tell us this number
if you get in touch with us

DR E HAY
11 PEEL STREET
GLASGOW
G11 5LL

Glasgow Partick BO
20 Benalder Street
Glasgow
G11 6QD

26 JUN 2000

Phone 0141 3377100
TEXTPHONE for the deaf/hard of hearing ONLY 0141 9505213

Date 22/06/2000
FOR MISS GAYLE WILSON

INFORMATION ABOUT A PATIENT

About the patient

Name	MISS GAYLE WILSON
Address	37 EARL STREET FLAT 2 2 GLASGOW G14 0BB
National Insurance Number	JN493377B
Date of Birth	21/07/1979

Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

22/06/2000

MISS GAYLE WILSON

REF: JN493377B

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient 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 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

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.

Yours sincerely,

IB74

NHS Confidential: Personal data about a patient

U8

STRICTLY CONFIDENTIAL

Dr Moira Connolly
Riverside CMHT

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 28th May 2010
Our Ref MC/LC
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1430
Fax 0141 211 1444

Dear Dr Connolly

Re: Gayle Wilson DOB: 21.07.79
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Gayle failed to respond to an opt in letter that was sent to her.
I have now discharged her from my caseload.

Yours sincerely

Carole Shaw

Carole Shaw
Head OT

3 JUN 2010

Cc ✓ Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

dlb

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

23 April 2010

Dear Dr Ghouri

Re: GAYLE WILSON, 0/2 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth: 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

ur patient attended Western Infirmary on the 22 APR 2010 at 20:27 pm.

The presenting complaint was:	**Foot Imnjury**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**** Injury- Not Assault** - Sprain - Foot - Left**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

rs sincerely,

23 APR 2010

Laura Mcrae
Emergency Department Doctor

Consultants
:

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

STRICTLY CONFIDENTIAL
Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 14th April 2010
Dictated 9th April 2010
Our Ref MC/CM
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1446
Fax 0141 211 1444

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Gayle has been discharged from our CPN service. I sent her a follow-up outpatient appointment for 9th April 2010, but she has not kept this appointment. My only contact with her in many months has been a request to respond on her behalf to a jury service summons which I have done.

I do not think that we have any role to play with Gayle at the minute, however, I do recognise that she may require our input in the future. I have discharged her from routine follow-up for now, but she can be re-referred through the usual channels.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

2-

21 APR 2010

NHS Confidential: Personal data about a patient

STRICTLY CONFIDENTIAL
Ms Gayle Wilson
Flat 0/2
1655 Dumbarton Road
GLASGOW
G14 9YD

Riverside Community Mental Health Team
The Centre for Health & Care
547 Dumbarton Road
Glasgow
G11 6HU
www.nhsgg.org.uk

Date: 7th January 2010
Dictated: 6th January 2010
Our Ref: CS/CM
PIMS No: 0705814
CHI No: 2107796165
Direct No: 0141 211 1446
Fax: 0141 211 1444

Dear Gayle

As I have not heard from you since November, I am writing to ask you if you would like another appointment with myself. You appear to be enjoying attending the Alderman Road Project and I am glad this is working well for you.

If I do not hear from you by the end of January 2010 I will assume you no longer want continued involvement and I will discharge you from my caseload.

Yours sincerely

RECEIVED 11 JAN 2010

Carole Shaw
Specialist Occupational Therapist

c.c. Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

c.c. Dr Moira Connolly, Consultant Psychiatrist



NHS
Greater Glasgow and Clyde



West Glasgow
Community Health & Care Partnership

STRICTLY CONFIDENTIAL

Dr N A Ghouri
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
GLASGOW
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 4th June 2009
Dictated 2nd June 2009
Our Ref MC / CM
PIMS No: 0705814
CHI No: 2107796165

Direct Line 0141 211 1446
Fax 0141 211 1444
Email Lisa.Craig@ggc.scot.nhs.uk

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Diagnosis: **Mild Depressive Episode**
Poor Coping Strategies
Low IQ

Legal Status: **Informal**

Follow up: **Outpatient clinic appointment in 3 months**
Carole Shaw, Occupational Therapist, Riverside CMHT
Anne Turner, Health Care Assistant, Riverside CMHT

Gayle attended for review on the 2nd June 2009. We arranged for Anne Turner to bring her along as Gayle had previously stated that she would not come for review.

It seems that things are somewhat complicated at home in that although Gayle has been assigned her own flat she cannot yet afford to move into it and has been seeking emergency community care to help with this. In the interim her sister has problems within her locality and has temporarily had to move into Gayle's flat. Gayle states very clearly that she absolutely could not refuse her sister access to the flat as her sister is at great risk if she returns to her own house in Earl Street. She told me that she would rather kill herself than refuse her sister the flat. Her logic for not taking the medication did not actually make sense to me so I do not really know why she is holding out on this. She does admit to feeling better since taking Mirtazapine and her family have told her that she is better.

Continued.....

RECEIVED 19 JUN 2009

Re: Gayle Wilson DOB: 21.07.79

I simply had to leave it with her to rethink this decision.

We will keep you informed of her progress.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

c.c. Anne Turner, HCA, Riverside CMHT

c.c. Carole Shaw, OT, Riverside CMHT

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: 2473082 Date: 23 Apr 2009 Time of Call: 21:21

Patient's Name: Gayle Wilson DOB: 21/07/1979 Age: 29 Y

Address Today: 0/2 1655 Dumbarton Road

Home Address If different: 0/2 1655 Dumbarton Road

Glasgow
Intercom/Buzzer Entry
Post Code: G14 9YD

Glasgow
Intercom/Buzzer Entry
Post Code: G14 9YD

Phone Number Today: (0141) 563 8676 -

Home Phone If different: (0141) 563 8676 -

NHS24 Call ID : 7134198

Callers Name: Gayle

Relationship to patient:

Name of GP: Ghouri NA

Practice No: 030

Surgery: 030 11 Peel Street

Cipher No: G0810 9

Address: Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL

Fax No: 0141 339 9501

Speed Dial: 187

Call Type: No Action Required by Co- NOT GIVEN

Time Passed: 22:50

Receptionist's Name:IIF

Time Arrived:

Time Complete: 23/04/2009 22:49:42

Patient's Complaint:

Patient's Complaint:

PTN WANTS ADVICE TO WHETHER SHE CAN TAKE PRESCRIBED MEDICATION NOW ((Non-Clinical User) (Cardonald))
PASSED TO CLYDEBANK TL FOR ACTION AFTER FEEDBACK FROM CPN'S. ((Other Clinical User) (Cardonald))
CPN HAVE PHONED BACK SERVICE AND CONFIRMED THIS LADY HAS LEARNING DIFFICULTIES AND MAY BE UNABLE TO ASCERTAIN AMOUNTS ETC SHE MAY HAVE TAKEN. FROM INFORMATION PROVIDED SO FAR BY PATIENT IS NON TOXIC DOSE AND DOES NOT NEED REFERRAL TO A/E HOWEVER CPN SERVICE FEEL SHE MAY BENEFIT FROM BEING CHECKED AT A/E. HAVE ATTEMPTED TO PHONE BACK HOUSE X 2 . PATIENT PHONED BACK TO SERVICE NOW DECLINING ANY INTERVENTION. CALL CLOSED WITH WORSENING STATEMENT. ((Nurse Advisor) (Glasgow))
MOTHER PHONED BACK SERVICE UNHAPPY THAT GAYLE HAD REFUSED INTERVENTION. NOW STATES HAS MIRTAZAPINE AND INTENDS TO TAKE A FURTHER OVERDOSE. SPOKE TO TEAM LEADER MARK KELLY. ADVISED TO ATTEND WESTERN A/E FOR FURTHER ASSESSMENT. ((Nurse Advisor) (Glasgow))
—
TAKEN 20 NUROFEN-5 HOURS -SEE AV
—
Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 21:38:59]
OVERDOSE FOR 5 HRS AND STATES TOOK 20 NUROFEN 5 HRS AGO. NO SYMPTONS EXCEPT SORE STOMACH. UNABLE TO CONFIRM WEIGHT TO ACCESS TOXBASE BUT STATES IS OVERWEIGHT. HISTORY OF MENTAL HEALTH ISSUES. STILL FEELS AT RISK AT PRESENT. OUT ON STREET AND UNWILLING TO GIVE MOBILE NUMBER. CURRENTLY MAKING WAY BACK TO HOUSE. G/P TO CPN TO MAKE CONTACT WITHIN 2 HRS PLEASE.
Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 22:29:36]
OVERDOSE FOR 5 HRS AND STATES TOOK 20 NUROFEN 5 HRS AGO. STATES STILL FEELING SUICIDAL. MILD ABDOMINAL PAIN BUT NO OTHER SYMPTONS. CALL HAD BEEN SENT AS SPEAK TO CPN BUT THEY DECLINED TO INTERVENE AS FEEL DUE TO PATIENTS LEARNING DIFFICULTIES SHE MAY BE UNDERMINING SITUATION AND SHE SHOULD ATTEND A/E FOR FURTHER ASSESSMENT. PATIENT CONTACTED AGAIN BUT DECLINING ANY INTERVENTION AT THIS TIME. WORSENING STATEMENT.
Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 22:49:01]
OVERDOSE FOR 5 HRS AND THIRD CALL TO

Remarks: WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP

RECEIVED 24 APR 2009

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2473057** Date: **23 Apr 2009** Time of Call: **21:21**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **29** **Y**

Address Today: **0/2 1655 Dumbarton Road** Home Address If different: **0/2 1655 Dumbarton Road**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** - Home Phone If different: **(0141) 563 8676** -

NHS24 Call ID : 7134198

Callers Name: **Gayle** Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **No Action Required by Co- NOT GIVEN** Time Passed: **22:27**

Receptionist's Name:**IIF** Time Arrived: Time Complete: **23/04/2009 22:27:15**

Patient's Complaint: **Patient's Complaint:**

PTN WANTS ADVICE TO WHETHER SHE CAN TAKE PRESCRIBED MEDICATION NOW ((Non-Clinical User) (Cardonald))
PASSED TO CLYDEBANK TL FOR ACTION AFTER FEEDBACK FROM CPN'S. ((Other Clinical User) (Cardonald))
CPN HAVE PHONED BACK SERVICE AND CONFIRMED THIS LADY HAS LEARNING DIFFICULTIES AND MAY BE UNABLE TO ASCERTAIN AMOUNTS ETC SHE MAY HAVE TAKEN. FROM INFORMATION PROVIDED SO FAR BY PATIENT IS NON TOXIC DOSE AND DOES NOT NEED REFERRAL TO A/E HOWEVER CPN SERVICE FEEL SHE MAY BENEFIT FROM BEING CHECKED AT A/E. HAVE ATTEMPTED TO PHONE BACK HOUSE X 2 . PATIENT PHONED BACK TO SERVICE NOW DECLINING ANY INTERVENTION. CALL CLOSED WITH WORSENING STATEMENT. ((Nurse Advisor) (Glasgow))
—
TAKEN 20 NUROFEN-5 HOURS -SEE AV
—
Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 21:38:59]
OVERDOSE FOR 5 HRS AND STATES TOOK 20 NUROFEN 5 HRS AGO. NO SYMPTONS EXCEPT SORE STOMACH. UNABLE TO CONFIRM WEIGHT TO ACCESS TOXBASE BUT STATES IS OVERWEIGHT. HISTORY OF MENTAL HEALTH ISSUES. STILL FEELS AT RISK AT PRESENT. OUT ON STREET AND UNWILLING TO GIVE MOBILE NUMBER. CURRENTLY MAKING WAY BACK TO HOUSE. G/P TO CPN TO MAKE CONTACT WITHIN 2 HRS PLEASE.
Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 22:29:36]
OVERDOSE FOR 5 HRS AND STATES TOOK 20 NUROFEN 5 HRS AGO. STATES STILL FEELING SUICIDAL. MILD ABDOMINAL PAIN BUT NO OTHER SYMPTONS. CALL HAD BEEN SENT AS SPEAK TO CPN BUT THEY DECLINED TO INTERVENE AS FEEL DUE TO PATIENTS LEARNING DIFFICULTIES SHE MAY BE UNDERMINING SITUATION AND SHE SHOULD ATTEND A/E FOR FURTHER ASSESSMENT. PATIENT CONTACTED AGAIN BUT DECLINING ANY INTERVENTION AT THIS TIME. WORSENING STATEMENT.
—
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
SPECIFY : 5 HRS POST INGESTION. HISTORY OF MENTAL HEALTH ISSUES. ACCESS CPN SERVICE

Remarks: WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP

RECEIVED 24 APR 2009

NHS Greater Glasgow & Clyde OOH Services

Call No: **2473015** Date: **23 Apr 2009** Time of Call: **21:21**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **29** **Y**

Address Today: **0/2 1655 Dumbarton Road** Home Address If different: **0/2 1655 Dumbarton Road**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Glasgow
Intercom/Buzzer Entry
Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** - Home Phone If different: () -

NHS24 Call ID : 7134198

Callers Name: **Gayle** Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **CPN to phone Pt within 2 Priority 1 Within 30** Time Passed: **22:12**

Receptionist's Name:**IIF** Time Arrived: Time Complete: **23/04/2009 22:11:52**

Patient's Complaint: **Patient's Complaint:**

PTN WANTS ADVICE TO WHETHER SHE CAN TAKE PRESCRIBED MEDICATION NOW ((Non-Clinical User) (Cardonald))

—

TAKEN 20 NUROFEN-5 HOURS -SEE AV

—

Clinical summary created by: (Nurse Advisor) (Glasgow) [23/04/2009 21:38:59]
OVERDOSE FOR 5 HRS AND STATES TOOK 20 NUROFEN 5 HRS AGO. NO SYMPTONS EXCEPT SORE STOMACH. UNABLE TO CONFIRM WEIGHT TO ACCESS TOXBASE BUT STATES IS OVERWEIGHT. HISTORY OF MENTAL HEALTH ISSUES. STILL FEELS AT RISK AT PRESENT. OUT ON STREET AND UNWILLING TO GIVE MOBILE NUMBER. CURRENTLY MAKING WAY BACK TO HOUSE. G/P TO CPN TO MAKE CONTACT WITHIN 2 HRS PLEASE.

—

WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.
The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
SPECIFY : 5 HRS POST INGESTION. HISTORY OF MENTAL HEALTH ISSUES. ACCESS CPN SERVICE

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up: No Follow Up

DISCUSSED CALL WITH NHS 24 CALL PASSED BACK

Consultation(s):

By: Lindsay John **Start:** 30/12/1899 **Finish** 23/04/2009 22:11:52

RECEIVED 24 APR 2009

NHS
Greater Glasgow and Clyde
Glasgow City Council

West Glasgow
Community Health & Care Partnership

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Dr A N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date Dictated	16th March 2009
Date Typed	10th March 2009
Your Ref	
Our Ref	MC/LC
PIMS No:	0705814
CHI No:	2107796165
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	Lisa.Craig@ggc.scot.nhs.uk

Dear Dr Ghouri

Re: Gayle Wilson Dob: 21/07/1979
Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD

cc Carol Shaw
Senior Occupational Therapist Riverside Resource Centre

Diagnosis: Revised to moderate depressive episode with somatic syndrome F32.11

Medication: Mirtazapine 15mg at night

Follow up: Three months outpatient clinic.

RECEIVED 30 MAR 2009

Legal Status: Informal

I met with Gayle for review at the outpatient clinic on 10th March 2009. She is sleeping better and has regained her interest in self care and other activities. She thinks her mood has brightened considerably and she has had no further feelings of irritability aside from one clash with her mother on 27th February 2009. Gayle has tolerated the introduction of Mirtazapine and it would seem to be clearly associated with this improvement in her mood.

I have talked to her about potential side effects, most particularly weight gain and I have asked her to spend time with Carol to look at ways in which she can reduce the likelihood of this.

She is planning to go on holiday shortly and in order to facilitate this will need her medication to be issued on a fortnightly basis. I would be grateful if you could liaise with the Pharmacist to arrange this. We will review this in due course and switch her to monthly prescribing when she is confident about managing her meds.

I spent some time today with her discussing the need for consistency in taking her medication and I have asked her to expect to be on this for at least six months. She denies any ongoing thoughts of self harm and vulnerable impulsive acts.

Dr Mona Connolly

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

Headquarters
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 OXH

Dr. NA Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow, G11 5LL

Date 24 February, 2009
Your Ref
Our Ref AM/lt
Direct Line 0141 232 2001
Fax 0141 232 2142
Email alison.mcdonald@ggc.scot.nhs.uk

Dear Dr. Ghouri

Re: Gayle Wilson, DOB 21.07.79
Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD

Diagnosis: ICD10
F34.1
Persistent Mood Affective Disorder, Dysthmia

Date of Admission: 28.01.09

Date of Discharge: 29.01.09, discharged against medical advice.

Medication on Discharge: Lofepramine 140 mgs nocte

(We would be grateful if Gayle's TFTs, Vitamin B12, Folate and Ferratin could be rechecked at her GP surgery)

Legal Status: Informal

Follow Up

1. Out-Patient appointment with Dr. Connolly to be arranged.
2. Supported discharge with the Crisis Team.

Admission to Ward
Gayle was referred to Gartnavel Royal by her GP and was brought up by the Police. She had seen her GP and voiced suicidal intent and threats. The GP and the Police had been contacted by Gayle's mother after Gayle had attempted to strangle herself in front of her mother that

RECEIVED 27 FEB 2009

morning. Gayle also reports that she has taken two overdoses in the last week. Gayle stated that she just wanted to sleep. Gayle reported that she has been unable to sleep for the last few weeks, had lack of appetite, lack of concentration. She stated that she had no pride in her appearance and could not see any reason to look after herself.

Gayle was unkempt and showing signs of self neglect. She was tearful and visibly upset though she maintained good eye contact throughout the initial interview. Gayle's physical examination at the time of admission was normal. Her full blood count and U&Es were within normal ranges. Her Bilirubin and Gamma GT was slightly raised and we would be grateful if you could repeat these. Unfortunately there were no results for Vitamin B12, Folate, Ferratin or TFTs and again we would be grateful if these could be undertaken at the surgery.

Progress on Ward
Gayle was reviewed by Dr. Beesley on the 29th January 2009. Gayle stated to Dr. Beesley that she had never felt happy and had never enjoyed her life. She can never remember feeling happy. She describes a difficult childhood. She discussed her relationship with her mum and felt let down by her mum regarding her upbringing. Gayle also discussed that she had had lots of debts and did not know how to deal with this. Gayle was very beligerant during the interview and stated that she did not want any help and she just wanted to go home.

Gayle took her own discharge later that day. Dr. Beesley contacted Crisis and they agreed to support Gayle during the immediate discharge period.

Discharge
Out-Patient appointment with Dr. Connolly to be arranged and suppored discharge with Crisis.

Yours sincerely

pp. S. Beesley

Dr. Alison McDonald
SHO in Psychiatry
Trainee to Dr. Beesley

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NHS
Greater Glasgow and Clyde
Glasgow City Council

West Glasgow
Community Health & Care Partnership

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Dr NA Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 10th February, 2009
Your Ref
Our Ref SGW/TB
PIMS No: 0705814
CHI No: 2107796165
Direct Line 0141 211 1445
Fax 0141 211 1444
Email

Dear Dr Ghouri

Re: Gayle Wilson DOB: 21.07.79
Flat 0/2, 1655 Dumbarton Road, Glasgow G14 9YD

Diagnosis: **Mild Depressive Episode**
Poor Coping Strategies
Low IQ

Current Medication: **Lofepramine stopped**
Mirtazapine 15mg at night - to be supplied in dosette box at weekly dosing intervals

Mental Health Act Status: **Informal**

Follow up Arrangements: **OP review Dr Connolly**
Carole Shaw, OT
Anne Turner, HCA
Crisis Team Input

I reviewed Gayle at the clinic on 10th February, 2009 as Dr Connolly was unable to attend.

Gayle reported that she feels much the same. She continues to intermittently take impulsive overdoses, which she described as an inner urge to swallow tablets. She described taking overdoses to help her get to sleep and told me she has been trying to kill herself since the age of 16 years.

On a positive note, she has a good relationship with her pets and is looking for her own tenancy, having made several applications to housing associations. She gave me a form today to fill in, which I will pass on to Dr Connolly.

She continues to complain of biological symptoms, including poor appetite and poor sleep pattern and has some anhedonia.

Cont/...

Cont...

She continues to have a difficult relationship with her parents, particularly with her mother and finds it difficult to live at home.

Plan:
I discussed with Gayle alternative coping strategies and agreed to try changing her antidepressant to Mirtazapine 15mg at night as she has stopped her Lofepramine as she did not feel it was helping. I think we should try providing her with a dosette box and weekly dispensing to minimise the further risk of impulsive overdose and she will continue to get support from the team. In the longer run, it may be that engagement with structured activities during her daytime and her own tenancy will help improve her mental state.

Many thanks.

Yours sincerely

Dr Selena Gleadow Ware
ST4 in Psychiatry to Dr Moira Connolly, Consultant Psychiatrist

c.c. Carole Shaw, OT, RRC
Anne Turner HCA, RRC
Crisis Team West

NHS Confidential: Personal data about a patient

RE: FD . 5 FEB 2009

NHS GREATER GLASGOW & CLYDE - PRIMARY CARE DIVISION

Discharge Form / SMR04 Data Form

Part 3 Send to Medical Records forward to GP (after discharge)

PATIENT DETAILS

Casenote Number:

Surname: WILSON

Forename: GAIL

SEX: MALE / (FEMALE) Date of Birth / CHI: 7 1 0 7 1 9 7 9 6 1 6 5

HOME ADDRESS: 1655 DUMBARTON ROAD
SCOTSTOUN

POSTCODE: G14 9YD HOME TEL: 0141 563 8676

OCCUPATION	ETHNIC GROUP	MARITAL STATUS	RELIGION
UNEMPLOYED	00	SINGLE	C of S

NEXT OF KIN

NAME: VIOLET WILSON RELATIONSHIP: MOTHER

ADDRESS: 1655 DUMBARTON ROAD
SCOTSTOUN

POSTCODE: G14 9YD HOME TEL: 0141 ~~586~~ 563 8676

GP NAME/ ADDRESS

G.P. NAME: ~~FOURLIE~~ GILOURI

ADDRESS: 11 PEEL STREET, PARTICK
G11 5LL

ADMISSION/ REFERRAL DETAILS

See Backcover for Codes

DATE	TIME	CONSULTANT	WARD	ADMITTED FROM	ADMISSION REASON
28/01/09	18:45	DR BEESLEY	RUTHERFORD	G.P. SURGERY	50

PREVIOUS PSYCHIATRIC IP CARE: (YES) / NO	REFERRED BY	ADMITTING HOSPITAL	ADMISSION TYPE: 20
IF YES NAME OF HOSPITAL	G.P.	RUTHERFORD	(INPATIENT RESPITE) 1

LEGAL STATUS

FORMAL / (INFORMAL)
IF FORMAL SECTION DETAIL

DIAGNOSIS

1. DIAGNOSIS ON ADMISSION, IF AVAILABLE: RECURRENT DEPRESSION

2. OTHER CONDITIONS

ADMITTING DOCTOR (PRINT): FILIPPO QUCIRAZZA SIGNATURE: F. M. Scott

DISCHARGE DETAILS

See Backcover for Codes

DATE	TIME	CONSULTANT	WARD

DISCHARGE TYPE	PSYCHIATRIC CARE PROVIDED	ARRANGEMENTS FOR AFTERCARE

1. DIAGNOSIS ON DISCHARGE, IF AVAILABLE

2. OTHER CONDITIONS

3. OTHER CONDITIONS

4. CARE PROGRAMME APPROACH: YES / NO

ADDRESS DISCHARGED TO: (Please specify nursing home / supported accommodation)

DISCHARGING DOCTOR (PRINT) SIGNATURE

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

DISCHARGE SUMMARY INFORMATION

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's Name	**Gayle Wilson**
Address	**Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD**
Date of Birth	**21/07/79**
Case Record Number	**0705814/2**

Next of Kin/ Nearest Relative Details	
Name	**Violet Wilson**
Relationship	**Mother**
Address	**Flat 0/2, 1655 Dumbarton Road, Glasgow, G14 9YD**
Telephone Number	**01415638676**

Details of stay in hospital	
Date of admission	**28/01/09**
Reason for admission	**Mental health admission**
Ward admitted to	**Rutherford**
Legal status on admission	**Informal**
Summary of treatment received during admission	**Assessment**
Consultant's name	**Dr Beesley**
Named nurse	**Heather Hutton**

Discharge information	
Name of Hospital	Gartnavel Royal Hospital
Hospital telephone number	0141 211 3600
Legal status on discharge	Informal
Discharged against medical advice (if yes, give details)	RECEIVED 2 FEB 2009
Ward discharged from	Rutherford House
Ward telephone number	0141 211 3619

Follow-up arrangements (as known at time of discharge)	
Address discharged to (if different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative, etc.)	
Out-Patient appointment	Date:
Venue	Address:
G.P.	Dr. Ghouri
G.P Contact details	Surgery: 11 Peel Street, Partick, G11 5LL Tel No: 0141 334 9331
CPN	Ann Turner
CPN contact details	Riverside Tel. No.
Social Worker	
Social worker contact details	Base: Tel No:
District Nurse/ Health Visitor	
District Nurse Health Visitor contact details	Base: Tel No.
Medication on discharge	Lofepramine (140mg)
Depot Medication prescribed	NO
If yes	Date due: Venue:
Additional follow-up support (e.g. home help, befriender, advocacy, input from voluntary organisations, etc.)	Referred to crisis
Special Instruction/ Information/ Precautions (Related to: wound care, medication, diet, exercise, driving, return to work, etc.)	
Additional information provided (Information leaflets, personal planning information, guidance notes, travel information, etc.)	RECEIVED 2 FEB 2009

Signatures		
Staff member	[illegible] / SGorthy	Date: 29/1/09
Patient		Date:
Carer (where appropriate)		Date:

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

27 January, 2009

Dear Dr Ghouri,

Re. GAYLE WILSON, 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 26 JAN 2009 at 16:03 pm.

e presenting complaint us:	**OVERDOSE AND POISONING**
Triage Information:	**1620-Did Not Answer For Triage**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Being Treated**
Follow-up:	**Not Known**
Additional Information:	**Nil**

FBV 9/2 Gave antibiotics & suggested about further welfare

RECEIVED 27 JAN 2009

Yours sincerely,

Consultants
:

NHS Confidential: Personal data about a patient

Glasgow City Council

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

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Dr NA Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 15th December 2008
Your Ref 2nd December 2008
Our Ref **MC / DT**
PIMS No: **0705814**
CHI No: **210 779 6165**
Direct Line 0141 211 1445
Fax 0141 211 1444
Email

Dear Dr Ghouri

Re: GAYLE WILSON D.O.B. 21.07.1979
FLAT 0 / 2, 1655 DUMBARTON ROAD, GLASGOW G14 9YD

RECEIVED 22 DEC 2008

DIAGNOSIS: Affective Disorder / Mild
Coping skills and low IQ

Medication: Lofepramine 70mg at night

Legal Status: Informal

Follow up: Out patient clinic appointment end of January

I have met on Gayle on a further two occasions, the 4th November 2008 and 2nd December 2008. The November appointment was generated at Gayle's request. She had started back on Lofepramine 70mg at night and found this to be helpful. A week or so prior to this she had taken an overdose of Paracetamol and slept it off without making contact with services. She had kept a mood diary and was of the opinion that her mood swings were not linked to her menstrual cycle. She had plans to go back to the horse riding group at Summerston and was generally bright in mood. I had advised her to consider an increase of the Lofepramine to 140mg daily and had outlined that her attendance at Riverside would not be long term. She subsequently reported to the OT that having been told this she thought it wasn't worthwhile going on and subsequently stopped her antidepressant altogether.

On review today she initially seemed quite down. She reported an irregular sleep pattern, sometimes staying up all night. During the day her energy levels are fine but her appetite varies. She drinks approximately a half to a litre of Irn Bru per day. She again voiced thoughts of wanting to die.

I spent a fair bit of time with her trying to clarify her current symptoms. Certainly she feels subjectively low, feels no pleasure in activities and is somewhat hopeless at the minute.

.../2...

NHS Confidential: Personal data about a patient

My experience of Gayle is that she finds it difficult to make and sustain relationship with people including staff, however she does seem to have made a good link with our Occupational Therapist, Carole. I think however she would benefit from some other input for a little while in order to help reconnect her with some sort of community based activities and have asked our colleagues in the Community Mental Health Team to consider involving a Health Care Assistant with her care. She is aware of the Crisis Team if in more acute distress, however she was quite dismissive when describing her previous experience of having been seen by the Crisis Team.

Reluctantly she agreed to restart her Lofepramine and I have suggested that she just stays on the 70mg per day dose as she finds the higher dose to be too sedating. It may be that she is somewhat sensitive to antidepressant medication.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

cc. Internal Allocation Meeting, RRC
Carole Shaw, OT, RRC

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2381795** Date: **05 Jan 2009** Time of Call: **01:19**

Patient's Name: **Gayle Wilson** DOB: **21/07/1979** Age: **29** **Y**

Address Today: **0/2 1655 Dumbarton Road**
Scotstone

Glasgow
Intercom/Buzzer Entry

Post Code: **G14 9YD**

Home Address If different: **0/2 1655 Dumbarton Road**
Scotstone

Glasgow

Post Code: **G14 9YD**

Phone Number Today: **(0141) 563 8676** -

Home Phone If different: **(0141) 563 8676** -

NHS24 Call ID : 6709233

Callers Name:

Relationship to patient:

Name of GP: **Ghouri NA**

Practice No: **030**

Surgery: **030 11 Peel Street**

Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL**

Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **Pt to Contact pract < 36** **NOT GIVEN**

Time Passed: **01:19**

Receptionist's Name:**IIF** Time Arrived:

Time Complete: **05/01/2009 01:19:32**

Patient's Complaint:

MEDICATION QUERY SEE A/VClinical summary created by: (Nurse Advisor) (Glasgow) [05/01/2009 01:19:56]
WORRIED THAT LOFEPRAMINE NOT WORKING FOR ONGOING AND HAS BEEN TAKING FOR 1 MONTH TODAY FELT SUICIDAL TONIGHT FEELS A LITTLE BETTER BUT CONCERNED THAT MEDICATION NOT EFFECTIVE ADVISED CAN TAKE TIME TO WORK BUT HAS BEEN ON THEM BEFORE WORKED WITHIN 2/52 FEELS WILL BE ALRIGHT TONIGHT NOT WISHING TO SPEAK TO ANYONE AT PRESENT ABOUT HER DEPRESSION HAVE ADVISED THAT ANY CONCERNS OVER HER MEDICATION SHOULD BE DISCUSSED WITH HER GP IF AT ANYTIME FEELS SUICIDAL OVERNIGHT CALL BACK EMERGENCY APPOINTMENT WITH OWN GP

Remarks: The symptoms reported during this call suggest that the individual should be assessed by the GP practice

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor Follow Up:

Consultation(s):

By: **Start:** **Finish**

RECEIVED - 5 JAN 2009

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

6 December, 2008

Dear Dr Ghouri,

Re. GAYLE WILSON, 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 5 DEC 2008 at 16:57 pm.

The presenting complaint was:	**OVERDOSE AND POISONING**
Triage Information:	**Alleged Od Of "28 Diazepam" Approx 1 Hour Ago. No Alcohol Taken. Hasnt Vomited. Pt Claims To Have Done This "Hundreds" Of Times And Was Trying To Commit Suicide.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Intentional Self Harm - Benzodiazepines**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

RECEIVED - 8 DEC 2008

Tareq Abdullah
Emergency Department Doctor

Consultants
:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde OOH Services

Call No: **2345004** Date: **05 Dec 2008** Time of Call: **21:29**

Patient's Name: **GAYLE WILSON** DOB: **21/07/1979** Age: **29** **Y**

Address Today: **1655 DUMBARTON ROAD** Home Address If different:

GLASGOW

Post Code: **G14 9YD** Post Code:

Phone Number Today: **(0141) 211 2484** **- Home** Home Phone If different: **() -**

NHS24 Call ID : 0

Callers Name: **Dr Abdulah - WIG A&E** Relationship to patient:

Name of GP: **Ghouri NA** Practice No: **030**

Surgery: **030 11 Peel Street** Cipher No: **G0810 9**

Address: **Dr NA Ghouri & Partner 11 Peel Street Glasgow G11 5LL** Fax No: **0141 339 9501**

Speed Dial: **187**

Call Type: **CPN Home Visit** **Priority D Dual** Time Passed: **05:06**

Receptionist's Name:**GRACE** Time Arrived: Time Complete: **06/12/2008 05:06:20**

Patient's Complaint:

Dr would like to refer patient to a CPN

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **DONAL** Follow Up: No Follow Up

Asked to assess by WIG A&E.Had taken an O.D of 28 x2mgs of diazepam tablets whilst on route to A&E dept. Unkempt, no eye contact,sniggering and obstreperous.Initially claiming to want to hang herself. Mood reactive, no signs of psychosis. Seen by Dr Connolly on Tuesday.

Consultation(s):

By: MCcOLE Anne-marie **Start:** 30/12/1899 **Finish** 06/12/2008 05:06:20

RECEIVED - 8 DEC 2008

NHS
Greater Glasgow and Clyde

West Glasgow
Community Health & Care Partnership

STRICTLY CONFIDENTIAL

Dr E J Hay
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date	01 August 2008
dictated	01/08/08
Our Ref	MC//MJM
PIMS No:	**0705814**
CHI No:	**210 779 6165**
Direct Line	0141 211 1448
Fax	0141 211 1444
Email	

Dear Dr Hay

Re:	**GAYLE WILSON – DOB: 21.07.79** **0/2, 1655 Dumbarton Road, Glasgow, G14 9YD**
DIAGNOSIS:	**Under review**
Medication:	**Lofepramine discontinued as hasn't been taking this for several months** **Diazepam 2-mgs as required**
Legal Status:	**Informal**
Follow up:	**Out patient clinic in 4 months**

I met with Gayle for the first time at Riverside Resource Centre on 1st August 2008. She had requested a switch to a female consultant and is in my catchment postcode.

Prior to meeting with her, I was able to read her case notes and catch up with her history. It would seem that she is of low intelligence although not at the learning disability level. I note she had an admission in May when she was feeling suicidal and had been accessing information on the internet on taking your own life. The admission was brief and she was not found to be depressed. She took her own discharge and has been followed up by our Occupational Therapists. She did not require the added support of the Crisis team.

At interview today, she presented as an obese young woman whose affect was reactive. There were no abnormalities in the form of her thinking and her speech was normal in rhythm and character but heavily punctuated by colloquialisms.

RECEIVED - 8 AUG 2008

She reports episodic spells when she feels that she would rather be dead and clashes with her mother. She blames her mother for having spent much of her childhood in care. I did not do a cognitive assessment.

I formed the impression that the intermittent mood symptoms she describes might well be related to her menstrual cycle and that she lacks the cognitive capacity to modulate these normal mood fluctuations. In order to test this out I will ask Carole the OT to help her monitor this over the next few months. I have asked her to remain off antidepressant medication and to continue to use the Diazepam on an infrequent prn basis. I will keep you informed of her progress.

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

Primary Care Division

Crisis Team West
Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr A N Ghourie
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Date	26 May 2008
Your Ref	
Our Ref	JH/SM
Pims:	0705814
Chi:	210 779 6165
Direct Line	0141 211 1430
Fax	0141 211 1444

RECEIVED - 3 JUN 2008

Dear Dr Ghourie

Re: Gayle Wilson DOB: 21.07.79
Flat 0/2 1655 Dumbarton Road Glasgow G14 9YD

The above named patient was referred to the Crisis Team West on 20.05.08 by Staff Nurse Susan Murray, McNair Ward, Gartnavel Royal Hospital. The patient was assessed on 25.05.08 by Jill Heeps, Crisis Practitioner.

Following assessment and discussion of the case, it was decided that the patient would be inappropriate for intervention from the Crisis Team West at this stage for the following reason.

Gayle denies any current suicidal thoughts or intent as she is happy to continue with support from her Senior Occupational Therapist, Carole Shaw.

Should you wish to discuss any aspect of the assessment process please do not hesitate to contact the patient's initial assessor. Should any of the above exclusion criteria resolve or alter please re-refer the patient.

Yours sincerely

JHeeps

Jill Heeps
Crisis Practitioner

Cc Dr Andrew Gray, Consultant Psychiatrist, Riverside Resource Centre
Carole Shaw, Senior Occupational Therapist, Riverside Resource Centre

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NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's name:	GAYLE WILSON
Address:	FLAT 0/2 1655 DUMBARTON RD GLASGOW G14 9YD
Date of Birth:	21/07/1979
Case record number:	T/0705814/1

Next-of-Kin / Nearest Relative Details	
Name:	VIOLET WILSON
Relationship:	MOTHER
Address:	FLAT 0/2 1655 DUMBARTON RD GLASGOW G14 9YD
Telephone Number:	0141 571 8733

Details of Stay in Hospital	
Date of admission:	16/05/08
Reason for admission:	SUICIDAL IDEATION, LOW MOOD
Ward admitted to:	MCNAIR
Legal status on admission:	INFORMAL
Summary of treatment received during admission:	CRISIS MANAGEMENT, ASSESSMENT, MEDICATION REVIEW,
Consultant's name:	DR GERBER
Named nurse:	JANE FORSYTH

Discharge Information	
Name of hospital:	GARTNAVEL ROYAL
Hospital telephone number:	0141 211 3566
Follow-up Arrangements *(as known at time of discharge)*	
Address discharged to: *(if different from home address give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative etc.)*	AS ABOVE RECEIVED 23 MAY 2008
Outpatient appointment:	Date:

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

Venue:	
G.P.:	**DR EARIE Ghouri**
G.P. contact details:	**PEEL STREET**
	PARTICK
CPN:	**CAROL SHAW**
CPN contact details:	**RIVERSIDE RESOURCE CENTRE**
Social Worker:	
Social Worker contact details:	**Base:**
	Tel. No:
District Nurse/Health Visitor:	
District Nurse/Health Visitor contact details:	**Base:**
	Tel. No:
Medication On Discharge:	**LOFEPREMINE 70 MG X TWICE DAILY, DIAZEPAM 2MG X TWICE DAILY**
Depot medication prescribed:	
If Yes:	**Date due:**
	Venue:
Additional follow-up support: *(e.g. home help, befriender, advocacy input from voluntary organisations etc.)*	**REFERRAL TO CRISIS TEAM**
Special Instructions / Information / Precautions: *(Related To Wound Care, Medication, Diet, Exercise, Driving, Return To Work Etc.)*	
Additional information provided: *(Information leaflets, personal planning information, guidance notes, travel information etc.)*	**PATIENT LEFT WARD OF OWN ACCORD, POLICE NOTIFIED, DISCHARGED IN ABSENCE**

Signatures:		
Staff member:		**Date:20/5/08**
Patient:		**Date:**
Carer *(Where appropriate)*		**Date:**

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE - PRIMARY CARE DIVISION

Admission Form / SMR04 Data Form

Part 1 Send to Medical Records forward to GP

PATIENT DETAILS

Casenote Number: 0705841411

Surname: WILSON

Forename: GAYLE

SEX: MALE / FEMALE Date of Birth / CHI: 21 07 79 1679

HOME ADDRESS: FLAT 0/2
1655 DUMBARTON RD
GLASGOW

POSTCODE: G14 9YD HOME TEL: 0141 571 8733

OCCUPATION	ETHNIC GROUP	MARITAL STATUS	RELIGION
UNEMPLOYED	00	SINGLE	PROTESTANT

NEXT OF KIN

NAME: MARGARET WILSON RELATIONSHIP: MOTHER

ADDRESS: SAME AS

POSTCODE: HOME TEL:

GP NAME/ ADDRESS

RECEIVED 22 MAY 2008

G.P. NAME: DR EARLE

ADDRESS: PEEL STREET
PARTICK

ADMISSION/ REFERRAL DETAILS

See Backcover for Codes

DATE	TIME	CONSULTANT	WARD	ADMITTED FROM	ADMISSION REASON
16/5/08	6PM	DR FERRIER	MCNAIR	RRC	50

PREVIOUS PSYCHIATRIC IP CARE: YES / NO

IF YES NAME OF HOSPITAL: SEH

REFERRED BY: RRC

ADMITTING HOSPITAL: GRI

ADMISSION TYPE: 1 INPATIENT / RESPITE

LEGAL STATUS

FORMAL / INFORMAL

IF FORMAL SECTION DETAIL

DIAGNOSIS

1. DIAGNOSIS ON ADMISSION, IF AVAILABLE

2. OTHER CONDITIONS

ADMITTING DOCTOR (PRINT): DR EARLE SIGNATURE: DR EARLE

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Primary Care Division

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr E J Hay
Peel Street Medical Centre
11 Peel Street
GLASGOW
G11 5LL

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 15 November 2007
Your Ref 7 November 2007
Our Ref AG/PMcG
PIMS No: **0705814**
CHI No: **210 779 6165**
Direct Line 0141 211 1430
Fax 0141 211 1444
Email

21 NOV 2007

Dear Dr Hay

Re: **GAYLE WILSON – DOB: 21.07.79**
0/2, 1655 Dumbarton Road, Glasgow, G14 9YD

DIAGNOSIS: **F31 Recurrent Depressive Disorder - Moderate**

Medication: **Lofepramine 70 mgs twice daily**
Diazepam 2 mgs as required

Legal Status: **Informal**

Follow up: **Out patient clinic on 26 November 2007**

I saw Gayle for review at Riverside Resource Centre on 6th November 2007.

I had not seen Gayle for a long time, and she had missed a number of appointments with me. She had been getting some input from the West Area Learning Disability Team. They had been trying to involve her in various activities, but Gayle had not managed this due to her anxiety symptoms. In the end it was felt that Riverside was best placed to help with this.

Gayle told me that she was not getting out a great deal due to her anxiety. Whenever she tries to get out she tends to become very nauseous, and often vomits. She does not get any disturbance like this at other times, and her appetite is generally good. When she is in the house she tends to feel quite tired, and sleeps a lot, spending the rest of the time listening to music or playing computer games. She does still get occasional spells of irritable, but these are less frequent than they use to be. She has not had any episodes of self harm recently.

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Wilson/continued

Gayle has been seen by our Occupational Therapist for assessment, and their plan is to again try some basic behavioural work focusing on getting her out of the house and a bit more active.

Gayle is currently taking Lofepramine 70 mgs twice daily, Diazepam 2 mgs as required. She feels this is helpful. We agreed that she should continue with these doses.

I will see Gayle for review in a few weeks.

Yours sincerely

Andrew Gray

Dr Andrew Gray
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Acute Services Division

Rehabilitation and Assessment Directorate

PHYSIOTHERAPY DEPARTMENT
WESTERN INFIRMARY
☎ 0141 211 2445
DISCHARGE SUMMARY

NHS Greater Glasgow and Clyde

Consultant: Hospital No:

Dear ~~Dr~~ / Dr Ghouri ~~Gourlie~~.

Regarding Gayle Wilson D.O.B. 21/7/79

Referral Date: 16/8/7

The patient attended physiotherapy via
( ) GP Referral
( ) Clinic / Consultant
(✓) Direct Access / Self

complaining of ⓡ ankle and ⓛ knee pain

He / She

( ) received treatment
(✓) was given advice
( ) was to contact us further if help was required and has not
( ) failed to attend first / review appointment
( ) was given an appliance

PHYSIOTHERAPY COMMENTS Miss Wilson attended for assessment of her long standing right ankle and knee pain. Following assessment my overall clinical impression was that of a right chronic ligament sprain of her ankle and possible anterior knee pain. I brought Gail's mother through to explain my assessment findings, however, appeared very unhappy with my explanation and plan of an exercise programme. Mrs Wilson and her daughter Gail appear not to be keen on pursuing Physiotherapy however there appears to be no indication for onward referral to Orthopaedics.

This patient has now been discharged from our care.

Yours sincerely

EDEN KELLETT

17 AUG 2007

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Primary Care Division

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Miss Gayle Wilson
Flat 0 / 2
1655 Dumbarton Road
Glasgow
G14 9YD

Riverside Resource Centre
12 Sandy Road
Glasgow
G11 6HE
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 5th July 2007
Your Ref
Our Ref AG / DT
PIMS No: **0705814**
CHI No: **210 779 6165**
Direct Line 0141 211 1430
Fax 0141 211 1444
Email

Dear Miss Wilson

I notice that you failed to attend for your outpatient appointment on 3rd July 2007 with Dr Andrew Gray, Consultant Psychiatrist.

If you would like a further appointment, please contact me on the above number before the **3rd August 2007** and this will be arranged.

If we do not hear from you within this time we will assume you no longer wish to be seen and will we discharge you back to the care of your GP.

Yours sincerely

Debbie Templeton
Medical Secretary

18 JUL 2007

cc. Dr NA Ghouri, Peel Street Medical Practice, 11 Peel Street, Glasgow G11 5LL

please no change
Have letter from RK agreed

POSITIVE ABOUT DISABLED PEOPLE

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

22 May, 2007

Dear Dr Ghouri,

Re. GAYLE WILSON, 1655 Dumbarton Road, GLASGOW, G14 9YD
Date of Birth 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 20 MAY 2007 at 23:42 pm.

The presenting complaint was:	**LIMB PROBLEM**
Triage Information:	**Sore Right Wrist 2/52. No Trauma.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Assessment Complete**
Follow-up:	**Not Known**
Additional Information:	**Nil**

22 MAY 2007

Yours sincerely,

Consultants
:

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

21 May, 2007

Dear Dr Ghouri,

Re. GAYLE WILSON, 1655 Dumbarton Road, GLASGOW, G14 9YD
Date of Birth 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 20 MAY 2007 at 23:42 pm.

The presenting complaint was:	**LIMB PROBLEM**
Triage Information:	**Sore Right Wrist 2/52. No Trauma.**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Patient Left Before Assessment Complete**
Follow-up:	**Not Known**
Additional Information:	**Nil**

Yours sincerely,

21 MAY 2007

Consultants
:

NHS Confidential: Personal data about a patient

GLASGOW LEARNING DISABILITY PARTNERSHIP

Direct Line:
Our Ref: SHJ/CB
Your Ref:
Date: 9th February 2007
Email:

Glasgow City Council

NHS Greater Glasgow and Clyde

Michelle Wilson
Care Manager
West ALDT
Southbrae Resource Centre
190 Southbrae Drive
GLASGOW

09 FEB 2007

Dear Michelle,

RE: GAYLE WILSON D.O.B. 21/07/1979
ADDRESS: FLAT 0/2, 1655 DUMBARTON ROAD, GLASGOW G14 9YD

Thank you for your recent referral. Regrettably, following our discussion, I would recommend that you refer Gayle on to Mainstream Psychological Services. Specifically, the Lansdowne Clinic, 3 Whittinghame Gardens, Glasgow, G12 0AA.

Yours sincerely,

C. Horne-J

DR. SHARON HORNE-JENKINS
Chartered Clinical Psychologist

Cc Core File
Psychology File
Morag Bothwell, CCA, West ALDT
Dr. Gray, G.P., 11 Peel Street

West Area Learning Disability Team, Unit 7b,
The Quadrangle, 59 Ruchill Street, GLASGOW G20 9PX
Tel No 0141 201 6200 Fax No. 232 6900
S:\Psychology\Letters\G.Wilson Ref. 09.02.07.doc

NHS Confidential: Personal data about a patient

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Partick
Glasgow
G11 6HU
Date: 24/6/11
Our Ref:
Direct Line: 0141 211 1446
Fax: 0141 211 1444

STRICTLY CONFIDENTIAL

Dr. Ghouri
Peel Street Surgery

Dear Dr

RE: Patient's Name : Gayle Wilson
Address : 1659 Dumbarton Road
G11 8YD
D.O.B. : 21.07.79 6165

I reviewed/discussed the above patient at Riverside CMHT on: 24/6/11
I would be grateful if you could make the following changes to his / her medication :

Please discontinue mirtazepine 15mg
Please commence fluoxetine
20mg daily

Full letter to follow

Yours sincerely

Dr Moira Connolly
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP — To: Dr HAY

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) WILSON — OTHER NAME(S) GAIL

ADDRESS 8 EARL STREET

GLASGOW

G14 0AX — POSTCODE — TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/9	+0.25					6/9		N5
L	6/9	+0.25	-0.25	10			6/9		N5

Previous corrected V/A Date

Date of Birth 21-7-1948

Specify Cycloplegic/Mydriatic if used

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Gail attended for eye exam today with reduced vision which could not be corrected significantly with spectacle lenses.

Ophthalmoscopy revealed a possible haemorrhage just superior to the macula in the RE.

Would it be possible for Gail to be seen by an ophthalmologist regarding this.

Thank you

Optic discs

IOP R mmHg — Tonometer used

L mmHg — Applanation/Tonometer

Visual Fields R L

Plot attached Y/N

Name and Address of Optometrist/OMP

JOANNA CLARKE

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed G WILSON Date 13/10/21

Signed (Optometrist/OMP) Date 13/10/21

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Part Two - This part must accompany any referral and be retained by the General Medical Practition[illegible]

Signed (GMP) Date

Printed for Tactica Solutions B13738 5/00 (7414)

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NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear: .....Dr

Date :.....18/09/25.....

Patient: **GAYLE WILSON**	**CHI:** **210 779 6165**

Would you please prescribe

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine
Please prescribe Promethazine 25 mg PO nocte – 2 week supply	

X This medication is in addition to/is an amendment to the patient's current regime.

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Julia Rawstorne

Dr Julia Rawstorne

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

\These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

Patient Name	Gayle Wilson	DOB	21.07.1979	Legal Status	Informal	Date of CPA meeting	24 April 2025	Ward/Centre	Riverside RC
CHI	210779 6165	Named Person		Order expiry date		Advance Statement		Consultant	Dr B McHugh

Care Plan

Category	Objective	Action Plan	By Whom
Address mental health issues	• Optimisation of mental state	• Prescription of and monitoring of psychotropic medication • Continue on Quetiapine 50mgs TDS; Sertraline 200mgs • Continue use of PRN Diazepam as required • No change to medication • Shona will continue to review regularly • Return to short term interventions around coping skills, harm reduction and other strategies • Consider further psychology work following interventions with Shona • Encourage writing in self-help journal and discuss with staff as necessary • Further PRN Diazepam prescribed • Continue use of journal and sooth box as necessary • Encourage use of distraction techniques when feeling low/suicidal	Medical CPN CPN Psychology SAMH Medical GW MDT
Address physical health issues	• Good physical health	• Physical health check as necessary • Observe for adverse effect of medication • Type II Diabetes – encourage healthy choices • Physiotherapy follow-up to be arranged	GP MDT SAMH Physio/GW
Address relationship issues	• Maintenance of contact with family	• Facilitate phone calls and visits as appropriate • Planned visit to Ireland to visit sister 29 May until 2 June	SAMH GW and SAMH
Address any illicit substance	• Abstinence from illicit	• Monitor and advise on gambling concerns	SAMH

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

misuse/alcohol/gambling issues	substances/alcohol/ gambling	• Encourage continued attendance at GA • No alcohol or drug issues noted	SAMH
Address any financial issues	• Maximise benefits • Reduce risk of financial difficulties	• Discuss financial issues following change from ASA to UC • Financial difficulties caused by gambling • Contact Nick at Welfare Rights to assist with benefit changes	SAMH Social Work
Address occupational and recreational issues	• Establish baseline functioning and need	• Continue to encourage good ADL skills • 30 hours support in place with SAMH • Continue wellbeing and medication prompt visits • Encourage engagement with social support • Encourage continued attendance at Flourish House & the Annexe • Encourage long walks with Toby • Encourage to achieve a regular routine	SAMH SAMH SAMH SAMH SAMH MDT
Legal status	• Ensure legal status is appropriate	• Informal patient • ASP case conference 20/2/25 no further action required	
Address any accommodation issues	• No issues in relation to housing	• Resides at St. Peter's Broomhill with SAMH supported accommodation • 30 hours support available from SAMH	S/W
Risk	• Completion of comprehensive Glasgow Risk Screen	• MDT updating risk regularly at review and upload to EMIS • Death by misadventure (DSH or overdose) • Financial issues caused by gambling • Triggered by anniversaries of loved ones	MDT
Develop future plans	• Successful rehabilitation and smooth transition to the community	• Continue CPA review meetings • Regular assessment of progress and additional needs • Janice will review as necessary • OPA Dr McHugh	Coordinator MDT Social Work Medical

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

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CARE PROGRAMMING APPROACH

Present:	
Dr Beth McHugh	Consultant Psychiatrist
Laurie Anderson	Keyworker SAMH
Gayle Wilson	Patient
Janice O'Neill	Social Worker
Tracy Wood	CPA Coordinator
Apologies:	
Shona Johnstone	CPN

Formal CPA meeting – Summary of Discussion (24 April 2025)

Email from Shona Johnstone, CPN – 14 April 2025
Due to her mums passing we haven't been able to continue working on things as planned. So far however, we have covered 5 areas assessment, sooth box, Gayle was keeping an unhelpful behaviour diary of her DSH/ gambling/ mood, we completed a safety plan - one on emis - Gayle has one and printed one for staff, discussed triggers, coping skills, grounding techniques. My plan is to possibly deliver ECS (Emotional Coping Skills) 1-1 with Gayle and complete WRAP (Wellness Recovery Action Plan) with possible referral to psychology however things may not go quite as planned now. Gayle had been engaging really well and completing activities that were asked of her. Recently I have just been checking in with phone call every couple of weeks until she feels ready to engage again. Gayle agrees to contact myself/ duty/ crisis if required and is seeking out support staff when needed.

Dr McHugh welcomed everyone to the meeting and introductions were made around the room.

Dr McHugh sorry to hear that Gayle's mum passed away. Gayle reported her sister was home for 4-5 weeks and Gayle was kept busy, but since she has returned to Ireland Gayle has been low in mood. Gayle has two nieces and nephews who live in Scotstoun. She has plans to visit her sister in Ireland on 29 May until 2 June. Gayle is looking forward to this.

Dr McHugh noted a couple of recent overdoses - Gayle advised she sometimes does not want to be here. The urge can come on quickly. She had not tried any distraction techniques. Gayle feels this way when she is on her own and she is missing her mum. Gayle does not like to talk to staff about her feelings. She is sleeping okay with no difficulties. Her appetite is awry. She is not self-harming. She is hoping to return to Flourish House which she enjoyed when she attended a few weeks ago. Aware there are a few trips planned when weather becomes better. Dr McHugh encouraged trying to have a regular routine. Gayle reported she is getting her mum's dog back tomorrow which has helped Gayle's mood. No alcohol.

Gayle feels the sessions with Shona have been beneficial.

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CARE PROGRAMMING APPROACH

Laurie advised doing well over the last month even although her mum has passed. She has been accepting supports and has completed a journal and is aware to get into a routine to help push herself out of her low mood. There is a want to be in control and stick to routine. Toby (dog) has helped and has been a protective factor for Gayle to keep him at SAMH. She has option to have time to herself if she needs it. When she goes to Ireland Toby will go to friends to stay. SAMH putting into safety plan that double entry visit to flat for welfare check prior to contacting emergency services. Did discuss gambling – Gayle has now blocked herself from online gambling and avoiding the town centre (unless with support) to avoid gambling. No financial concerns noted.

Janice has not had a lot of contact as Gayle was doing really well. She was using her sooth box and journal to deal with her mood. She is still to see the physiotherapist but has missed an appointment due to latest difficulties. Pleased that Gayle has attended today's meeting.

Writer read out Shona's email. Gayle has been engaging well and understandable that content of sessions taken a side-step following recent bereavement. Positive that she will continue to engage with Shona.

Dr McHugh noted Quetiapine 50mgs x 3 day which she has been utilising. Gayle's meds are locked in a safe and staff make them available to Gayle daily. She is also on Sertraline 200mg, recognition that when this was reduced there appeared to be a deterioration in her mood. As required Diazepam prescription issue was sorted and staff collect with Gayle. Dr McHugh happy to reissue 14 Diazepam. She is better at requesting Diazepam from staff.

No issues with finances and contributions have not increased much. She has received a letter from housing, as circumstances have changed as she has changed from ASA to UC. SAMH staff will help support her to sort this out. Janice will ask Nick WRO to contact SAMH.

ASP case conference was held and felt Gayle was being supported well by SAMH and under CPA and this was therefore not necessary.

PLAN

- Further PRN Diazepam prescribed
- Physiotherapy follow-up to be arranged by patient and SAMH
- Continue use of journal and sooth box as necessary
- Encourage use of distraction techniques when feeling low/suicidal
- Planned visit to Ireland to visit sister 29 May until 2 June.
- S/W to contact Nick at Welfare Rights to assist with benefit changes
- ASP case conference 20/2/25 no further action required
- Encourage to achieve a regular routine

Next CPA review details	
Date:	Thursday, 21 August 2025
Time:	3.30pm
Venue:	Riverside RC F2F

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CARE PROGRAMMING APPROACH

These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

Patient Name	Gayle Wilson	DOB	21.07.1979	Legal Status	Informal	Date of CPA meeting	23 January 2025	Ward/Centre	Riverside RC
CHI	210779 6165	Named Person		Order expiry date		Advance Statement		Consultant	Dr B McHugh

Care Plan

Category	Objective	Action Plan	By Whom
Address mental health issues	• Optimisation of mental state	• Prescription of and monitoring of psychotropic medication • Continue on Quetiapine 50mgs TDS; Sertraline 200mgs • Continue use of *PRN* Diazepam as required • No change to medication • Shona will review three weekly in first instance • Start short term interventions around coping skills, harm reduction and other strategies • Consider further psychology following interventions with Shona • Complete WRAP (wellness recovery action plan) for sleep hygiene • Encourage writing in self-help journal and discuss with staff as necessary	Medical SAMH CPN CPN Psychology CPN SAMH
Address physical health issues	• Good physical health	• Physical health check as necessary • Monitor weight and advice on healthy eating • Observe for adverse effect of medication • Type II Diabetes – encourage healthy choices	Medical CPN MDT MDT
Address relationship issues	• Maintenance of contact with family	• Facilitate phone calls and visits as appropriate • Meet and discuss care with family if appropriate • GW has good relationship with niece	MDT MDT
Address any illicit substance misuse/alcohol/gambling issues	• Abstinence from illicit substances/alcohol/ gambling	• Education regarding the risks of alcohol/drug use • Monitor and advise on gambling concerns • Encourage continued attendance at GA • No alcohol or drug issues noted	MDT SAMH SAMH

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CARE PROGRAMMING APPROACH

Address any financial issues	• Maximise benefits • Reduce risk of financial difficulties	• Discuss financial issues and consider support from Welfare Rights • Financial difficulties caused by gambling	SAMH/Social Work
Address occupational and recreational issues	• Establish baseline functioning and need	• Continue to encourage good ADL skills • 30 hours support in place with SAMH • Continue wellbeing and medication prompt visits • Encourage engagement with social support • Encourage continued attendance at Flourish House & the Annexe	SAMH SAMH SAMH SAMH
Legal status	• Ensure legal status is appropriate	• Regular review of legal status in relation to MH(S)Act 2015 • **Informal patient** • ASP case conference 20/2/25 at 2pm	RMO/MHO Social Work
Address any accommodation issues	• No issues in relation to housing	• Resides at St. Peter's Broomhill with SAMH supported accommodation • 30 hours support available from SAMH	
Risk	• Completion of comprehensive Glasgow Risk Screen	• MDT updating risk regularly at review and upload to EMIS • Death by misadventure (DSH or overdose) • Finiancial issues caused by gambling • Triggered by anniversaries of loved ones	MDT
Develop future plans	• Successful rehabilitation and smooth transition to the community	• Continue CPA review meetings • Regular assessment of progress and additional needs • Janice will review as necessary • OPA Dr McHugh 26/2/25	Coordinator MDT Social Work Medical

Present:	
Dr Beth McHugh	Consultant Psychiatrist
Shona Johnstone	CPN
Laurie Anderson	Keyworker SAMH
Gayle Wilson	Patient
Janice O'Neill	Social Worker
Tracy Wood	CPA Coordinator
Apologies:	
None	

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
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CARE PROGRAMMING APPROACH

Professionals Meeting - Summary of discussion (23 January 2025)

Dr McHugh welcomed everyone to the meeting and introductions were made around the room.

Gayle applied for redress scheme due to childhood abuse. She had access to her records and seemed to deal with this well.

Janice O'Neil looking to have ASP case conference 20/2/25 at 2pm due to volume of AP1s and nature of risk. Dr McHugh unable to attend ASP.

Laurie reported that over last few days her mental health has not been great. Gayle has stated she wants to go live in a tent; will intermittently report wish to return to homeless accommodation, in part this is driven by additional financial pressures. Notwithstanding, she engages with support, attends rEstart and other activities and groups.

She continues to have self-harming behaviour. Dr McHugh made all aware this has been a long standing issue and will not be a behaviour to easy stop.

Shona has reviewed Gayle last week. Shona will do short term interventions around emotional coping skills, reduction of harm. Consideration to be given to re-referral to psychology. Noted she panicked previously when working with psychology. Shona advised Laurie to contact duty or crisis if there are any issues, if Shona is unavailable.

Formal CPA meeting – Summary of Discussion (23 January 2025)

Gayle attended the meeting and introductions were made around the room.

Dr McHugh explained about the CPA process to review care, as Gayle has SW and health involved CPA is beneficial for Gayle. Dr McHugh made Gayle aware that she does not have to attend CPA meetings, but is welcome to if she wishes.

Janice requested CPA and glad Gayle now has an allocated CPN. She keeps her flat clean and tidy. Janice consider Gayle requires a bit of extra support. She will arrange an ASP case conference to highlight the AP1s, which will be carried out on Teams. She is engaging well with staff. Aware she has issues with finances and Janice will discuss with Gayle separately. Welfare Rights Officer happy to visit Gayle to discuss and support with finances. Helpful to know if Gayle has stressors like financial issues, managing her own tenancy etc to allow MDT to support.

Gayle stated she wants to move to a hostel as she feels better off there. She believes she does not want support, as she does not need this. Laurie aware Gayle has not been feeling good the last few days, which may be impacting her mood. Laurie agreed that doing work around emotions and strategies would be beneficial for Gayle. Janice aware she is not feeling great today but when she is in a better mood she is more engaging.

Laurie reported that Gayle has 30 hours support in place. Staff visit for wellbeing and medication prompts. She does not always engage with support. Aware she manages to look after her flat, shopping and cooking. She will take social support with staff. She is busy during the week where she attends Flourish House and the Annexe. Gayle reported that Flourish House have a variety of things to do. At the Annexe they have cost of living and wellbeing groups, which she enjoys. They had a support café on a Monday but noted this has stopped recently.

PLAN

- Continue on Quetiapine 50mgs; Sertraline 200mgs

CARE PROGRAMMING APPROACH

- Continue use of PRN Diazepam as required
- No change to medication
- Shona will review three weekly in first instance: Start short term interventions around coping skills, harm reduction and other strategies
- Consider further psychology following interventions with Shona
- Complete WRAP (wellness recovery action plan) for sleep hygiene
- Encourage writing in self-help journal and discuss with staff as necessary
- ASP case conference 20/2/25 at 2pm
- Discuss financial issues and consider support from Welfare Rights
- 30 hours support in place with SAMH
- Continue wellbeing and medication prompt visits
- Encourage engagement with social support
- Encourage continued attendance at Flourish House & the Annexe
- OPA Dr McHugh 26/2/25
- Janice will review as necessary

Next CPA review details	
Date:	Thursday, 24 April 2025
Time:	3.30pm
Venue:	Riverside RC F2F

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

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Abingdon Medical Practice
12 Stewartville Street Glasgow G11 5PE

IF FROM OUTWITH UK
Country of origin 134..

Main spoken language 131.

New Patient Registration *DATE*

Interpreter required?
Yes (9NU0.) / No (9NU1.)

Name : GAYLE WILSON Date of birth: 21/7/1979

Address: FLAT 1/1 37A DOWANHILL ST
GLASGOW G11 5RN

Occupation (13q..)

Telephone Mobile number 07490 319509

Past Medical History

1. Diabetes
2. Mental Health

Current drug therapy

1. 3.
2. 4.

PATIENT'S NEXT OF KIN:

Name: MANOY WILSON. Relationship: NIECE

Contact Details: 07951 061404

Allergies to drugs/other substances: penicillin
No known allergies 1151.

Family history (12...):has any first degree relative suffered from any of the following?-if so, please provide details:

Cancer: Breast / Bowel/Colon /Ovary

Stroke age < 60/ Heart attack or angina age < 60 /Asthma /Osteoporosis/ Diabetes

Do you smoke?* (Yes) No – amount: 20 per day Do you take alcohol-Yes (No) Amount/week?

Exercise type/frequency/week:

**The Practice staff can offer literature and advice re other Smoking cessation services on request*

Carer Identification (918G.)

A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.
Are you a carer? –if so please make this known to the Practice, and note that you are entitled to request referral to Social Work and/or Carers Support Services for help and advice.

Dr George Georgiev Dr Gen Warwick
Tel 0141 339 0902

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Abington Medical Practice
1 Stewarville Street Glasgow G11 5PE

Screening

Women-Last cervical smear –date/result

Women-Last breast screen (Mammogram)-date/result

Vaccinations dates where possible of previous vaccinations

- Diphtheria/Tetanus
- Polio
- MMR/Rubeila

EXAMINATION Practice Nurse/Health Care Assistant **DATE:**

Height	
Weight	
Blood Pressure	
Urinalysis 461..	Glucose +/- Albumin +/-

Family history READ CODES

Premature Heart Disease age < 60 12C2	Premature Stroke Disease age < 60 12C4
Asthma 12D2	Osteoporosis 1268
Diabetes 1252	Breast Cancer 1243
Ovarian Cancer 1245	Colon Cancer 1241

Can add details of relative affected, age etc in freetext

Notes on vaccinations

- Tetanus/Diphtheria: 5 per lifetime unless receive a tetanus prone injury. Those born in/before 1960 and not in armed forces may not have received primary immunisations. Offer booster or course where indicated especially elderly(*Revaxis* Td/IPV)
- Polio: Born before 1958 may not have received primary immunisation Check! Offer course/booster as required (*Revaxis* Td/IPV)
- MMR offer to all 17-29 year olds/ born before 1988 (when MMR introduced) *Local Enhanced Service*
- Meningitis C 16-24 years offer if not previously immunised

Dr George Gregory Dr Gen Warwick
Tel. 0141 339 0902

Abingdon Medical Practice
12 Stewartville Street, Glasgow G11 5PE

ETHNIC MONITORING PATIENT INFORMATION

During your visit to your Doctors Surgery you will have the opportunity to make sure we have all your up-to-date information. This is important information such as your current address and telephone number.
The NHS is also recording other important information such as language and also ethnic group. The reason we are recording this information is:

- To help us communicate effectively and safely with all our patients
- To help us understand health related to specific ethnic groups
- To help us monitor our services
- To help us when planning new services
- To help us promote racial equality

This information is confidential and is only used for health purposes. It is not used by any other organisations. The information is NOT used by immigration or benefit agencies.
Thank you for taking the time to fill in the form.

Ethnic Group

A. White
- Scottish (9S13)
- Other British (9S14)
- Irish (9S11)
- Any other White background (specify) (9S12)

B. Mixed
- Any mixed background (specify) (9SB)

C. Asian, Asian Scottish, Asian British
- Indian (9S6)
- Pakistani (9S7)
- Bangladeshi (9S8)
- Chinese (9S9)
- Any other Asian background (specify) (9SH)

D. Black, Black Scottish, Black British
- Caribbean (9S2)
- African (9S3)
- Any other African background (specify) (9SG)

E. Other Ethnic background
- Any other background (specify) (9SJ)

F. Other
- Prefer not to say (9SD)

Dr George Georgiev De G Warrick
Tel: 0141 339 0902

Alcohol consumption questions and the Fast Alcohol Screening Test (FAST) 2

Consumption questions

Get a clear picture of what the person normally drinks in a week by asking what they drink and in what quantities. The Drinks Calculator will help you work out:

No. of units

a) **average number of units consumed per week** ☐

b) **units consumed on the heaviest drinking day in the last week** ☐

FAST questions

Record the scores in the boxes on the right.

1 **How often do you have:**

6 or more units on one occasion? **OR** **8** or more units on one occasion?

Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4

Score ☐

If the response to this question is 'Never', the person is **at low risk** for alcohol-related problems, but bear in mind the drinking limits.

If the response to this question is 'Less than monthly' or 'Monthly', go on to ask the questions in **Steps 2, 3** and **4.**

If the response to this question is 'Weekly' or 'Daily or almost daily', the person is a risky (hazardous), harmful or dependent drinker.

2 **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4

Score ☐

3 **How often during the last year have you failed to do what was normally expected of you because you had been drinking?**

Never 0 | Less than monthly 1 | Monthly 2 | Weekly 3 | Daily or almost daily 4

Score ☐

4 **In the last year, has a relative, friend, GP or health worker been concerned about your drinking or suggested that you cut down?**

No 0 | Yes, on one occasion 2 | Yes, on more than one occasion 4

Score ☐

Add up the scores to the above questions and record below.
The minimum score is 0 and the maximum score is 16.

Total score: ☐ **The score for hazardous drinking is 3 or more.**

Practitioner guidance notes

Consumption questions

To accurately assess what a patient drinks in a week and to help answer question 1 of FAST, it is recommended that you ask the patient what they usually drink in a week, and in what quantities. This will help you to establish how many units of alcohol they typically consume in a week and how many units they consumed on their heaviest drinking day in the last week. You may find it useful to use the Drinks Calculator to work out consumption in terms of units of alcohol. The Units of alcohol sheet (sheet 5) and the box below also give examples of units of alcohol in some typical drinks. Record the information in the boxes on the reverse of this sheet. This will also assist with ABI data reporting and will provide a measure at follow-up appointments, if offered, to assess whether the patient has cut down their drinking.

Fast Alcohol Screening Test (FAST)

FAST is for the detection of probable hazardous drinking.

Once you have asked the appropriate questions give the patient feedback on the results of screening:

- It might be helpful to describe the result of their screening in terms of risk in relation to drinking limits.
- Explain what this means for the individual, e.g. risks to their health and general wellbeing.
- Give clear advice and emphasise personal responsibility.
- Finish by asking how they feel about the information or about finding out more.

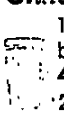
If the patient scores 3 or more it is appropriate to carry on delivering an alcohol brief intervention – see Stages of an alcohol brief intervention (sheet 1) for the next steps in delivering a brief intervention.

Alcohol dependence?

If, from the answers given to the consumption questions and question 1 of FAST, you have reason to believe a patient is (or may be) dependent on alcohol, they should be thoroughly assessed. Some practitioners will choose to carry out this assessment themselves, while others will prefer to refer the patient to a specialist service for assessment.

Brief interventions are not recommended for those who may be alcohol dependent.

Units of alcohol



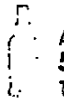
1 pint of normal-strength beer/lager/cider (568ml)
4% abv =
2.2 units of alcohol



Bottle of medium-strength lager (330ml)
5% abv =
1.7 units of alcohol



1 pint of strong beer/lager/cider (568ml)
6.5% abv =
3.6 units of alcohol



Alcopop (275ml)
5% abv =
1.4 units of alcohol



Can of super-strength lager (440ml)
9% abv =
4 units of alcohol



Standard glass of wine (175ml)
12.5% abv =
2.2 units of alcohol



Large glass of wine (250ml)
12.5% abv =
3.1 units of alcohol



Bottle of wine (75cl)
12.5% abv =
9.4 units of alcohol

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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

1. PERSONAL DETAILS

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

Will you be in the area for more than 3 months? Yes ☑ No ☐
(If 'No', please complete a temporary resident form)

Male * ☐ Female * ☑

Date of birth *	21/7/1979	Address *	FLAT 1/1 37A DOWANHILL ST GLASGOW
Title *	MISS		
Surname *	WILSON		
Forenames *	GAYLE		
Previous surname *	—	Postcode *	G11 5RN
		Telephone #	—
Email address #		Mobile #	07490 319509

 # 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 *	210 779 6165	NHS number *	6037953

The following information can be found on your birth certificate:

Town of birth *	GLASGOW	Country of birth *	SCOTLAND
Registered district of birth *(Scotland only)*		Mother's maiden name	

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 *	FLAT 1/1, 37 A DOWANHILL ST GLASGOW	Name and address of previous GP Practice in UK *	PEEL ST MEDICAL CENTRE 11 PEEL ST
Postcode *	G11 5RN	Postcode *	G11 5LL

If you are from abroad:

Date you first came to live in the UK *		If previously resident in the UK, date of leaving *	
Your most recent country of residence			

If you have served in the British Armed Forces:

Enlistment date *		Service Number	
Are you a Reservist?	Yes ☐ No ☐	If yes provide your address before enlisting *	
Leaving date *			
		Postcode *	

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

3. VOLUNTARY 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: G Wilson Date *: 11/4/2024

Representative's name (if applicable):

Relationship to patient (if applicable):

6. FOR PRACTICE USE

GP reference number: G0110 GP name: G. [illegible]

Practice code: 40070

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: K. Kennedy Date *: 12/4/24

7. FOR OFFICIAL USE ONLY

Input by: GT

Checked by:

Date: 12/4/24

Practice: Abingdon Medical Practice
12 Stewartville Street
Glasgow, G11 5PE
Tel: 0141-339-0902

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From: Patel, Meera <Meera.Patel@ggc.scot.nhs.uk>
Sent: 06 March 2023 17:29
To: Stevens, Victoria <Victoria.Stevens@ggc.scot.nhs.uk>
Subject: Re: Patient Query

Thanks Victoria - if the dose is going well for her, I have no objection to her continuing quetiapine at 50mg three times daily.
Meera

Sent from Outlook for iOS

From: Stevens, Victoria <Victoria.Stevens@ggc.scot.nhs.uk>
Sent: Monday, March 6, 2023 4:54:29 PM
To: Patel, Meera <Meera.Patel@ggc.scot.nhs.uk>
Subject: Patient Query

Hello Dr Patel,

My name is Victoria and I am a pharmacist working at Peel Street Medical Practice. Apologies for contacting you directly but I was unable to get through on the phone to Springpark Resource Centre and there were no details of a secretary on the clinic letter.

I am contacting you in regard to a patient **Gayle Wilson CHI 2107796165.** Prior to your consultation with Gayle in January she was prescribed Quetiapine 25mg morning, 25mg lunchtime and 50mg at night. Following your discussion with Gayle I believe the intention was to increase her morning Quetiapine dose to 50mg and continue 25mg at lunchtime and 50mg at night. Due to misinterpretation of the initial medication change form, Gayle has been increased to Quetiapine 50mg three times daily and has been on this dose for around a month. I realise this is not the intention of the original letter. I have contacted Gayle today and she reports she is doing well, feels her mood has lifted and does not report any side effects.

I will be reporting this through DATIX to ensure reflection and learning for the parties involved but wanted to make you aware and confirm if you are happy for Gayle to continue on this dose given that she is doing well? If you would prefer the Quetiapine dose is reduced to the initial intended dose please let me know and I would be happy to facilitate this.

I can be contacted on the number below if you wish to discuss further.

Many Thanks,
Victoria

Victoria Stevens | Advanced Pharmacist (Primary Care) |Hyndland West End Cluster
Glasgow City HSCP NW Locality | 11 Callandar Street Glasgow G20 7JX
M 07970164920

NHS Confidential: Personal data about a patient

PEEL ST MEDICAL CENTRE

11 Peel St
Glasgow
G11 5LL

Dr. N. Bhatti

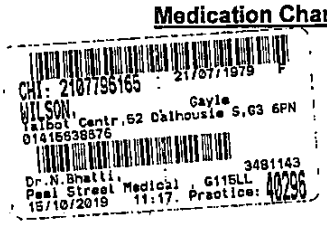
Tel: 0141-334-9331

Our Ref: NB/LJ

Medication Change Form

Sent to:

Patient



Date 15/10/2019.....

MEDICATION TO BE STOPPED

Drug name	Strength	Dosing times	Quantity	Comments

MEDICATION TO BE STARTED

Drug name	Strength	Dosing times	Quantity	Comments
Promethazine Hydrochloride	25mg	2 to be taken at night	56	Increase by Riverside

Has a prescription already been issued by the GP practice? Yes ☐ No ☐

These changes are for implementation: Immediately ☐ The next box ☐

Form sent to pharmacy by:

Name:..... Signature .....

NHS Confidential: Personal data about a patient

PEEL ST MEDICAL CENTRE

11 Peel St
Glasgow
G11 5LL

Dr. N. Bhatti

Tel: 0141-334-9331

Our Ref: NB/LJ

Medication Change Form

22 AUG 2019

Sent to: DUNNETTS PHARMACY

Date .....

Patient

CHI: 2107796165 21/07/1979 F
WILSON, Gayle
Talbot Centr,52 Dalhousie S,G3 6PN
01416638676
Dr.N.Bhatti, 3481143
Peel Street Medical , G115LL
21/08/2019 17:44. Practice: 40296

MEDICATION TO BE STOPPED

Drug name	Strength	Dosing times	Quantity	Comments

MEDICATION TO BE STARTED

Drug name	Strength	Dosing times	Quantity	Comments
SIMVASTATIN	40mg	T nocte	28	Dossett Box.
SERTRALINE	100mg	1T daily	56	

Has a prescription already been issued by the GP practice? Yes ☑ No ☐

These changes are for implementation: Immediately ☐ The next box ☐

Form sent to pharmacy by:

Name: N Jardine Signature .....

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear Dr ..Ghouri...

Date: ..7.3.19.....

Patient:	**CHI:**
Gayle Wilson	**21/7/79**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine (Prescription available 48 hours following request)
Stop Zopiclone and commence Zolpidem 10mg at night.	

X This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Rx done

Thank you

Yours sincerely

Dr Louise Wilson

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

NHS Confidential: Personal data about a patient

Dr Nadeem Bhatti

Peel Street Medical Centre
11 Peel Street
Glasgow
Tel: 0141 334 9331

Practice Nurse T. McLintock
Practice Manager M Davidson
Locum

31/07/17

TO WHOM IT MAY CONCERN

Re: Gayle Wilson DOB 21/07/79

On Soul & Conscience the above named is a patient at the practice.

She has learning difficulties and therefore unsuitable for Jury Duty now and in the future.

Yours sincerely

Dr NT Bhatti

NHS Confidential: Personal data about a patient

Dr Nadeem Bhatti

Peel Street Medical Centre
11 Peel Street
Glasgow G11 5LL

0141 334 9331

02/05/2017

TO WHOM IT MAY CONCERN.

Re: Gayle Wilson D.O.B 21/07/1979.

Dear Sir/Madam,

On Soul & Conscience the above named is a patient at this Practice.

She has learning difficulties and is therefore unsuitable for Jury Duty now and in the future.

Yours sincerely,

Dr.N.T.Bhatti.

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS): Wilson — MALE / FEMALE

TITLE: — OCCUPATION:

FORENAMES (BLOCK LETTERS): Gayle — PHONE NUMBER:

DATE OF BIRTH: 21 7 79 6165

SINGLE:

MARRIED (DATE):

DIVORCED (DATE):

WIDOWED (DATE):

N.H.S. NUMBER: 603 79 53 1

C.H.I. NUMBER:

ALLERGIES:

SPECIAL HAZARDS:

ADDRESS	D	MI	DOCTOR'S NAME	CIPHER & DATE
1 D/2 1655 Dumbarton Rd G14 9YD				
2				
3				
4				
5				

Cause of Death

(1)

(2)

355—2090

Form GP 111A (Rev. 5/87)

Printed by Aaron Bell 0131 556 7141/2

NHS Confidential: Personal data about a patient

SURNAME (BLOCK LETTERS)
WILSON.
TITLE (~~Mrs~~, Miss)

FEMALE

OCCUPATION

FORENAMES (BLOCK LETTERS)
GAYLE.

PHONE NUMBER
NONG.
579-0318

DATE OF BIRTH			N.H.S. NUMBER
6165	SINGLE		
	MARRIED (DATE)		603 79 531
	DIVORCED (DATE)		
21.4.49	WIDOWED (DATE)		

ALLERGIES

SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
SOUTHANNAN. SCHOOL [redacted] ~~[redacted]~~ FAIRLIE			D. SOUTTER.	
177 White St [redacted] G11 5PL.			JM McConnell	
11			NA Ghaddar	G 05 DEC 19
~~[redacted] EARL ST~~ 8 EARL ST G14 0AX				

NHS Confidential: Personal data about a patient

SURNAME	CHRISTIAN NAMES	OCCUPATION
WILSON.	GAYLE	(Note changes and insert year of change) 19.....

National Health Service Number	Single Married Widowed	Date of Birth				
603 · 79 · 531.		21	7	79		19.....

Address (1)	Name of Practitioner	Health Board Cipher — Date	
~~24 STEWARTVILLE ST. GLASGOW G11.~~	G P HENRY	G ~~12 SEP 1979~~	19.....
(2) SOUTHANNAN SCHOOL FAIRLIE	(2) DR. D SOUTTER	(2) A 14-11-89	19.....
(3)	(3)	(3)	Died .....19.....
(4)	(4)	(4)	CAUSE OF DEATH 1. 2.

Signature of Practitioner

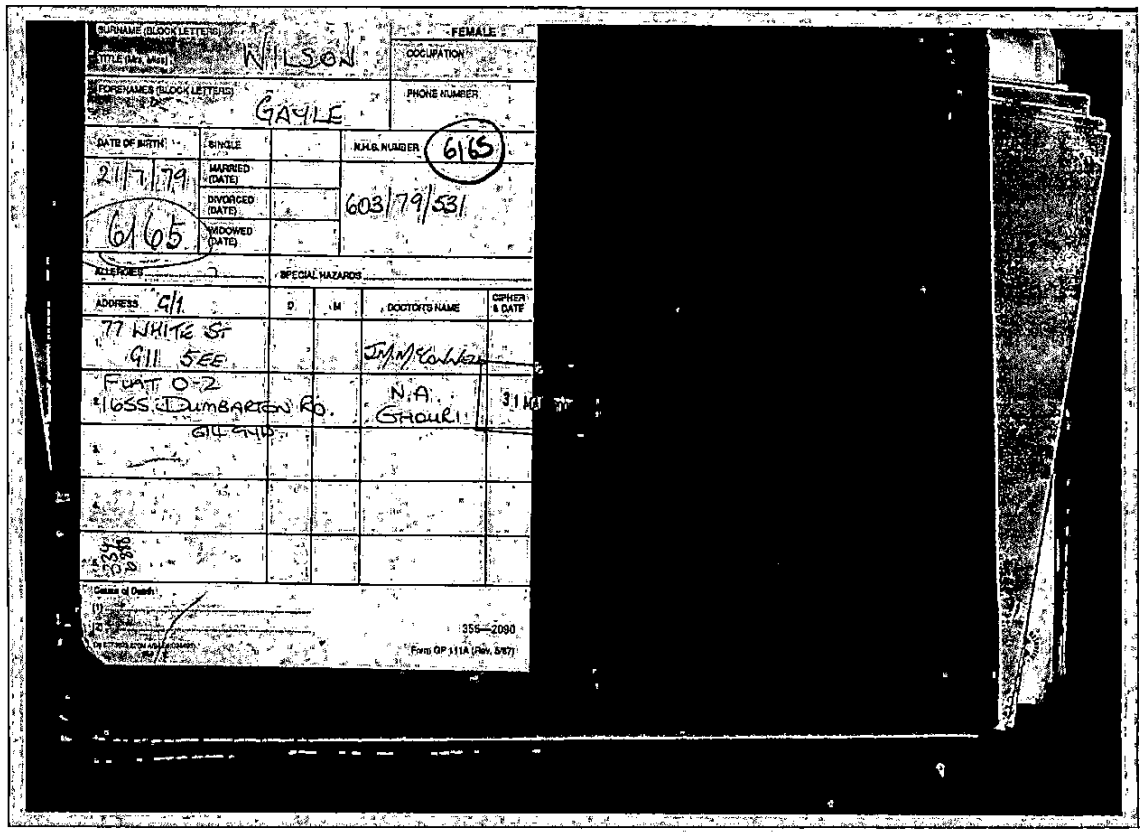
Form G.P.6B (Scotland) — FEMALE

CHRISTIAN NAMES

NHS Confidential: Personal data about a patient

MAJOR ALLERGIES								
Date Noted								
BLOOD GROUP		RH		ANTIBODIES				
		Date		Date				
	DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC	
1								
2								
3								
Boost								
Boost								
Boost								
TUBERCULIN TEST	Result				B.C.G.	Result		
	Date					Date		
OTHER INOCULATIONS	Type							
	Date							
M.M.R. (Date)								
CERVICAL SMEAR (Date)								

NHS Confidential. Personal data should be protected



SURNAME (BLOCK LETTERS) NILSON
FEMALE
TITLE (Mrs, Miss) OCCUPATION
FORENAMES (BLOCK LETTERS) GAYLE
PHONE NUMBER
DATE OF BIRTH 21/7/79
SINGLE
MARRIED (DATE)
DIVORCED (DATE)
WIDOWED (DATE)
N.H.S. NUMBER 6165
603/79/531
6165
ALLERGIES
SPECIAL HAZARDS
ADDRESS C/1
77 WHITE ST
911 SEE
FLAT 0-2
1655 DUMBARTON RD.
G14 9HD
D
M
DOCTOR'S NAME
CIPHER & DATE
J.M.McCONNELL
N.A.
GROUP
Cause of Death
(1)
(2)
355—2090
Form GP 111A (Rev. 5/87)

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 08/01/2026

Consultant: Dr Andrew Saunders

GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
Glasgow
G11 5PE

Dear GM Georgiev

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
1-1
Glasgow G11 5RN

Attended on: **02/01/2026 at 17:08 hrs.** Departed on: **02/01/2026 at 22:48 hrs.**
Discharge Type: **02 - Admitted** Destination: **Admission to this Hospital**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
chest pain

Nursing Assessment:
woke with tight right sided CP radiating down right arm. SOB + dizzy. nil cardiac hx.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Coagulation screen	**8. XR Chest**	**9. D - Dimer**
10. CT Angiogram pulmonary	**11. CA125**	**12. CEA**
13. CA19 - 9	**14. Immunoglobulins (without electrophoresis)**	

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Acute Nonspecific Idiopathic Pericarditis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
admitted

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Cellan Liiv
Doctor

Copies to:
1. GM Georgiev (GP)
School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 22/05/2025

Consultant: Dr Alexandra Johnston

GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
Glasgow
G11 5PE

Dear GM Georgiev

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
1-1
Glasgow G11 5RN

Attended on: **21/05/2025 at 21:54 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
taken 16 ibuprofen 1 hr ago - abdo pain

Nursing Assessment:
self ref: Intentional OD of 16x200 mg ibuprofen at 20:30 tonight been feeling suicidal last few days had recent bereavement BG 15.6 states feels like jumping off a bridge lives supported accommodation

Investigations in ED:

1. Paracetamol	**2. Glucose**	**3. Urea and Electrolytes**
4. Ethanol	**5. Salicylate**	**6. Full Blood Count**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Person With Feared Complaint In Whom No Diagnosis Is Made		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, This lady presented after ingesting 16 400mg tablets of Ibuprofen. She had normal bloodwork and no residual symptoms after a period of observation. I discussed her case with Mental Health Hub who recommended discharging and follow up with own MH team. They will kindly call her in the day. Kind regards, Dr James Carne

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
James Carne
Doctor

Copies to:

1. GM Georgiev (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 05/01/2025

Consultant: Dr Cieran McKiernan

GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
Glasgow
G11 5PE

Dear GM Georgiev

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
1-1
Glasgow G11 5RN

Attended on: **04/01/2025 at 21:44 hrs.** Departed on: **05/01/2025 at 06:46 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
od, L side pain

Nursing Assessment:
Self ref- States taken 14 nurofen Thurs and 10 on Friday, due to family worries. Regretful -tonight c/o R sided abdo pain and nausea

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. INR**
4. Urea and Electrolytes	**5. LFT**	**6. CRP**
7. Bone Profile	**8. CK**	**9. Magnesium**
10. Paracetamol	**11. Salicylate**	**12. Ethanol**
13. Glucose	**14. Lactate**	

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Other Gastritis		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
presented with Ibuprofen overdose with help-seeking intent, not suicidal. has psych follow-up arranged. main complaint was abdo pain, likely NSAID gastritis. given omeprazole and discharged to await psych follow-up

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Conor Richards
Doctor

Copies to:
1. GM Georgiev (GP)
School Address:

NHS Confidential: Personal data about a patient



NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 19 Nov 2024
CHI Number : 2107796165

Dear Doctor, (Practice Code - 40070)

Gayle Wilson, 21/07/79 , FLAT 1/1 37A DOWANHILL STREET PARTICK GLASGOW

Gayle Wilson, was attended by ambulance crew on 19 Nov 2024 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR011529835.

Yours sincerely,

Scottish Ambulance Service

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.mfogov@nhs.scot Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

NHS Confidential: Personal data about a patient

TerraPACE REPORT			
Time	04:35	Date	19/11/2024
PATIENT AND INCIDENT DETAILS			
Incident number		CR011529835	
Name		Gayle Wilson	
CHI Number		2107796165	
Date of Birth		1979-07-21	
Additional Comments and Observations		999 call to 45 YOF, support staff advise crew pt took overdose of 10 x 200mg ibuprofen at aprox 2200 last night. Pt has background of EUPD, low mood, O/d's and self harm. O/a pt lying on side on sofa, pts hood up not engaging with crew. O/e Pt refused all assessment and obs. Discussed pt with Stobhill who advised this follows normal pattern of behaviour when distressed, previously taken 60 x 200mg o/d ibuprofen without intervention, CPN happy for pt to remain at home and will pass info onto pts CPN team. Pt weight apox 100kgs, O/d = aprox 20mg/kg checked on toxbase o/d>100mg/kg unlikely to cause symptoms, not toxic dose. Pt left if in care of support staff. Targeted WSG advised to seek assistance for any suddendeterioration, pt takes further o/d, becomes unresponsive, has seizure or breathing difficulties.	
Additional Comments: Presenting Complaint		?OVERDOSE	
PATIENT ASSESSMENT			
AVPU		Alert	
HISTORY			
AMPLE			
Allergies	Unknown		
Last Eaten	Unknown		
Social History			
Lives alone			
MEDICAL			
TRAUMA			
OBSTETRICS/GYNAE			
OTHER			

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NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 08 Sep 2024
CHI Number : 2107796165

Dear Doctor, (Practice Code - 40070)

Gayle Wilson, 21/07/79 , FLAT 1/1 37A DOWANHILL STREET PARTICK GLASGOW

Gayle Wilson, was attended by ambulance crew on 08 Sep 2024 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR011279994.

Yours sincerely,

Scottish Ambulance Service

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

TerraPACE REPORT			
Time	00:27	Date	08/09/2024
PATIENT AND INCIDENT DETAILS			
Incident number		CR011279994	
Name		Gayle Wilson	
CHI Number		2107796165	
Date of Birth		1979-07-21	
Additional Comments and Observations		Nhs24 call for a 45 yof, intentional overdose of ibuprofen. O/a met by support worker (Laurie) at patients door, both given access to flat by patient. Pt alert, orientated, appears well perfused, independently mobile. Pt states she will not allow me to clinically assess her and she will not attend hospital. Pt initially stand-offish with me, giving me brief, short answers to my questions but relaxed the more I talked to her, fair rapport built with pt where she allowed me to clinically assess her and was more open to answering questions. O/e all obs as documented; tachycardic, BM within normal range for patient. Pt took overdose of ibuprofen at 1900 tonight, x16 200mg tablets (3200mg total), it was intentional as she hoped to "fall asleep and not wake up". Pt has taken intentional overdoses's before, the last one being a few weeks ago. Pt has periods of low mood where she takes OD or has previously self harmed (old DSH scars on arms). Pt has diagnosis of bipolar disorder, has been on long term sertraline and quetiapine. The sertraline has been reduced from 200mg to 150mg within the last 6 months and both Pt and support worker have noticed more frequent periods of low mood. Pt also not eating/sleeping well. Denies any recreational drugs or alcohol. Pt is open to Riverside CMHT, has access to duty and also open to psychiatry there too. She is awaiting and appointment with her psychiatrist. Pt is symptomatic of ibuprofen overdose; stomach ache, sleepy. Pt still refusing to attend hospital against advice. She does understand severity of taking regular overdose. Pt deemed to have capacity at time of assessment. Left in care of self and support worker who will check on her. WSG to both pt and support worker. Advised pt of ibuprofen OD symptoms to be aware of and call 999 if they occur. Pt and support worker agree. Advised to make contact with CMHT duty tomorrow if still feeling low/suicidal. And NHS24 MH hub ooh. Copy of prf left with support worker.	

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.mfoqau@nhs.scot Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

NHS Confidential: Personal data about a patient

Additional Comments: Presenting Complaint							INTENTIONAL OVERDOSE							
PATIENT ASSESSMENT														
AVPU							Alert							
Circulation														
Pulse Rate			127				**BP**				144/99			
Cap Refill			<=2 Secs				**ECG Rhythm**				Sinus Tachy			
Rhythm			Reg				**Arm**				Left			
Central/Peripheral			Peripheral				**ECG**				3 Lead			
IV(L)							**IV(R)**							
IO(L)							**IO(R)**							
Observations														
Time	**P**	**RR**	**BP**	**SpO2**	**CR**	**GCS**	**AVPU**	**ETCO2**	**T**	**BM**	**ECG**	**P(L)**	**P(R)**	**PEF**
23:27	127	17	144/99	97	<=2 Secs	15	Alert		37.3	11.9	Sinus Tachy			
23:32	131	19	143/99	96	<=2s	15	Alert		37.3	11.9				
HISTORY														
AMPLE														
Allergies	None													
Medication	Sertraline, Gliclazide, Dapagliflozin, Quetiapine, Atorvastatin													
Past Medical History	BIPOLAR DISORDER													
Overdose							When :							
Last Eaten	>4 Hours Ago													
Events Prior	INTENTIONAL OVERDOSE OF IBUPROFEN AT 1900 TODAY - NHS24													
Social History														
Lives alone														
MEDICAL														
TRAUMA														
OBSTETRICS/GYNAE														
OTHER														

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.mfogov@nhs.scot. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.



NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 07 Apr 2024
CHI Number : 2107796165

Dear Doctor, (Practice Code - 40296)

Gayle Wilson, 21/07/79 , FLAT 1/1 1/2 37A DOWANHILL STREET PARTICK GLASGOW

Gayle Wilson, was attended by ambulance crew on 05 Apr 2024 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR010805713.

Yours sincerely,

Scottish Ambulance Service

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that the patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

TerraPACE REPORT			
Time	17:27	Date	05/04/2024
PATIENT AND INCIDENT DETAILS			
Incident number		CR010805713	
Name		Gayle Wilson	
CHI Number		2107796165	
Date of Birth		1979-07-21	
Additional Comments and Observations		3rd party 999 call for 44yof. Pt lives in supported living. At approx 15;30 pt approached staff to inform them she had taken intentional overdose of x16 nurofen express tablet. O/a pt was lying on sofa. Alert. Not in any distress or discomfort. Pt advised she had taken the tablet as she was sick of the pins and needles in her R arm; very vague and dl not express this was a suicide attempt. Engaging with staff and allowed for observation. Denies any pain. Nil vomit. Several attempts before; well known to services. Refused tx to hosp. Contacted gp and pt's mental health team. Gp going to liaise with rosemary (Cpn) so pt does not need to be tx to hosp at this time. Support staff happy and aware crisis team available all weekend if required. remaining medication in flat nkw locked in secure safe that pt dos not have access to. Refusal signed. Wsg	
Additional Comments: Presenting Complaint		OVERDOSE - 16 IBUPROFEN TABLETS	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	111	BP	155/92
Cap Refill		ECG Rhythm	Sinus Tachy
Rhythm	Reg	Arm	Right
Central/Peripheral		ECG	3 Lead 12 Lead
IV(L)		IV(R)	
IO(L)		IO(R)	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
16:07	111	14	155/92	98	>2s	15	Alert		36.3	12.9	Sinus Tachy			
16:30	113	14	159/95	99	>2s	15	Alert		36.3	12.9	Sinus Tachy			

HISTORY
AMPLE

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

Allergies	PENICILLIN		
Medication	AS PER ECS		
Past Medical History	MH ISSUES		
Last Eaten	Unknown		
Events Prior	TOOK OVERDOSE X16 200MG NUROFEN EXPRESS TABLETS		
Social History			
Lives alone			
MEDICAL			
Mental Illness			
Acute Distress		Acute Psychosis	
TRAUMA			
OBSTETRICS/GYNAE			
OTHER			

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to sas.infogov@nhs.scot. Please quote the SAS incident number, date of the incident and DOB of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 14/01/2023

Consultant: Dr Stephen Boyce

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **14/01/2023 at 02:09 hrs.** Departed on: **14/01/2023 at 05:14 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
mental health

Nursing Assessment:
MENTAL HEALTH. Polypharmacy OD at 16:00. Taken 4/7 worth of meds from Dausset box. Gliclazide 80mg, Sertraline 100mg, Atorvastatin 40mg, Dapagliflozin 10mg, Quetiapine 25mg NEWS: 34 Low Risk C19.

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Coagulation screen	**8. CK**	

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Self-poison By Other/unspec Drugs/medic/ Biol Subs In Unspecified Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Gayle presented with alleged intentional OD of 4 days of her regular meds (gliclazide, sertraline, quetiapine, atorvastatin, dapagliflozin) with suicidal intent. Her BM was > 11 and her bloods were fairly unremarkable. Exam found mild tenderness in her abdomen. ECG was unremarkable. She has been observed for well over the observation window for all drugs and remains asymptomatic. She was discussed with MHAU who felt this was a stress reaction to a potential housing move and given her previous presentations with OD, they felt they did not need to assess her tonight. They will let Springpark CMHT know of her attendance with a view to call her on Monday. She is happy with this plan and has been discharged home with worsening advice.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Lily Lei
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 30/11/2021

Consultant: Dr Michael Gillespie2

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **30/11/2021 at 04:31 hrs.** Departed on: **30/11/2021 at 08:38 hrs.**
Discharge Type: **04a - Incomplete: left before assessment completed** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
od

Nursing Assessment:
OD of x16 paracetamol at 2130 with suicidal ideation. Ongoing suicidal thoughts, mood very low. In homeless accommodation and feels she is not getting sufficient support from staff or from her psychiatrist. Reports x14 neurofen OD last week - did not seek medical help. hx overdose, mental health, anxiety, t2dm, depression, high cholesterol

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. INR**
4. Urea and Electrolytes	**5. LFT**	**6. CRP**
7. Bone Profile	**8. CK**	**9. Magnesium**
10. Paracetamol	**11. Salicylate**	**12. Ethanol**
13. Glucose	**14. Lactate (Glasgow only)**	

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Self-poison By Nonopioid Analges/antipyret/antirheum In Unspec Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Presents following an intentional paracetamol overdose. Bloods and ECG ok, no medical management required. The patient did not wish to speak to the mental health team and wanted to leave Hospital to go home. The case was discussed with the EM Consultant and it was felt that the patient had capacity to leave. I have contacted the mental health hub and they will liase with her community teams to arrange follow up.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Mark Beeston
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/03/2021

Consultant: Dr Richard Stevenson

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **09/03/2021 at 20:17 hrs.** Departed on: **09/03/2021 at 23:18 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
chest pain - no ft

Nursing Assessment:
CCP, tachycaria ad tightness in L calf. BM 19.5, no diabetes diagnosis. Denies covid symptoms.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Chol / Triglyceride**
7. Full Blood Count	**8. Troponin I hs**	**9. D - Dimer**
10. XR Chest		

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Type 2 Diabetes Mellitus With Other Specified Complications		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

****GP - diagnose T2DM and commence medication** 1. Attends with chest 'niggles' and calf tenderness posteriorly. Worked up for DVT/PE/MI, and troponin, D-Dimer negative. ECG tachycardic, patient mildly flushed, denies caffeine/energy drinks/drugs. Discharged with reassurance and safety net from this point of view. 2. Consistently high blood glucose without ketosis or acidosis. 27/02/21 - random blood glucose 27.3 09/03/21 - random blood glucose 20.7 She is very obese, relatively inactive, and I suspect malnourished. I've advised her on diet, and exercise, and I wonder if you could follow her up properly with regards to this? Many thanks**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Joanna-Lee Kerr
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 11/03/2021

Consultant: Dr Richard Stevenson

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **09/03/2021 at 20:17 hrs.** Departed on: **09/03/2021 at 23:18 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
chest pain - no ft

Nursing Assessment:
CCP, tachycarla ad tightness in L calf. BM 19.5, no diabetes diagnosis. Denies covid symptoms.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Chol / Triglyceride**
7. Full Blood Count	**8. Troponin I hs**	**9. D - Dimer**
10. XR Chest		

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Type 2 Diabetes Mellitus With Other Specified Complications		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

****GP - diagnose T2DM and commence medication** 1. Attends with chest 'niggles' and calf tenderness posteriorly. Worked up for DVT/PE/MI, and troponin, D-Dimer negative. ECG tachycardic, patient mildly flushed, denies caffeine/energy drinks/drugs. Discharged with reassurance and safety net from this point of view. 2. Consistently high blood glucose without ketosis or acidosis. 27/02/21 - random blood glucose 27.3 09/03/21 - random blood glucose 20.7 She is very obese, relatively inactive, and I suspect malnourished. I've advised her on diet, and exercise, and I wonder if you could follow her up properly with regards to this? Many thanks**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Joanna-Lee Kerr
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 05/03/2021

Consultant: Dr Stephen Boyce

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **27/02/2021 at 00:10 hrs.** Departed on: **27/02/2021 at 04:08 hrs.**
Discharge Type: **04C Incomplete: Patient refused treatment** Destination: **Not known**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
PER NHS 24

Nursing Assessment:
INTENTIONAL OD. 400MG SETRALINE, 150MG QUETIAPINE AND 80MG SIMVISTATIN approx. 14.30. NHS 24 was called by pt housing unit. Patient looks pale and sweaty in triage. low covid no FT

Investigations in ED:

1. CK	**2. CRP**	**3. Glucose**
4. LFT	**5. Urea and Electrolytes**	**6. Coagulation screen**
7. Full Blood Count	**8. Ethanol**	**9. Paracetamol**
10. Salicylate	**11. SARS-CoV-2 (ED/IP use) (COVID-19)**	

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Self-poison By Antiepilep/antipark/psychotrop Drugs, In Unspecified Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Mixed overdose of medication. No ongoing suicidal ideation. Self-discharged after period of observation

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Charlotte Grain
Doctor

Copies to:
1. NT Bhatti (GP)
School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 30/09/2020

Consultant: Dr Sile MacGlone

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **29/09/2020 at 23:08 hrs.** Departed on: **30/09/2020 at 06:04 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
overdose

Nursing Assessment:
MENTAL HEALTH. OD of x14 Paracetamol between 16:30 - 17:30. NEWS: 2 Low Risk COVID - 19, CPE.

Investigations in ED:
1. Coagulation screen
2. Paracetamol
3. Urea and Electrolytes
4. LFT
5. Bicarbonate
6. Full Blood Count
7. CRP

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Self-poison By Nonopioid Analges/antipyret/antirheum In Unspec Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Attended ED via SAS after paracetamol overdose with suicidal intent. Impulsive OD of 14x paracetamol. LFTs and coag normal. Nil else acute on bloods. Nil acute on examination. Did not require NAC. She was reviewed in department by CPNs and has been discharged to supported care with referral to crisis team for follow up as no longer expressing intent. Kind regards, Jillian Gisbey FY2 GRI ED

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jillian Gisbey
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 19/08/2020

Consultant: Dr Fiona Ritchie

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
52 DALHOUSIE ST
Glasgow G3 6PN

Attended on: **18/08/2020 at 20:15 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
overdose

Nursing Assessment:
OVERDOSE. taken 6 night nurse and 4 nurofen last night and 8 night nurse plus 4 neurofen today. no vomit states took these to end life known to CPNs. low covid risk NEWS - 2

Investigations in ED:
1. Urea and Electrolytes **2. LFT** **3. Full Blood Count**
4. Coagulation screen **5. Paracetamol**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Self-poison By Nonopioid Analges/antipyret/antirheum In Unspec Place		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

PC: overdose. BG: EUPD, mild LD. HPC: took 6 night nurse (paracetamol) and 4 ibuprofen last night, 8 night nurse and 4 ibuprofen tonight. Own meds. No efforts to not be found. Immediately sought help from crisis team - they recommended to come to NHS. No acute medical issues. ECG NAD. Bloods: PCM 7; coag WNL; U&Es WNL. D/W CPN: agree that pt has made efforts not to come to harm - will arrange for F/U tomorrow. Plan: D/C. F/U in place.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rowan Vincent
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 25/02/2020

Consultant: Dr Phil Munro

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
FLAT 0-2
Glasgow G14 9YD

Attended on: **20/02/2020 at 23:09 hrs.** Departed on: **21/02/2020 at 06:59 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
taken 26 nuerofen

Nursing Assessment:
pt took x26 neurofen tonight between 10 & 11pm. pt states she doesnt want to be alive.

Investigations in ED:
1. Full Blood Count **2. CRP** **3. Urea and Electrolytes**
4. LFT **5. Coagulation screen** **6. Paracetamol**
7. Salicylate

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Poisoning By Other Nonsteroidal Anti-Inflammatory Drugs [nsaid]		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Attended with deliberate overdose of Ibuprofen. Took 20 tablets. Bloods, observations and ECG all unremarkable. Reviewed by liaison psychiatry nurses who felt she demonstrated future planning and was not expressing any ongoing suicidal ideation. They forwarded details of their assessment to CMHT. Discharged with no follow up.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
David McCusker
Doctor

Copies to:
1. NT Bhatti (GP)
School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 17/12/2019

Consultant: Dr Peter Davis

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
TALBOT CENTRE
Glasgow G3 6PN

Attended on: **17/12/2019 at 17:50 hrs.** Departed on: **17/12/2019 at 23:12 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
od

Nursing Assessment:
states has taken 26 2mg diazepam - has hx of depression

Investigations in ED: **None**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Poisoning By Benzodiazepines		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Presented following deliberate ingestion of benzos. Reported suicidal intent so referred to CPNs who reviewed and discharged patient home. Has psych follow up planned

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Iain Hansom
Doctor

Copies to:
1. NT Bhatti (GP)
School Address:

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 19/10/2019

Consultant: Dr Steven Rainey

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
TALBOT CENTRE
Glasgow G3 6PN

Attended on: **18/10/2019 at 19:57 hrs.** Departed on: **19/10/2019 at 01:37 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Residential Institution**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
self harm

Nursing Assessment:
c/o low mood and suicidal idation after berevement of sister. states having flash backs of the resuscitation. this pm sustained DSH to L wrist and attempted to take over dose of Ibuprofen - gave tablets to police prior to ingestion. news 3 low cpe

Investigations in ED: **None**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Deliberate self harm by sharp object		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

***NO GP ACTION* Presented with deliberate self harm and suicidal intent. Reviewed by CPNs and felt safe for discharge. Follow up with day CPNs the following morning. Ms Wilson was tachycardic during time in department. No underlying cause. Asymptomatic. ECG sinus tachycardia. No clear underlying cause - discharged with advice and staff at accommodation informed.**

Followup : **With CPNs**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Oonagh Murray
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 29/08/2019

Consultant: Dr Caitriona Considine

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
TALBOT CENTRE
Glasgow G3 6PN

Attended on: **21/08/2019 at 20:53 hrs.** Departed on: **22/08/2019 at 00:39 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Temporary residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
OD

Nursing Assessment:
deliberate OD of chlorphenamine 4mg x 30 tablets throughout day today. ongoing suicidal ideation in triage. discharged from gartnavel this am for same. recent family bereavements news: 2

Investigations in ED: **None**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Deliberate self poisoning by unspecified drugs, medication and biological substances		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Dear Doctor, Gayle was assessed today in A+E after reporting taking 40 tablets of chlorphenamine throughout the day after being discharged from Gartnavel hospital inpatient psychiatry in the morning. Observations were stable. Gayle lives in a homeless unit and has been particularly low in mood since the passing of her sister in June. Gayle was reviewed by our psychiatry colleagues who documented that Gayle was for discharge and to be followed up with the West crisis team. Best wishes

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jill Busgeeth
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/11/2017

Consultant: Mr Tadhg Kelliher

NT Bhatti
Peel Street Medical Centre
11 Peel Street
Glasgow
Glasgow
G11 5LL

Dear NT Bhatti

Re: **Wilson Gayle** DOB: **21/07/1979** CHI: **2107796165**
TALBOT CENTRE
Glasgow G12 8EW

Attended on: **16/11/2017 at 17:57 hrs.** Departed on: **16/11/2017 at 23:40 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Temporary residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
mental health issues

Nursing Assessment:
DSH to left wrist with Stanley knife. hx - depression. suicidal thoughts ongoing in triage - support staff present. *at red seats*

Investigations in ED: **None**

Wilson Gayle CHI: 2107796165

Diagnosis:

Diagnosis	Side	Site
Deliberate self harm by sharp object		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This 38y/o female with a background of learning difficulties, personality disorder and depression attended having intentionally harmed her forearm with a knife, inflicting superficial wounds, 1 steristrip applied after cleaning, then dressed. No suicidal intent/ideation. No acute psychosis/ mania. Seen by psych consultant earlier today. CPN r/v safe for home, and have called warden in her supported accommodation who is happy for her to come home. patient in agreement.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Gareth Lipton
Doctor

Copies to:

1. NT Bhatti (GP)

School Address:

NHS Confidential: Personal data about a patient

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr NADEEM BHATTI
PEEL STREET MEDICAL CENTRE
11 PEEL STREET GLASGOW
G11 5LL

Date: 29 Apr 2013

Dear Dr NADEEM BHATTI,

Re: GAYLE WILSON, 494 GREAT WESTERN ROAD, TALBOT CENTRE, GLASGOW, G12 8EW
Date of Birth: 21/07/1979 CHI number: 2107796165

Your patient attended Western Infirmary on the 29 Apr 2013 at 10:18 PM.

The presenting complaint was:	**SELF HARM, ARMS AND LEG**
Triage information:	**Not recorded**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**INTENTIONAL SELF HARM - SELF HARM - SHARP OBJECT**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**Discharged for McNair ward earlier today. Didn't want to be discharged. Superficial incisions to left forearm and both shins. Decided later she wanted to kill herself so aunt brought her here. No new issues compared to earlier today. Discussed with team at GRH and CPNs. Happy for patient to be discharged. Has DART follow up tomorrow.**

Yours sincerely,

NAVEED KARIM
EMERGENCY MEDICINE CT1ACCS

NHS Confidential: Personal data about a patient

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr NAYEEM GHOURI
PEEL STREET MEDICAL CENTRE
11 PEEL STREET GLASGOW
G11 5LL

Date: 05 Jan 2013

Dear Dr NAYEEM GHOURI,

Re: GAYLE WILSON, ASPIRE, 18 HILLHEAD STREET, GLASGOW, G12 8PY
Date of Birth: 21/07/1979 CHI number: 2107796165

Your patient attended Western Infirmary on the 05 Jan 2013 at 6:54 PM.

The presenting complaint was:	**THIGH ABSCESS FOR SURGEONS**
Triage information:	**WOKE UP WITH LUMP ON THIGH. LEG HAS BEEN SORE ALL WEEK. FEELS WELL TEMP 35.9**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**PATIENT FOR SPECIALTY TAKE-GP REFERRAL - SURGICAL**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DIRECT ADMISSION TO SURGICAL WARD**
Follow-up:	**ADMITTED**
Additional information:	**None**

Yours sincerely,

NONE ASSIGNED IN EDIS
NONE ASSIGNED IN EDIS

NHS Confidential: Personal data about a patient

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr NAYEEM GHOURI
PEEL STREET MEDICAL CENTRE
11 PEEL STREET GLASGOW
G11 5LL

Date: 11 Aug 2012

Dear Dr NAYEEM GHOURI,

Re: GAYLE WILSON, 0/2 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth: 21/07/1979 CHI number: 2107796165

Your patient attended Western Infirmary on the 11 Aug 2012.

The presenting complaint was:	**SELF INFLICTED CUT WRIST**
Triage information:	**Not recorded**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - LACERATION - UPPER LIMB LEFT - WRIST**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**None**

Yours sincerely,

LUCY ADAM
EMERGENCY DEPARTMENT DOCTOR

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde

Admission Form/SMR04 Data Form

Part 1 Send to Health Records

Patient Details

CHI Number/DOB: 2 1 0 7 7 9 0 1 6 5 — Under 16 Y / N

PIMS Number (Glasgow only): 0 7 0 5 8 1 4

Surname: WILSON

Forename: GAYLE

Home Address: FL 0/2, 165 DUMBARTON Rd. Home Tel: 563 8676

Post Code: G14 9HD Mobile Tel: 07767-781577

Sex: Male / Female — Ethnic Group (Mandatory - See back for codes): A — Marital Status: SINGLE

Next of Kin

Name: RITA WILSON

Address: 25 BELMONT DR, GLASGOW

Post Code:

Home Tel: 339 1407

Mobile Tel: 07884-171670

Relationship: AUNT

Is NOK to be Involved/Informed of Care? Y / N

Named Person or other Contact Details if different from NOK:

Is Contact to be Involved/Informed of Care? Y / N

GP Name/Address

GP Name: DR GILMOUR

Address: PCC DUMBARTON ROAD CENTRE

Telephone Number:

Admission/Referral Details (See back for codes)

Date	Time of Arrival on ward (24 Hr)	Consultant	Ward	Admitted/Transferred From	Admission Reason
25/6/12	(17.20)	DR ARMSTRONG	M.U.H.C.	1	52

Name of Admitting Hospital	Referred by:	Previous Psychiatric IP care Yes / No If Yes Name of most recent Psychiatric Hospital	Admission Type
GRH		GRH	12

Legal Status

FORMAL / INFORMAL If FORMAL Section Detail:

Diagnosis

1. Diagnosis on Admission: PERSONALITY DISORDER
2. Other Conditions:

Completed by: J. STILL Signature:

D642604

NHS Confidential: Personal data about a patient

EMERGENCY DEPARTMENT
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow and Clyde

Dr NAYEEM GHOURI
PEEL STREET MEDICAL CENTRE
11 PEEL STREET GLASGOW
G11 5LL

Date: 12 Jun 2012

Dear Dr NAYEEM GHOURI,

Re: GAYLE WILSON, 0/2 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth: 21/07/1979 CHI number: 2107796165

Your patient attended Western Infirmary on the 11 Jun 2012.

The presenting complaint was:	**DSH TO WRISTS**
Triage information:	**Not recorded**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**INTENTIONAL SELF HARM - SELF HARM - SHARP OBJECT**
The following treatment was given:	**STERISTRIP/S** **DRY DRESSING**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**None**

Yours sincerely,

FIONA GUNN
EMERGENCY DEPARTMENT DOCTOR

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr N.Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

12 January 2012

Dear Dr Ghouri

Re: GAYLE WILSON, 2/2 7 SPEIRSHALL CLOSE, GLASGOW, LANARKSHIRE, G14 0LP
Date of Birth: 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 10 JAN 2012 at 22:47 pm.

The presenting complaint was:	**Mental Illness**
Triage Information:	**Pt Has Taken Overdose Of Trazodone, Paracetamol And Aspirin Od Denied. Discharged From Henderson House Today. Wants To Be Seen By Cpn. Temp 36.5**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Psychiatric - Depression**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Claire Mcgroarty
Emergency Medicine S T 5

Consultants

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

16 July 2011

Dear Dr Ghouri

Re: GAYLE WILSON, 2/2 7 SPEIRSHALL CLOSE, GLASGOW, LANARKSHIRE, G14 0LP
Date of Birth: 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 15 JUL 2011 at 21:26 pm.

The presenting complaint was:	**Suicidal Thoughts**
Triage Information:	**Bib Police; Threating Suicide. Took Taxi To Erskine Bridge And Changed Mind. Denies Alcohol Or Drug Intake. Police Found Patient Walking Down Great Western Rd. Missing Person Today Temp 35.7**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Psychiatric - Suicidal Ideation(Severe Depressive Episode)**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Mena Kadhim
Emergency Department Doctor

Consultants
:

NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

28 June 2011

Dear Dr Ghouri

Re: GAYLE WILSON, 0/2 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth: 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 27 JUN 2011 at 20:26 pm.

The presenting complaint was:	**Self Harms, Needs To Speak To Someone As She Feels She Is Going To Do It**
Triage Information:	**Has Cut Her Left Arm Over The Week End, Wants Somebiody To Talk To,**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Psychiatric - Depression**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Candice Galea
Emergency Department Doctor

Consultants

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr N Ghouri
Peel Street Medical Centre
11 Peel Street
Glasgow

G11 5LL

28 June 2011

Dear Dr Ghouri

Re: GAYLE WILSON, 0/2 1655 DUMBARTON ROAD, GLASGOW, G14 9YD
Date of Birth: 21.07.79 Hospital Number: 50938417A CHI Number: 2107796165

Your patient attended Western Infirmary on the 27 JUN 2011 at 20:26 pm.

The presenting complaint was:	**Self Harms, Needs To Speak To Someone As She Feels She Is Going To Do It**
Triage Information:	**Has Cut Her Left Arm Over The Week End, Wants Somebiody To Talk To,**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Psychiatric - Depression**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Discharged**
Follow-up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Candice Galea
Emergency Department Doctor

Consultants
:

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

GEORGI GEORGIEVAbingdon Medical Practice,12 Stewartville Street,Glasgow, G11 5PE

Main Switchboard:
Date of Completion: 18-Jan-2026

Dear GEORGI GEORGIEV,

Name	CHI	DoB	Address
Gayle Wilson	2107796165	21-Jul-1979	1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Admitted	Type	Discharged	Destination
13-Jan-2026 21:55	IP	18-Jan-2026	

Specialty	Consultant	Ward	Telephone
Cardiology	Corcoran	QEUH Ward 6D Cardiology	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Lok Man Tracy Lee (Lok Man Tracy Lee - FY1) on 16 Jan 2026 12:15

Discharge Medication:

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	1 device once a week	No	Patient's own supply	**Drug Details:** Dunnet's Pharmacy 0141-959-2196		
Atorvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own supply			
Colchicine 500microgram tablets	oral	1 tablet twice daily , (supplied outwith dosette box) , Fixed Period 3 Month(s) from 03 Jan 2026	No	Patient's own supply			
Dapagliflozin 10mg tablets	oral	1 tablet once daily	No	Patient's own supply			
Gliclazide 80mg tablets	oral	2 tablets twice daily , with breakfast and evening meal	No	Patient's own supply			
Naproxen 500mg tablets	oral	1 tablet twice daily , Fixed Period 13 Day(s) from 16 Jan 2026	Yes		**Dispensing Details:** x26		Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily , Fixed Period 2 Week(s) from 03 Jan 2026	No	Patient's own supply	**Drug Details:** ppi cover for high dose ibuprofen		
Quetiapine 25mg tablets	oral	2 tablets three times daily	No	Patient's own supply			
Sertraline 100mg tablets	oral	2 tablets once daily	No	Patient's own supply			

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Dispensed by Olu Checked by Cheryl Cusiter 16.01.26

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-16	Diazepam 2mg tablets	oral	1 tablet twice daily when required		Course completed
2026-01-16	Ibuprofen 200mg tablets	oral	3 tablets three times daily , high dose ibuprofen for pericarditis , Fixed Period 2 Week(s) from 03 Jan 2026	high dose ibuprofen for pericarditis	Changed to naproxen as per cardiology.
2026-01-14	Nicotine 21mg/24hours transdermal patches	topical	1 patch once daily		Stopped before admission

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

Dear Doctor,

Thanks for your continued care of Miss Wilson who was admitted to QEUH 13/01/2026 due to chest pain. This lady initially presented a week prior with left sided chest pain and found to have pleural effusions and pericardial effusion. She was diagnosed with pericarditis and referred for OP follow up. On this admission, she reported chest pain on the right side and was slightly breathless. Bedside ECHO in A&E showed pericardial effusion with no evidence of systolic dysfunction. No previous pericardial effusion size documented for comparison. Her CRP was raised compared to last admission.

This lady has a background of pericarditis with mild pericardial effusion, T2DM, EUPD, bilaterally constricted visual fields.

Plan from Cardiology:
1. Switch ibuprofen to naproxen 500mg for 2 weeks with PPI cover
2. Continued regular colchicine

Pain settled with addition of naproxen. Bloods improving and now deemed fit for discharge. FU as per prev IDL.

Kind thanks,
QEUH 6D

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Discharge Comments:	
Follow Up:	No CT as per prev IDL.
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Ewan MCLELLAN

Prescription Review
Medications reviewed by pharmacist: Kajal Patel (Pharmacist)
Checked by: Cheryl CUSITER (Pharmacy Technician)
Discharged by: Jordan FLANNAGAN (Charge Nurse)

NHS Confidential: Personal data about a patient

Immediate Discharge and Medicine Prescription Form - Confidential

Western Infirmary
Glasgow G11 6NT
Telephone: 0141 211 2000

Ref. No: 052758

NHS Greater Glasgow and Clyde

Name of GP: NAYEEM
Surgery/Health Centre: 11 PEEL STREET.

Fix ID label to all 4 copies

Patient:
Address:
DOB:
Weight:

50938417A
WILSON F
GAYLE 21/07/1979
ASPIRE
18 HILLHEAD STREET
GLASGOW G12 8PY
CHI-2107796165

Ward: L10W Tel:
Consultant: JHUMECKO.
Named Nurse:
Specialty: SURGERY.
Admission date: 5/1/13
Mode of admission: Elective ☐ Emergency ☑ Transfer ☐
Source of Admission:
Discharge date: 5/1/13

NURSE TO COMPLETE

Out Patient appointment date:
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY

Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
?(R) LEG ABSCESS.		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
✓		CLARITHROMYCIN	PO	500mg	✓				✓		7/7

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Dispensed by: Date: / /
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Prescribers name: Signature: GPST1 Date 5/1/13
Designation: ANCOAD Pager number: 4611

Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

GEORGI GEORGIEVAbingdon Medical Practice,12 Stewartville Street,Glasgow, G11 5PE

Main Switchboard:
Date of Completion: 03-Jan-2026

Dear GEORGI GEORGIEV,

Name	CHI	DoB	Address
Gayle Wilson	2107796165	21-Jul-1979	1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Admitted	Type	Discharged	Destination
02-Jan-2026 22:48	IP	03-Jan-2026	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Sarvesvaran	QEUH ARU1 Respiratory	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procoduros:
There is no data to display.

Last Discharge Review: Molly Will (Molly Will - FY1) on 03 Jan 2026 12:33

Discharge Medication:

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Compliance Aid - Dosette	Route unspecified	1 device once a week	No	Patient's own supply	**Drug Details:** Dunnet's Pharmacy 0141-959-2196		
Atorvastatin 40mg tablets	oral	1 tablet once daily at night	No	Patient's own supply			Added
Colchicine 500microgram tablets	oral	1 tablet twice daily , Fixed Period 3 Month(s) from 03 Jan 2026	Yes		**Dispensing Details:** 28x500mcg **Drug Details:** 2 weeks supplied via hospital pharmacy (outwith dosette box)		Added Amended
Dapagliflozin 10mg tablets	oral	1 tablet once daily	No	Patient's own supply			Added
Diazepam 2mg tablets	oral	1 tablet twice daily when required	No	Patient's own supply			Added Amended
Gliclazide 80mg tablets	oral	2 tablets twice daily , with breakfast and evening meal	No	Patient's own supply			Added
Ibuprofen 200mg tablets	oral	3 tablets three times daily , high dose ibuprofen for pericarditis , Fixed Period 2 Week(s) from 03 Jan 2026	Yes		**Dispensing Details:** 126x200mg **Drug Details:** high dose ibuprofen for pericarditis		Added
Nicotine 21mg/24hours transdermal patches	topical	1 patch once daily	No	Non urgent supply GP please prescribe			Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily , Fixed Period 2 Week(s) from 03 Jan 2026	Yes		**Dispensing Details:** 14x20mg **Drug Details:** ppi cover for high dose ibuprofen		Added
Quetiapine 25mg tablets	oral	2 tablets three times daily	No	Patient's own supply			Added
Sertraline 100mg tablets	oral	2 tablets once daily	No	Patient's own supply			Added

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Wilson Gayle CHI: 2107796165 DoB: 21-Jul-1979

Dispensing Comments
Dispensed by Esther Jamieson 03/01/26 Checked by L Beverley 3/1/26

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2026-01-03	Promethazine hydrochloride 25mg tablets	oral	1 tablet once daily at night		Course completed
2026-01-03	Sertraline 100mg tablets	oral	TWO TO BE TAKEN EACH DAY,		Medication was removed from, made inactive or made unprescribable in the drug database.
2026-01-03	Simvastatin 40mg tablets	oral	ONE TAB AT NIGHT WEEKLY DISPENSE,		Course completed

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Doctor, Miss Gayle Wilson was admitted to QEUH on 02/01/26 with chest pain radiating to the right arm. She had a normal troponin and mild T wave inversion in the lateral leads of her ECG. She had an echo which showed a mild effusion. She had a raised D-dimer however CTPA ruled out a PE. She was diagnosed with pericarditis. She was discussed with cardiology who agreed that she is now fit for discharge with a 3 month course of Colchicine and a 2 week course of high dose Ibuprofen with PPI cover. She has been advised

	to attend general practice should she experience any troublesome muscle cramping due to an interaction between the Colchicine and her Atorvastatin. Due to her high D-dimer of 2945, and her pericardial effusion, and a raised Ca 125 level of 122, we have requested a malignancy screen and pelvic malignancy should be excluded with a contrast CTAP as an outpatient. Thank you for your ongoing care. Kind regards ARU 1
Discharge Comments:	
Follow Up:	Yes contrast CT AP
Results Awaited:	Yes CT AP - requested tumour markers and myeloma screen
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Molly WILL

Prescription Review
Medications reviewed by pharmacist: Mairi McGinnes (Pharmacist)
Checked by: Lindsay BEVERLEY (Pharmacist)
Discharged by: Caitlin MCCOOL (Nurse)

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

\These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

Patient Name	Gayle Wilson	DOB	21.07.1979	Legal Status	Informal	Date of CPA meeting	18 March 2026	Ward/Centre	Riverside RC
CHI	210779 6165	Named Person		Order expiry date		Advance Statement		Consultant	Dr B McHugh

Care Plan

Category	Objective	Action Plan	By Whom
Address mental health issues	• Optimisation of mental state	• Prescription of and monitoring of psychotropic medication • Continue on Quetiapine 50mgs TDS; Sertraline 200mgs • Continue use of PRN Diazepam as required • Quetiapine changed from lunchtime to 5pm • Shona will continue to review regularly • Consider further psychology work following interventions with Shona • Encourage use of distraction techniques when feeling low/suicidal • Continue regular medication prompts • Encourage continued positive use of Emotional Coping Skills • Encourage use self sooth box and utilising coping strategies • Encourage continued use of behavioural diaries and written Journal • CPN appointments rearranged to afternoons • Prescribed Promethazine 25mgs PRN for insomnia; with good effect • HbA1c to be checked • Attending bereavement counselling	Medical CPN Psychology MDT SAMH CPN MDT SAMH CPN
Address physical health issues	• Good physical health	• Physical health check as necessary • Observe for adverse effect of medication • Type II Diabetes – encourage healthy choices • Physiotherapy follow-up arranged	GP MDT SAMH Physio

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

		• Support to attend GP for diabetic appointments • Diagnosed with pericarditis – prescribed Colchicine for 3/12 • Contact Respiratory dept to discuss	SAMH Medical
Address relationship issues	• Maintenance of contact with family	• Facilitate phone calls and visits as appropriate	SAMH
Address any illicit substance misuse/alcohol/gambling issues	• Abstinence from illicit substances/alcohol/ gambling	• Monitor and advise on gambling concerns • No alcohol or drug issues noted • Promote return to Gambler's Anonymous as necessary	SAMH SAMH SAMH
Address any financial issues	• Maximise benefits • Reduce risk of financial difficulties	• Discuss financial issues following change from ASA to UC • Financial difficulties caused by gambling • Complete further Financial Assessment Form • Contact WRO (Nic Jones) to review benefits & budget plan	SAMH SAMH SAMH/Social work
Address occupational and recreational issues	• Establish baseline functioning and need	• 30 hours support in place with SAMH • Continue to encourage good ADL skills • Continue wellbeing and medication prompt visits • Encourage engagement with social support • Encourage attendance at Flourish House & the Annexe • Encourage long walks with Toby • Encourage to maintain a regular routine • Encourage attendance at Sunday lunch group • Continue to support GW to recognise her strengths • Encourage engagement with shopping support • Encourage return to attending at football matches • Continue to offer evening support • Encourage attendance at evening activities, Wellness Wednesdays and Film Fridays • Encourage return to Broken Voices group • Consider increased supports during trigger months – March and June	SAMH SAMH SAMH SAMH SAMH MDT SAMH MDT SAMH SAMH SAMH SAMH SAMH SAMH SAMH

OFFICIAL: SENSITIVE: Personal Data

CARE PROGRAMMING APPROACH

Legal status	• Ensure legal status is appropriate	• **Informal patient** • ASP case conferences x 4 - no further action required	
Address any accommodation issues	• No issues in relation to housing	• Resides at St. Peter's Broomhill with SAMH supported accommodation • 30 hours support available from SAMH • Encourage use of tech support as sleepovers have stopped	SAMH
Risk	• Completion of comprehensive Glasgow Risk Screen	• MDT updating risk regularly at review and upload to EMIS • Death by misadventure (DSH or overdose) • Financial issues caused by gambling • Triggered by anniversaries of loved ones	MDT
Develop future plans	• Successful rehabilitation and smooth transition to the community	• Continue CPA review meetings • Regular assessment of progress and additional needs • Janice will review as necessary • OPA with Dr McHugh 3/12	Coordinator MDT Social Work Medical

Present:	
Dr Beth McHugh	Consultant Psychiatrist
Shona Johnstone	CPN
Emma Gibb	Support Worker SAMH
Janice O'Neill	Social Worker
Doreen Russell	Patient's sister
Gayle Wilson	Patient
Tracy Wood	CPA Coordinator
Apologies:	
Angela Connor	Service Manager SAMH St Peters

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
Tracy Wood – office 0141 201 4546 mobile 07970 165 415

OFFICIAL: SENSITIVE: Personal Data
CARE PROGRAMMING APPROACH

Formal CPA meeting – Summary of Discussion (18 March 2026)

Shona welcomed everyone to the meeting, as Dr McHugh running late. Introductions were made around the room.

Shona reported visiting Gayle a couple of times due to physical health and other issues. St. Peters' keep in contact with Shona and update. Medication Gayle takes her medication most of the time and mood can be up and down. Fleeting suicidal thoughts remain. One episode of self-harm in December and no OD since. Sleep is variable. Gayle stated her sleep has been better since starting on Promethazine. Eating okay. Self-care is good. Aware Gayle is using the tools that she and Shona worked on regards coping mechanisms/strategies. Started emotional coping skills at session two and will explore this further. Working well with Gayle. Gayle feels CPN support is useful and Shona hopeful Gayle can engage a bit better. There is flexibility for Shona to visit at home or go out on walks with Gayle and Toby.

Emma agreed that Gayle gets a lot from CPN contact and she utilises the self sooth box and tools she has been learning. Taking medication more consistently. She has physical issues. Awaiting results of respiratory scans.

Promethazine has worked well for Gayle. More recently Gayle's motivation has been poorer for home care and personal care and reluctant to accept support, as she wants to try and become more independent. Doreen has spoken to Gayle about allowing support to come in and help when Gayle is struggling with home care. Scattered mum's and sister ashes and had a further bereavement on the same day, which has been significant. Emma and staff will continue to keep an eye on Gayle.

Gayle has been struggling with finances but recently decided to cut her benefits in half, to fortnightly, to see if it helps her manage them better. Janice aware it has also been a difficulty for others due to the change in benefits. Gayle advised Joanne is going to help her budget. Janice acknowledged that due to current global issues, everyone is having difficulty budgeting.

Gayle attends the Annexe cost of living group occasionally. She will occasionally do some batch cooking with staff. Would be good to incorporate into her weekly routine, once a week. Gayle has not been to Flourish House for some time.

Gayle attended Broken Voices but revealed she has not been for a few weeks. She is going to see a counsellor which Gayle has already found beneficial, after one session. She will be seeing a different counsellor next week which Doreen feels is worrying her.

Gayle is building a journal which she is enjoying. She consistently completed her behavioural diaries and provided insightful entries. Journal notes her good days and bad days and can indicate when she is struggling. It also gives a glimpse into what Gayle is thinking.

Gayle is managing with no sleepovers. Doreen feels she is adjusting to the new technology. Discussed Gayle's personal care and housekeeping. Doreen would like staff to spend more time with Gayle in March and June, as these months are very triggering. Coming up to these dates she struggles with anxiety and negative thoughts.

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CARE PROGRAMMING APPROACH

Janice reported that any support is means tested and Gayle may not necessarily have more money. Emma aware she does not pay council tax. Emma advised waiting on a benefit advisor (Nic Jones) but having difficulty contacting her. Janice believes Gayle is on the right benefits. Janice happy to send out a further Financial Assessment form to SAMH, to calculate client contribution. Doreen feels it would be beneficial to have benefits and budgeting reviewed. All agreed that Toby is an added expense, but emotionally viable. Janice aware benefits have been maximised and may be beneficial to look at budget which may highlight any issues. When budget plan in place, hopeful for Gayle to manage this, which will let her save some money to allow her to go on holiday. She has built up good relationships with all her staff and has made significant progress since she has been at St Peters.

Dr McHugh aware Promethazine has been prescribed PRN and advised if she needs more, this can be requested. Doreen reported that Gayle has been brighter the last few mornings and Emma agreed, stating Gayle seems more rested and relaxed. Emma advised Diazepam has been utilised now and again; but she still has 19 remaining. Dr McHugh outlined to remain on Sertraline, two tablets, as not right time to adjust. Quetiapine 2-3 times a day and mostly consistent in taking this. Dr McHugh advised as not a massive dose it will keep her baseline.

Managing with her diabetes. Blood sugars were taken in hospital and Dr McHugh noted HbA1c requires to be checked. She has a machine to allow her to check her diabetes.

Dr McHugh noted after scan, a referral letter was sent to a different Respiratory consultant (Dr Stephen Bicknell) on 03/3/26 with. No OPA noted on Portal. Dr McHugh unaware of scan result but noted effusion is still there and referrer unsure why. No immediate request for GP to do further bloods. Gayle advised to use Naproxen for pain for two weeks. Gayle reported no pain recently and is not feeling out of breath. Dr McHugh will ask her junior to explore further and advise Gayle accordingly. Reassuring that Gayle has not required to be seen urgently. She is taking Colchicine for 3 months and Dr McHugh will follow this up with Respiratory.

Gayle has been diagnosed with pericarditis – no other physical health symptoms noted, which is reassuring.

Gayle is happy to remain on same psychiatric medications. Doreen aware she has great support in St Peters and believes further input from Shona, CPN, would be beneficial. Gayle is attending bereavement counselling on a Wednesday for six weeks. It is important to Gayle to attend.

Janice will see Gayle Thursday next week at 10.30am. Shona will arrange to see Gayle soon.

PLAN

- Prescribed Promethazine 25mgs PRN for insomnia, with good effect
- HbA1c to be checked
- Encourage continued enhancement of Journal
- Diagnosed with pericarditis – prescribed Colchicine for 3/12
- Contact Respiratory dept to discuss
- Attending bereavement counselling
- Complete further Financial Assessment Form
- Contact WRO (Nic Jones) to review benefits & budget plan

CARE PROGRAMMING APPROACH

- Encourage return to Broken Voices group
- Consider increased supports around trigger months – March and June

Next CPA review details	
Date:	Thursday, 23 July 2026
Time:	2pm
Venue:	Riverside RC F2F

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NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear: .....Dr

Date :.....19/09/25.....

Patient:	CHI:
GAYLE WILSON	**210 779 6165**

Would you please prescribe

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine

Please prescribe

Diazepam 2 mg PO TID – 1 week supply

X This medication is in addition to/is an amendment to the patient's current regime.

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Julia Rawstorne

Dr Julia Rawstorne

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

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CARE PROGRAMMING APPROACH

\These categories are suggestions. This is not an exhaustive list and additions /alternatives may be included.

Patient Name	Gayle Wilson	DOB	21.07.1979	Legal Status	Informal	Date of CPA meeting	21 August 2025	Ward/Centre	Riverside RC
CHI	210779 6165	Named Person		Order expiry date		Advance Statement		Consultant	Dr B McHugh

Care Plan

Category	Objective	Action Plan	By Whom
Address mental health issues	• Optimisation of mental state	• Prescription of and monitoring of psychotropic medication • Continue on Quetiapine 50mgs TDS; Sertraline 200mgs • Continue use of PRN Diazepam as required • Change time of Quetiapine from lunchtime to 5pm • Shona will continue to review regularly • Consider further psychology work following interventions with Shona • Continue use of journal and sooth box as necessary • Encourage use of distraction techniques when feeling low/suicidal • Continue regular medication prompts • Encourage continued positive engagement in Emotional Coping Skills work (eight sessions) • Encourage use self sooth box and utilising coping strategies • Encourage continued use of behavioural diaries	Medical Medical CPN Psychology GW MDT SAMH CPN MDT SAMH
Address physical health issues	• Good physical health	• Physical health check as necessary • Observe for adverse effect of medication • Type II Diabetes – encourage healthy choices • Physiotherapy follow-up to be arranged	GP MDT SAMH Physio/GW
Address relationship issues	• Maintenance of contact with family	• Facilitate phone calls and visits as appropriate	SAMH
Address any illicit substance misuse/alcohol/gambling issues	• Abstinence from illicit substances/alcohol/ gambling	• Monitor and advise on gambling concerns • No alcohol or drug issues noted	SAMH SAMH

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CARE PROGRAMMING APPROACH

		• Promote return to Gambler's Anonymous	SAMH
Address any financial issues	• Maximise benefits • Reduce risk of financial difficulties	• Discuss financial issues following change from ASA to UC • Financial difficulties caused by gambling • Contact Nick at Welfare Rights to assist with benefit changes	SAMH Social Work
Address occupational and recreational issues	• Establish baseline functioning and need	• 30 hours support in place with SAMH • Continue to encourage good ADL skills • Continue wellbeing and medication prompt visits • Encourage engagement with social support • Encourage continued attendance at Flourish House & the Annexe • Encourage long walks with Toby • Encourage to achieve a regular routine • Encourage continued attendance at Sunday lunch group • Continue to support GW to recognise her strengths • Encourage to return to shopping support • Encourage continued attendance at football matches • Continue to offer evening support • Encourage attendance at evening activities; Wellness Wednesdays and Film Fridays	SAMH SAMH SAMH SAMH SAMH MDT SAMH SAMH SAMH SAMH SAMH SAMH
Legal status	• Ensure legal status is appropriate	• Informal patient • ASP case conferences x 4 - no further action required	
Address any accommodation issues	• No issues in relation to housing	• Resides at St. Peter's Broomhill with SAMH supported accommodation • 30 hours support available from SAMH	
Risk	• Completion of comprehensive Glasgow Risk Screen	• MDT updating risk regularly at review and upload to EMIS • Death by misadventure (DSH or overdose) • Financial issues caused by gambling • Triggered by anniversaries of loved ones	MDT

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CARE PROGRAMMING APPROACH

Develop future plans	• Successful rehabilitation and smooth transition to the community	• Continue CPA review meetings • Regular assessment of progress and additional needs • Janice will review as necessary • OPA Dr McHugh	Coordinator MDT Social Work Medical

Present:	
Shona Johnstone	CPN (Chair)
Dr Beth McHugh	Consultant Psychiatrist
Vicki Fyfe	Service Manager SAMH St Peters
Janice O'Neill	Social Worker
Tracy Wood	CPA Coordinator
Apologies:	
Gayle Wilson	Patient

Formal CPA meeting – Summary of Discussion (21 August 2025)

Shona welcomed everyone to the meeting and introductions were made around the room.

Shona advised she spoke to Gayle on Tuesday (19/8/25) and she has started a music group which is on Thursdays. Due to Gayle's mum passing there was a disruption in treatment plan. On review Gayle was more positive and in right frame of mind. Talked about emotional coping skills with Shona 1 to 1 in prep for referring to psychology. They started this on Tuesday with 8 sessions aimed to be delivered fortnightly with practice in between sessions. Gayle has been on board for tasks to complete during sessions. She is to practice mindfulness. Gayle picked out set goals and was able to recognise plan in place for these.

Vicki advised discussing taking medication etc. Shona advised Gayle has more awareness and getting to know her routine. She has kept well as she continues to look after Toby. When feeling down, she will take Toby out and this lifts her mood. Previously she would have spiralled, stayed in bed and not taken medication. Enjoying her routine. She has returned to seeing Rangers play and talked about gambling. She talked about going back to GA and discussed attending a different group, as she doesn't like the one she previously attended. She does not want to waste her money on gambling. She has engaging really well. Self-harm has reduced significantly. She has not cut herself at all and has 4 ASP referrals since April due to CD. She is able to use self sooth box, utilise coping strategies and getting out walks with Toby. She appears proactive in engaging in ECS. She would like to work on her literacy skills at some point. She can read and write a little, but would like to improve this.

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CARE PROGRAMMING APPROACH

Janice noted in SNA report Gayle does not have LD but has been diagnosed as below average intelligence. Janice feels she has lost a lot of education throughout her life, due to negative experiences, but is generally bright. Janice noted she is good at utilising her phone. Janice aware she has struggled with finances. Vicky advised she has been paying all her bills and continues to keep her flat in good condition. She cut up a bank card to stop herself from gambling. She has a positive attitude towards her flat and being in St. Peters. Aware it takes a long time for Gayle to build relationships and gain trust from staff. She is more comfortable with Shona. Janice noted Gayle spoke very positive about Shona and staff at St Peters.

All agreed she has shown great resilience and strength. Staff have continued to help her recognise her strengths. She is working with Laura during three monthly reviews and structure routine has been good for her. She talked about gambling support group. She noted one is online on Saturday which she is going to try initially. She attends the Annexe and does activities there. She has good relationships with Joanne and Charlene. Vicki aware it is about trust and her past. Gayle will state she does want to take her medication, and staff will visit and prompt. She has reverted back to eating more unhealthy foods recently, but Vicki advised she will be returning to shopping with staff.

She is prescribed Quetiapine at lunchtime and has asked for this to be removed to 5pm, as she feels more agitated at that time. Shona will discuss with Dr McHugh, but doesn't consider this will be an issue. All noted Gayle is continuing to problem solve. Vicki advised starting some evening activities, Wellness Wednesday and Film Friday which she has been invited to. She has been offered support in the evening.

Dr McHugh attended late as she had an emergency. Dr McHugh quite happy to change the time of her Quetiapine to 5pm. Shona does behavioural diaries with Gayle which she seems to enjoy and shows the difference in her mental health. Noted through diaries that she 'hates Sundays'. Discussed distraction. She has started a lunch group at the church on a Sunday which has kept her occupied. She dislikes the school she went to and will avoid the area. MDT noted the dog has been good for her and she has taken him to grooming and had all his tooth taken out. Gayle takes full responsibility for him. She is opening up with staff about things that worry her. She will continue to have suicidal ideation but aware that this has greatly reduced, as well as the severity.

PLAN

- Change time of Quetiapine from lunchtime to 5pm
- Continue regular medication prompts
- Promote return to Gambler's Anonymous
- Encourage continued positive engagement in Emotional Coping Skills work (8 sessions)
- Encourage use self sooth box and utilising coping strategies
- Encourage continued use of behavioural diaries
- Encourage continued attendance at Sunday lunch group
- Continue to support GW to recognise her strengths
- Encourage to return to shopping support
- Encourage continued attendance at football matches
- Continue to offer evening support
- Encourage attendance at evening activities; Wellness Wednesdays and Film Fridays

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CARE PROGRAMMING APPROACH

Next CPA review details	
Date:	Wednesday, 19 November 2025
Time:	12 noon
Venue:	Riverside RC F2F

CPA Coordinator, Ward 4, West House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH
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Registration Details

Personal details...		Address details...	
Date of birth	21/07/1979	Post Code	G11 5RN
Sex	F	House Name Flat No	
Surname	Wilson	No and Street	37a Dowanhill Street
Previous Surname		Village	
Forenames	Gayle	Town	Glasgow
Calling Name	Gayle		
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Nadeem Bhatti	Work Tel No	
Usual GP	Dr Nadeem Bhatti	Mobile Tel No	07490319509
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2107796165		
	603/79/531		

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

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	23/02/2023		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details	WILLIS PHARMACY-GLASGOW, (G14 9DB)		
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	2		

Problems

Active Problems		Authorised By	Code
09/02/2023	Victim of child sexual exploitation recent disclosure to staff at assisted living centre	Mrs Jardine	14XH
22/03/2021	Computer summary updated	Mrs Aggarwal	9348
16/03/2021	Type 2 diabetes mellitus HbA1c 104	Ms Corey	C10F
19/10/2019	H/O: deliberate self harm - by sharp object	Mrs Aggarwal	146B
26/08/2019	Personality disorder NOS - -emotionally unstable	Mrs Aggarwal	E21z
01/12/1995	Low I.Q. WITH UNUSUAL PROFILE	Mrs McLintock	13Z3.
01/11/1987	Learning difficulties vaginal swab and urine sent for c and s	drleggate	13Z4E

Past Problems		Authorised By	Code
05/03/2021	**[X]Deliberate drug overdose / other poisoning** - on setraline, quetiapine and simvistatin	Mrs Aggarwal	U20-1
29/08/2019	**[X]Deliberate drug overdose / other poisoning** - self poisoning by drugs - Chlorphenamine	Mrs Aggarwal	U20-1
26/08/2019	**Detained in hospital under s136 MHA 2003 (Scot)** - under emergency detention certificate than informal	Mrs Aggarwal	EMISNQDE132
07/05/2013	**[V]Psychiatric patient admission details**	Dr Cathcart	ZV69
29/04/2013	**[X]Intentional self harm by sharp object**	Ms Carr	U29
26/04/2013	**H/O: deliberate self harm escalating**	Mrs Allen	146B
26/04/2013	**Low mood**	Mrs Allen	1BT-1
11/08/2012	**Self inflicted lacerations to wrist seen at a&e and discharged treatment none**	Mrs McLintock	TK601
27/07/2012	**Discharged from hospital was detained under mental health**	Mrs McLintock	8HE
11/06/2012	**Other wrist injuries (Bilateral) intentional self harm**	Ms Carr	SK132
11/01/2012	**Overdose of drug trazadone**	Ms Carr	SL-5
18/05/2011	**Serum cholesterol raised**	Mrs McLintock	44P3
28/01/2009	**Suicidal ideation**	Mrs McLintock	1BD1
16/05/2008	**Suicidal ideation low mood**	Mrs McLintock	1BD1
07/11/2007	**[X]Recurrent depressive disorder Moderate**	Mrs Allen	Eu33
11/09/2003	**Acute sinusitis**	Mrs Green	H01
27/02/2003	**Biliary colic** CHOLECYSTITS LAPARASCOPIC CHOLECYSTECTOMY SHOWED INFLAMMED GALLBLADDER ON 29/7/2003	Mrs Green	1965
25/02/1999	**H/O: repeated overdose** ON 23/8/95 17/8/92 13/10/94 AND MANY MORE	Mrs McLintock	14K0
30/08/1992	**Suicidal ideation** OVERDOSES	Mrs McLintock	1BD1
02/10/1991	**Otitis externa NOS** RECURRING	Mrs Green	F502z
01/07/1985	**Severely abnormal behaviour**	Mrs Green	3AB2

Health Admin Problems	Authorised By	Code

Investigations

Investigations		Authorised By	Code
19/01/2023	**GMS Contract Back Population** (Source: Manually filed).		
02/12/2022	**GMS Contract Back Population** (Source: Manually filed).		
06/12/2021	**GMS Contract Back Population** (Source: Manually filed).		
29/11/2021	**2019-nCoV (novel coronavirus) detected** (Source: LAB).		^ESCT1299074
16/06/2021	**Urea and electrolytes** (Source: LAB).		44JB.
16/06/2021	**Blood sent for serum lipids** (Source: LAB). Fasting sample|Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.|		44O1.
16/06/2021	**Thyroid function tests** (Source: LAB).		442..
16/06/2021	**Haemoglobin A1c level - IFCC standardised** (Source: LAB).		42W5.
14/04/2021	**GMS Contract Back Population** (Source: Manually filed).		
25/03/2021	**GMS Contract Back Population** (Source: Manually filed).		
16/03/2021	**Urine albumin** (Source: LAB). Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.|		46N4.
16/03/2021	**Urine total protein** (Source: LAB). Unable to calculate protein:creatinine ratio as protein <0.100 g/L|		46N3.
15/03/2021	**Haemoglobin A1c level - IFCC standardised** (Source: LAB).		42W5.
21/09/2018	**Haemoglobin A1c level - IFCC standardised** (Source: LAB).		42W5.
15/02/2016	**Blood glucose result** (Source: LAB). Non-fasting sample|Note delayed sample - interpret results with caution|Please send repeat|		44U..
15/02/2016	**Full blood count - FBC** (Source: LAB).		424..
15/02/2016	**Thyroid function tests** (Source: LAB).		442..
15/02/2016	**Urea and electrolytes** (Source: LAB). (NA) Old specimen: result invalid.|		44JB.
15/02/2016	**Liver function test** (Source: LAB). Alkaline Phosphatase results IFCC aligned from 03/08/15.|		44D6.
15/02/2016	**Blood sent for serum lipids** (Source: LAB). Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.|Note raised triglycerides. Patient at risk of pancreatitis.|Suggest repeat with fasting sample|		44O1.
15/02/2016	**Prolactin level** (Source: LAB). Note delayed sample. Interpret results with caution.|		4435.

Values

Values Date	Last Entry	Normal Range Indicator	Normal Range
14/01/2023	Serum creatinine 70 umol/L		
24/08/2022	O/E - right eye background diabetic retinopathy		
24/08/2022	O/E - left eye background diabetic retinopathy		
24/08/2022	Digital retinal screening 1		
29/11/2021	2019-nCoV (novel coronavirus) detected		
16/06/2021	Serum sodium 137 mmol/L	...|.....	133-146
16/06/2021	Serum potassium 4.3 mmol/L	...|.....	3.5-5.3
16/06/2021	Serum chloride 100 mmol/L	...|.....	95-108
16/06/2021	Serum urea level 4.6 mmol/L	...|.....	2.5-7.8
16/06/2021	GFR calculated abbreviated MDRD > 60		
16/06/2021	Serum cholesterol 7.5 mmol/L	..... |	3.5-6.5
16/06/2021	Serum triglycerides 8.4 mmol/L	..... |	0.2-2.3
16/06/2021	Serum HDL cholesterol level 1.1 mmol/L		
16/06/2021	Calculated LDL cholesterol level		
16/06/2021	Serum VLDL cholesterol level		
16/06/2021	Serum cholesterol/HDL ratio 6.8		
16/06/2021	Serum TSH level 2.54 mU/L	....|.....	0.35-5
16/06/2021	Serum free T4 level 11.4 pmol/L	..|.....	9-21
16/06/2021	Serum total T3 level		
16/06/2021	Haemoglobin A1c level - IFCC standardised 78 mmol/mol	..... |	20-41
12/04/2021	O/E - no right diabetic retinopathy		
12/04/2021	O/E - no left diabetic retinopathy		
16/03/2021	Urine albumin < 5		
16/03/2021	Urine albumin:creatinine ratio NA		
16/03/2021	Urine volume NA		
16/03/2021	Urine creatinine 3.9 mmol/L		
16/03/2021	Urine total protein < 0.100		
16/03/2021	(Non Coded Event - Urine Protein/volume)		
16/03/2021	Urine protein/creatinine ratio NA		
15/03/2021	O/E - pulse rate NOS 94		
15/03/2021	Blood pressure reading 127/83 mm Hg		
15/03/2021	Body Mass Index 34.9 kg/m2	..... |	20-25
15/03/2021	O/E - weight 92.8 Kg		
09/03/2021	Serum total cholesterol level 8.4 mmol/L	..... |	3.5-6.5
17/07/2018	Alcohol consumption 2 units/week		
17/07/2018	Ideal weight 61.11 Kg		
17/07/2018	O/E - height 163 cm	.....|....	10-250
17/07/2018	Cigarette smoker 20 Cigarettes/day		
15/02/2016	Plasma glucose level 7.1 mmol/L	..... |	3.5-6
15/02/2016	Total white cell count 7.3 x10^9/l	....|.....	4-11
15/02/2016	Red blood cell (RBC) count 4.84 x10^12/l	.....|.....	3.8-5.8
15/02/2016	Haemoglobin estimation 148 g/l	.....|...	115-165
15/02/2016	Haematocrit 0.455 l/l	.....|.	0.37-0.47
15/02/2016	Mean corpuscular volume (MCV) 94 fl	.....|...	80-100
15/02/2016	Mean corpusc. haemoglobin(MCH) 30.6 pg	.....|...	27-32
15/02/2016	Platelet count 233 x10^9/l	...|.....	150-400
15/02/2016	Neutrophil count 4.1 x10^9/l	....|.....	2-7.5
15/02/2016	Lymphocyte count 2.4 x10^9/l	....|.....	1.5-4
15/02/2016	Monocyte count 0.6 x10^9/l	.....|...	0.2-0.8
15/02/2016	Eosinophil count 0.1 x10^9/l	..|.....	0-0.4
15/02/2016	Basophil count 0 x10^9/l	|.....	0-0.1
15/02/2016	Nucleated red blood cell count 0 x10^9/l		
15/02/2016	Serum total bilirubin level 12 umol/L		
15/02/2016	ALT/SGPT serum level 27 U/L	.....|....	5-40
15/02/2016	AST serum level 21 U/L		
15/02/2016	Serum alkaline phosphatase 82 U/L	.....|.....	30-130
15/02/2016	Serum albumin 41 g/L	....|.....	35-50
15/02/2016	Serum prolactin level 159 mU/L		
18/05/2011	Serum cholesterol raised		
17/05/2011	Serum creatine kinase level 88	....|.....	24-195
17/05/2011	Blood glucose level 6.4		
17/05/2011	Free T4 level 12	|.....	13-30

17/05/2011	HDL : total cholesterol ratio 8		
17/05/2011	Total cholesterol measurement 7.2		
17/05/2011	Serum gamma-glutamyl transferase level 95		
17/05/2011	Serum alanine aminotransferase level 40		
17/05/2011	Serum bilirubin level 11	.....|....	3-17
17/05/2011	Urea 2.9	|.....	3.1-6.6
17/05/2011	HbA1c level (DCCT aligned) 6.9		
17/05/2011	Full blood count - FBC Disease: SPICE Lab Results, gluc high priority=2		
17/05/2011	Thyroid function test Disease: SPICE Lab Results, normal priority=2		
17/05/2011	Liver function test Disease: SPICE Lab Results, abnor priority=2		
17/05/2011	Urea and electrolytes Disease: SPICE Lab Results, normal priority=2		
28/05/2010	Body mass index 30+ - obesity Disease: SPICE Basic Health Values, priority=2		
21/05/2008	Body mass index 40+ - severely obese Disease: SPICE Basic Health Values, priority=2		
25/05/2006	Serum calcium 2.4	....|.....	2.2-2.67
25/05/2006	Fasting blood glucose level 4.7		
25/05/2006	Erythrocyte sedimentation rate 22	.....|	0-20

Attachments

Attachments	Authorised By	Code

None

Due Diary Entries

Due Diary Entries		Authorised By	Code
31/12/2099	Key information summary, special note expiry date	Dr Bhatti	EMISNQKE5
27/09/2024	Medication review	Mrs Aggarwal	8B314

Overdue Diary Entires

Overdue Diary Entries		Authorised By	Code
29/02/2024	Key information summary review date OVERDUE	Dr Bhatti	EMISNQKE7

Alerts

Alerts		Authorised By	Code
19/10/2023	**Alert** NOT TO BE HANDED DIAZEPAM SCRIPT UNLESS ACCOMPANIED BY SUPPORT WORKER	Ms Corey	EMISALERT
22/03/2021	**Alert** Intentional overdose on Setraline, Quetiapine and simvistatin - letter in Docman - 08/03/21	Mrs Aggarwal	EMISALERT
30/05/2019	**Alert** Gayle does not want any information to be given to the Talbot Association	Ms Carr	EMISALERT

Drug Allergies

Drug Allergies	Authorised By	Code
None		

Non-Drug Allergies

Non Drug Allergies	Authorised By	Code
None		

Family History

Family History		Authorised By	Code
25/02/2008	**No family history diabetes** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	1228
25/02/2008	**No FH: Ischaemic heart disease** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	1226

Referrals

Referrals		Authorised By	Code
16/03/2021	**Ref DM structured educatn prog**	Sister Scade	8Hj0
27/07/2012	**Discharged from hospital** was detained under mental health	Mrs McLintock	8HE
25/06/2010	**Referral for further care** Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: Actual Hospital: Community Mental Health Team (Greater Glasgow) rereferral /follow up	Dr Bhatti	8H

Immunisations

Immunisations		Authorised By	Code
19/12/2021	**Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (E Hinson)** 000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (E Hinson)		^ESCT1423363
19/12/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Partick Burgh hall public vaccination clinic)** 000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (Partick Burgh hall public vaccination clinic)		^ESCT1348323
23/11/2021	**Administration of first inactivated seasonal influenza vacc** 3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (Dalhousie Street)		65ED4
28/05/2021	**Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By E Shenkin)** PV46691/ AZ/IM/LUA//C-19 (By E Shenkin)		^ESCT1348325
18/03/2021	**Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By F Johnstone)** 4120Z002/ AZ/IM/LUA//C-19 (By F Johnstone)		^ESCT1348323

Health Status

Health Status	
17/07/2018	Height 163 cm
15/03/2021	Weight 92.8 Kg
15/03/2021	Body Mass Index 34.9 kg/m2
15/03/2021	Blood pressure reading 127/83 mm Hg
29/01/2014	Smoking Status Current smoker
17/07/2018	Exercise grading Aerobic exercise 1 time/week

Miscellaneous

Other Observations		Authorised By	Code
08/04/2024	**Special patient note h/o intentional overdose .** Quite often "alleged " as opposed to actual OD. Is well known to emergency services.	Dr Bhatti	9bK5
27/09/2023	**Equivalent quantities for all medication checked** MM LES	Mrs Aggarwal	8BIQ
27/09/2023	**Uses monitored dosage system** MM LES Dunnet Pharmacy	Mrs Aggarwal	8BIA
27/09/2023	**Rep.presc. monitoring NOS** MM LES	Mrs Aggarwal	66RZ
27/09/2023	**Medication review**	Dr Bhatti	8B314
05/09/2023	**Failed encounter - message left on answer machine**	Dr Bhatti	9N4F
10/02/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	User Thompson	9N1Z
10/02/2023	**Discussed with healthcare professional** Spoke to Secondary Care	User Thompson	671J
10/02/2023	**Telephone encounter**	User Thompson	9N31
10/02/2023	**Discussed with pharmacist**	User Thompson	671G
10/02/2023	**Medication changed** Quetiapine dose increasing to 50mg TID	User Thompson	8B316
10/02/2023	**Outpatient clinic letter received**	User Thompson	9N3D2
10/02/2023	**Repeated prescription** Repeat Rx Issued	User Thompson	8B41
10/02/2023	**Medication requested** Acute Rx Issued	User Thompson	8B3H
24/01/2023	**Site of encounter NOS** Actioned in Pharmacotherapy Hub	McCafferty	9N1Z
24/01/2023	**Outpatient clinic letter received**	McCafferty	9N3D2
16/01/2023	**Special patient note h/o intentional overdose .** Quite often "alleged " as opposed to actual OD.	Dr Bhatti	9bK5
16/01/2023	**Consent for key information summary upload**	Dr Bhatti	9Ndr
16/01/2023	**Send key information summary (KIS) upload**	Dr Bhatti	EMISNQSE71
14/11/2022	**Cervical smear defaulter** Exclusion From SCCRS Until 14/02/2027. Reason: Defaulter	Ms Corey	9O8S
30/11/2021	**Influenza-like symptoms**	Mrs Jardine	16L
30/11/2021	**Confirmed 2019-nCoV (Wuhan) infection**	Mrs Jardine	EMISNQCO303
14/04/2021	**Equivalent quantities for all medication checked** MM LES	Mrs Aggarwal	8BIQ
14/04/2021	**Uses monitored dosage system** MM LES Dunnett Pharmacy	Mrs Aggarwal	8BIA
14/04/2021	**Rep.presc. monitoring NOS** MM LES	Mrs Aggarwal	66RZ
14/04/2021	**Medication review**	Dr Bhatti	8B314
16/03/2021	**Diabetic dietary review**	Sister Scade	66At
15/03/2021	**O/E - pulse rhythm regular**	Sister Scade	2431
02/03/2021	**Medication reconciliation** Meds Rec	Mrs Hutchison	8B318
22/01/2020	**Uses monitored dosage system** MM LES DUNNETS	Ms Corey	8BIA
27/11/2019	**Equivalent quantities for all medication checked** MM LES	Mrs Aggarwal	8BIQ
27/11/2019	**Uses monitored dosage system** MM LES Dunnett's Pharmacy	Mrs Aggarwal	8BIA
27/11/2019	**Rep.presc. monitoring NOS** MM LES	Mrs Aggarwal	66RZ
27/11/2019	**Medication review**	Dr Bhatti	8B314
20/06/2019	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 11:00 on Wednesday 19 of June at Peel Street Medical Centre. If you cannot attend text CAN...		9Nj8
07/06/2019	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 15:20 on Thursday 06 of June at Peel Street Medical Centre. If you cannot attend text CANC...		9Nj8
14/05/2019	**Cervical smear defaulter** Exclusion From SCCRS Until 14/08/2021. Reason: Defaulter	Ms Kennedy	9O8S
22/09/2018	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 09:10 on Friday 21 of September at Peel Street Medical Centre. If you cannot attend text C...		9Nj8
29/08/2018	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 09:50 on Tuesday 28 of August at Peel Street Medical Centre. If you cannot attend text CAN...		9Nj8
23/08/2018	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Confirmation of your appointment at 09:50 on Tue, 28 of Aug at Peel Street Medical Centre. If unable to attend text CANCEL to 07...		9Nj8
18/07/2018	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Don't forget your appointment at 12:00 on Tuesday 17 of July at Peel Street Medical Centre. If you cannot attend text CANCE...		9Nj8
17/07/2018	**Referral to smoking cessation service declined**	Ms Kennedy	8IEo
17/07/2018	**Smoking cessation advice**	Ms Kennedy	8CAL
17/07/2018	**Health ed. - exercise**	Ms Kennedy	6798
17/07/2018	**Health ed. - diet**	Ms Kennedy	6799
17/07/2018	**Health ed. - alcohol**	Ms Kennedy	6792
17/07/2018	**Aerobic exercise 1 time/week**	Ms Kennedy	1389

12/07/2018	**Fail encntr-SMS delivry failur** Type: Appointment Reminder Status: Message Delivery Failed Message: Confirmation of your appointment at 12:00 on Tue, 17 of Jul at Peel Street Medical Centre. If unable to attend text CANCEL to 07...		9Nj8
13/06/2018	**Rep.presc. monitoring NOS** MM LES	Ms Corey	66RZ
23/01/2018	**SMS text sent to patient** Type: Appointment Reminder Status: Message Delivered Message: Confirmation of your appointment at 09:50 on Fri, 26 of Jan at Peel Street Medical Centre. If unable to attend text CANCEL to 07800000...		9N3G
14/03/2017	**Referral to smoking cessation service declined**	Ms Kennedy	8IEo
14/03/2017	**Smoking cessation advice**	Ms Kennedy	8CAL
14/03/2017	**Smoking cessation advice**	Ms Kennedy	8CAL
14/03/2017	**Health ed. - exercise**	Ms Kennedy	6798
14/03/2017	**Health ed. - diet**	Ms Kennedy	6799
14/03/2017	**Health ed. - alcohol**	Ms Kennedy	6792
14/03/2017	**Not interested in stopping smoking**	Ms Kennedy	137d
14/03/2017	**Aerobic exercise 3+ times/week**	Ms Kennedy	138B
14/04/2016	**Cervical smear defaulter** Exclusion From SCCRS Until 14/07/2018. Reason: Defaulter	Mrs Allen	9O8S
04/03/2016	**Cervical smear refused**	Ms Carr	685L
15/02/2016	**Learning disabilities annual health assessment**	Mrs McLintock	9HB5
15/02/2016	**Learning disability health examination**	Mrs McLintock	69DB
15/02/2016	**Learning disabilities health action plan completed**	Mrs McLintock	9HB4
15/02/2016	**Smoking cessation advice**	Mrs McLintock	8CAL
15/02/2016	**Health ed. - diet**	Mrs McLintock	6799
15/02/2016	**Aerobic exercise 1 time/week**	Mrs McLintock	1389
16/03/2015	**Rep.presc. monitoring NOS** MM LES	Mrs Allen	66RZ
16/03/2015	**Uses monitored dosage system** MM LES Enter Pharmacy	Mrs Allen	8BIA
05/06/2014	**Rep.presc. monitoring NOS** MM LES	Mrs Green	66RZ
05/06/2014	**Uses monitored dosage system** MM LES Enter Pharmacy	Mrs Green	8BIA
05/06/2014	**Equivalent quantities for all medication checked** MM LES	Mrs Green	8BIQ
07/04/2014	**Rep.presc. monitoring NOS** MM LES	Mrs Green	66RZ
07/04/2014	**Equivalent quantities for all medication checked** MM LES	Mrs Green	8BIQ
07/04/2014	**Medication review**	Dr Bhatti	8B314
29/01/2014	**Smoking cessation advice**	Dr Bhatti	8CAL
29/01/2014	**Current smoker**	Dr Bhatti	137R
10/10/2013	**Medication review**	Dr Bhatti	8B314
08/10/2013	**Substance misuse**	Mrs Jardine	13cM
08/10/2013	**Alcohol misuse**	Mrs Jardine	136W
30/05/2013	**Rep.presc. monitoring NOS** MM LES	Mrs Green	66RZ
30/05/2013	**Uses monitored dosage system** MM LES Enter Pharmacy	Mrs Green	8BIA
30/05/2013	**Equivalent quantities for all medication checked** MM LES	Mrs Green	8BIQ
25/03/2013	**No smear - not sexually active**	Mrs Wright	685G
14/03/2013	**Cervical smear defaulter** Exclusion From SCCRS Until 14/06/2015. Reason: Defaulter	Mrs Allen	9O8S
14/03/2013	**Cervical smear defaulter** Exclusion From SCCRS Until 14/06/2015. Reason: Defaulter	Mrs Allen	9O8S
12/02/2013	**ex patients of Dr Ghouri** bulk transfer	Mrs Wright	PCS18822EX1
05/02/2013	**ex patients of Dr Ghouri**	Mrs Wright	PCS18822EX1
05/02/2013	**ex patients of Dr Ghouri**	Mrs Wright	PCS18822EX1
18/10/2012	**Scottish - ethnic category 2001 census**	Ms Carr	9i21
12/10/2012	**Medication review**	Dr Bhatti	8B314
27/09/2012	**Uses monitored dosage system** MM LES Enter Pharmacy	Mrs Allen	8BIA
01/08/2012	**Rep.presc. monitoring NOS** MM LES	Mrs Green	66RZ
01/08/2012	**Equivalent quantities for all medication checked** MM LES	Mrs Green	8BIQ
13/01/2012	**Rep.presc. monitoring NOS** MM LES	Mrs Green	66RZ
13/01/2012	**Uses monitored dosage system** MM LES Enter Pharmacy	Mrs Green	8BIA
13/01/2012	**Equivalent quantities for all medication checked** MM LES	Mrs Green	8BIQ
24/06/2011	**Medication review**	UnknownUser	8B314
24/06/2011	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	Mr Dr Bhatti	1383
24/06/2011	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	Mr Dr Bhatti	1361
24/06/2011	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mr Dr Bhatti	8CAL
24/06/2011	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mr Dr Bhatti	137R
17/05/2011	**Glucose date** Value text: 17 May 2011 00:00	Mrs Green	PCSDT18822_81
17/05/2011	**Tot Chol date** Value text: 17 May 2011 00:00	Mrs Green	PCSDT18822_73
17/05/2011	**HbA1c mmol**	Mrs Green	42W5
20/01/2011	**Uses monitored dosage system** priority=2	Mrs Green	8BIA
20/01/2011	**Rep.presc. monitoring NOS** priority=2	Mrs Green	66RZ

20/01/2011	**Equivalent quantities for all medication checked** priority=2	Mrs Green	8BIQ
30/06/2010	**Medication review**	UnknownUser	8B314
30/06/2010	**Medication review done** priority=2	Mr Dr Bhatti	8B3V
28/05/2010	**Medication review**	UnknownUser	8B314
28/05/2010	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	1383
28/05/2010	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	1361
28/05/2010	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	8CAL
28/05/2010	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	137R
16/03/2010	**Interpreter not needed** Disease: Ethnicity, priority=2	Mrs Wright	9NU1
16/03/2010	**White Scottish** Disease: Ethnicity, priority=2	Mrs Wright	9S13
29/01/2010	**Medication review**	UnknownUser	8B314
28/01/2009	**Medication review**	UnknownUser	8B314
22/08/2008	**Medication review**	UnknownUser	8B314
21/05/2008	**Medication review**	UnknownUser	8B314
21/05/2008	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	8CAL
21/05/2008	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	137R
25/02/2008	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	1383
25/02/2008	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	1361
25/02/2008	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Dr Ghouri	137R
29/05/2007	**Medication review**	UnknownUser	8B314
06/02/2007	**On learning disability register** Disease: SPICE Learning Disabilities, priority=2	Mrs Wright	918e
31/01/2007	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	Mrs Allen	9O21
04/10/2006	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	Mrs Allen	9O21
31/05/2006	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	Mrs Allen	9O21
25/05/2006	**Medication review**	UnknownUser	8B314
25/05/2006	**Calcium date** Value text: 25 May 2006 00:00	Mrs Allen	PCSDT18822_83
25/05/2006	**HbA1c date** Value text: 25 May 2006 00:00	Mrs Allen	PCSDT18822_100
25/05/2006	**Tot Chol date** Value text: 25 May 2006 00:00	Mrs Allen	PCSDT18822_73
25/05/2006	**ESR date** Value text: 25 May 2006 00:00	Mrs Allen	PCSDT18822_79
25/05/2006	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	8CAL
25/05/2006	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	137R
28/03/2006	**Notes summary on computer** priority=2	Mrs Allen	9344
28/03/2006	**Medication review**	UnknownUser	8B314
04/04/2005	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	1383
04/04/2005	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	1361
04/04/2005	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	8CAL
04/04/2005	**Current smoker** Disease: SPICE Basic Health Values, priority=2	Mrs Wright	137R
22/03/2005	**Medication review**	UnknownUser	8B314
24/02/2004	**[X]Depressive episode** priority=2	Mrs Green	Eu32
30/05/2003	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	UnknownUser	9O21
24/01/2002	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	UnknownUser	9O21
04/12/2000	**Letter invite to screening** Cervical Screening$$.clm - Call for screening In GP care	Mrs Allen	9O21
17/03/1999	**"Section" exam,Ment Health Act** SECTION 25 priority=2	Mrs Green	69F
01/11/1996	**Pat. GP7B/GP8B card from HB** priority=2	UnknownUser	9124
18/02/1995	**[V]Dietary counselling in obesity** REFERRED DNA X3 priority=2	Mrs Green	ZV653
Not Known	**Marital Status: Single**	UnknownUser	1331

Consultations

Consultations	
11/04/2024	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	no answer to call.
08/04/2024	Dr Nadeem Bhatti at Peel Street Medical Centre
Additional	Special patient note h/o intentional overdose . Quite often "alleged " as opposed to actual OD. Is well known to emergency services. Key information summary, special note expiry date (31/12/2099)
05/04/2024	Ms Keira Lark at Peel Street Medical Centre
Comment	Alison Paramedic called to inform Dr that they were in attendance with Gayle stated that the patient had taken 16 tablets but this was unwitnessed by staff & patient did not disclose what they stated they had taken. REFUSING to go to hospital. Paramedic making the call for safeguarding protocol. If Dr requires further information to contact Rosemary - Riverside 0141 211 1430.
19/10/2023	Ms Olivia Corey at Peel Street Medical Centre
Comment	SAMH called to ask that patient not be handed Diazepam scripts unless accompanied by support worker
27/09/2023	Mrs Mridu Aggarwal at Peel Street Medical Centre
History	Rep.presc. monitoring NOS MM LES Uses monitored dosage system MM LES Dunnet Pharmacy Equivalent quantities for all medication checked MM LES
05/09/2023	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Failed encounter - message left on answer machine
12/07/2023	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Called gayle but phone cut off abruptly now phone ringing out
10/02/2023 09:45	User Audrey Thompson at Peel Street Medical Centre
Comment	MedsRec/Clinical Letter complete Attended: CMH 23/01/2023 Review Change to quetiapine dose. Contacted Meera Patel and confirmed the new dose of quetiapine as unclear in letter. Requested an interim acute Rx for dosette box patient has at home and pharmacy will change box for her. Updated her repeat and requested Rx. Spoke to patient about her change in dose and she will contact pharmacy to arrange when she can take her box in to be changed. .
Medication	Quetiapine Fumarate Tablets 25 mg *5 tablet TAKE TWO TABLETS (50MG) THREE TIMES A DAY (MORNING LUNCH NIGHT)* Quetiapine Fumarate Tablets 25 mg *168 tablet TAKE TWO TABLETS (50MG) THREE TIMES A DAY (MORNING LUNCH NIGHT)*
Additional	Medication requested Acute Rx Issued Repeated prescription Repeat Rx Issued Outpatient clinic letter received Medication changed Quetiapine dose increasing to 50mg TID Discussed with pharmacist Telephone encounter Discussed with healthcare professional Spoke to Secondary Care Site of encounter NOS Actioned in Pharmacotherapy Hub
24/01/2023	Clare McCafferty at Data Entry
Comment	Springpark medication requested dated 23/01/23 reviewed. To increase lunch time dose of Quetiapine to 50mg. Failed encounter to discuss med change with patient - no facility to leave message. Dunnets pharmacy informed of change to dossette box.
Additional	Outpatient clinic letter received Site of encounter NOS Actioned in Pharmacotherapy Hub
19/01/2023 07:26	Mrs Lynne Jardine at General Practice Surgery
Result	GMS Contract Back Population
16/01/2023	Dr Nadeem Bhatti at Peel Street Medical Centre

Comment	Paul Mcghee discussed possible OD . May possibly be moving to SAMH but is apprehensive abou this .
05/01/2023	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Had verbalised that shed taken 18 quetiapine tablets. Is showing no adverse effects. Have explained to observe and increase clear fluids. Avoid today and tomorrows dose.
02/12/2022 08:10	Ms Keira Lark at General Practice Surgery
Result	GMS Contract Back Population
30/11/2022	Ms Keira Lark at Peel Street Medical Centre
Comment	Staff member Annemarie from Talbot Association called R/e patient - Patient has voiced to staff at this point that they threatening to "commit suicide". Therefore Annmarie enquired about what chemist patient goes to to pick up their perscriptions. This information was given.
14/11/2022 00:00	Ms Olivia Corey at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 14/02/2027. Reason: Defaulter
12/07/2022	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Lyndsay at Talbot association. Gayle seems to have taken 13 quetiapine tablets . Is asymptomatic at the moment , did this 5 hours ago . No way of knowing whether this is even accurate. Have suggestd increasing o bservations fo now . Increase free fluids ans avoid caffeinated drinks . To avoid today and tomorrows dose .
24/05/2022	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Gayle seems to have gone AWOL. Discussion with Constable mcnamara
21/12/2021	
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Moderna (E Hinson) 000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (E Hinson)
21/12/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Moderna (Partick Burgh hall public vaccination clinic) 000040A/ MOD/IM/Left Arm//C-19 Booster Moderna (Partick Burgh hall public vaccination clinic)
06/12/2021 09:41	Ms Keira Lark at General Practice Surgery
Result	GMS Contract Back Population
29/11/2021	Mrs Lynne Jardine at General Practice Surgery
Result	2019-nCoV (novel coronavirus) detected
24/11/2021	
Additional	Administration of first inactivated seasonal influenza vacc 3079181A/ FLUQIVC/IM/Left Arm//FLU - Flucelvax Tetra (QIVc) (Dalhousie Street)
13/09/2021	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Took 4/7 of medication at one time . Still has capacity . Care staff will be talking to Social care staff and CPNs (though she doesn't actually have one allocated to her) . May need restriction of medication though not actual loss of cpacity rights.
18/08/2021	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Not happy with metformin . Is giving her GI ses , is having loose stools. Trial of dapgliflozin /gliclazide instead .
Medication	Dapagliflozin Tablets 10 mg *28 tablet ONE DAILY* Gliclazide Tablets 80 mg *28 tablet INITIALLY HALF OR ONE TO BE TAKEN EACH MORNING WITH BREAKFAST*
18/08/2021	Ms Keira Lark at Peel Street Medical Centre
Comment	P/t called to inform Practice that, "I do not want the Metaformin anymore.I'm stopping it". Adviced to book a consultation with Dr but wishes not to discuss further & not to speak to Dr.
08/07/2021	Mrs Lynne Jardine at Peel Street Medical Centre
Comment	HbAIC 78. Better. AK.

30/06/2021	Ms Keira Lark at Peel Street Medical Centre
Comment	Lysney Allan (Support worker) Talbot Association called. A Duty Of Care call That P/t has stated they will contact the practice to request a Rx of Diazepam and, "take them all". P/t accessed at Stobhill but no further action taken. Crisis team has been intouch with p/t. P/t remains to talk about self harming. Please see letter in Docman.
30/06/2021	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Hbaic increased , medication /metformin reviewed.
23/06/2021	Mrs Lynne Jardine at Peel Street Medical Centre
Comment	HbAIC 78 in June. HbAIC 104 in March. Phoned to let patient know result, patient has been watchng her diet carefully low sugar amnd goingt for daily walks. Only taking metformin 1 tab bd though rpeats presc says metformin 2 tabs bd. Perhaps she didn't have it incresased with previous glycaemic control. Tma ic Dr Bhatti AK.
16/06/2021	Ms Olivia Corey at General Practice Surgery
Result	Thyroid function tests Blood sent for serum lipids Urea and electrolytes
16/06/2021	Ms Olivia Corey at General Practice Surgery
Result	Haemoglobin A1c level - IFCC standardised
16/06/2021	Mrs Mridu Aggarwal at Peel Street Medical Centre
Test Request	Urine Albumin (ACR or 24 hour) - *Completed*
16/06/2021	Mrs Mridu Aggarwal at Peel Street Medical Centre
Test Request	Urea and Electrolytes - *Completed*, Lipid profile (inc. HDL) - *Completed*, Thyroid function tests - *Completed*, HbA1c - *Completed*
Comment	New Diabetic. Attended with her key worker. HbAIC 104 in March so stated om metformin 1 tab bd. Total cholesterol 8.4. Bloods taken and to hand in urine for ACR. To return in 2 weeks for results and diabetic template rv. Needs diabetic education etc. AK.
01/06/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By E Shenkin) PV46691/ AZ/IM/LUA//C-19 (By E Shenkin)
10/05/2021	Sister Carolann Scade at Peel Street Medical Centre
Comment	3rd DNA diabetic review
20/04/2021	Sister Carolann Scade at Peel Street Medical Centre
Comment	2nd DNA Nurse appt for diabetic review
14/04/2021 08:10	Mrs Mridu Aggarwal at General Practice Surgery
Result	GMS Contract Back Population
14/04/2021	Mrs Mridu Aggarwal at Peel Street Medical Centre
History	Rep.presc. monitoring NOS MM LES Uses monitored dosage system MM LES Dunnett Pharmacy Equivalent quantities for all medication checked MM LES
12/04/2021	Sister Carolann Scade at Peel Street Medical Centre
Comment	DNA nurse appt for diabetic review - forgot
25/03/2021 10:32	Mrs Lynne Jardine at General Practice Surgery
Result	GMS Contract Back Population
19/03/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 (By F Johnstone) 4120Z002/ AZ/IM/LUA//C-19 (By F Johnstone)
16/03/2021	Mrs Lynne Jardine at General Practice Surgery
Result	Urine total protein Urine albumin

16/03/2021	Sister Carolann Scade at Peel Street Medical Centre
Comment	HbA1c 104 on portal, referred for diabetic education will speak to Dr B needs to start on metformin Tel cons with Gail advised take 1 etformin daily for 2 weeks then 1 BD for 2 weeks then review with me.
16/03/2021	Sister Carolann Scade at Peel Street Medical Centre
History	Diabetic dietary review
New Referral	Ref DM structured educatn prog (NHS), , , ,
15/03/2021	Mrs Lynne Jardine at General Practice Surgery
Result	Haemoglobin A1c level - IFCC standardised
15/03/2021	Sister Carolann Scade at Peel Street Medical Centre
Result	Weight 92.8 Kg BMI 34.9 kg/m2 Blood pressure reading 127/83 mm Hg
Examination	O/E - pulse rhythm regular
Result	O/E - pulse rate NOS 94
15/03/2021	Sister Carolann Scade at Peel Street Medical Centre
Comment	Raised glucose at recent hospital visit BM today 12.6 blood taker for HbA1c to confirm diagnosis no FH of diabetes. No polyuria or polydipsia. Has totally changed diet over past week and BM has fallen dramatically. I will phone patient tomorrow to confirm diagnosis when blood result available and she will return in 4 weeks for a full review. Given a copy of my diabetes booklet and happy to be referred to diabetic education if HbA1c supports diagnosis. Discussed smoking and exercise rarely drinks.
Test Request	HbA1c - *Completed*, Urine Albumin (ACR or 24 hour) - *Requested*
02/03/2021	Mrs Fiona Hutchison at Peel Street Medical Centre
Comment	Mental health clinic letter reviewed. No chnages to meds at present Medication reconciliation Meds Rec
12/11/2020	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Pins and needles in R arm , no chest pain . No chest pain . Imp Impingement
Medication	Naproxen Tablets 500 mg *28 TABLET ONE TO BE TAKEN TWICE A DAY*
12/11/2020	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	message left .
11/11/2020	Mrs Mridu Aggarwal at Peel Street Medical Centre
Comment	-FYI - p/c from Lynsey Wilson - Support Worker - 332 8512 - Pt will still be under Talbot Ass - has still not changed her address to be under Riverside.
23/10/2020	Dr Nadeem Bhatti at Peel Street Medical Centre
Medication	Diazepam Tablets 2 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
19/08/2020	Mrs Mridu Aggarwal at Peel Street Medical Centre
Comment	-p/c from pt - req for Quetiapine to be increased. informs dose worked intially. Feels needs it increased
19/03/2020	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	says staff " take her tablets " this is asking for 1/12 scripts. Have asked her ask Home to call us and clarify this .
18/12/2019	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Took her diazepam in in impulsive OD . See hospitalletter.
27/11/2019	Mrs Mridu Aggarwal at Peel Street Medical Centre
History	Rep.presc. monitoring NOS MM LES Uses monitored dosage system MM LES Dunnett's Pharmacy Equivalent quantities for all medication checked MM LES
19/06/2019	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Sister is in a coma , slim chance of making it .
Medication	Diazepam Tablets 2 mg *28 tablet ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*

29/05/2019	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Talbot house .Anne marie Norman called. Gayle has been non compliant with medication . have stopped statin and sleeping tablet.
14/05/2019 00:00	Ms Louisa Kennedy at General Practice Surgery
Comment	Cervical smear defaulter Exclusion From SCCRS Until 14/08/2021. Reason: Defaulter
21/09/2018	Ms Louisa Kennedy at Peel Street Medical Centre
Test Request	HbA1c - *Completed*
17/07/2018	Ms Louisa Kennedy at Peel Street Medical Centre
History	Cigarette smoker, 20 Cigarettes/day
Examination	Blood pressure reading 134/80 mm Hg
	O/E - height, 163 cm
	O/E - weight, 96 Kg
	Body Mass Index, 36.13
	Ideal Weight, 61.11 Kg
Social	Aerobic exercise 1 time/week
	Alcohol consumption, 2 units/week
Additional	Health ed. - alcohol
	Health ed. - diet
	Health ed. - exercise
	Smoking cessation advice
	Referral to smoking cessation service declined
24/08/2017	Ms Louisa Kennedy at Peel Street Medical Centre
Comment	called and left a message to make app for FASTING BLOODS
14/03/2017	Ms Louisa Kennedy at Peel Street Medical Centre
History	Cigarette smoker, 20 Cigarettes/day
Examination	Blood pressure reading 130/96 mm Hg
	O/E - height, 163 cm
	O/E - weight, 99 Kg
	Body Mass Index, 37.26
	Ideal Weight, 61.11 Kg
Social	Aerobic exercise 3+ times/week
	Alcohol consumption, 2 units/week
	Not interested in stopping smoking
Additional	Health ed. - alcohol
	Health ed. - diet
	Health ed. - exercise
	Smoking cessation advice
	Smoking cessation advice
	Referral to smoking cessation service declined
09/03/2017	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	eczema on arms .
Medication	Betnovate Cream 0.1 % *100 gram APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY*
	Aqueous Cream *500 gram APPLY TWICE A DAY*
02/03/2017	Mrs Tracey McLintock at Peel Street Medical Centre
Comment	Letter sent re ann health check
15/02/2016	Mrs Tracey McLintock at Peel Street Medical Centre
History	Cigarette smoker, 20 Cigarettes/day
Examination	Blood pressure reading 114/74 mm Hg
	Ideal Weight, 61.11 Kg
	O/E - height, 163 cm
	O/E - weight, 104 Kg
	Body Mass Index, 39.14
Social	Aerobic exercise 1 time/week
	Alcohol consumption, 2 units/week
Follow up	(diary entry deleted) (Not Known)
Test Request	Glucose - *Completed*, Urea and Electrolytes - *Completed*, Liver Function Tests - *Completed*, Lipid profile (inc. HDL) - *Completed*, Prolactin - *Completed*, Thyroid function tests - *Completed*, Full Blood Count - *Completed*
Additional	Health ed. - diet

	Smoking cessation advice
	Learning disabilities health action plan completed
	Learning disability health examination
	Learning disabilities annual health assessment
13/04/2015	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	has a couple of spots on abdomen , not itichy . Looks like they've been scratched.
Medication	Fucidin Cream 2 % *15 GRAM APPLY THREE TO FOUR TIMES DAILY*
26/02/2014	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	cough and green sputum .
29/01/2014	Dr Nadeem Bhatti at Peel Street Medical Centre
History	Cigarette smoker, 10 Cigarettes/day
Examination	Blood pressure reading 140/85 mm Hg
Medication	Zopiclone Tablets 7.5 mg *14 tablet ONE DAILY*
Social	Alcohol consumption, 0 units/week
	Current smoker
Additional	Smoking cessation advice
19/07/2013	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Feels antidepressant isnt working , went to Riverside to get it changed but only has an appmt in September. Have suggested we increase dose to 60mg for now.
Medication	Mirtazapine Tablets 15 mg *56 TABLET ONE TO BE TAKEN AT NIGHT*
19/06/2013	Dr Nadeem Bhatti at Peel Street Medical Centre
Problem	shingles
Comment	shingles rash over R forefoot. Burning discomfort.
Medication	Amitriptyline Hydrochloride Tablets 10 mg *56 TABLET ONE TO BE TAKEN IN THE EVENING*
	Aciclovir Tablets 800 mg *35 TABLETS ONE TABLET 5 TIMES DAILY*
14/06/2013	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Has been more stable , likely with addition of diazepam . Will increase mirtazepine to 45mg daily.
Medication	Mirtazapine Tablets 45 mg *56 TABLET ONE TO BE TAKEN AT NIGHT WKLY DISPENSING*
	Diazepam Tablets 5 mg *14 tablet ONE TO BE TAKEN AT NIGHT*
31/05/2013	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Is taking mirtazepine which was re-started . Main issue at the moment is sleep . Felt 2mg dose of diazepam was helpful and have given a small dose of this .
07/05/2013	Dr Abida Cathcart at Peel Street Medical Centre
Problem (FIRST)	[V]Psychiatric paitient admission details
History	low mood and increase self harm/ mirtazipine restarted .admitt 26/4 dxed 29/4.
07/05/2013	Mrs Helen Allen at Data Entry
Comment	did not attend nurse
22/04/2013	Dr Abida Cathcart at Data Entry
History	mirtazipine withdrawn by pscyh.
07/01/2013	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Seems to have benefitted from regular diazepam nocte dose . may have had a R leg abscess and was given antibiotics in OOH , nil to see at the moment .
Medication	Diazepam Tablets 2 mg *56 tablet 1 Tab At night*
20/12/2012	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Has been a bit agitated and feeling down , no specific reason. Finding it difficult to sleep . Thinks that would help. No illicit drug use or alcohol. Have discussed with Mum , Violet and have agreed to a short term use of diazepam 5mg nocte.
Medication	Diazepam Tablets 5 mg *14 tablet ONE TO BE TAKEN AT NIGHT*
13/12/2012	Mrs Jackie Wright at Telephone Consultation
Comment	mum phoned not taking medication will not go to pharmacy can we change to weekly dispense and she will supervise medication- Gp to assess

08/10/2012	Mrs Jackie Wright at Telephone Consultation
Comment	Esme from pharmacy phoned Gayle has stated that she was given two lots of simvastatin and no Trazadone for todays dose. did hand in two boxes containing simvastatin one looked an old box. No further medication script given and to resume normal dose tomorrow
18/01/2012	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	Attending with sister and Mum . Very much withdrawn , hoodie on no eye contact. Says she has been hearing voices . On trazadone. may need alternative antidepressant and possibly need to go on an antiosychotic depot. Will discuss tomorrow with gartnavelRoyal and ask advice or earlier appmt if possible.
05/12/2011	Mrs Jackie Wright at Telephone Consultation
Comment	fungal rash in groins
Medication	Daktacort Cream *30 GRAM APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY*
02/09/2011	Dr Nadeem Bhatti at Peel Street Medical Centre
Comment	relatives say gayle was much better on mirtazapine, was stopped due to potential to gain weight . Has remained agitated . though seemed somewhat subdued today . Mum still in Gartnavel Royal . have changed antidepressant to mirtazapine again . Cut down fluoxetine in a step wise approach . Rv in 1/12. To checl electrolytes in 3/52 to make sure no hyponatremia .
Medication	Mirtazapine Tablets 15 mg 56 TABLET ONE TO BE TAKEN AT NIGHT
01/09/2011	Mrs Jackie Wright at Peel Street Medical Centre
Comment	needs to have medication weekly dispensed as mum in hospital
Medication	
03/08/2011	Mrs Jackie Wright at Peel Street Medical Centre
Comment	out on pass and refusing to go back to Rutherford house- Dr.Hosie has contacted the crisis team to follow up.
15/07/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
15/07/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
28/06/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
24/06/2011	Mr Dr Bhatti at Peel Street Medical Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2 Smoking cessation advice Disease: SPICE Basic Health Values, priority=2 Teetotaller Disease: SPICE Basic Health Values, priority=2 Enjoys light exercise Disease: SPICE Basic Health Values, priority=2 Medication review
24/06/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
27/05/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
18/05/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
18/05/2011	Mr Dr Bhatti at Peel Street Medical Centre
Additional	
17/05/2011	Ms Eileen Hughes at Peel Street Medical Centre
History	fASTING BLOODS, priority=2 Urea and electrolytes Disease: SPICE Lab Results, normal priority=2 Liver function test Disease: SPICE Lab Results, abnor priority=2 Total cholesterol measurement Disease: SPICE Lab Results, abnor priority=2 Thyroid function test Disease: SPICE Lab Results, normal priority=2 Full blood count - FBC Disease: SPICE Lab Results, gluc high priority=2

HDL
HDL:Chol ratio
K+
Tot Chol
Tot Chol
Triglyceride
TSH
TSH
HbA1c
HbA1c mmol
Na+
K+
Urea
Creat
eGFR
Albumin
Bilirubin
ALT
AST
Alk Phos
Gamma GT
Tot Chol date
Value text: 17 May 2011 00:00
Tot Chol
HDL
HDL:Chol ratio
Triglyceride
TSH
Free T4 level
Glucose
Glucose date
Value text: 17 May 2011 00:00
CK

11/05/2011 Additional	Mr Dr Bhatti at Peel Street Medical Centre
09/05/2011 Additional	Mrs Tricia Green at Peel Street Medical Centre
20/01/2011 History	Mrs Tricia Green at Peel Street Medical Centre Equivalent quantities for all medication checked priority=2 Rep.presc. monitoring NOS priority=2 Uses monitored dosage system priority=2
03/11/2010 Additional	Mrs Jackie Wright at Peel Street Medical Centre
29/10/2010 Additional	Mr Dr Bhatti at Peel Street Medical Centre
28/10/2010 Additional	Dr Avril Campbell at Peel Street Medical Centre
30/07/2010 Additional	Mr Dr Bhatti at Peel Street Medical Centre
30/06/2010 History	Mr Dr Bhatti at Peel Street Medical Centre Medication review done priority=2 Medication review
25/06/2010 Additional	Mr Dr Bhatti at Peel Street Medical Centre
25/06/2010 Additional	Mr Dr Bhatti at Peel Street Medical Centre
25/06/2010 History	Dr Nadeem Bhatti at Peel Street Medical Centre SCI Electronic Referral priority=2

Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: SCI Specialty. Referral Nature: Not Specified. , Referral Reason: Actual Hospital: Community Mental Health Team (Greater Glasgow) rereferral /follow up

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28/05/2010 — Mrs Jackie Wright at Peel Street Medical Centre

History
wants medication to be two monthly and not weekly dispensed priority=2
Body mass index 30+ - obesity Disease: SPICE Basic Health Values, priority=2
Current smoker Disease: SPICE Basic Health Values, priority=2
Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
Teetotaller Disease: SPICE Basic Health Values, priority=2
Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
O/E - weight Disease: SPICE Basic Health Values
Systolic blood pressure Disease: SPICE Basic Health Values
Diastolic blood pressure Disease: SPICE Basic Health Values
O/E - weight
Systolic blood pressure
Diastolic blood pressure
Medication review

16/04/2010 — Mrs Jackie Wright at Peel Street Medical Centre

History
White Scottish Disease: Ethnicity, priority=2
Interpreter not needed Disease: Ethnicity, priority=2

29/01/2010 — Mrs Helen Allen at Peel Street Medical Centre

History
Medication review

29/06/2009 — Mrs Jackie Wright at Peel Street Medical Centre

History
feeling worthless. complying with medication. CPN contacted priority=2

28/01/2009 — Mrs Jackie Wright at Peel Street Medical Centre

Problem
Suicidal ideation

History
Body mass index 30+ - obesity Disease: SPICE Basic Health Values, priority=2
O/E - height Disease: SPICE Basic Health Values
O/E - weight Disease: SPICE Basic Health Values
Systolic blood pressure Disease: SPICE Basic Health Values
Diastolic blood pressure Disease: SPICE Basic Health Values
O/E - height
O/E - weight
Systolic blood pressure
Diastolic blood pressure
Medication review

28/01/2009 — Mrs Tricia Green at Peel Street Medical Centre

Additional

22/08/2008 — Mrs Helen Allen at Peel Street Medical Centre

History
Medication review

23/05/2008 — Mrs Tricia Green at Peel Street Medical Centre

Problem
Suicidal ideation low mood

21/05/2008 — Dr Nayeem Ghouri at Peel Street Medical Centre

History
Body mass index 40+ - severely obese Disease: SPICE Basic Health Values, priority=2
Current smoker Disease: SPICE Basic Health Values, priority=2
Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
O/E - height Disease: SPICE Basic Health Values
O/E - weight Disease: SPICE Basic Health Values
O/E - height
O/E - height
O/E - weight
O/E - height
O/E - weight
Medication review

25/02/2008 — Dr Nayeem Ghouri at Peel Street Medical Centre

History
Body mass index 30+ - obesity Disease: SPICE Basic Health Values, priority=2
Current smoker Disease: SPICE Basic Health Values, priority=2

No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2
No family history diabetes Disease: SPICE Basic Health Values, priority=2
Teetotaller Disease: SPICE Basic Health Values, priority=2
Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
O/E - weight Disease: SPICE Basic Health Values
Systolic blood pressure Disease: SPICE Basic Health Values
Diastolic blood pressure Disease: SPICE Basic Health Values
O/E - weight
Systolic blood pressure
Diastolic blood pressure

21/11/2007 — Mrs Helen Allen at Peel Street Medical Centre
Problem — [X]Recurrent depressive disorder Moderate

29/05/2007 — Mrs Tricia Green at Peel Street Medical Centre
History — Medication review

03/04/2007 — Ms Dr Leggate at Peel Street Medical Centre
Additional

06/02/2007 — Mrs Jackie Wright at Peel Street Medical Centre
History — On learning disability register Disease: SPICE Learning Disabilities, priority=2

31/01/2007 — Mrs Helen Allen at Peel Street Medical Centre
History — Letter invite to screening Cervical Screening$$.clm - Call for screening
In GP care

04/10/2006 — Mrs Helen Allen at Peel Street Medical Centre
History — Letter invite to screening Cervical Screening$$.clm - Call for screening
In GP care

07/06/2006 — Dr Avril Campbell at Peel Street Medical Centre
Additional

31/05/2006 — Mrs Helen Allen at Peel Street Medical Centre
History — Letter invite to screening Cervical Screening$$.clm - Call for screening
In GP care

25/05/2006 — Mrs Jackie Wright at Peel Street Medical Centre
History — bloods priority=2
Current smoker Disease: SPICE Basic Health Values, priority=2
Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
Full blood count - FBC Disease: SPICE Lab Results, priority=2
Urea and electrolytes Disease: SPICE Lab Results, priority=2
Liver function test Disease: SPICE Lab Results, priority=2
Total cholesterol measurement Disease: SPICE Lab Results, priority=2
Thyroid function test Disease: SPICE Lab Results, priority=2
O/E - weight Disease: SPICE Basic Health Values
Systolic blood pressure Disease: SPICE Basic Health Values
Diastolic blood pressure Disease: SPICE Basic Health Values
O/E - weight
Systolic blood pressure
Diastolic blood pressure
ESR
ESR date
Value text: 25 May 2006 00:00
Na+
K+
Urea
Creat
Albumin
Bilirubin
ALT
AST
Alk Phos
Gamma GT
Tot Chol date
Value text: 25 May 2006 00:00
Tot Chol

	HDL
	HDL:Chol ratio
	Triglyceride
	TSH
	Free T4 level
	HbA1c
	HbA1c date
	Value text: 25 May 2006 00:00
	Fasted glucose
	Calcium
	Calcium date
	Value text: 25 May 2006 00:00
	Medication review
17/05/2006	Dr Avril Campbell at Peel Street Medical Centre
Additional	
28/03/2006	Mrs Helen Allen at Peel Street Medical Centre
History	Notes summary on computer priority=2
	Severely abnormal behaviour
Problem	**Low I.Q.** WITH UNUSUAL PROFILE
History	Otitis externa NOS RECURRING
Problem	**Suicidal ideation** OVERDOSES
Problem	**H/O: repeated overdose** ON 23/8/95 17/8/92 13/10/94 AND MANY MORE
History	[V]Dietary counselling in obesity REFERRED DNA X3 priority=2
	"Section" exam,Ment Health Act SECTION 25 priority=2
	Biliary colic CHOLECYSTITS LAPARASCOPIC CHOLECYSTECTOMY SHOWED INFLAMMED GALLBLADDER ON 29/7/2003
	Acute sinusitis
	[X]Depressive episode priority=2
	O/E - weight
	Systolic blood pressure
	Diastolic blood pressure
28/03/2006	Ms Dr Leggate at Peel Street Medical Centre
Problem	**Learning difficulties** vaginal swab and urine sent for c and s
History	Medication review
11/08/2005	Dr Nayeem Ghouri at Peel Street Medical Centre
Additional	
10/08/2005	Mrs Jackie Wright at Peel Street Medical Centre
History	vaginal swab and urine sent for c and s priority=2
04/04/2005	Mrs Jackie Wright at Peel Street Medical Centre
History	Current smoker Disease: SPICE Basic Health Values, priority=2
	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
	Teetotaller Disease: SPICE Basic Health Values, priority=2
	Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
	O/E - height Disease: SPICE Basic Health Values
	O/E - weight Disease: SPICE Basic Health Values
	Systolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure
	O/E - height
	Systolic blood pressure
	O/E - weight
22/03/2005	Dr Nayeem Ghouri at Peel Street Medical Centre
History	Medication review
05/09/2003	UnknownUser at Peel Street Medical Centre
Additional	
30/05/2003	UnknownUser at Peel Street Medical Centre
History	Letter invite to screening Cervical Screening$$.clm - Call for screening In GP care
02/05/2003	Mrs Helen Allen at Peel Street Medical Centre

Additional

31/10/2002 Additional	UnknownUser at Peel Street Medical Centre
08/04/2002 Additional	UnknownUser at Peel Street Medical Centre
24/01/2002 History	UnknownUser at Peel Street Medical Centre Letter invite to screening Cervical Screening$$.clm - Call for screening In GP care
23/01/2002 Additional	UnknownUser at Peel Street Medical Centre
21/12/2000 Additional	UnknownUser at Peel Street Medical Centre
04/12/2000 History	UnknownUser at Peel Street Medical Centre Letter invite to screening Cervical Screening$$.clm - Call for screening In GP care
04/08/2000 Additional	UnknownUser at Peel Street Medical Centre
25/02/2000 History	UnknownUser at Peel Street Medical Centre Migrated Data priority=2 Pat. GP7B/GP8B card from HB priority=2

Current Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/04/2024	**Atorvastatin Tablets 20 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	17/04/2024P	Dr Nadeem Bhatti	REPEAT
10/02/2023	**Quetiapine Fumarate Tablets 25 mg** TAKE TWO TABLETS (50MG) THREE TIMES A DAY (MORNING LUNCH NIGHT) 168 TABLET	10/04/2024P	Dr Nadeem Bhatti	REPEAT
18/08/2021	**Dapagliflozin Tablets 10 mg** ONE DAILY 28 tablet	10/04/2024P	Dr Nadeem Bhatti	REPEAT
18/08/2021	**Gliclazide Tablets 80 mg** INITIALLY HALF OR ONE TO BE TAKEN EACH MORNING WITH BREAKFAST 28 tablet	10/04/2024P	Dr Nadeem Bhatti	REPEAT
05/07/2018	**Sertraline Hydrochloride Tablets 100 mg** TWO TO BE TAKEN EACH DAY 56 TABLET	10/04/2024P	Dr Nadeem Bhatti	REPEAT

Past Medication

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
18/12/2023	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 7 TABLET	18/12/2023P	Dr Nadeem Bhatti	ACUTE
17/10/2023	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	17/10/2023P	Dr Nadeem Bhatti	ACUTE
04/05/2023	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	04/05/2023P	Dr Nadeem Bhatti	ACUTE
10/02/2023	**Quetiapine Fumarate Tablets 25 mg** TAKE TWO TABLETS (50MG) THREE TIMES A DAY (MORNING LUNCH NIGHT) 5 TABLET	10/02/2023P	Dr Nadeem Bhatti	ACUTE
07/02/2023	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	07/02/2023P	Dr Nadeem Bhatti	ACUTE
29/11/2022	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	29/11/2022P	Dr Nadeem Bhatti	ACUTE
28/09/2022	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	28/09/2022P	Dr Nadeem Bhatti	ACUTE
15/06/2022	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	15/06/2022P	Dr Nadeem Bhatti	ACUTE
25/04/2022	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	25/04/2022P	Dr Nadeem Bhatti	ACUTE
22/03/2022	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	22/03/2022P	Dr Nadeem Bhatti	ACUTE
18/01/2022	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	18/01/2022P	Dr Nadeem Bhatti	ACUTE
29/10/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	29/10/2021P	Dr Nadeem Bhatti	ACUTE
17/06/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	23/07/2021P	Dr Nadeem Bhatti	ACUTE
06/05/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	06/05/2021P	Dr Nadeem Bhatti	ACUTE
28/04/2021	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	28/04/2021P	Dr Nadeem Bhatti	ACUTE
03/02/2021	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	03/02/2021P	Dr Nadeem Bhatti	ACUTE
23/12/2020	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	23/12/2020P	Dr Nadeem Bhatti	ACUTE
12/11/2020	**Naproxen Tablets 500 mg** ONE TO BE TAKEN TWICE A DAY 28 TABLET	12/11/2020P	Dr Nadeem Bhatti	ACUTE
24/09/2020	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	23/10/2020P	Dr Nadeem Bhatti	ACUTE
30/07/2020	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 12 tablet	30/07/2020P	Dr Nadeem Bhatti	ACUTE
06/05/2020	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	05/06/2020P	Dr Nadeem Bhatti	ACUTE
03/03/2020	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	03/03/2020P	Dr Nadeem Bhatti	ACUTE
02/03/2020	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	02/03/2020P	Dr Nadeem Bhatti	ACUTE
03/02/2020	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 7 TABLET	03/02/2020P	Dr Nadeem Bhatti	ACUTE
13/12/2019	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	13/12/2019P	Dr Nadeem Bhatti	ACUTE
28/08/2019	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	28/08/2019P	Dr Nadeem Bhatti	ACUTE
19/06/2019	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 28 tablet	19/06/2019P	Dr Nadeem Bhatti	ACUTE
03/06/2019	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	03/06/2019P	Dr Nadeem Bhatti	ACUTE
19/02/2019	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	19/02/2019P	Dr Nadeem Bhatti	ACUTE
10/05/2018	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	10/05/2018P	Dr Nadeem Bhatti	ACUTE
21/03/2018	**Zopiclone Tablets 3.75 mg** ONE TO BE TAKEN AT NIGHT FOR TWO WEEKS 14 tablet	21/03/2018P	Dr Nadeem Bhatti	ACUTE
23/01/2018	**Zopiclone Tablets 7.5 mg** ONE TO BE TAKEN AT NIGHT 7 TABLET	23/01/2018P	Dr Nadeem Bhatti	ACUTE
23/01/2018	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 14 tablet	23/01/2018P	Dr Nadeem Bhatti	ACUTE

09/11/2017	**Zolpidem Tartrate Tablets 10 mg** ONE AT NIGHT 14 tablet	22/11/2017P	Dr Nadeem Bhatti	ACUTE
25/10/2017	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	25/10/2017P	Dr Nadeem Bhatti	ACUTE
04/10/2017	**Duloxetine Gastro-resistant Capsules 30 mg** 1 Tab nocte 28 capsule	04/10/2017P	Dr Nadeem Bhatti	ACUTE
09/03/2017	**Betnovate Cream 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 100 gram	09/03/2017P	Dr Nadeem Bhatti	ACUTE
09/03/2017	**Aqueous Cream** APPLY TWICE A DAY 500 gram	09/03/2017P	Dr Nadeem Bhatti	ACUTE
15/02/2017	**Diazepam Tablets 2 mg** ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED 15 tablet	15/02/2017P	Dr Nadeem Bhatti	ACUTE
09/07/2015	**Daktacort Cream 2 % + 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	09/07/2015P	Dr Nadeem Bhatti	ACUTE
13/04/2015	**Fucidin Cream 2 %** APPLY THREE TO FOUR TIMES DAILY 15 GRAM	13/04/2015P	Dr Nadeem Bhatti	ACUTE
20/03/2014	**Zopiclone Tablets 7.5 mg** ONE DAILY 14 tablet	16/04/2014P	Dr Nadeem Bhatti	ACUTE
26/02/2014	**Cefalexin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	26/02/2014P	Dr Nadeem Bhatti	ACUTE
29/01/2014	**Zopiclone Tablets 7.5 mg** ONE DAILY 14 tablet	20/02/2014P	Dr Nadeem Bhatti	ACUTE
01/08/2013	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT FOR 4 DAYS 4 TABLET	01/08/2013P	Dr Nadeem Bhatti	ACUTE
19/07/2013	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT FOR FOUR DAYS 4 TABLET	01/08/2013P	Dr Nadeem Bhatti	ACUTE
08/07/2013	**Daktacort Cream 2 % + 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	08/07/2013P	Dr Nadeem Bhatti	ACUTE
19/06/2013	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN IN THE EVENING 56 TABLET	19/06/2013P	Dr Nadeem Bhatti	ACUTE
19/06/2013	**Aciclovir Tablets 800 mg** ONE TABLET 5 TIMES DAILY 35 TABLETS	19/06/2013P	Dr Nadeem Bhatti	ACUTE
31/05/2013	**Diazepam Tablets 5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	14/06/2013P	Dr Nadeem Bhatti	ACUTE
07/01/2013	**Diazepam Tablets 5 mg** ONE TO BE TAKEN AT NIGHT 28 tablet	20/12/2012P	Dr Nadeem Bhatti	ACUTE
07/01/2013	**Diazepam Tablets 2 mg** 1 Tab At night 56 tablet	07/01/2013P	Dr Nadeem Bhatti	ACUTE
20/12/2012	**Diazepam Tablets 5 mg** ONE TO BE TAKEN AT NIGHT 14 tablet	20/12/2012P	Dr Nadeem Bhatti	ACUTE
18/10/2012	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHTFOR 1 WEEK THEN 30MG THERAFTER 56 TABLET	18/10/2012P	Dr Nadeem Bhatti	ACUTE
18/06/2012	**Daktacort Cream 2 % + 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	18/06/2012P	Dr Nayeem Ghouri	ACUTE
05/03/2012	**Daktacort Cream 2 % + 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	05/03/2012P	Dr Nayeem Ghouri	ACUTE
05/12/2011	**Daktacort Cream 2 % + 1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 30 GRAM	05/12/2011P	Dr Nayeem Ghouri	ACUTE
02/09/2011	**Mirtazapine Tablets 15 mg** ONE TO BE TAKEN AT NIGHT 56 TABLET	02/09/2011P	Dr Nadeem Bhatti	ACUTE
15/07/2011	**Diazepam Tablets 2 mg** 1 Tab wkly disp At night 14 TABS	15/07/2011P	Mr Dr Bhatti	ACUTE
03/11/2010	**Cefalexin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	03/11/2010P	Mrs Jackie Wright	ACUTE
29/10/2010	**Cefalexin Capsules 500 mg** 1 Cap 3 times daily 21 CAPS	29/10/2010P	Mr Dr Bhatti	ACUTE
28/10/2010	**Erythromycin Capsules (Gastro-Resistant) 250 mg** 1 Cap 4 times daily 30 CAPS	28/10/2010P	drcampbell	ACUTE
30/06/2010	**Mirtazapine Tablets 15 mg** 1 Tab As directed 28 TABS	30/06/2010P	Mr Dr Bhatti	ACUTE
03/04/2007	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 28 CAPS	03/04/2007P	Ms Carol Carr	ACUTE
07/06/2006	**Ispaghula Husk Sachets (orange) 3.4 grams/sachet** 1 Cap Daily 60 SACH	07/06/2006P	drcampbell	ACUTE
07/06/2006	**Gaviscon Liquid (peppermint)** 20 ml 3 times daily 600 LIQ	07/06/2006P	drcampbell	ACUTE
07/06/2006	**Gaviscon Advance Oral suspension (peppermint)** 10 ml 3 times daily 500 LIQ	07/06/2006P	Mrs Helen Allen	ACUTE
17/05/2006	**Ispaghula Husk Sachets (orange) 3.4 grams/sachet** 1 Cap Daily 30 SACH	17/05/2006P	drcampbell	ACUTE
28/03/2006	**Comfigrip Bandage 6.75cm x 0.5m (c)** Apply As directed 2 INVAL	28/03/2006P	drleggate	ACUTE
28/03/2006	**Ibuprofen Tablets 400 mg** 1 Tab 3 times daily 48 TABS	28/03/2006P	drleggate	ACUTE
17/06/2021	**Atorvastatin Tablets 40 mg** ONE TO BE TAKEN EACH DAY 28 tablet	10/04/2024P	Dr Nadeem Bhatti	REPEAT
16/03/2021	**Metformin Hydrochloride Tablets 500 mg** TWO TO BE TAKEN TWICE A DAY 112 TABLET	02/08/2021P	Dr Nadeem Bhatti	REPEAT

21/10/2019	**Quetiapine Fumarate Tablets 25 mg** 25MG MANE 50MG AT 1PM AND 50MG NOCTE 140 TABLET	24/01/2023P	Dr Nadeem Bhatti	REPEAT
23/08/2019	**Promethazine Hydrochloride Tablets 25 mg** TWO TO BE TAKEN AT NIGHT 56 TABLET	15/10/2019P	Dr Nadeem Bhatti	REPEAT
06/06/2019	**Simvastatin Tablets 40 mg** ONE TAB AT NIGHT WEEKLY DISPENSE 28 tablet	08/06/2021P	Dr Nadeem Bhatti	REPEAT
06/06/2019	**Zolpidem Tartrate Tablets 10 mg** 1 Tab At night 28 TABLET	18/07/2019P	Dr Nadeem Bhatti	REPEAT
07/03/2019	**Zolpidem Tartrate Tablets 10 mg** 1 Tab At night 28 TABLET	24/04/2019P	Dr Nadeem Bhatti	REPEAT
09/07/2018	**Simvastatin Tablets 40 mg** ONE TAB AT NIGHT WEEKLY DISPENSE 28 tablet	24/04/2019P	Dr Nadeem Bhatti	REPEAT
27/06/2018	**Zopiclone Tablets 7.5 mg** 2 TABS NOCTE 56 TABLET (S)	13/02/2019P	Dr Nadeem Bhatti	REPEAT
27/06/2018	**Zopiclone Tablets 7.5 mg** ONE AT NIGHT WEEKLY DISPENSE 28 TABLET	03/07/2018P	Dr Nadeem Bhatti	REPEAT
21/03/2018	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	24/04/2019P	Dr Nadeem Bhatti	REPEAT
04/10/2017	**Duloxetine Gastro-resistant Capsules 60 mg** 1 Tab nocte 56 capsule	09/02/2018P	Dr Nadeem Bhatti	REPEAT
27/06/2014	**Zopiclone Tablets 3.75 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	27/09/2017P	Dr Nadeem Bhatti	REPEAT
01/08/2013	**Fluoxetine Hydrochloride Capsules 20 mg** TWO TO BE TAKEN EACH DAY 56 CAPSULE	27/09/2017P	Dr Nadeem Bhatti	REPEAT
14/06/2013	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT 56 TABLET	08/06/2011P	Dr Nadeem Bhatti	REPEAT
14/06/2013	**Mirtazapine Tablets 45 mg** ONE TO BE TAKEN AT NIGHT WKLY DISPENSING 56 TABLET	14/06/2013P	Dr Nadeem Bhatti	REPEAT
07/05/2013	**Mirtazapine Tablets 30 mg** ONE TO BE TAKEN AT NIGHT DISPENSE WEEKLY 28 tablet	07/06/2013P	Dr Nadeem Bhatti	REPEAT
20/11/2012	**Mirtazapine Tablets 30 mg** 1 Tab At night WEEKLY DISPENSE 28 TABLET	10/04/2013P	Dr Nayeem Ghouri	REPEAT
13/01/2012	**Trazodone Hydrochloride Tablets 150 mg** ONE TAB BD DAILY DISPENSE 56 TABLET	17/09/2012P	Dr Nadeem Bhatti	REPEAT
18/10/2011	**Sertraline Hydrochloride Tablets 50 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	18/10/2011P	Dr Nadeem Bhatti	REPEAT
04/08/2011	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN TWICE A DAY WITH FOOD 56 CAPSULE	31/08/2011P	Dr Nadeem Bhatti	REPEAT
08/07/2011	**Fluoxetine Hydrochloride Capsules 20 mg** 1 Cap wkly dsp Daily 28 CAPS	08/07/2011P	Mrs Tricia Green	REPEAT
08/07/2011	**Simvastatin Tablets 40 mg** ONE TAB AT NIGHT 28 TABLET	03/07/2018P	Dr Nadeem Bhatti	REPEAT
08/06/2011	**Gaviscon Liquid (peppermint)** 20 ml 3 times daily 1000 LIQ	08/06/2011P	Mrs Tricia Green	REPEAT
08/06/2011	**Mirtazapine Tablets 45 mg** 1 tab nocte wkly dispense 56 TABS	08/06/2011P	Mr Dr Bhatti	REPEAT
03/05/2011	**Daktacort Cream 2 % + 1 %** Apply 3 times daily 30 g x 2	03/05/2011P	Mrs Tricia Green	REPEAT
21/04/2011	**Mirtazapine Tablets 15 mg** 2 Tabs dispnsewkly At night 56 TABS	21/04/2011P	Mr Dr Bhatti	REPEAT
26/05/2010	**Diazepam Tablets 2 mg** 1 Tab In the moming 56 TABS	26/05/2010P	Mr Dr Bhatti	REPEAT
20/01/2009	**Lofepramine Tablets 70 mg** 1 Tab Twice daily 56 TABS	20/01/2009P	Mrs Helen Allen	REPEAT
09/08/2007	**Diethylamine Salicylate Cream 10 %** Apply As directed 50 g	09/08/2007P	Mrs Helen Allen	REPEAT
19/08/2005	**Timodine Cream** Apply As directed 100 g	19/08/2005P	Mrs Helen Allen	REPEAT
11/08/2005	**Co-Codamol 8/500 Tablets** 1 Tab 3 times daily 100 TABS	11/08/2005P	Mrs Helen Allen	REPEAT
23/12/2003	**Reboxetine Tablets 4 mg** 1 Tab Twice daily 56 TABS	23/12/2003P	Mrs Helen Allen	REPEAT
22/07/2003	**Paracetamol Tablets 500 mg** 2 Tabs 4 times daily 224 TABS	22/07/2003P	Mrs Helen Allen	REPEAT
02/07/2003	**Hyoscine Butylbromide Tablets 10 mg** 1 Tab As directed 56 TABS	02/07/2003P	UnknownUser	REPEAT
24/02/2003	**Ibuprofen Gel 5 %** Apply as required 100 g	24/02/2003P	UnknownUser	REPEAT
03/08/2000	**Imipramine Tablets 25 mg** 1 Tab 3 times daily 84 TABS	03/08/2000P	Mrs Helen Allen	REPEAT

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Nadeem Bhatti	Filed By User	Mrs Helen Allen
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2107796165
Name	WILSON, GAYLE
Date Of Birth	21/ 07/ 1979
GMC Code of Registered GP	3481143
Practice Code	G40296

Exclusion Reason	Defaulter
Exclusion Date	14/ 03/ 2013
Exclusion End Date	14/ 06/ 2015
Extended	No
Closed	No
Next Recall Date	31/ 07/ 1999

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Nadeem Bhatti	Filed By User	Mrs Helen Allen
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	2107796165
Name	WILSON, GAYLE
Date Of Birth	21/ 07/ 1979
GMC Code of Registered GP	3481143
Practice Code	G40296

Exclusion Reason	Defaulter
Exclusion Date	14/ 03/ 2013
Exclusion End Date	14/ 06/ 2015
Extended	No
Closed	No
Next Recall Date	31/ 07/ 1999

Lab Report ID : B,16.0718643.A | Coding Status : Coded
Filed By User : Mrs Helen Allen | File Status : Filed
Assigned to : | Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

**** ABNORMAL ****

Report Text :

-ann learning difficulties...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Thyroid function tests					
TSH		2.07	mU/L	(0.35-5.00 U)	NK
Free T4		11.1	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R Urea and electrolytes					
-(NA) Old specimen: result invalid.					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		NA			NK
Chloride		98	mmol/L	(95-108 U)	NK
Urea		5.4	mmol/L	(2.5-7.8 U)	NK
Creatinine		73	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		12	umol/L	(<<20 U)	NK
ALT		27	U/L	(<<50 U)	NK
AST		21	U/L	(<<40 U)	NK
Alkaline Phosphatase		82	U/L	(30-130 U)	NK
Albumin		41	g/L	(35-50 U)	NK
R Blood sent for serum lipids Y					
-Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.					
-Note raised triglycerides. Patient at risk of pancreatitis.					
-Suggest repeat with fasting sample					
Cholesterol		6.2	mmol/L		NK
Triglycerides	+	9.1	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		0.9	mmol/L		NK
LDL-Cholest (calc'd)					NK
R Serum VLDL cholesterol level					NK
Chol/HDL ratio		6.9			NK
R Prolactin level					
-Note delayed sample. Interpret results with caution.					
Prolactin		159	mU/L	(<<630 U)	NK

Sample Collected Date : 15/02/2016 15:44:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/02/2016 11:51:00
Received Date : 16/02/2016 15:00:54
Requestor :
Requestor GMC Code :

Lab Report ID : B,16.0718807.K
Filed By User : Mrs Helen Allen
Assigned to :

Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

Report Text :

-ann learning difficulties...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
White Blood Count		7.3	x10^9/l	(4.0-11.0 U)	NK
Red Cell Count		4.84	x10^12/l	(3.80-5.80 U)	NK
Haemoglobin		148	g/l	(115-165 U)	NK
Haematocrit		0.455	1/l	(0.370-0.470 U)	NK
Mean Cell Volume		94.0	fl	(80.0-100.0 U)	NK
MCH		30.6	pg	(27.0-32.0 U)	NK
Platelet Count		233	x10^9/l	(150-400 U)	NK
Neutrophils		4.1	x10^9/l	(2.0-7.5 U)	NK
Lymphocytes		2.4	x10^9/l	(1.5-4.0 U)	NK
Monocytes		0.6	x10^9/l	(0.2-0.8 U)	NK
Eosinophils		0.1	x10^9/l	(0.0-0.4 U)	NK
Basophils		0	x10^9/l	(0.0-0.1 U)	NK
Nucleated RBC		0	x10^9/l		NK

Sample Collected Date : **15/02/2016 15:44:00**
Collection Start Date :
Collection End Date :
Received by Lab Date : **16/02/2016 12:57:00**
Received Date : **16/02/2016 15:01:00**
Requestor :
Requestor GMC Code :

Lab Report ID : B,16.0740223.D
Filed By User : Mrs Helen Allen
Assigned to :

Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

** ABNORMAL **

Report Text :

-ann learning difficulties...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Blood glucose result	Y				
-Non-fasting sample					
-Note delayed sample - interpret results with caution					
-Please send repeat					
Glucose	+	7.1	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 15/02/2016 15:44:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/02/2016 13:54:00
Received Date : 16/02/2016 19:00:26
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Nadeem Bhatti	Filed By User	Mrs Helen Allen
Patient Matched	Yes.	SCCRS Message Type	Exclusion

Electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	2107796165
Name	WILSON, GAYLE
Date Of Birth	21/ 07/ 1979
GMC Code of Registered GP	3481143
Practice Code	G40296

Exclusion Reason	Defaulter
Exclusion Date	14/ 04/ 2016
Exclusion End Date	14/ 07/ 2018
Extended	No
Closed	No
Next Recall Date	31/ 07/ 1999

Lab Report ID	: B,18.2150283.L	**Coding Status**	: Coded
Filed By User	: Ms Louisa Kennedy	**File Status**	: Filed
Assigned to	:	**Task Status**	: No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

**** ABNORMAL ****

Report Text :

-q diadetic

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised	Y				
HbA1c (IFCC)	+	65	mmol/mol	(20-42 U)	NK

Sample Collected Date	: 21/09/2018 09:10:00
Collection Start Date	:
Collection End Date	:
Received by Lab Date	: 21/09/2018 13:49:00
Received Date	: 21/09/2018 19:00:31
Requestor	:
Requestor GMC Code	:

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Dr Nadeem Bhatti	**Filed By User**	Ms Louisa Kennedy
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

electronic Notification of Cervical Cytology Results Service

Exclusion Information

CHI Number	2107796165
Name	WILSON, GAYLE
Date Of Birth	21/ 07/ 1979
GMC Code of Registered GP	3481143
Practice Code	G40296

Exclusion Reason	**Defaulter**
Exclusion Date	14/ 05/ 2019
Exclusion End Date	14/ 08/ 2021
Extended	No
Closed	No
Next Recall Date	31/ 07/ 1999

Lab Report ID : B,21.0913624.L
Filed By User : Mrs Lynne Jardine
Assigned to :
Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

** ABNORMAL **

Report Text :
-raised rbg

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised	Y				
HbA1c (IFCC)	+	104	mmol/mol	(20-41 U)	NK

Sample Collected Date : 15/03/2021 14:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/03/2021 18:24:00
Received Date : 16/03/2021 15:00:09
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.0893197.A **Coding Status** : Part Read Coded
Filed By User : Mrs Lynne Jardine **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

Report Text :

-raised rbg

SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine albumin					
-Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.					
Urine Albumin		< 5	mg/L	(<<20 U)	NK
U Alb/Creat Ratio		NA			NK
R Urine total protein					
-Unable to calculate protein:creatinine ratio as protein <0.100 g/L					
Urine volume (ml)		NA			NK
-Urine volume					
Urine Creatinine		3.9	mmol/L		NK
-Urine Creatinine					
Urine Protein		< 0.100	g/L	(<<0.200 U)	NK
R Urine Protein/volume					NK
U Protein:Creatinine		NA			NK

Sample Collected Date : 16/03/2021 15:33:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 17/03/2021 12:51:00
Received Date : 17/03/2021 15:01:07
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Mrs Lynne Jardine
Patient Matched	Yes.		

SCI-DC Back Population Message

Patient Demographics

CHI Number	Name	Date Of Birth	Sex
2107796165	WILSON, GAYLE	21-07-1979	Female

Results

ClinicalCode	Value	Abnormal	Date Recorded	Organisation
Serum creatinine (44J3.)	53umol/L		09-03-2021	SCI-Store - Greater Glasgow SCI-Store
Serum total cholesterol level (44PJ.)	8.4mmol/L	!	09-03-2021	SCI-Store - Greater Glasgow SCI-Store

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Mrs Mridu Aggarwal
Patient Matched	Yes.		

SCI-DC Back Population Message

Patient Demographics

CHI Number	Name	Date Of Birth	Sex
2107796165	WILSON, GAYLE	21-07-1979	Female

Results

ClinicalCode	Value	Abnormal	Date Recorded	Organisation
O/E - no left diabetic retinopathy (2BBK.)			12-04-2021	DRS - National Retinal Screening Programme
Digital retinal screening (68A8.)	1		12-04-2021	DRS - National Retinal Screening Programme
O/E - no right diabetic retinopathy (2BBJ.)			12-04-2021	DRS - National Retinal Screening Programme

Lab Report ID : B,21.1448221.J
Filed By User : Ms Olivia Corey
Assigned to :

Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

** ABNORMAL **

Report Text :

-New Diabetic

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Haemoglobin A1c level - IFCC standardised	Y				
HbA1c (IFCC)	+	78	mmol/mol	(20-41 U)	NK

Sample Collected Date : 16/06/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/06/2021 12:14:00
Received Date : 16/06/2021 15:00:40
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.1448223.X
Filed By User : Ms Olivia Corey
Assigned to :
Coding Status : Coded
File Status : Filed
Task Status : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

** ABNORMAL **

Report Text :
-New Diabetic

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
Sodium		137	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		100	mmol/L	(95-108 U)	NK
Urea		4.6	mmol/L	(2.5-7.8 U)	NK
Creatinine		56	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Blood sent for serum lipids	Y				
-Fasting sample					
-Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.					
Cholesterol		7.5	mmol/L		NK
Triglycerides	+	8.4	mmol/L	(0.2-2.3 U)	NK
HDL Cholesterol		1.1	mmol/L		NK
LDL-Cholest (calc'd)					NK
R Serum VLDL cholesterol level					NK
Chol/HDL ratio		6.8			NK
R Thyroid function tests					
TSH		2.54	mU/L	(0.35-5.00 U)	NK
Free T4		11.4	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 16/06/2021 10:00:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 16/06/2021 12:08:00
Received Date : 16/06/2021 15:00:42
Requestor :
Requestor GMC Code :

Lab Report ID : AAI70753438 **Coding Status** : Coded
Filed By User : Mrs Lynne Jardine **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (3250) Gayle Wilson DOB : 21/07/1979 CHI : 2107796165 SEX : F

** ABNORMAL **

SPECIMEN : Throat and Nose Swab P

	Abn	Value	Units	Range	Status
R 2019-nCoV (novel coronavirus) detected	Y				
R 2019-nCoV (novel coronavirus) detected	OR				NK

-SARS-CoV-2 Positive by PCR
-Sample taken at CEE and analysed in the National Lighthouse Laboratory

Sample Collected Date : 29/11/2021 18:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 01/12/2021 07:00:02
Requestor :
Requestor GMC Code :

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Ms Keira Lark
Patient Matched	Yes.		

SCI-DC Back Population Message

Patient Demographics

CHI Number	Name	Date Of Birth	Sex
2107796165	WILSON, GAYLE	21-07-1979	Female

Results

ClinicalCode	Value	Abnormal	Date Recorded	Organisation
Serum creatinine (44J3.)	68umol/L		30-11-2021	SCI-Store - Greater Glasgow SCI-Store

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Ms Olivia Corey
Patient Matched	Yes.	**SCCRS Message Type**	Exclusion

Electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	2107796165
Name	WILSON, GAYLE
Date Of Birth	21/ 07/ 1979
GMC Code of Registered GP	6348114
Practice Code	G40296

Exclusion Reason	Defaulter
Exclusion Date	14/ 11/ 2022
Exclusion End Date	14/ 02/ 2027
Extended	No
Closed	No
Next Recall Date	31/ 07/ 1999

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Ms Keira Lark
Patient Matched	Yes.		

SCI-DC Back Population Message

Patient Demographics

CHI Number	Name	Date Of Birth	Sex
2107796165	WILSON, GAYLE	21-07-1979	Female

Results

ClinicalCode	Value	Abnormal	Date Recorded	Organisation
Digital retinal screening (68A8.)	1		24-08-2022	DRS - National Retinal Screening Programme
O/E - left eye background diabetic retinopathy (2BBQ.)			24-08-2022	DRS - National Retinal Screening Programme
O/E - right eye background diabetic retinopathy (2BBP.)			24-08-2022	DRS - National Retinal Screening Programme

File Status	Filed.	**Tasks**	No Tasks.
Assigned User	Unassigned.	**Filed By User**	Mrs Lynne Jardine
Patient Matched	Yes.		

SCI-DC Back Population Message

Patient Demographics

CHI Number	Name	Date Of Birth	Sex
2107796165	WILSON, GAYLE	21-07-1979	Female

Results

ClinicalCode	Value	Abnormal	Date Recorded	Organisation
Serum creatinine (44J3.)	70umol/L		14-01-2023	SCI-Store - Greater Glasgow SCI-Store

End of Document. Total Pages (including this one): 54

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FEMALE SURNAME Wilson | CHRISTIAN NAMES Gayle

ADDRESS | Date of Birth

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
1 JUN 1994		Tonsillectomy	Tonsillitis
		200 x 10	
13 JUN 1994		Counter	
		Sorry	
4 JUL 1994		Pen V x 15	
		Pain Less	
25 JUL 1994		Amoxil Audicor	
		→ ENT Dept	
8 AUG 1994		Amoxil	
		x 24	
16 AUG 1994		Required D.D.	
		ex Arbroath	
27 SEP 1994		- URTI.	R/o cellulitis
		Clarithromycin 250 x 14	
5 OCT 1994		Erythrocin 250 x 14	
27 OCT 1994		Dakrin	HC ex

* 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.8 (Scotland)

Dd8277007 3/91 R.P.(53791)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Tm Perforated (Not seen in R ear) Awaiting appt - Otology -	
11 NOV 1994		Amoxil (tr)	
15 NOV 1994		Lunatic	
18 NOV 1994		Amoxil	
21 NOV 1994		Co Lol x 30	
25 NOV 1994		Amoxil (tr)	
19 DEC 1994		Dubbin Eyes Ear Amoxil 125	
16 MAR 1995		Ventolin inh	
20 MAR 1995		Pulmicort Turbohaler	
15 APR 1995		Salbutamol inh 200	
25 APR 1995		Cardizem 30 x 60	
		Prednisone 40 mg	
19 JUN 1995		Seen at Ward	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE SURNAME Wilson | CHRISTIAN NAMES Gayle

ADDRESS | Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
10 FEB 1995		? Chronic Tinea pedis → Skin Fungal Cult	
24 FEB 1995			
28 FEB 1995		Cantharone Ventolin Redipred	
20 MAR 1995		Lin Amoxil 250 tds	
		Liq Ventolin — recent Rape victim	
5 APR 1995		Augmentin 625 tds	
15 APR 1995		Tonsillitis. Rx erythromycin 250 qds (20)	
26 APR 1995		Diflucan Oral — Thrush not	Too bad

* 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 GP8 (SCOT) Code 355 2048

Dd8435623 1/93 RP(53791)

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
27 MAY 1995		Pen V 250 x C 6	
5 JUN 1995		Cip Pen V 250 stat (4)	
21 JUN 1995		Dr Wong Oral Lil Fucetard x 36	Headaches

* In C.F. Column, which is for cases of certified incapacity only. practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE | SURNAME: WILSON | CHRISTIAN NAMES: Gayle

ADDRESS | Date of Birth

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
19 MAR 1990		Bruise of Thigh (L)	T
9 JUL 1990		Lt Paracetamol	
28 JUN 1991		Cameron Spray	T
18 SEP 1992		Whiplash injury Neck — Lt Paracetamol	—
		× 36	T
23 NOV 1992		Stanlex Calamanox 2x5	
		× 200 ml	OTITIS (R)
12 DEC 1992			
31 DEC 1992		Rep → ENT Opn	
25 FEB 1993		Cameron Spray	T
9 MAR 1993		Examined for	13 stone
		& W Rep -	
17 APR 1993		Cameron HC	CR

* 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. 8 (Scotland)

Dd 8130701MD 300M 11/88 (25364)

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DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
20 APR 1993		Calamanol Linctus	OTALGIA (L)
13 MAY 1993		"	
27 MAY 1993 - 1 JUN 1993		Rivonac Calamanol	"
13 AUG 1993		Septrin Tds	Impetigo
- 6 OCT 1993		Canesten Cr Calamanol	TINEA OTITIS
29 OCT 1993		C Prox Canesten HC cream	Otalgia (L)
17 NOV 1993		Fit for Children's Home	
26 NOV 1993		Amoxil (L)	OTITIS
- 2 DEC 1993		Abrasion R. back (thigh)	Obesity + OTITIS (L)
14 DEC 1993		~~Amoxil~~ Linctus	
18 DEC 1993		To attend ENT. Methotrexate	
22 MAR 1994		Phenergan	Urticaria
23 MAR 1994		Seen at home	
23 MAY 1994		Amoxil	

*In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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Reg 1/11/96

FEMALE SURNAME: NILSON

CHRISTIAN NAMES: GAYLE NG

ADDRESS: 01 77 WHITEST

Date of Birth: 91077

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Dr McCONNELL	
		STEWARTVILLE ST	

* 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.8 (Scotland)

Dd8277703 10/91 R.P.(53791)

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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2/30

FEMALE

DATE OF BIRTH* 21/07/79 | SERIAL No. 6165

WILSON

GAYLE
603/79/531

G/1 77 WHITE ST
GLASGOW
G11 5EE

DR N:A GHOURI

DATE 01/11/96 G

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. 8A(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.

NHS Confidential: Personal data about a patient

FEMALE

DATE OF BIRTH	SERIAL No.
21/07/79	6165

WILSON

GAYLE
603/79/531

G/1 77 WHITE ST
GLASGOW

DR J M MCCONNELL

DATE 11/07/95 G

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. 8A(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.

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FEMALE

DATE OF BIRTH	SERIAL No.
21/07/79	3301

WILSON

GAYLE

SOUTHANNAN SCHOOL
FAIRLIE
KA29 0EF

DR.D A SOUTTER

DATE 17/11/89 A

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HER 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.8A (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.

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FEMALE | SURNAME: WILSON | CHRISTIAN NAMES: NP ~~GAIL~~ GAYLE

ADDRESS: SOUTHAWAN FAIRLIE. SCHOOL. | Date of Birth: 21 | 7 | 79

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
5.9.89		Rash on upper lip — ?eczema. Very curious halftoon symmetrical appearance.	
		℞ Eumovate cream tid (30g)	
1.11.89		Co Ⓡ earache > Ⓛ earache but O/E Ⓛ TM acutely inflamed "red ear" but Ⓡ TM quiet (W.N.L. !!!).	
		℞ AMOXIL SF 250 mg/5ml (100 ml)	
		Audicort drops tid (5ml)	
10/11/89		Mrstaff, community medicine dept, Glasgow Royal — will send details of previous treatment	
		Ⓡ TM still mildly inflamed — continue amoxil for further 5 days.	
10.11.89		Clear now —	

* 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. 8 (Scotland)

8037813 350M 10/87 27219

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.

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Wilson	Gayle

Address	Date of Birth
6/2 1655 Dumbarton Rd	21.7.79

Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

Date	*	Clinical Notes	Diagnosis

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 37 EARL ST

Date of Birth: 21/7/79

Date	
1987	DCFP ATTENDANCE
2000.	Low I.Q.
	Depression / anxiety
2003	Cholecystectomy (lap.)
1/7/85	Severe Behavioural Problems
1/2/95	Low Average Intelligence with unusual profile
2/10/91	Recurring Otitis Externa.
30/8/91	Suicidal Ideation / Overdoses
13/10/94	Paracetamol Overdose
30/4/94	Otitis Media with Effusion.
17/8/91	Overdose - Mixed Drugs
26/7/95	Fungal Infection
23/8/95	Overdose Paracetamol
18/2/95	Obese - weight Reduction. - Dietician.
24/2/99	Overdose
25/2/99	Overdose
16/3/99	" Anadin Extra
17/3/99	Section 25 - Threatening to hang herself
20/10/02	Suicidal Ideation
27/2/03	Cholecystitis Biliary Colic / Cholecystitis
29/7/03	Laparoscopic Cholecystectomy - Inflammed Gallbladder
11/9/03	Sinusitis
24/2/04	Depression
7/11/0-	Recurrent Depressive Disorder Summarised 28/3/06
16/5/08	Suicidal Ideation, Low mood
28/1/09	Suicidal Ideation

Form GP111G

Dd 8291194 500M 4/91 Ed(288334)

Date	

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
WILSON.	GAYLE

Address	Date of Birth
0-2 1655 DUMBARTON RD.	21/07/79

Date	*	Clinical Notes	Diagnosis
30/2/10		Much better on Mirtazapine 30mg	XLR
28/6/10		(R) breast abscess Mother says allergic to penicillin large fluctuating breast Erythromycin 250(x30) - wks to inform Parker 7/52 middle breast no dressings needed but continue Cephalexin for a further 7 days	
3/11/10		Smear issued as on computer	
11/11/10		(R) breast abscess healed No pain Reviews for breast exam after MA Last Rx 11.10 tested 22/11/10	
25/11/10		On Exam healed abscess no - masses palpable - No lymph adenopathy Rx: Supportive Voluntary work 3x weekly 10-4.	
14/05/11		Feels worse, lying in bed decided wants to get up at night. Feels v. down. Has been like this for ~2/52 Had previously good response to mirtazapine. → ↑ Mirtazapine to 45mg bed - maximum dose Mar Psych. appt 6 in June. For fasting bloods —	
17/5/11		Fasting Bloods	
27/05/11		Discussed bloods, ↑ HbA1c and glucose & cholesterol Has gained/reduced smoothie bubbles and wants to lose weight naturally → Rpt fasting bloods in 3/52	

* This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	Clinical Notes	Diagnosis
24/06/11		Wt 100kg (down 4kg) Stopped mirtazapine (each week 4kg) To fluoxetine 20mg daily May have lead to a bit in affect, a'dement, RV 3/52 ? suicidal ideation ask the nurse. Attending ? Rituximab.	

* This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Wilson	Gayle

CLINICAL NOTES

Address	Date of Birth
1655 Dumbarton Rd	21.7.79

Date	*	Clinical Notes	Diagnosis
8/4/07		(R) knee pain on & complain occasions. Remains ankle injury (R) & thinks ankle weak since then.	
		O/E NAD full ROM ankle & knee ↓swelling Adm'd phys10 - given tesper.	
		Under 20/7 - Naproxen helps. Nausea ↓ on SI.	
		O/E Abdo soft, non-tender.	
		Rx Omeprazole 20mg daily (28) for Naproxen	
		? muscle in thigh. If not worse	
25/2/08	PM	~~ANA~~	
21/5/08		C/O Bowel movements after eating fixed & abdominal Drinks tea but unable to reduce the tea - irritable Under 20/7 pain Sp 140/100 Rx Lofexidine & Diazepam.	
		wt. 178st 107.9kg	
7/4/08		Nausea today Need a combined Anxiety medication	
28/1/09		Threat of self harm by overdose of medication + hope around needs	
3.		Not willing to communicate with family Admit to Fulbourn Ward 6 RL Dr Doyle Escort by Police	

* This column has been provided for doctors to enter A, V or C at their discretion

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Date	*	Clinical Notes	Diagnosis
30/1/09		Discharged home - 29/01/09 Seen Monday 2/2/09 Review 4/2/09 Happy with Mirtazapine Sheen Gayle aged 6yrs	
4/6/09	PC	5.30pm, Has taken 11 Mirtazapine tablets. advised clinical ambulance or staff to A+E has agreed. Dr. GP informed Dr.	
8/6/09		Feeling worthless, Sister Stayner in Flat temporarily due to a crisis at home - Gayle unable to move in, interested in woodwork and crafts. phoned OT at Riverside who have seen Gayle today and are about to have a Break in f/up Gayle unhappy about this.	
		?. Coach House Trust 334 6888 may be able to help. Dr	
27/5/10		Feeling much better - no CPN Support in as or regular f/up has Rivendell attends Gardening project 3 days a week Does not wish weekly dispensing. Will consider after discussion w/ GP. Dr	
25/06/10		Mirtazapine 15mg (28) Attending & family have taken off and family feel she is much more stable on Resolved	and family Dr
30/6/10	PC	Feels depression ~~Gayle~~ House & V. agitated to ↑ mirtazapine to 30mg for next 2-4 wks & see GP for review Dr	

* This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
WILSON	Gayle.

Address: 0/2 1655 Dumbarton Rd

Date of Birth: 21/7/74

Date	*	Clinical Notes	Diagnosis
1/2/03 -		Finding still getting dreadful intestinal hurry — dash to stool after eating.	
		Try colofac - mebeverine 135mg - before food. (100)	1, ½ h
		Still getting agitation — no evidence of thio right now - diazep. 2mg x100 - take 2 if needed	
11/9/03		Sinusitis Rx Betnesol. N Meal dispt off on —	
28/2/04		See Dr Gray's letter. To have routine bloods done nov 3-30 on Friday — will call back.	
		# Lofepramine 70mg - 1 daily x28.	
		- + Got sore shoulder + upper arm (R) sometimes, FROM at shoulder, no deltoid or pectoral tenderness. To use ~~ibuprofen~~. Ibuprofen gel 5% as req'd.	
		Tiredness - : also get a sugar as well as the others.	
		Dna V.	
22/3/05		Lofepramine 70mg x28	
		Excoriated skin around groins + axillae fungal looking but Tinaderm nor clotrim ? Dermcot.	
		Rbp 140/80 Sobs 20/day - advised to stop. HT 1.63 wt 106 kg BMI 39	
		refer diabetic + refer exercise class + LV)	
10/8/05		Four day history of vomiting (- now nausea) mild temp + ? renal pain - ? urology trace protein only - ? ask for cas also Vaginal sobs ? as "heavy growth"	
		Dalong" LV	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

P. 1, 0

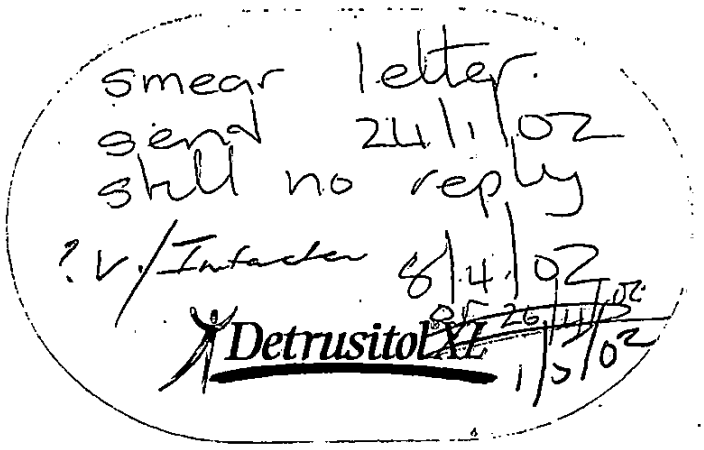
PRINTED FOR ASTRON, B28754 12/02 (017302)

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Date	*	Clinical Notes	Diagnosis
11/8/05		Pain in both sides L > R. also diarrhoea. Pt tender paravertebral Muscles. Obesity + + Adv Step diet/exercise/pharm Rx	Tes Co-cordant LBP Alg syn/Chr Pain Syn
2/2/06	AM	DNA.	
28/8/06		Both hands swollen. Recent tendonitis. - went to A&E for splint but finds uncomfortable Advised exercise & Tramadol 2 x 0.5 gm. Ibuprofen 400 tid 48	
		Mrs on Diazepam / Lorazepam Learning disability In care home	
14/03/07		GI Dis con / ort depression intermittent Attended WIG 2-3/02 ago ft gb removed Overweight Dr ch the o/c cer Smoke 20 ciggs/dy Sc cough Sbg fcan / hrs BP 140/0. WT 106 Ht 1.63 Mt Sts LATE. First dd adv prostatic cap TFTS. Fhy HBPAC female home profile FSE DV	
7/6/06		- WT 173st - 11Kgs - Diet discussed Tred Clinic	
2/8/06		BA pain. Incap Back Learning difficulties Behavioural problems. Depression. H/o overdose. Epigastric / dyspepsia. Vertigo & Back pain. DV	

* This column has been provided for doctors to enter A, V or C at their discretion

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DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
WILSON	Gwyn

Address

Date of Birth: 21/7/79

Date	*	Clinical Notes	Diagnosis
17/5/01		Pr. menstrual pain, see prev. notes, now settled. Vision again inconclusive no blood, no infection. ? ovulation pain. - relieved on menstruation. Needs pelvic U/s. Form sent. Co-codamol if recurring event.	
170701	NS	(P) tyriodine (100g) - For legs.	
17/08/01	"	" "	
28/8/01		NS. Co-codamol x60.	
4/10/01		Attendance Allowance form. (1) Chest (2) Depr. (3) Low IQ	
8/10/01	Spr	Co. Codamol (60)	
30/4/02		Runny nose & blocked ears. C. Complaint Catarrh O/E Ears NAD Nasal congestion ++. Throat NAD.	
24/6/02		letter given with press release + drops Xylometazoline Inhalant Rx Tab Chlorpheniramine Maleate 4mg 1-2 tds prn	
29/5/02		Fungal infection for nails prophylax of soles of feet Special Nail Kit (200g) Canesil 2% Cream (30)	
29.5.02		Discussed smear - mother present - Never in relationship. ? Virgo intacta	
19/8/02		pharyngitis (throat seen) Rx Tab Pen. V. 250mg (80) TDS 5/7	
24/10/02		under learning Disability team & seen ? GP/Peds - day after LSC - has started on Diazepam 2mg PRN. (30)	
12/11/02		Lost. during and 2 my pin. x30.	
		(We are awaiting news from Mr Raymond Damin)	
24/4/03		+ Mum attended - Gwyn in much pain of late	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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Rx bus pass to by.
Check with Dr Gokani about pain killers

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Date	*	Clinical Notes	Diagnosis
1/3/03		FBC ESR adm pabula fast glucose & clotted & TFT	
12/5/03		DNA	
28/5/03		frequent episodes of upper G.I. pain vomiting biliary episodes 1/12 ly	
		Urgent upgrade to Outpatient — consultant Mr Gallacher	
		Cocodamol tabs (60) tabs 2	
6/6/03	—	Co-codamol → v. bad pains, ↓ by Tramadol 50mg (30 Pr'ed) + buscopan.	
18/6/03		Has used all above — dear me.. OK. (30) Tramadol 50mg. + diclofenac, 25mg with meals, as pain seems worse in damp weather, according to Mr Witson (dad)	
2/7/03		Tramadol 50mg x 10. only label — use these only for severe pain.	
15/7/03		Rpt ① above	
22/7/03		Surgery postponed. further (10) Tramadol only	
25/7/03		Gayle still v. unsettled using diazepam 2mg in pain, but very upset To go on to 5mg diazepam t.d.s.	
1/8/03		Gayle having shaking pro 2-0p convn GB out / Lactulose t.d.s + Senna syrup 7.5ml h.s. Wound check upper abdomen wound slightly inflamed wadin a Tielle applied. also antibiotics — use Trimodene	
4/8/03		ointment.	

* This column has been provided for doctors to enter A, V or C at their discretion

† Lactulose as still no B/o. ↓.

Printed by Tactica Solutions 5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
WILSON	GAYLE.

CLINICAL NOTES

Address

Date of Birth
21-7-79.

Date	*	
12/12/97.		Fr. from Dr Henry's practice. Grossly obese 18 yr-old, with several weeks h.o. medial L foot + ankle pain. Tubbe grip. Problem summary. Assessed by psychiatrist aged 6. Med-low IQ; Low self esteem, poor coping ability, psycho social problems in the family. Hosp. clinic appts more recently about ear problems. Attended Newton Residential School for a time. No record of psycho-social input since Gayee aged 11.
		If she R/B's - check ovulating - ? periods. BP. TFT. FBC if possible, fasting cortisol, glucose. lipids. UBC, ESR.
12/6/98.		Periods reg. BP 130/80. Check TFT + FBC as above. Today O.M. (R) - erythromycin (penicillin allergy) + bloods as above.
12/1/99	-	Thickened + fungal looking big toe (L) foot. Chiropody Careston Centre
24/3/99		Very withdrawn, hardly any communication, but not uncooperative. Asked if something wrong - shrug. Something wrong at home - no. Something wrong inside your head? - shrug. Take tablets? Nod. Pulse full vol. + regular. Bloods were all normal last time.
7/4/99	Ch	After a fortnight's cefprozil (D) - psychologically much Pt in bed. : continue.
19/5/99.		Quite cheerful today - (L) sided pain at base of ribs - muscular - use Ibuprofen gel
28/5/99	.	BA incapacity < marked melancholia, depression.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

NHS Confidential: Personal data about a patient

Date	*	
7/6/99		Not seen. Cipramil repeat
8/9/99		" " " "
14/9/99.		Mum attended with Gaylee, who is still very unresponsive. Mum mentions Gaylee stomachaches in the morning as evidence of tension. Rx diazepam 5mg x10. Cipramil ⇒ feeling of depression when she takes it.
1/10/99		Repr diazepam 10x5mg
26/11/99		Not seen " " "
14/2/00		Very withdrawn + apathetic again. Try imipramine 25mg nocte. Rx 42. Qds 3 times a day
1/3/2000		Tried imipramine 25 → (84) tried week of dizziness
29/3/00		" " 84 " "
13/3/00		" " " 1 week delay " "
21/4/00		" " " weaning clinic.
12/5/00:		C 13/52. - learning difficulties, depression
"		Cont imipramine 25mg 84 as above
24/5/00		wanted Cipramil - since imipramine no need/no
6/6/00		hallucinogenic/sick pains. Timodine 100mg Cipramil
		Couple months/week after menses? reason.
12/10/00		Tried 2 tablets of Cephalexin 5% (2) thinks Galpharm
21/12/00		Not seen. Timodine C.
1/2/01		MSU specimen sent
15/3/01.		Flushed, listless, very sick vomiting Lt. ear %. Throat rather red. Not much else Lumbar pain? from vomiting. parac. as req'd
6/3/01		IMIPRAMINE TO BE STOPPED
27/3/01		Timodine - as above.
10/5/01.		Gaylee having pain week before menses especially. It is mostly (R) sided, and has happened at least once before, at end of January. Mum brought cephalexin, no name or directions on the box, no proper accounting for where it is. Risk, a urine specimen is req'd. - to send in; test for sugar, protein + infection.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by The Stationery Office Scotland

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
WILSON	GAYLE

CLINICAL NOTES

Address: 77 WHITE ST. GILLS G1 | Date of Birth: 21/04/79

Date	*	
		GP1 GP/RF
3/7/95		Ex Children's Home Care.
		Allergy — Penicillin.
		vaccin'n status. — unknown.
		No signif. PMH.
		c/o dizzy spells, weak 2/7. Sore throat — no cough
		myalgia. Feels hot.
		Throat exam'n No LN ↑ No exud.
		Simple viral infxn. → advice.
		see Nurse for N/P check.
24/8/95		FTA.
6/10/95		c/o low abdo cramps, dark brown/black P.V. disch 3/7. No GU or GI symptoms. Some (L) flank pain. Abdo exam'n difficult due to obesity but no masses / tenderness
		check MSU. ? dysmen'.
		Rx Ibuprofen 400 x 30
31/10/95		FTA
		came 20/60 late. Cold symptoms + sore throat & earache. Nil of note o/t. ✓
10/11/95		Incontinence of urine. BMI 37. Not aware of incont. No reg. habit of → loo'
		Fluid intake estim 1500 — 2000 ml/day
		some loin-ache.
		check U/A, urine C+S. Advice re 2 hrly toilet.
	(L)	Refer Comm. Dietitian. R/V 2/52.
24/4/95		Incontinence now cleared up. U/A — clear.
		Sore throat ⊖E: oral candidiasis. MSSU ✓
		(RE) Nystatin Susp'n 1ml QID (10/) STARTED
1/5/96		Re menstr'n extreme mood Δ, self destructive

*This column has been provided for doctors to enter A, V or C at their discretion

tendencies, aggression + 1/52 of abdo & cramps at onset period.

FORM GP111F
355 2095

CYCLE 1/35. — Needs wt ↓ : re-refer.
— Pyridoxine 50 mg x 60 ÷/day

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Date	•	
24/7/96		F-TA
23/08/96		Sore throat. 2/7 ° LN↑ CNT – NAD
		OTC advice – lozenges., Sol. analgesics.
4/9/96		Severe itch soles feet – excoriated & fissured rash.
		Also rash I/D spaces.
		° Lamisil cream 15g od to inter-digital spaces
		° Elocon Ung 30 rotate to feet.
21/10/96		· Earache 48 hrs Attended A&E yesterday. Blocked nose CNT examn NAD. Advised to use Paracetamol & inhalns PRN.
		· Advised re use of GEMS for out of hours urgent matters.
30/10/96		Simple cold symptoms 24 hrs Paracetamol & Galpseud (10)
18/12/96		(20 tabs) · Mentally Retarded Pain (N) Sordegtic Bowel Bowel Normal fibre free & feels restricted She did not for a long time.
		Dr Tuncer-Hughes Advice Nurse for Arrules & East Glam prof. Gen Med
9/1/97	AM	DNA (100)
11/2/97		(N) Arabic Painful & Sore ways & felt Dr. tenderness Natural materials (Lipsen Soft Fibre) Adv Carbamazepine
28/5/97		felt & hurt (L) ankle Thalassaemia & Dr Lee MRO chest + Dr Zaidi Thompson GP
		Injection (R) knee +
10/11/97		Swollen sore throat & Thrush Cough Thrush Suspected (100) Chest clear Also has fungal infection left in toes
		Dr Zaidi Eyelid in 2 Sept (80)

*This column has been provided for doctors to enter A, V or C at their discretion

+ Paracetamol in Cr. Roger.

Dr Thompson GP

Printed by HMSO Edinburgh Print Centre Dd 8393621 M1680 2/93 19513 (013097)

17/11/97: Has nets – Full. Meds.. Lotion prescribed.

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National Health Service Number	
Surname (Block letters)	Forename (Block letters)
WILSON	GABLE
Address	Date of Birth
GH: 77 WHITE ST GH11 5RG.	21/07/79

...UNISATIONS AND ...ING INVESTIGATIONS

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
...facturer ...ch No.								
...ufacturer ...atch No.								
...te								
...anufacturer ...Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Alb
5/7/95	140/88	95.	1·60	10	< 2				

CERVICAL CYTOLOGY

Date	Result

MAMMO-GRAPHY

Date	Result

CHEST X-RAY

Date	Result

OTHERS

Date	Result

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J. M. McCONNELL.

National Health Service Number

2/8

CLINICAL NOTES

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE.

Address c/o 40 Clereden Drive

Date of Birth: 21.07.79.

Date	*	
9.5.95		IN Stwk cont
		Place of safety — Pt out with sister who normally looks after her
		Admission medical.
		PMH - Obesity — No medication at present
		- Nil else — Allergic to penicillin.
		Fully immunised.
		Schooling — Fern Tower.
		— Previous special education
		No symptoms of infection
		No contact recently with infectious disease.
		Ht 161.5 wt - 92
		Obese nil else. Nil else
		Conversation sparse.
		Replies monosyllabic, but not depressed
		Replies simple.
		S.W — MARJORIE MILLHEAD
		CHURCH STREET.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
WILSON.	GAYLE

Address: Southaven School, Fowler.

Date of Birth: 21.4.49.

Date	*	
21.11.89		Now (R) ear looks a little inflamed & disorganised (TM indrawn) but (L) has returned to normal. Earache ±. Rx Distaclor Syrup 5ml/250mg tid (100 ml). Review in 10/7.
1.12.89		Vague recurrence of earache (denied by patient!!!) O/E Both TM's quiet & intact.
21/2/90	Rx	Eumovate (30g) [See 5-9-89] — review next time.
8/3/90		I Had blood in (L) ear 3/7 ago — NAD → Reassured II: Uses Eumovate on lips — ? peri-oral dermatitis. See next time.
22/3/90		(R) OM → Amoxycillin 250mg (100mls)
25/4/90		(L) earache → catarrh ⇒ Sudafed (100mls)
12.7.90		Fevered five days ago — went home — saw emergency doctor — got "Panadol Soluble" Saw own GP on 9th. Minor herpes simplex upper lip so presumed viral URTI. Now cool & uncomplaining. Rx ZOVIRAX 2g.
5/11/90		~~Brought to surgery for examination of wound area — mother says he washed & brought with him a piece of scotch tape. Refused examination.~~
2/11/90		Bilateral o.m. → Septrin 5mls b.d. for 1/52
1.5.91		(R) OM — Rx
26.6.91		(R) OM + OE — Rx Velosef Syrup 250mg x 5-ml. Sig: 10ml bd. PLUS Audicort drops to (R) ear tid (5ml) Refer ENT. (note record).
28.6.91		Letter to E.N.T. L.A.H
3.7.91		better. Erythema (R) ear + TM gone. Some debris o/w
5/8/91		I: Still (L) otitis externa → Otosporin 1x.d.p. II: Area of irritation/dermatitis where pants rub on thigh → Viaform-HC (15g)

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date	*	
27/8/91	R	Amoxycillin 250mg (100mls) for ear.
4/9/91		Still (L) otalgia → Sudafed 5mls tid (100mls) Ponstan disp. (21).
22/10/91		URTI Amoxycillin 250mg (100mls)
7.1.92		Mild (R) otalgia → little to see O/E.
		Rx Otospan drops 5mls (as much for P.H. as present!)
14.4.92	O	Zovirax (2g) 5 days
7/7/92		Uncooperative. Sister reports "chest pain" on running. Look well, but surly → wait + see.
19/10/92		(R) OM → Amoxycillin (15)
14.12.92		Had Sofradex eardrops + Parcetamol from BTS doctor ~ Myagow at W/E. Still has mild (R) earache.
		Add Septrin Adult Susp. 10ml bd (100 ml)
12.2.93	M	Zovirax (2g)

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
NURSES AND HEALTH VISITORS RECORDS	Address	Date of Birth

SPECIAL RX

Date	
26/7/95	TAB LAMISIL 250mg 28 · 1 daily

Date	

NHS Confidential: Personal data about a patient

NURSES AND HEALTH VISITORS RECORDS

National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
WILSON	GAYLE
Address	Date of Birth
	21.7.79

Date	
5/7/95	Ht 5ft 3" WT 15st Bp 140/88. Urinalysis NAD
	15 year old girl. Smokes 4/5 day. No alcohol.
	No operation or serious illness

Date	

NHS Confidential; Personal data about a patient

NHS
SCOTLAND

New Stobhill Hospital
133 Balornock Rd
Glasgow
GGC
G21 3UW
Tel: 01412013000

Dr Georgi Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

12 Dec 2025

Dear Dr Georgiev,

Re: Gayle Wilson, 1-1, 37A DOWANHILL STREET, Glasgow, G11 5RN
DOB: 21 Jul 1979, CHI: 2107796165, CHI: 2107796165

History:

For review of B/L Nasal Nerve fibre loss

CT Head (29/11/2024) - Normal

Myopia

Diagnosis: B/L Nasal Nerve fibre loss - Stable

Visual Acuity:

Visual Acuity	Right Eye	Left Eye
Glasses	6/9	6/9

Intraocular Pressure:

17 mmHg on the right, and 16 mmHg on the left (recorded on 12 Dec 2025)

Clinical Management:

As patient is asymptomatic, no intervention reqd.

Review in 1 Year with repeat fields and Disc OCT.

Sincerely,

Manish Gupta

Signed on 12 Dec 2025, 15:14

Manish Gupta

To: GP : Dr Georgi Georgiev, Abingdon Medical Practice, 12 Stewartville Street, Glasgow, G11 5PE

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard:
Department:
Contact Tel:
Enquiries to: alice.breslin@ggc.scot.nhs.uk
Letter Date: 11/02/2025
Reference:
Dictated Date: 11/02/2025
Transcribed Date: 12/02/2025

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 11/02/2025 11:00

Clinical Comments:
Presenting Complaint: Review of constricted Visual Fields

Diagnosis:
1. Bilateral constricted Visual Fields with bilateral loss of nerve fibres
2. CT scan head - unremarkable
3. Myopia

Visual Fields: Right 6/12 Pinhole Nl Left 6/12 Pinhole Nl

Intra Ocular Pressures: Right 17mmHg Left 17mmHg

Investigations: Fields grossly full to confrontations

Follow-up: Review in clinic 9 months

WoScott Optometrist Oliver Rose

Under the supervision of Dr M Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc. Maliha Francis
Forde Opticians Ltd
Glasgow
G11 6DD

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard:	
Department:	
Contact Tel:	0141 355 1782
Enquiries to:	bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date:	08/10/2024
Reference:	
Dictated Date:	23/12/2024
Transcribed Date:	23/12/2024

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 08/10/2024 10:00

Clinical Comments:
Presenting complaint: Referred as OCT showing NRR loss both eyes. Patient asymptomatic. Patient attended with Carer today.

Diagnosis: Bilateral constricted visual fields with loss of bilateral nerve fibres.

Visual acuity: Right 6/9 Left 6/12

IOPs: Right 16mmHg Left 16mmHg

Investigations: OCT disc scan showing NRR thinning which may result in bitemporal VF loss. Visual fields not reliable.

Treatment: Arranging CT scan of head.

Follow up: Four months.

WoScott Optometrist Mariyah Anwar

Seen under the supervision of Dr Manish Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

I have Gayle's CT scan report in hand now. As the scan is unremarkable, no urgent intervention is required. She should keep her appointment to see me in February 2025.

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc. Ms Gayle Wilson
flat 1/1
37A Dowanhill Street
Glasgow
G11 5RN

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard:
Department:
Contact Tel: 0114 355 1782
Enquiries to: bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date: 08/10/2024
Reference:
Dictated Date: 08/10/2024
Transcribed Date: 08/10/2024

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 08/10/2024 10:00

Clinical Comments:
Presenting complaint: Referred as OCT showing NRR loss both eyes. Patient asymptomatic. Patient attended with Carer today.

Diagnosis: Bilateral constricted visual fields with loss of bilateral nerve fibres.

Visual acuity: Right 6/9 Left 6/12

IOPs: Right 16mmHg Left 16mmHg

Investigations: OCT disc scan showing NRR thinning which may result in bitemporal VF loss. Visual fields not reliable.

Treatment: Arranging CT scan of head.

Follow up: Four months.

Wilson Gayle CHI: 2107796165 OPCL 08/10/2024 v1

WoScott Optometrist Mariyah Anwar

Seen under the supervision of Dr Manish Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc.

Wilson Gayle CHI: 2107796165

Clinical letter - GP: FTA

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Community Centre for Health, MSK Physiotherapy Dept.
Contact Tel: 0141 211 1438
Enquiries to: Steven Spence
Letter Date: 10/12/2025
Reference:
Dictated Date: 10/12/2025
Transcribed Date:

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Dear Doctor,

Gayle Wilson; D.O.B: 21/07/1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

This patient did not keep their first appointment with us on 10/12/25 at 13:30, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Steven Spence

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

Wilson Gayle CHI: 2107796165

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Msk Physiotherapy Partick Health Centre
Contact Tel: 01412111438
Enquiries to: 01412111438
Letter Date: 07/05/2025
Reference:
Dictated Date: 07/05/2025
Transcribed Date: 07/05/2025

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Dear Dr Georgiev,

Gayle Wilson; D.O.B: 21/07/1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

GP Action Required: Information update.

Presenting Condition: Cervical radiculopathy - left sided pins and needles into arm.

Physiotherapy Comments: I have assessed this patient and provided her with an initial exercise plan to carry out at home. Alongside education and advice to manage symptoms.

Discharge Outcome: As the patient failed to attend the review appointment on 25/04/2025 with no further contact I am unsure her how symptoms currently are.

This patient has now been discharged from our care.

Yours sincerely

Kristina Price

Electronically Signed: ,

cc.

NHS Confidential: Personal data about a patient

NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear Dr .Ghouri....

Date: .30.5.19.....

Patient:	**CHI:**
Gayle Wilson	**2107796165**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine (Prescription available 48 hours following request)
Increase Sertraline to 200mg daily	

X This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Dr Louise Wilson

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

NAME	Gayle Wilson
DOB	21/07/79
CHI	2107796165
Home Address	52 Dalhousie Street, G3 6PN
Date of Admission:	12/12/18
Date of Discharge:	17/12/18
Treatment received whilst an inpatient	Gayle has been experiencing low mood and suicidal ideation. Crisis intervention.
Consultant's name:	

Discharge Information	
Name of hospital:	Gartnavel Royal Hospital
Hospital telephone number:	0141 211 2566
Follow-up Arrangements *(as known at time of discharge)*	Crisis team referral, outpatients at Riverside Resource centre
Address discharged to: *If different from home address give details of arrangements e.g. nursing home, supported accommodation, living with relative etc*	52 Dalhousie Street, Co[illegible]addens, supported by Talbot Association
Community follow up appointment (within 7 days)	TBC
G.P. contact details:	Dr Bhatti, Peel Street Medical Practice.
C.P.N. contact details:	June west, Riverside Resource Centre 0141 211 1430
Social Worker:	
Social Worker contact details:	
District Nurse/Health Visitor:	N/A
District Nurse/Health Visitor contact details:	N/A
Medication On Discharge:.	Sertraline 150 mg at 9am, Zopiclone 15mg at 10pm, Simvastatin 40mg at 10pm
Depot medication prescribed:	n/a
Special Instructions / Information / Precautions: *(Related To: Wound Care, Medication, Diet, Exercise, Driving, Return To Work, Weight*	

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

management pathway etc)*				
SMOKING CESSATION	IS THIS PERSON A SMOKER?/	Yes	-	
	DID THEY ENGAGE WITH SMOKING CESSATION WHILST AN INPATIENT?		No	
	DO THEY WISH TO CONTINUE WITH SMOKING CESSATION AFTER DISCHARGE?		No	
	ARE THEY PRESCRIBED CLOZAPINE/ OLANZAPINE ?		No	
	ON NRT TREATMENTS?		No	
Has patient discussed advanced statement with key worker in community prior to admission into hospital?	No			

Staff member:	Jane Forsyth	DATE 17/12/18
Patient:	Gayle Wilson	Date 17/12/18
Carer: (Where appropriate)		Date:

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

STRICTLY CONFIDENTIAL

Date: 9/5/19.
Your Ref:
Pims No
Chi
Our Ref: LW

Dr. GHOUNI
PEEL STREET MEDICAL CENTRE.
11 PEEL STREET

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : BELMONT HOUSE 494 GREAT WESTERN ROAD GLASGOW.
D.O.B. : 21/7/79.

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

PLEASE PRESCRIBE ZOPICLONE 7.5mg AT NIGHT

Yours sincerely

L Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

2017-11-09 11:09 Riverside L/g 01412111444 >> 01412116228 P 1/1

Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
647 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

STRICTLY CONFIDENTIAL

Date: 9/11/17
Your Ref:
Pims No
Chi
Our Ref: LW

Dr. GLASGOW
PEEL ST MEDICAL CENTRE
11 PEEL ST

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : BELMONT HOUSE 496 GREAT WESTERN ROAD, G12 8EU
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

2 WEEK SUPPLY ZOLPIDEM 10mg AT NIGHT

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

X SCRIPT CLONE X.

NHS Confidential: Personal data about a patient

TYPE 337 7710

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
647 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 3/10/17
Your Ref:
Pims No
Chi
Our Ref: LW

STRICTLY CONFIDENTIAL

Dr. GINOUX
PEEL STREET MEDICAL CENTRE
11 PEEL STREET

Dear Dr

RE: Patient's Name : GAYLE WILSON
Address : TALBOT ASSOCIATION, BELHAVE HOUSE
160 GREAT WESTERN ROAD G12 8EJ
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

① REDUCE FLUOXETINE TO 20mg DAILY FOR 1 WEEK & THEN STOP FOLLOWING THIS

② COMMENCE DULOXETINE 30mg DAILY FOR 2 WEEKS & THEN INCREASE TO 60mg THEREAFTER

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

359 9798

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 31/7/13
Your Ref:
Pims No
Chi
Our Ref: LW

STRICTLY CONFIDENTIAL

Dr [redacted] BHATTI
PEEL ST MEDICAL CENTRE
11 PEEL ST
GLASGOW

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : FLAT 0/2, 1655 DUMBARTON RD, GLASGOW, G11 6QD
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

(1) REDUCE MIRTAZEPINE TO 30mg DAILY FOR 4 DAYS THEN REDUCE TO 15mg DAILY FOR 4 DAYS & STOP

(2) COMMENCE FLUOXETINE 20mg DAILY THEREAFTER.

Yours sincerely

Wilson

Dr Louise Wilson
Consultant Psychiatrist

Scripd done

NHS Confidential: Personal data about a patient

Fax sent by :

15-07-11 13:52 Pg: 1/1

Fax 339 9501
9798

Glasgow City
Community Health Partnership
North West Sector

NHS
Greater Glasgow and Clyde

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Partick
Glasgow
G11 6HU

STRICTLY CONFIDENTIAL

Dr. Ghouri
Peel St Med Centre
Glasgow

Date: 15/7/11
Pims No
Chi
Our Ref: NM/LC

Dear Dr

RE: Patient's Name : Gayle Wilkson
Address : 7 Spiershill Close
Glasgow
D.O.B. : 21/7/79

I reviewed/discussed the above patient at Riverside CMHT on: 15/7/11 I would be grateful if you would make the following changes to his / her medication :

① Please continue weekly dispensed Fluoxetine 20mg od

② Please prescribe Diazepam 2mg nocte for 2 weeks (weekly dispensed)

Full letter to follow

Yours sincerely

Dr Nell Masson
ST6 in adult psychiatry to
Dr Moira Connolly

Delivering better health

www.nhsggc.org.uk

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.2595029.D
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:06
Date/Time Received	14.10.25 / 12:14
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	14.10.25 / 12:42
Details	Type 2 Diabetes

Results

Full Blood Count - Authorised on 14.10.25 at 12:37

White Blood Count	8.5	x10^9/l	(4.0-10.0)
Red Cell Count	5.27	x10^12/l	(3.80-5.80)
Haemoglobin	155	g/l	(115-165)
Haematocrit	0.469	l/l	(0.370-0.470)
Mean Cell Volume	89.0	fl	(83.0-101.0)
MCH	29.4	pg	(27.0-32.0)
Platelet Count	177	x10^9/l	(150-410)
Neutrophils	5.4	x10^9/l	(2.0-7.0)
Lymphocytes	2.4	x10^9/l	(1.1-5.0)
Monocytes	0.6	x10^9/l	(0.2-1.0)
Eosinophils	0.14	x10^9/l	(0.02-0.50)
Basophils	0.0	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.2595020.N
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:06
Date/Time Received	14.10.25 / 12:14
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	14.10.25 / 13:12
Details	Type 2 Diabetes

Results

Urea & Electrolytes - Authorised on 14.10.25 at 13:00

Sodium		135	mmol/L	(133-146)
Potassium		4.3	mmol/L	(3.5-5.3)
Chloride		101	mmol/L	(95-108)
Urea		5.4	mmol/L	(2.5-7.8)
Creatinine		47	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 14.10.25 at 13:00

Total Bilirubin		11	umol/L	(<20)
ALT		18	U/L	(<50)
AST		15	U/L	(<40)
Alkaline Phosphatase	+	137	U/L	(30-130)
Albumin		39	g/L	(35-50)

Lipid profile - Authorised on 14.10.25 at 13:07

Cholesterol		7.8	mmol/L	
Triglycerides	+	15.3	mmol/L	(0.2-2.3)
HDL Cholesterol		1.0	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		7.8		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.
Risk of pancreatitis if trigs are persistently over 10 mmol/L.

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.2595030.M
Specimen Type	Blood
Date/Time Collected	14.10.25 / 10:06
Date/Time Received	14.10.25 / 12:15
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	14.10.25 / 13:57
Details	Type 2 Diabetes

Results

HbA1C (IFCC) - Authorised on 14.10.25 at 13:53

HbA1c (IFCC)	+	95	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.1917834.Q
Specimen Type	Blood
Date/Time Collected	14.07.25 / 12:51
Date/Time Received	14.07.25 / 17:39
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	15.07.25 / 16:42
Details	Type 2 Diabetes

Results

HbA1C (IFCC) - Authorised on 15.07.25 at 16:39

HbA1c (IFCC)	+	94	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.1917812.L
Specimen Type	Blood
Date/Time Collected	14.07.25 / 12:51
Date/Time Received	14.07.25 / 17:40
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	15.07.25 / 14:02
Details	Type 2 Diabetes

Results

Urea & Electrolytes - Authorised on 15.07.25 at 13:39

Sodium		139	mmol/L	(133-146)
Potassium		4.3	mmol/L	(3.5-5.3)
Chloride		103	mmol/L	(95-108)
Urea		4.8	mmol/L	(2.5-7.8)
Creatinine		52	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Liver Function Tests - Authorised on 15.07.25 at 13:39

Total Bilirubin		17	umol/L	(<20)
ALT		14	U/L	(<50)
AST		13	U/L	(<40)
Alkaline Phosphatase		120	U/L	(30-130)
Albumin		41	g/L	(35-50)

Lipid profile - Authorised on 15.07.25 at 13:58

Cholesterol		7.0	mmol/L	
Triglycerides	+	7.8	mmol/L	(0.2-2.3)
HDL Cholesterol		1.0	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		7.0		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.1917838.C
Specimen Type	Blood
Date/Time Collected	14.07.25 / 12:51
Date/Time Received	14.07.25 / 17:37
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	14.07.25 / 18:12
Details	Type 2 Diabetes

Results

Full Blood Count - Authorised on 14.07.25 at 18:06

White Blood Count	7.8	x10^9/l	(4.0-10.0)
Red Cell Count	5.37	x10^12/l	(3.80-5.80)
Haemoglobin	163	g/l	(115-165)
Haematocrit	0.470	l/l	(0.370-0.470)
Mean Cell Volume	87.5	fl	(83.0-101.0)
MCH	30.4	pg	(27.0-32.0)
Platelet Count	172	x10^9/l	(150-410)
Neutrophils	5.0	x10^9/l	(2.0-7.0)
Lymphocytes	2.2	x10^9/l	(1.1-5.0)
Monocytes	0.5	x10^9/l	(0.2-1.0)
Eosinophils	0.13	x10^9/l	(0.02-0.50)
Basophils	0.0	x10^9/l	(0.0-0.1)
Nucleated RBC	0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.0936058.F
Specimen Type	Urine
Date/Time Collected	03.03.25 / 11:49
Date/Time Received	05.03.25 / 10:37
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	05.03.25 / 17:17
Details	t2dm

Results

Urine Albumin - Authorised on 05.03.25 at 17:13

Urine Albumin	<5	mg/L	(<20)
U Alb/Creat Ratio	NA	mg/mmol crea	

Comments:
Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.

Urine Protein - Authorised on 05.03.25 at 17:13

Urine volume (ml)	NA	mL	
Urine Creatinine	4.3	mmol/L	
Urine Protein	<0.068	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine	NA	mg/mmol crea	

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.0899732.F
Specimen Type	Blood
Date/Time Collected	25.02.25 / 11:42
Date/Time Received	25.02.25 / 17:50
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	27.02.25 / 13:02
Details	Type 2 Diabetes

Results

HbA1C (IFCC) - Authorised on 27.02.25 at 12:59

HbA1c (IFCC)	+	110	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,25.0899702.D
Specimen Type	Blood
Date/Time Collected	25.02.25 / 11:42
Date/Time Received	25.02.25 / 18:18
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	26.02.25 / 11:22
Details	Type 2 Diabetes

Results

Liver Function Tests - Authorised on 26.02.25 at 11:02

Total Bilirubin	14	umol/L	(<20)
ALT	20	U/L	(<50)
AST	17	U/L	(<40)
Alkaline Phosphatase	130	U/L	(30-130)
Albumin	39	g/L	(35-50)

Lipid profile - Authorised by Dr Iain Jones on 26.02.25 at 11:16

Cholesterol		9.1	mmol/L	
Triglycerides	+	12.4	mmol/L	(0.2-2.3)
HDL Cholesterol		1.0	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		9.1		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.
Possible secondary causes of hypertriglyceridaemia include
alcohol, obesity and diabetes mellitus.

End of Report

NHS Confidential Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,24.2025249.M
Specimen Type	Blood
Date/Time Collected	19.07.24 / 10:26
Date/Time Received	19.07.24 / 17:07
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	22.07.24 / 09:47
Details	Type 2 Diabetes

Results

HbA1C (IFCC) - Authorised on 22.07.24 at 09:42

HbA1c (IFCC)	+	99	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Haematology Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,24.2025224.Q
Specimen Type	Blood
Date/Time Collected	19.07.24 / 10:26
Date/Time Received	19.07.24 / 17:11
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	19.07.24 / 17:32
Details	Type 2 Diabetes

Results

Full Blood Count - Authorised on 19.07.24 at 17:27

White Blood Count		6.3	x10^9/l	(4.0-10.0)
Red Cell Count		5.39	x10^12/l	(3.80-5.80)
Haemoglobin		159	g/l	(115-165)
Haematocrit	+	0.482	l/l	(0.370-0.470)
Mean Cell Volume		89.4	fl	(83.0-101.0)
MCH		29.5	pg	(27.0-32.0)
Platelet Count		182	x10^9/l	(150-410)
Neutrophils		3.4	x10^9/l	(2.0-7.0)
Lymphocytes		2.3	x10^9/l	(1.1-5.0)
Monocytes		0.5	x10^9/l	(0.2-1.0)
Eosinophils		0.14	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

Report comments:

South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
for scope on schedule. Please see the user handbook for clarification

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	1-1 37a Dowanhill Street GLASGOW GLASGOW LANARKSH G11 5RN

Specimen Details

Specimen Number	B,24.2024698.K
Specimen Type	Blood
Date/Time Collected	19.07.24 / 10:26
Date/Time Received	19.07.24 / 16:47
Requested By	Dr George Georgiev
GP Practice	40070
Date/Time Reported	19.07.24 / 17:42
Details	Type 2 Diabetes

Results

Urea & Electrolytes - Authorised on 19.07.24 at 17:31

Sodium	135	mmol/L	(133-146)
Potassium	4.3	mmol/L	(3.5-5.3)
Chloride	98	mmol/L	(95-108)
Urea	5.3	mmol/L	(2.5-7.8)
Creatinine	60	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 19.07.24 at 17:31

Total Bilirubin	14	umol/L	(<20)
ALT	17	U/L	(<50)
AST	34	U/L	(<40)
Alkaline Phosphatase	111	U/L	(30-130)
Albumin	38	g/L	(35-50)

Lipid profile - Authorised by Dr Rajeev Srivastava on 19.07.24 at 17:36

Cholesterol		9.2	mmol/L	
Triglycerides	+	12.2	mmol/L	(0.2-2.3)
HDL Cholesterol		1.1	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		8.4		

Comments:
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.
Persistently high triglyerides are a risk factor for acute
pancreatitis

End of Report

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

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

Patient Details

Surname	Wilson
Forename	Gayle
CHI	2107796165
Date of birth	1979-07-21
Sex	Female
Address	52 DALHOUSIE ST GLASGOW G3 6PN

Specimen Details

Specimen Processed Date	30-11-2021 14:30
Test Start Date	29-11-2021 18:48
Test End Date	29-11-2021 18:48
GP Practice	40296
Specimen Number	AAI70753438
Administration Method	self

End of Report

Report Date: 30/11/2021

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	52 Dalhousie Street Glasgow GLASGOW LANARKSH G3 6PN

Specimen Details

Specimen Number	B,21.1448223.X
Specimen Type	Blood
Date/Time Collected	16.06.21 / 10:00
Date/Time Received	16.06.21 / 12:08
Requested By	Dr Nadeem Taj Bhatti
GP Practice	40296
Date/Time Reported	16.06.21 / 13:42
Details	New Diabetic

Results

Urea & Electrolytes - Authorised on 16.06.21 at 13:13

Sodium		137	mmol/L	(133-146)
Potassium		4.3	mmol/L	(3.5-5.3)
Chloride		100	mmol/L	(95-108)
Urea		4.6	mmol/L	(2.5-7.8)
Creatinine		56	umol/L	(40-130)
Estimated GFR		>60	ml/min	(>60)

Lipid profile - Authorised on 16.06.21 at 13:27

Cholesterol		7.5	mmol/L	
Triglycerides	+	8.4	mmol/L	(0.2-2.3)
HDL Cholesterol		1.1	mmol/L	
LDL-Cholest (calc'd)			mmol/L	
VLDL-Chol (calc'd)			mmol/L	
Chol/HDL ratio		6.8		

Comments:
Fasting sample
Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.

Thyroid funct test - Authorised on 16.06.21 at 13:37

TSH	2.54	mU/L	(0.35-5.00)
Free T4	11.4	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	52 Dalhousie Street Glasgow GLASGOW LANARKSH G3 6PN

Specimen Details

Specimen Number	B,21.1448221.J
Specimen Type	Blood
Date/Time Collected	16.06.21 / 10:00
Date/Time Received	16.06.21 / 12:14
Requested By	Dr Nadeem Taj Bhatti
GP Practice	40296
Date/Time Reported	16.06.21 / 13:12
Details	New Diabetic

Results

HbA1C (IFCC) - Authorised on 16.06.21 at 13:10

HbA1c (IFCC)	+	78	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	52 Dalhousie Street Glasgow GLASGOW LANARKSH G3 6PN

Specimen Details

Specimen Number	B,21.0893197.A
Specimen Type	Urine
Date/Time Collected	16.03.21 / 15:33
Date/Time Received	17.03.21 / 12:51
Requested By	Dr Nadeem Taj Bhatti
GP Practice	40296
Date/Time Reported	17.03.21 / 13:57
Details	raised rbg

Results

Urine Albumin - Authorised on 17.03.21 at 13:52

Urine Albumin	<5	mg/L	(<20)
U Alb/Creat Ratio	NA	mg/mmol crea	

Comments:
Unable to calculate albumin:creatinine ratio as albumin <5 mg/L.

Urine Protein - Authorised on 17.03.21 at 13:52

Urine volume (ml)	NA	mL	
Urine Creatinine	3.9	mmol/L	
Urine Protein	<0.100	g/L	(<0.200)
Urine Protein/volume		g/volume	
U Protein:Creatinine	NA	mg/mmol crea	

Comments:
Unable to calculate protein:creatinine ratio as protein <0.100 g/L

End of Report

NHS Confidential: Personal data about a patient

Blood Sciences Biochemistry Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	52 Dalhousie Street Glasgow GLASGOW LANARKSH G3 6PN

Specimen Details

Specimen Number	B,21.0913624.L
Specimen Type	Blood
Date/Time Collected	15.03.21 / 14:20
Date/Time Received	15.03.21 / 18:24
Requested By	Dr Nadeem Taj Bhatti
GP Practice	40296
Date/Time Reported	16.03.21 / 11:17
Details	raised rbg

Results

HbA1C (IFCC) - Authorised on 16.03.21 at 11:15

HbA1c (IFCC)	+	104	mmol/mol	(20-41)

End of Report

NHS Confidential: Personal data about a patient

Covid19 Report

Patient Details

Surname	WILSON
Forename	GAYLE
CHI	2107796165
Date of birth	21.07.1979
Sex	Female
Address	TALBOT ASSOCIATION LTD 52 DALHOUSIE STREET GLASGOW LANARKSH G3 6PN

Specimen Details

Specimen Number	V,21.2076035.S
Specimen Type	THROAT AND NOSE SWAB
Date/Time Collected	27.02.21 / 00:53
Date/Time Received	28.02.21 / 09:48
Requested By	Dr Stephen Boyce
GP Practice	40296
Date/Time Reported	28.02.21 / 15:47
Details	mixed OD

Results

2019 NCoV - Authorised on 28.02.21 at 15:45

2019 NCoV Not detected

Comments:
The laboratory will discard negative SARS-CoV-2 PCR
specimens after one week.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a THROAT and NOSE SWAB sample.

End of Report

NHS Confidential: Personal data about a patient

[Form:HSA]

SOUTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

Surname:	WILSON	Location:	Peel St Medical Centre
Forename:	GAYLE		11 Peel St
DOB/Age:	21.07.79 Sex: Female		Glasgow
CHI/Unit No:	2107796165		Greater Glasgow & Clyde
Address:	0-2 1655 Dumbarton Road	Requestor:	Dr Nadeem Taj Bhatti
Details:	ann learning difficulties...	Ext Labno:	

[[CURRENT]]

Lab Number			B,16.0716807.K	B,14.6693842.T
Date/Time collected			15.02.16 15:44	23.05.14
Date/Time received			16.02.16 12:57	23.05.14 21:16
WBC	x10^9/l	(4.0-11.0)	7.3	5.8
RBC	x10^12/l	(3.80-5.80)	4.84	4.61
Haemoglobin	g/l	(115-165)	148	145
Haematocrit	l/l	(0.370-0.470)	0.455	0.417
MCV	fl	(80.0-100.0)	94.0	90.5
MCH	pg	(27.0-32.0)	30.6	31.5
Platelet Count	x10^9/l	(150-450)	233	232
Neutrophils	x10^9/l	(2.0-7.5)	4.1	3.3
Lymphocytes	x10^9/l	(1.5-4.0)	2.4	1.9
Monocytes	x10^9/l	(0.2-0.8)	0.6	0.5
Eosinophils	x10^9/l	(0.0-0.4)	0.1	0.1
Basophils	x10^9/l	(0.0-0.1)	0.0	0.0
Nucleated RBC	x10^9/L		0.0	
Myelocytes	x10^9/L			
Blasts	x10^9/L			
Others	x10^9/L			
ESR	mm/hr	(1-12)		
Retics	x10^9/L	(10-90)		

Glan Fever Scr
Blood Film

Result Comments:

Date reported: 17.02.16 Authoriser: Run No: 371

NHS Confidential: Personal data about a patient

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Form: SSA Run: 371

Surname:	WILSON	Location:	Peel St Medical Centre
Forename:	GAYLE		11 Peel St
DOB/Age:	21.07.79 Sex: Female		Glasgow
CHI/Unit No:	2107796165		Greater Glasgow & Clyde
Address:	0-2 1655 Dumbarton Road	Requestor:	Dr Nadeem Taj Bhatti
Details:	ann learning difficulties...	Ext Labno:	

			[[CURRENT]]	
Lab Number			B,16.0718643.A	B,14.4089211.V
Date/Time collected			15.02.16 15:44	23.05.14 16:45
Date/Time received			16.02.16 11:51	23.05.14 21:14
Sodium	mmol/L	(133-146)	139	137
Potassium	mmol/L	(3.5-5.3)	NA	3.9
Chloride	mmol/L	(95-108)	98	102
Bicarbonate	mmol/L	(22-29)		
Urea	mmol/L	(2.5-7.8)	5.4	4.3
Creatinine	umol/L	(40-130)	73	70
GFR (est'd)	ml/min	(>60)	>60	>60
CRP	mg/L	(0-10)		10
Magnesium	mmol/L	(0.70-1.00)		
Calcium	mmol/L	(2.20-2.60)		2.30
Adj Calcium	mmol/L	(2.20-2.60)		2.29
Phosphate	mmol/L	(0.80-1.50)		0.94
Albumin	g/L	(35-50)	41	40
Alk Phos	U/L	(30-130)	82	69
Tot Bilirubin	umol/L	(<20)	12	18
Conj Bilirubin	umol/L			
AST	U/L	(<40)	21	14
gGT	U/L	(<40)		
ALT	U/L	(<50)	27	14
Amylase	U/L	(<100)		
CK	U/L	(25-200)		
Total Protein	g/L	(60-80)		
Globulins	g/L	(23-38)		
Urate	umol/l	(140-360)		
Cholesterol	mmol/L		6.2	5.6
Triglyceride	mmol/L	(0.2-2.3)	*9.1	*5.6
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L		0.9	
Chol/HDL			6.9	
TSH	mU/L	(0.35-5.00)	2.07	0.79
Free T4	pmol/L	(9.0-21.0)	11.1	12.8
Total T3	nmol/L	(0.9-2.5)		

Result Comments:

Delayed receipt

15.02.16 U&E : (NA) Old specimen; result invalid.

15.02.16 LFTS : Alkaline Phosphatase results IFCC aligned from 03/08/15.

15.02.16 Lipids : Calculation of LDL & VLDL-chol only valid when Trig <4.50 mmol/L.
Note raised triglycerides. Patient at risk of pancreatitis.
Suggest repeat with fasting sample

Date reported: 17.02.16 Authoriser: Margaret Snedden

NHS Confidential: Personal data about a patient

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Form: SSGLU Run: 371

Surname:	WILSON	Location:	Peel St Medical Centre
Forename:	GAYLE		11 Peel St
DOB/Age:	21.07.79 Sex: Female		Glasgow
CHI/Unit No:	2107796165		Greater Glasgow & Clyde
Address:	0-2 1655 Dumbarton Road	Requestor:	Dr Nadeem Taj Bhatti
Details:	ann learning difficulties...	Ext Labno:	

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,16.0740223.D	15.02.16 15:44	16.02.16 13:54	7.1*	
B,14.4089212.R	23.05.14 16:45	23.05.14 21:17	5.3	

Result Comments:

Delayed receipt

15.02.16 Glucose : Non-fasting sample
Note delayed sample - interpret results with caution
Please send repeat

Date reported: 17.02.16 Authorised by: Dr Jane McNeilly

NHS Confidential: Personal data about a patient

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Form: SSH Run: 371

Surname:	WILSON	Location:	Peel St Medical Centre
Forename:	GAYLE		11 Peel St
DOB/Age:	21.07.79 Sex: Female		Glasgow
CHI/Unit No:	2107796165		Greater Glasgow & Clyde
Address:	0-2 1655 Dumbarton Road	Requestor:	Dr Nadeem Taj Bhatti
Details:	ann learning difficulties...	Ext Labno:	

[[CURRENT]]

Lab Number			B/16.0718643.A
Date/Time collected			15.02.16 15:44
Date/Time received			16.02.16 11:51
LH	U/L		
FSH	U/L		
Oestradiol	pmol/L		
Prolactin	mU/L	(<630)	159
Progesterone	nmol/L		
Testosterone	nmol/L	(<3.2)	
SHBG	nmol/L	(20-155)	
FAI		(<7.0)	
Free Testo	pmol/L		

Result Comments:

Delayed receipt

15.02.16 Prolactin : Note delayed sample. Interpret results with caution.

Date reported: 17.02.16 Authoriser: Dr Jane McNeilly

NHS Confidential: Personal data about a patient

SURNAME **WILSON** FORENAME **GAYLE** D.O.B **21.07.79** SEX Female	UNIT No. **50938417A** CHI No. **2107796165** ADDRESS 1655 Dumbarton Road	CONS/GP DR NAYEEM A GHOURI DESTINATION **PEEL ST MEDICAL CENTRE** **11 PEEL STREET**

	DATE / TIME					
		17.05.11 09:14	25.05.06 11:15			
DCCT HbA1c % *(<7.0)*		**6.9**	5.5			
IFCC HbA1c *mmol/mol* *(20–42)*		**52**				

Dept of Clinical Biochemistry
North Glasgow Sector
NHSGGC

Laboratory Number
7200464

Collected
DATE 17.05.11
TIME 09:14

Received
DATE 17.05.11
TIME 11:19

Report Issued
DATE 17.05.11
TIME 16:05

Authorised by
Auto Check

Accredited Medical Laboratory
Reference No:2335

Haemoglobin A1c

NHS Confidential: Personal data about a patient

SURNAME	**WILSON**
FORENAME	**GAYLE**
Hosp No	**50938417A**
CHI No	**2107796165**
D.O.B	21.07.79 SEX Female
ADDRESS	1655 Dumbarton Road
CONSULTANT/GP	DR NAYEEM A GHOURI
HOSP/PRACTICE	**PEEL ST MEDICAL CENTRE**
WARD/TOWN	**11 PEEL STREET**

Collected	Received	Report Issued
17.05.11 @ 09:14	17.05.11 @ 11:19	17.05.11 @ 13:05

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

139		Sodium	135–145	mmol/L
4.0		Potassium	3.5–5.0	mmol/L
101		Chloride	98–108	mmol/L
		Bicarbonate		mmol/L
2.9		Urea	2.5–7.5	mmol/L
66		Creatinine	40–130 §	µmol/L
>60		eGFR (estimated GFR)		mL/min
* 6.4		Plasma Glucose	3.5–5.5	mmol/L
7.5		CRP	<10.0	mg/L
		Amylase		U/L
		Urate	§	mmol/L
	2	Troponin I		µg/L
88		CK	<170	U/L
11		Bilirubin	<20	µmol/L
28		AST	<40	U/L
40		ALT	<50	U/L
* 95		Gamma-GT	<40 §	U/L
72		Alk.Phos.	40–150 §	U/L
72		Protein	60–80	g/L
37		Albumin	32–45	g/L
35		Globulins	23–38	g/L
		Calcium		mmol/L
		Adjusted Calcium		mmol/L
		Phosphate	§	mmol/L
		Magnesium		mmol/L
* 7.20		Cholesterol	target <5.0	mmol/L
* 0.80		HDL Cholesterol	target >1.0	mmol/L
8.0		Chol/HDL ratio		
* 8.00		Triglycerides	target <2.3	mmol/L
		LDL Cholesterol	target <3.0	mmol/L
2.0		TSH	0.35–5.00	mU/L
12		Free T4	9–21	pmol/L
		T3		nmol/L
		IgA	§	g/L
		IgG	§	g/L
		IgM	§	g/L
		NB Unless otherwise stated analyses carried out on serum		
		Lab No. N,11,7200464	Run No. 171	

Fasting specimen
High Triglyceride – LDL not calculable
Euthyroid TFT results

§Significant sex/age differences

Authorised by
Dr D Talwar
Date Reported 17.05.11

[redacted]
Accredited Medical Laboratory
Reference No:2335

No documents in this section

northgate
PUBLIC SERVICES

NHS Confidential: Personal data about a patient

SURNAME WILSON	UNIT No.50938417A	CONSULTANT/GP N A GHOURI
FORENAME GAYLE	D.O.B 21.07.79 SEX F	SPECIALITY
	ADDRESS 55 Dumbarton Road	HOSP/PRACTICE 11 PEEL ST
		WARD/TOWN PEEL ST MC

N.G.U.H.D.
BIOCHEMISTRY DEPT
GARTNAVEL
GENERAL
☎(0141)-211-3355

LAB.No.
7215143

ISSUED
DATE 27.05.06
TIME 09:10

Auto Check
SIGNATURE

RECEIVED
DATE 25.05.06
TIME 16:17

REQUESTED
DATE 25.05.06
TIME 11:15

	HbA1c (DCCT) %
25.05.06 11:15	5.5

- MAY 2006

B

Miscellaneous Tests

NHS Confidential: Personal data about a patient

SURNAME **WILSON** FORENAME **GAYLE** D.O.B **21.07.79** SEX Female	UNIT No. **50938417A** CHI No. **2107796165** ADDRESS 1655 Dumbarton Road	CONS/GP N A GHOURI DESTINATION **PEEL ST MC** **11 PEEL ST**

	DATE / TIME					
	DATE TIME	25.05.06 11:15				
LH *U/L*	*(See Handbook)*	7.5				
FSH *U/L*	*(See Handbook)*	6.7				
Prolactin *mU/L*	*(<630)*	435				
Oestradiol *pmol/L*	*(See Handbook)*	<70				
Progesterone *nmol/L*	*(See Handbook)*					
Testosterone *nmol/L*	*(1.0–3.2)*					
SHBG *nmol/L*	*(30–120)*					
FAI	*(<7.0)*					

10 MAY 2006

25.05.06 Within premenopausal reference intervals

REMEMBER TO USE THE CHI NUMBER

North Glasgow University Hospitals Division
Glasgow Royal Infirmary
☎(0141)-211-4638

Laboratory Number
7215143

Requested
DATE 25.05.06
TIME 11:15

Received
DATE 25.05.06
TIME 16:17

Report Issued
DATE 26.05.06
TIME 15:00

Authorised by
D Shapiro

Gonadal Hormones

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION — DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME			
DR. GHOURI 11 PEEL 11 PEEL STREET GLASGOW	WILSON	GAYLE			
	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.	
	F	21.07.79	50938417A	H,60525.1572.	

REPORT

Cumulative FBC's

	28.02.03	01.05.03	28.07.03	30.07.03	25.05.06	
WBC	8.54	9.96	8.91	8.73	6.77 ✓	(4.00–11.00)
RBC	4.60	4.66	4.63	3.87	4.82 ✓	(3.80–5.80)
Hb	14.4	14.7	14.4	12.0	15.1 ✓	(11.5–16.5)
Hct	0.417	0.421	0.421	0.362	0.450 ✓	(0.370–0.470)
MCV	90.7	90.3	90.9	93.5	93.4 ✓	(80.0–100.0)
MCH	31.3	31.5	31.1	31.0	31.3 ✓	(27.0–32.0)
Plts	269	247	260	178	276 ✓	(150–400)
Neuts	6.09	6.22	6.16	6.54	3.93 ✓	(2.00–7.50)
Lymphs	1.56	2.62	2.01	1.58	2.23 ✓	(1.50–4.00)
Monos	0.68	0.84	0.53	0.44	0.46 ✓	(0.20–0.80)
Eos	0.20	0.26	0.20	0.15	0.13 ✓	(0.04–0.40)
ESR		16			22	(0–10)
GFST					= ↑	
Retics						(25.0–85.0)

30 MAY 2006

DATE OF REPORT	TIME
25.05.06	16:11
RUN	
212	WB
DATE OF SAMPLE	TIME
25.05.06	15:55

FULL BLOOD COUNT

NHS Confidential; Personal data about a patient

MICROBIOLOGY DEPARTMENT — **NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION**

Name: GAYLE WILSON | Sex: F | Age: 21:07.79 | Hosp: General practitioner | Hosp No: ZH05328191

Address: | Cons: GHOURI | Ward: Practice Number: 40296 Dr Ghouri & Partners 11 Peel Street | CHI No: 2107796165

Specimen: High vaginal swab | Investigation: C & S | Taken: 10.08.05 | Reported: 12.08.05

pus cells not seen
Trichomonads were not seen.
Yeasts were not seen.
Gram-negative intracellular diplococci were not seen.

	Antibiotic	Organism 1. 2. 3. 4.
1. Heavy growth of Yeasts		
2.	Econazole vaginal cream	
3.		
4.		

Neisseria gonorrhoeae NOT isolated
Treatment with Clotrimazole appropriate for yeast isolates.
Note absence of pus cells.

Microbiologists: Dr S. Samavedam — High vaginal swab — End of Report: B,05.0091179.Z

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Name: GAYLE WILSON
Address:

Sex: F
Age: 21.07.79
Con: GHOURI

Hosp: General practitioner
Practice Number: 40296
Ward: Dr Ghouri & Partners
11 Peel Street

Hosp No: ZH05328191
CHI No: 2107796165

Taken: 10.08.05
Reported: 11.08.05

Specimen: Mid-stream specimen of urine
Investigation: Urine C & S

Small number of organisms seen
Small number of pus cells seen
No red cells seen

1. No significant growth
2.
3.
4.

Antibiotic

Organism
1. 2. 3. 4.

12 AUG

Microbiologists: Harry Rutherford

Mid-stream specimen of urine

End of Report No: B,05.0805921.H

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL** B

CONSULTANT N A GHOURI	SURNAME WILSON	HOSPITAL NUMBER	WG938417
HOSPITAL GP WARD 11 PEEL ST	FORENAME GAYLE	DATE OF BIRTH	21.07.79
DATE 01.05.03 TIME WITHDRAWN 10:00	LABORATORY NUMBER N,03.7394584.T	SEX	F

Date	Time	Chol mmol/L	Trig mmol/L	LDL Chol mmol/L	HDL Chol mmol/L	Chol/HDL
01.05.03	10:00	5.90	5.80		1.00	5.90

2 MAY 2003

Authorised by Richard Spooner (GGH)
Reported time 15:51 Reported date 01.05.03

Lipids

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL** B

CONSULTANT	N A GHOURI	SURNAME	WILSON	HOSPITAL NUMBER	WG938417
HOSPITAL	GP WARD 11 PEEL ST	FORENAME	GAYLE	DATE OF BIRTH	21.07.79
DATE	01.05.03 TIME WITHDRAWN 10:00	LABORATORY NUMBER	N,03.7394584.T	SEX	F

Date	Time	fT4 pmol/L	TSH mu/L	T3 nmol/L
28.02.03	08:00	17	1.8	
01.05.03	10:00	15	2.7	

2 MAY 2003

Authorised by Auto Check
Reported time 16:51 Reported date 01.05.03

Thyroid

'RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
HbA_1c (DCCT Calibrated)	Good Control <7% Poor Control >8%
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L) *
Total Iron Binding Capacity	(45 - 77 umol/L) *
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	*
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride (fasting)	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.3 - 7.6 pmol/L)
Progesterone	*
Prolactin	(<400 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(1.0 -2.2 nmol/L)
Free Thyroxine (fT_4)	(10 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 6 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<6 kU/L)
CA-125	See Handbook
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	See Handbook

7 Vitamins	(Reference interval)
Vitamin A	(1.2 - 3.5 umol/L)
Vitamin E	(15 - 40 umol/L)
Vitamin B1 (Thiamine)	(275 - 675 ng/G)
Vitamin B2 (Riboflavin)	(<70%)
Vitamin B6 (Pyridoxal Phosphate)	(18 - 135 nmol/L))
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(20 - 90 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141 - 211 3355 or 3341)

MI - 01/00

NHS Confidential: Personal data about a patient

SURNAME	WILSON
FORENAME	GAYLE
Hosp No	50938417A
CHI No	2107796165
D.O.B	21.07.79 SEX Female
ADDRESS	1655 Dumbarton Road
CONSULTANT/GP	N A GHOURI
HOSP/PRACTICE	PEEL ST MC
WARD/TOWN	11 PEEL ST

Requested	Received	Report Issued
25.05.06 @ 11:15	25.05.06 @ 16:17	26.05.06 @ 15:25

CLINICAL BIOCHEMISTRY
CPA ACCREDITED LABORATORY

141	Sodium	135–145		mmol/L
4.0	Potassium	3.5–5.0		mmol/L
103	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
3.5	Urea	2.5–7.5		mmol/L
78	Creatinine	55–98	§	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)			
4.7	Glucose	3.5–5.5		mmol/L
6	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
11	Bilirubin	3–22		µmol/L
20	AST	<40		U/L
27	ALT	<50		U/L
46	Gamma–GT	<55	§	U/L
177	Alk.Phos.	80–280	§	U/L
74	Protein	60–80		g/L
42	Albumin	36–52		g/L
32	Globulins	19–33		g/L
2.40	Calcium			mmol/L
2.42	Adjusted Calcium	2.10–2.60		mmol/L
1.23	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
* 6.60	Cholesterol	target <5.0		mmol/L
1.20	HDL Cholesterol	target >1.0		mmol/L
5.5	Chol/HDL ratio			
* 7.70	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
2.4	TSH	0.350–5.000		mU/L
12	Free T4	9–24		pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L

Lab No. N.06.7215143 Run No. 129

Euthyroid TFT results not on those advice

DBO ? w needs discussion

? to Stuart R. 11 copper 1 for Dr. Cuff

26 MAY 2006

§Significant sex/age differences - See handbook

Authorised by
W Borland (GGH)
Date Reported 26.05.06

North Glasgow University Hospitals Division
Biochemistry Department

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT

12 MAY 2003

WILSON GAYLE A
11 PEEL STREET
W6938417 21.07.79
N A GHOURI
Lab No N,03.7394584.T
Reported 01.05.03 16:00
Collected 01.05.03 10:00
Authorised by: Auto Check

RESULTS		CONSTITUENT
144		Sodium 135-144 mmol/l
4.0		Potassium 3.5-5.1 mmol/l
105		Chloride 97-108 mmol/l
	✓	Total CO_2 22-32 mmol/l
2.6		Urea 2.5-7.5 mmol/l *
90		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.46		Calcium 2.20-2.65 mmol/l
2.37		'Corrected' Calcium 2.16-2.53 mmol/l
1.25		Phosphate 0.8-1.45 mmol/l
78		Total Protein 60-77 g/l
48		Albumin 36-50 g/l
15		Bilirubin 3-18 µmol/l
138		Alkaline Phosphatase 70-260 U/l *
26	✓	Gamma G.T. 5-50 U/l
18		AST 10-35 U/l
		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB Ratio
4.7	✓	Glucose 2.80-6.0 mmol/l
	✓	Urate 0.10-0.42 mmol/l *
		Amylase 0-100 U/l
		CRP < 10mg/L

* Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the Duty Biochemist (211 - 3355/3341)

MI 01/00

NHS Confidential: Personal data about a patient

National Health Service Number

Letters)

Forenames (Block Letters)

Date of

5

4

3

2

1

HERE

Designed and Produced on behalf of The Scottish Office by HMSO Scotland
Dd 8456917 8/96 (136118)

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST **DEPARTMENT OF HAEMATOLOGY**

CONSULTANT / PATIENT LOC. DR. GHOURI 11 PEEL
GP / NAME / ADDRESS 11 PEEL STREET GLASGOW

SURNAME	FORENAME
WILSON	GAYLE

SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
F	21.07.79	938417	H,30501.0991.K

REPORT

Cumulative FBC's

	17.03.99	27.02.03	27.02.03	28.02.03	01.05.03	
WBC	9.97	10.27	9.74	8.54	9.96	(4.00–11.00)
RBC	4.66	4.63	4.37	4.60	4.66	(3.80–5.80)
Hb	14.1	14.6	13.7	14.4	14.7	(11.5–16.5)
Hct	0.410	0.412	0.392	0.417	0.421	(0.370–0.470)
MCV	88.0	89.0	89.7	90.7	90.3	(80.0–100.0)
MCH	30.3	31.5	31.4	31.3	31.5	(27.0–32.0)
Plts	273	284	254	269	247	(150–400)
Neuts	6.39	6.11	6.08	6.09	6.22	(2.00–7.50)
Lymphs	2.77	2.79	2.71	1.56	2.62	(1.50–4.00)
Monos	0.62	1.03	0.66	0.68	0.84	(0.20–0.80)
Eos	0.19	0.33	0.28	0.20	0.26	(0.04–0.40)
ESR	23				16	(2–10)
GFST						
Retics						(25.0–85.0)

16 MAY 2003

DATE OF REPORT	TIME
01.05.03	12:12
RUN	
594	01
DATE OF SAMPLE	TIME
01.05.03	12:04

FULL BLOOD COUNT

NHS Confidential: Personal data about a patient

X-RAY W.I.G.

01078342 L 12/10/01 XR 0173555
938417

WILSON, Gayle 22Y F E, HAY GP

77 WHITE ST. G11

US PELVIS
(Radiographer Examination)

Due to the patients build only limited views were obtainable. However, the uterus, both ovaries and both kidneys appear normal and there is no free fluid in the pelvis.

*DR MW SPROULE/BH 16/10/01

OK
EH

17 OCT 2001

16/10/01 - US PELVIS

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY

Name: GAYLE WILSON
Address: "

Sex: F
Age: 21.07.79
Cons:

Hosp: General practitioner
Practice Number: 40296
Ward: Dr Ghouri & Partners
11 Peel Street

Hosp No.: 938417

Specimen: Mid-stream specimen of urine
Investigation: Urine C & S

Taken: 11.05.01
Reported: 12.05.01

Small number of organisms seen
No pus cells seen.
No red cells seen

15 MAY 2001

F.M.

			Organism
1.	No growth	Antibiotic	1. 2. 3. 4.
2.			
3.			
4.			

Revised antibiotic guidelines: see www.bacteriology.org.uk

Microbiologists: Stuart Kerr

Mid-stream specimen of urine

Lab No.: B,01.0053608.8

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRU

Name: GAYLE WILSON
Address:

Sex: F
Cons:

Age: 21.07.79

Hosp: General practitioner
Practice Number: 40296
Ward: Dr Ghouri & Partners
11 Peel Street

Hosp No.: 938417

Specimen: Mid-stream specimen of urine

Investigation: Urine C & S

Taken: 01.02.01
Reported: 02.02.01

Nov.

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.

25 FEB 2001

Microbiologists: / Typed by LMM

Mid-stream specimen of urine

Lab No.: B,01.0012991.H

NHS Confidential: Personal data about a patient

99027330 B 08/04/99 XR 0360152 **X-RAY W.I.G.**

WILSON, Gail 19Y F NA, GHOURI GP

G/1 77 WHITE ST, GLASGOW

ABDOMEN
(KUB) - No diagnostic abnormality. No evidence of any renal tract calcification.

*DR N MCMILLAN/RMQ 09/04/99



09/04/99 - ABDO

NHS Confidential: Personal data about a patient

ROBIOLOGY DEPARTMENT **WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST**

s: GAIL WILSON Sex: F Age: 21.07.79 Cons: HAY Hosp: General practitioner Practice Number: 40296 Dr Ghouri & Partners 11 Peel Street Ward: Hosp No.: ZH99178738

Mid-stream specimen of urine Investigation: Urine C & S Taken: 08.04.99 Reported: 09.04.99

NORMAL

SM

RECEIVED 12 APR 1999

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.

Visit our GP website at http://www.clinmed.gla.ac.uk/~sraiq

: / Typed by SH. Mid-stream specimen of urine Lab No.: B,99.0042876.P

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT — **GARTNAVEL GENERAL HOSPITAL F2**

CONSULTANT HAY	SURNAME WILSON	HOSPITAL NUMBER
HOSPITAL GP WARD 11 PEEL	FORENAME GAYLE	DATE OF BIRTH 21/07/79
DATE . TIME WITHDRAWN	LABORATORY NUMBER 386416C	SEX Female

S E R U M

Date	Time	Cortisol nmol/L
24/03/99	11:00	268

— FASTING LEVEL
— ? Abnormal — OK. ! !

RECEIVED 26 MAR 1999

Comment:
Authorised By: DS
Reported at 13:54 on 25/03/99
Profiles requested: COR



RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference Interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
Fructosamine	(<285 umol/L)
Glycosylated Haemoglobin (HbA_1c)	(3.5 - 4.6 %)
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L)*
Total Iron Binding Capacity	(45 - 77 umol/L)*
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	(0.5 - 1.0 mmol/L)
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)
Progesterone	*
Prolactin	(<360 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(0.9 - 2.7 nmol/L)
Free Thyroxine (fT_4)	(9 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)

6 Tumour markers	(Reference interval
Alpha-fetoprotein (AFP)	(<5 kU/l
CA-125	
Carcinoembryonic Antigen (CEA)	(<5 ug/l
Human Chorionic Gonadotrophin (HCG)	(<5 U/l
LDH	(80 - 180 U/l
Neurone Specific Enolase (NSE)	(<12 ug/l
Prostate Specific Antigen (PSA)	

7 Vitamins	(Reference interva
Vitamin A	(0.6 - 4.4 umol/l
Carotene	(0.93 - 3.75 umol/l
Vitamin B1	(<25%
Vitamin B2	(<60%
Vitamin B6	(<150%
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc
Vitamin D	(10 - 50 nmol/L)

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-11/95

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT **GARTNAVEL GENERAL HOSPITAL F2**

CONSULTANT HAY	SURNAME WILSON	HOSPITAL NUMBER
HOSPITAL GP WARD 11 PEEL	FORENAME GAYLE	DATE OF BIRTH 21/07/29
DATE TIME WITHDRAWN	LABORATORY NUMBER 565218B	SEX Female

S E R U M

Date	Time	T4 nmol/L	T3 nmol/L	Free T4 pmol/L	TSH mU/L
12/06/98					1.26

RECEIVED
17 JUN 1998

Comment: EUTHYROID BIOCHEMISTRY
Authorised By: Auto
Reported Time: 10:49 Reported Date: 16/06/98
Profiles requested on this patient: TFT COR

RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
Fructosamine	(<285 umol/L)
Glycosylated Haemoglobin (HbA_1c)	(3.5 - 4.6 %)
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L)*
Total Iron Binding Capacity	(45 - 77 umol/L)*
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	(0.5 - 1.0 mmol/L)
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)	*
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)	*
Oestradiol	*
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)
Progesterone	*
Prolactin	(<360 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(0.9 - 2.7 nmol/L)
Free Thyroxine (fT_4)	(9 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<5 kU/L)
CA-125	*
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)	*

7 Vitamins	(Reference interval)
Vitamin A	(0.6 - 4.4 umol/L)
Carotene	(0.93 - 3.75 umol/L)
Vitamin B1	(<25%)
Vitamin B2	(<60%)
Vitamin B6	(<150%)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(10 - 50 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-11/95

NHS Confidential: Personal data about a patient

CROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

GAYLE WILSON
ess:

Sex: F Age: 21.07.79
Cons.: DR MCCONNELL

Hosp: General practitioner
Practice Number: 40070
Ward: Dr Mcconnell & Partners
5 Stewartville Street

Hosp No.: 29573221

Taken: 24.11.95
Reported: 25.11.95

Mid-stream specimen of urine

Investigation: Urine C & S

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.

(N) Inc

Microbiologists: / Typed by CMC

Mid-strean specimen of urine

Lab No.: B,95.0116447.D

NHS Confidential: Personal data about a patient

BIOCHEMISTRY REPORT **GARTNAVEL GENERAL HOSPITAL F2**

CONSULTANT HAY	SURNAME WILSON	HOSPITAL NUMBER
HOSPITAL GP WARD 11 PEEL	FORENAME GAYLE	DATE OF BIRTH 21/07/29
DATE TIME WITHDRAWN	LABORATORY NUMBER 565218B	SEX Female

S E R U M

Date	Time	Cortisol nmol/L
12/06/98		408

RECEIVED
17 JUN 1998

Comment:
Authorised By: ALANP
Reported at 13:44 on 16/06/98
Profiles requested: TFT COR



RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS Confidential: Personal data about a patient

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)
C-Reactive Protein (CRP)	(<10 mg/l)
Fructosamine	(<285 umol/L)
Glycosylated Haemoglobin (HbA_1c)	(3.5 - 4.6 %)
Immunoglobulin G (IgG)	(7 - 19 g/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)
Iron	(10 - 40 umol/L)*
Total Iron Binding Capacity	(45 - 77 umol/L)*
Magnesium	(0.7 - 1.0 mmol/L)
Zinc	(14 - 18 umol/L)

2 Drugs	(Notional target)
Carbamazepine (CBZ)	(15 - 40 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)
Lithium	(0.5 - 1.0 mmol/L)
Phenobarbitone	(65 - 170 umol/L)
Phenytoin	(40 - 80 umol/L)
Theophylline	(55 - 110 umol/L)
Valproate	(350 - 700 umol/L)

3 Lipids	(Reference interval)
Cholesterol	(3.1 - 6.5 mmol/L) *
Triglyceride	(<2.1 mmol/L) *
HDL Cholesterol	(0.8 - 1.9 mmol/L) *

4 Endocrinology	(Reference interval)
Follicle Stimulating Hormone (FSH)*	
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Luteinising Hormone (LH)*	
Oestradiol*	
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)
Progesterone*	
Prolactin	(<360 mU/L)
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)

5 Thyroid Hormones	(Reference interval)
Triiodothyronine (T_3)	(0.9 - 2.7 nmol/L)
Free Thyroxine (fT_4)	(9 - 24 pmol/L)
Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)

6 Tumour markers	(Reference interval)
Alpha-fetoprotein (AFP)	(<5 kU/L)
CA-125*	
Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
LDH	(80 - 180 U/L)
Neurone Specific Enolase (NSE)	(<12 ug/L)
Prostate Specific Antigen (PSA)*	

7 Vitamins	(Reference interval)
Vitamin A	(0.6 - 4.4 umol/L)
Carotene	(0.93 - 3.75 umol/L)
Vitamin B1	(<25%)
Vitamin B2	(<60%)
Vitamin B6	(<150%)
Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Vitamin D	(10 - 50 nmol/L)*

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

*** Analyte shows an age or sex dependence, cycle variation or depends on clinical history**

Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-11/95

NHS Confidential; Personal data about a patient

LASGOW HOSPITALS UNIVERSITY NHS TRUST **DEPARTMENT OF HAEMATOLOGY**

DR. GHOURI 11 PEEL
11 PEEL STREET
GLASGOW

SURNAME: WILSON
FORENAME: GAYLE
SEX: F
D.O.B. AGE: 21.07.79
HOSPITAL: ZH986965
LABORATORY No: H,B0612.0550.E

Cumulative FBC's
12.06.98

WBC	**9.01**	(4.00-11.00)
RBC	4.63	(3.80-5.80)
Hb	**14.0**	(11.5-16.5)
Hct	0.404	(0.370-0.470)
MCV	87.3	(80.0-100.0)
MCH	30.2	(27.0-32.0)
Plts	**192**	(150-400)
Neuts	5.34	(2.00-7.50)
Lymphs	2.85	(1.50-4.00)
Monos	0.47	(0.20-0.80)
Eos	0.32	(0.04-0.10)
ESR	30 ↑	(2-10)
GFST		
Retics		(25.0-85.0)

RECEIVED
15 JUN 1998

FULL BLOOD COUNT

DATE OF REPORT: 12.06.98	TIME: 15:39
RUN: 660	AM2
DATE OF SAMPLE: 12.06.98	TIME: 15:27

NHS Confidential: Personal data about a patient

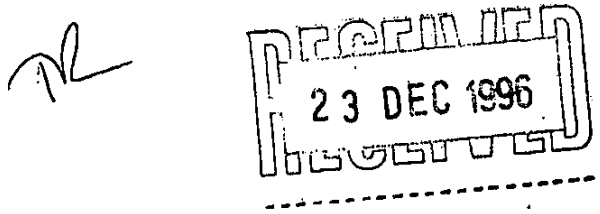
OBIOLOGY DEPARTMENT — WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUS

GAYLE WILSON | Sex: F | Age: 17 yrs | Hosp: General practitioner Practice Number: 40296 | Hosp No.: ZN96114051

s: | Cons.: | Ward: Dr Ghouri & Partners 11 Peel Street | Taken: 18.12.96

Mid-stream specimen of urine | Investigation: Urine C & S | Reported: 20.12.96

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.



sts: / Typed by LMM | Mid-stream specimen of urine | Lab No.: B,96.0128230.K

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5

MICROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

e: GAYLE WILSON
Address:

Sex: F Age: 21.07.79
Cons.: DR MCCONNELL.

Hosp: General practitioner
Practice Number: 40070
Ward: Dr Mcconnell & Partners
5 Stewartville Street

Hosp No.: Z8573221

Taken: 17.10.95
Reported: 18.10.95

n: Mid-strean specimen of urine

Investigation: Urine C & S

No pus cells were seen.
No red blood cells were seen.
No organisms were isolated.

Microbiologists:
/ Typed by SM

Mid-strean specimen of urine

Lab No.: B,95.0101817.W

NHS Confidential: Personal data about a patient

FEMALE SURNAME Wilson | CHRISTIAN NAMES Gayle

ADDRESS | Date of Birth

DATE	C.F*	CLINICAL NOTES	DIAGNOSIS
1 JUN 1994		Tonsillectomy	Tonsillitis
		200 x 10	
13 JUN 1994		Emetin	
		Stop	
4 JUL 1994		Pen V x 1/52	
		Pain Lt ear	
25 JUL 1994		Amoxil Augmentin	Otitis Media
		→ ENT	
8 AUG 1994		Amoxil	
		x 24	
16 AUG 1994		Required O.D.	
		cr Ailsa	
27 SEP 1994		- URTI.	R otitis externa
		Otomize spray	
		→ Ciprofloxacin x 14	
5 OCT 1994		Erythromycin 250 QDS	
27 OCT 1994		Dalacin	HC cr

* 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.8 (Scotland)

Dd8277007 3/91 R.P.(53791)

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Tm Fibromas (Rt ear m R ear) Awaiting appt. Otology -	
11 NOV 1994		Amoxil (tr)	
15 NOV 1994		Lunatic	
18 NOV 1994		Amoxil	
21 NOV 1994		C Co Tol x 30	
25 NOV 1994		Amoxil (tr)	
19 DEC 1994		Audiogram Appt Surg Amoxil x 21	
16 MAR 1995		Ventolin inh	
20 MAR 1995		Pulmicort Turbohaler	
15 APR 1995		Salbutamol inh 200	
25 APR 1995		Amoxil x 60	
		Prednisone 30 mg	
19 JUN 1995		Seen at home	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE SURNAME Wilson | CHRISTIAN NAMES Gayle

ADDRESS | Date of Birth

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
10 FEB 1995		? Chronic Tinea Pedis	
24 FEB 1995		Econazol Cr	
28 FEB 1995		Cicatrisine Ventolin Redipred	
20 MAR 1995		Cap Amoxil 250 tds	
		Liq Ventolin — recent Rape Victim	
5 APR 1995		Rep w/ K & S & D	
15 APR 1995		Tonsillitis. Re erythromycin 250 qds (20)	
26 APR 1995		Dithrocream Oint — Thrush not Too bad	

* 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 GP8 (SCOT) Code 355 2048

Dd8435623 1/93 RP(53791)

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
27 MAY 1995		Pen V 250 x C 6	
5 JUN 1995		Liv Pen V 250 5/52 (4)	
21 JUN 1995		Dr Cheng D and C Precedent x 36	Hydatidiform Mole

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

FEMALE | SURNAME: WILSON | CHRISTIAN NAMES: Gayle

ADDRESS | Date of Birth

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
19 MAR 1990		Bruise of Right (L) C	T
9 JUL 1990		Lt Forearm	
28 JUN 1991		Cervical Spine	T
18 SEP 1992		Whiplash injury Neck — Lt Forearm	
		x 36	T
23 NOV 1992		Cervical Calcemax 200 x 200 ml	OTITIS (R)
12 DEC 1992		C C	
31 DEC 1992		Dep → ENT Dept	
25 FEB 1993		Cervical Spine	T
9 MAR 1993		Examined by	13 stone
		GW Dep -	
17 APR 1993		Cervical HC	Cx

* 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. 8 (Scotland)

Dd 8130701MD 300M 11/88 (25364)

NHS Confidential: Personal data about a patient

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
20 APR 1993		Calpol Amoxil	OTALGIA (L)
13 MAY 1993		"	
27 MAY 1993 - 1 JUN 1993		Piriton Calpol	"
13 AUG 1993 - 6 OCT 1993		Sudafed HC Cipro Cream Cr Calpol	Sore throat TINNITUS OTITIS
29 OCT 1993		Cipro Sudafed HC Cream Cr	Otalgia (L)
17 NOV 1993		Ref for Children's Hosp	
26 NOV 1993		Amoxil (L)	OTITIS
- 2 DEC 1993		Strain in back (Rheum)	Otalgia + OTITIS (L)
14 DEC 1993		Amoxil Amoxil	
18 DEC 1993		To attend ENT Methotrexate Rheumatology	Uric acid
22 MAR 1994		Pharmacy	
23 MAR 1994		Seen at home	
23 MAY 1994		Amoxil	

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

Reg 1/11/96

FEMALE

SURNAME	CHRISTIAN NAMES
NILSON	GAYLE NG

ADDRESS 01 77 WHITEST Date of Birth 9107 G

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
		Dr McCONNELL	
		STEWARTVILLE ST	

* 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.8 (Scotland)

Dd8277703 10/91 R.P.(53791)

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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2/30

FEMALE

DATE OF BIRTH: 21/07/79 SERIAL No.: 6165

WILSON

GAYLE
603/79/531

G/1 77 WHITE ST
GLASGOW
G11 5EE

DR: N A GHOURI

DATE 01/11/96 G

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. 8A(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.

NHS Confidential: Personal data about a patient

FEMALE

DATE OF BIRTH	SERIAL No.
21/07/79	6165

WILSON

GAYLE
603/79/531

G/1 77 WHITE ST
GLASGOW

DR J M MCCONNELL

DATE 11/07/95 G

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. 8A(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.

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FEMALE

WILSON	DATE OF BIRTH	SERIAL No.
	21/07/79	3301

GAYLE

SOUTHANNAN SCHOOL
FAIRLIE
KA29 0EF

DR.D A SOUTTER

DATE 17/11/89 A

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HER 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.8A (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.

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FEMALE | SURNAME: WILSON | CHRISTIAN NAMES: N P ~~GAIL~~ GAYLE

ADDRESS: SOUTHAWAN FAIRLIE. SCHOOL. | Date of Birth: 21 | 7 | 79

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
5.9.89		Rash on upper lip — ?eczema. Very curious halfmoon symmetrical appearance.	
		℞ Eumovate cream tid (30g)	
1.11.89		Co (R) earache > (L) earache but O/E (L) TM acutely inflamed "red ear" but (R) TM quiet (W.N.L. !!!).	
		℞ AMOXIL SF 250mg/5ml (100ml)	
		Audicort drops tid (5/52)	
10/11/89		Mrs Taft, community medicine dept, Glasgow Royal — will send details of previous treatment.	
		(L) TM still mildly inflamed — continue amoxil for further 5/52.	
10.11.89		Cetirizine —	

* 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. 8 (Scotland)

8037813 350M 10/87 27219

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.

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Wilson	Gayle

Address	Date of Birth
6/2 1655 Dumbarton Rd	21.7.79

Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR R. R. DONNELLEY, B56673 6/08 (017302)

355 2095

Date	*	Clinical Notes	Diagnosis

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address: 37 EARL ST

Date of Birth: 21/7/79

Date	
1987	DCFP ATTENDANCE
2000.	Low I.Q.
	Depression / anxiety
2003	Cholecystectomy (lap)
1/7/85	Severe Behavioural Problems
1/12/95	Show Average Intelligence with unusual profile
2/10/91	Recurring Otitis Externa.
30/8/96	Suicidal Ideation / Overdoses
13/10/94	Paracetamol Overdose
30/4/94	Otitis Media with Effusion.
17/8/96	Overdose - Mixed Drugs
26/7/95	Fungal Infection.
23/4/95	Overdose Paracetamol
18/2/95	Obese - weight Reduction - Dietician
24/2/99	Overdose
25/2/99	Overdose
16/3/99	" Anadin Extra
17/3/99	Section 25 - Threatening to hang herself
20/10/02	Suicidal Ideation
27/2/03	Cholecystitis Biliary Colic / Cholecystitis
29/7/03	Laparoscopic Cholecystectomy - Inflammed Gallbladder
11/9/03	Sinusitis
24/2/04	Depression
7/11/0-	Recurrent Depressive Disorder Summarised 28/3/06
16/5/08	Suicidal Ideation, Low mood
28/1/09	Suicidal Ideation

Form GP111G

Dd 8291194 500M 4/91 Ed(288334)

Date	

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters): WILSON. Forenames (Block Letters): GAYLE

CLINICAL NOTES

Address: 0-2 165 DUMBARTON RD. Date of Birth: 21/07/79

Date	*	Clinical Notes	Diagnosis
30/9/10		Much better on Mirtazapine 30mg	XLR
28/8/10		(R) breast abscess Mother says allergic to penicillin large ferumalaby breast Erythromycin 250 (x 30) - write to him Review 4/52 - needed breast no drainage needed but course of Flucloxacillin for a further 7 days	
3/11/10		Script issued as on computer ✓	
11/11/10		(R) breast abscess healed No pain Review for breast exam 16/12 MP LMP 14.11.10 Tested 22/11/10	
25/11/10		On exam healed abscess no masses palpable - NB lymph node biopsy 4/52 / Surgical Voluntary Work 3 x weekly 10-4.	
14/05/11		Feels worse, lying in bed doesn't want to get up at night. Feels v. down. Has been like this for ~2/52. Had previously good response to mirtazapine → ↑ Mirtazapine to 45mg hs - maximum dose. Mar Psych. appt in June. For fasting bloods —	
17/5/11		Fasting Bloods	
27/05/11		Discussed bloods. ↑ HbA1c and glucose & cholesterol. Has subscribed Simvastatin tablets and wants to lose weight naturally. → Rpt fasting bloods in 3/12	

* This column has been provided for doctors to enter A, V or C at their discretion

VHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
24/06/11		Wt 100kg (down 4kg) Stopped mirtazapine (each week (on 45kg) To fluoxetine 20mg daily. May have lead to ↓ in affect, ↓ drowsiness R/V 3/52 ? suicidal ideation ask by nurse. Attending ? Rita Chen ambien.	

* This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

National Health Service Number

Surname (Block Letters)	Forenames (Block Letters)
Wilson	Gayle

CLINICAL NOTES

Address	Date of Birth
1655 Dumbarton Rd	21.7.79

Date	*	Clinical Notes	Diagnosis
8/4/07		(R) knee pain on & comple of occasions. Remains	
		ankle injury (R) & thinks ankle weak	
		since then.	
		O/E ROM full ROM ankle & knee ↑swelling	
		Ranitid prescribed - given letter.	
		Smoker 20/day.	
		Heartburn. Ranitidine helps. Non-smoker advised.	
		O/E Abdo soft, non-tender.	
		Rx Omeprazole 20g daily (28)	
		for Ranitidine	
		? muscle v. injury. If not settling	
25/2/08	PM	~~ARA~~	
21/5/08		C/O Bowel movements after eating, feels bloated & abdominal	
		pain. Drinks tea but unable to reduce the tea-intake. Smoker 20/day.	
		BP 140/100	Tp Lofepramide &
		wt: 178st 107.9kg	Diazepam.
7/11/08		Bowels back to normal. Abdominal discomfort reduced	
28/1/09		Threat of self harm by overdose of medication + hopelessness	
		Not willing to communicate with family	
		Admit to Ruskin Ward for CPA	
		Dr Single Escort by Police	

* This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
30/1/09		discharged home - 29/01/09 Appt Monday 2/2/09 Review 6/2/09 Spoke with mother who Reduce medication Sheen Gayle aged 6 years	
14/8/09	PC	5.30pm, Has taken 11 mirtazapine tablets. advised ring ambulance or staff to A+E has agreed. Fu GP advised Fu.	
28/8/09		Feeling worthless, Sister Stagger in Flat temporarily due to a crisis at home - Gayle unable to move in, Interested in woodwork and crafts. phoned ~~GP~~ O/T at Riverside who have seen Gayle today and are about to have a break in F/up Gayle unhappy about this.	
		?. Coach House Trust 334 6888 may be able to help. Fu	
28/5/10		Feeling much better - no CPN support now or regular F/up from RVenedo attends Gardening project 3 days a week Does not wish Weekly dispensing. Will consider after discussion w/ GP. Fu	
25/06/10		Mirtazapine 15mg (28) Attending ? family who taken off book feel she is much more stable on Risperidone	book family MD
30/6/10	PC	feels depression ~~worse~~ House ↑ mirtazapine to 30mg for next 2-4 wks + see GP for review Fu	

* This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
WILSON	Gayle.

Address: 9/2 1655 Dumbarton Rd

Date of Birth: 27/2/79

Date	*	Clinical Notes	Diagnosis
1/2/03 -		Finding still getting dreadful intestinal hurry — dash to stool after eating.	
		Try colofac — mebeverine 135mg — before food. 100	1, ½ h
		Still getting agitation — no evidence of this right now — diazepam 2mg ×100 — take 2 if needed	
11/9/03		Sinusitis & Betnesol. N meal dispd on	
28/2/04		See Dr Grays's letter. To have routine bloods done nor 3·30 on Friday — will call back.	
		# Lofepramine 70mg - 1 daily ×28.	
		- + Got sore shoulder + upper arm (R) sometimes FROM at shoulder, no deltoid or pectoral tenderness. To use ~~ibuprofen~~. Ibuprofen gel 5% as req'd.	
		Tiredness. - ∴ also get a sugar as well as the others.	
		Dna V.	
22/3/04		Lofepramine 70mg ×28	
		Excoriated skin around groins ? candidal fungal looking	
		But Tinaderm nor Canesten ? Quickcat.	
		BP 160/80 Stop 20/day — advised to stop. HT 1.63 Wt 106 kg BMI 39	
		refer dietician + refer exercise class + LFTs	
10/8/05		Four day history of vomiting (— no nausea) mild temp + ? renal pain — urinalysis trace protein only — ask for CXR also Vaginal swabs sat as "heavy growth during"	

* This column has been provided for doctors to enter A, V or C at their discretion

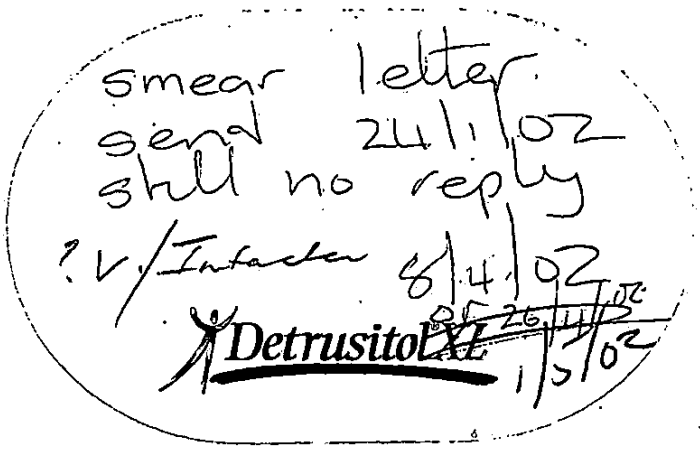
PRINTED FOR ASTRON, B26754 12/02 (017302)

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Date	*	Clinical Notes	Diagnosis
11/8/05		Pain in the both sides L > R. abs diarrhoea. Tender paravertebral Muscles. Obesity ++ Adv Step diet/exercise/Pain Rx Tab Co-codamol 8/500 Algesal cr 50gm	No urinary symptoms
2/2/06	PM	DNA.	
28/8/06		Both hands swollen. Recent tendonitis. - went to A&E for splint but finds uncomfortable Advised exercise Rx Thrombophob C 2 x 0.5 gm. Ibuprofen 400 tid 48	
		Mrs M on Diazepam / Loperamine learning disability in care home	
14/03/07		GI Discomfort dyspepsia intermittent Attended WIC 2-3/52 ago Gb removed Overweight Checked for osr CEP Smoke 20 cig/day for cough/sob for exam / Inj BP 140/0. WT 106 Ht 1.63 Wt Cls LATER. Fast dd ads profile cap TFTs. For HBSAG female house profile FBC	
7/6/06		- WT 178st - 11Kgs - Diet discussed Tried Clinic	
2/8/06		BA foam. Incont Enuresis. Learning difficulties Behavioural problems. Depression. H/o overdose. Epigastric discomfort. Sedating + Back pain.	

* This column has been provided for doctors to enter A, V or C at their discretion

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NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

NHS Confidential: Personal data about a patient

CLINICAL NOTES

National Health Service Number

Surname (Block Letters): WILSON

Forenames (Block Letters): Gayle

Address

Date of Birth: 21/7/79

Date	*	Clinical Notes	Diagnosis
17/5/01		Pre-menstrual pain, see prev. notes, now settled. Urine again inconclusive no blood, no infection. ? ovulation pain. - relieved on menstruation. Needs pelvic U/s. Form sent. Co-codamol if recurring event.	
170701	NS	(P) Ibuprofen (100) - for legs. MA	
17/08/01	"	" " "	
29/8/01		NS. Co-codamol ×60.	
4/10/01		Attendance Allowance form. (1) Claim (2) Depr. (3) Low IP	
8/10/01	Spr	Co. Codamol (60)	
30/4/02		Runny nose & blocked ears. C/o Cough up catarrh. O/E: Ears NAD Nasal congestion ++. Throat NAD. Rx Tab Chlorpheniramine Maleat 4mg 1-2 tds prn.	
24/6/02		letter given with previous results + Drops Xylometazoline Hydrochloride 0.1% Nasal. 1-2 bd prn.	
29/5/02	MS	Fungal infection for nails. Prophylax of soles of feet. Special Antifol (200) Lamisil 250mg i od (30)	
29.5.02		Discussed smear - mother present - Never in relationship. ? Virgo intacta	
19/8/02		pharyngitis (not seen) Rx Tab Pen. V. 250mg (21) tds 10/7	
31/10/02		under learning Disability team & seen ? GP/Nurse to-day at HHC - has started on Diazepam 2mg PRN. (30)	
12/11/02		Contr. dessip and 2mg pill. ×30.	
		(We are awaiting news from Mr Raymond Dunn)	
29/4/03	+	Mum attended - Gayle in much pain after Rx buscopan to buy. Check with Dr Corkonic about pain killers	

* This column has been provided for doctors to enter A, V or C at their discretion

Printed by Tactica Solutions, 11/00, B16745, E9331, R.P. (53791)

VHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis
1/3/03		FBC ESR adm pabute fast glucose & cholesterol & TFT ks.	
12/5/03		DNA	
28/8/03		frequent episodes of upper G.I. pain vomiting bilious episodes 1/12 1/y	
		Urgent upgrade to Outpatient — consultant Mr G attacher	
		Cocodamol tabs (60) tabs 2	
6/6/03	—	Co-codamol ⇒ v. bad sickness ↓ by Tramadol 50mg (30 Rx'd) + buscopan.	
18/6/03.		Has used all above — dear me... OK. (30) Tramadol 50mg & Diclofenac, 25mg with meals, as pain seems worse in damp weather, according to Mr Witson (dad)	
2/7/03.		(8) Tramadol 50mg x 10 only Label — use these only for severe pain.	
15/7/03.		Repeat (8) above	
22/7/03		Surgery postponed. further (10) Tramadol only	
25/7/03.		Coeliac still v. unsettled. using diazepam 2mg in pain, but very upset To go on to 5mg diazepam bd.	
1/8/03		Gayle having stomach pro 2-op consult GB and / laparoscopy bd + Sennacot syrup 7.5ml bd Wound check upper abdominal wound slightly inflamed under a Tielle applied. also antibiotics — use Tinidazole	
6/8/03		↑ Lactulose as still no B/o. KJ.	

* This column has been provided for doctors to enter A, V or C at their discretion

Printed by Tactica Solutions 5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number	

CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	WILSON	GAYLE.
	Address	Date of Birth
		21-7-79.

Date	*	
12/12/97.		Tr. from Dr Henry's practice. Grossly obese 18 yr-old, with several weeks h.o. medial L foot + ankle pain. Tubbe grip Problem summary. Assessed by psychiatrist aged 6. Med-low IQ; Low self esteem, poor coping ability, psycho social problems in the family. Hosp. clinic appts more recently about ear problems. Attended Newton Residential school for a time. No record of psycho-social input since Gayle aged 11.
		If obese R/B's - check ovulating - ? periods. BP. TFT. FBC if possible, fasting cortisol, glucose. lipids. UBC, ESR.
12/6/98		Periods not BP 130/80. Bloods TFT + FBC as above. Today O.M. (R) - erythromycin (penicillin allergy) + bloods as above.
12/1/99		Thickened + fungal looking L/S toe (L) foot. Chiropody Careston Clinic
24/3/99.		Very withdrawn, hardly any communication, but not uncooperative. Asked if something wrong - shrug. Something wrong at home - no. Something wrong inside your head? - shrug. Take tablets? Nod. Pulse full vol. + regular. Bloods were all normal last time.
7/4/99	Ch	After a fortnight's caprenil (D) - psychology [illegible] much better. ∴ continue.
14/5/99.		Quite cheerful today - (L) sided pain at base of ribs - muscular - use Ibuprofen gel
28/5/99	.	BA incapacity ∠ marked melancholia, depression.

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

Date	*	
7/6/99		Not seen. Cipramil repeat
8/9/99		" " " "
14/9/99.		Mum attended with Gayle, who is still very unresponsive. Mum mentions Gayle's stomachaches in the morning as evidence of tension. Rx diazepam 5mg x10. Cipramil ⇒ feeling of despair when she takes it.
1/10/99		Repeat diazepam 10x5.
26/11/99		Not seen " " "
14/2/00		Very withdrawn & apathetic again. Try imipramine 25mg bd. Rx 42. Rx 3 times a day
1/3/2000		Start Imipramine 25mg (BD) & tried week of dispensing
29/3/00		" " 84 " "
13/3/00		" " " 1 week supply " "
21/4/00		" " " weekly clinic.
12/5/00.	C	13/52. - Learning difficulties, depression
"		Rest imipramine 25mg 84 as above
24/5/00		Started Cipramil - since imipramine no need for
6/6/00		Lorazepam last prescription. Timodine (over Cipramil) Gayle missed last week after menses? reason.
12/10/00		Start infection ? Ciprofloxacin 500mg (BD) 7 days
21/12/00		Not seen Timodine C.
1/2/01		MSU specimen sent
15/3/01.		Flushed, unwell, very sick overnight. Vomiting. Temp 37.6. Throat rather red. Not much else Lumbar pain ? from retching. paracet. as req'd
6/3/01		IMIPRAMINE to be Stopped
27/3/01		Timodine - as above.
10/5/01.		Gayle having pain week before menses especially. It is mostly (R) sided, and has happened at least once before, at end of January. Mum brought cephalexin, no name or direction on the box, no proper accounting for where it is. First, a urine specimen is req'd. - to send in & test for sugar, protein & infection.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by The Stationery Office Scotland

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE

Address: 71 WHITE ST. GILLS

Date of Birth: 21/04/79

Date	*	
		GP1 GP/RF
3/7/95		Ex Children's Home Care.
		Allergy — Penicillin.
		vaccin" status. — unknown
		No signif. PmH.
		c/o dizzy spells, weak 2/7. Sore throat — no cough
		myalgia. Feels hot.
		Throat exam" No LN ↑ No exud.
		Simple viral infxn. → advice.
		See Nurse for NP check.
24/8/95		FTA.
6/10/95		c/o low abdo cramps, dark brown/black P.V. disch 3/7. No GU or GI symptoms. Some (L) flank pain. Abdo exam" difficult due to obesity but no masses / tenderness
		check MSU. ? dysmen'.
		Rx Ibuprofen 400 x 30
31/10/95		FTA
		came 20/60 late. Cold symptoms + sore throat & earache. Nil of note o/e. ✓
10/11/95		Incontinence of urine. BMI 37. Not aware of incont. No reg. habit of → loo'
		Fluid intake estim 1500 — 2000 ml/day
		Some loin - ache.
		Check U/A, urine C+S. Advice re 2 hrly toilet.
	(L)	Refer Comm. Dietitian. R/V 2/52.
24/4/95		Incontinence now cleared up. U/A — clear.
		Sore throat GTF: oral candidiasis. MSSU ✓
		(Rx) Nystatin Susp" 1ml QID (12) GTMED
1/5/96		Pre menstr" extreme mood Δ, self destructive

*This column has been provided for doctors to enter A, V or C at their discretion

tendencies, aggression + 1/52 of abdo & cramps at onset period.

FORM GP111F
355 2095

CYCLE 1/35. — Needs wt ↓ : re-refer.
— Pyridoxine 50 mg x 60 ÷/day

NHS Confidential: Personal data about a patient

Date	*	
24/7/96		F-TA
23/08/96		Sore throat. 2/7 ° LN↑ ENT – NAD
		OTC advice – lozenges., sol. analgesics.
4/9/96		Severe itch soles feet – excoriated & fissured rash.
		Also rash I/D spaces.
		° Lamisil cream 15g od to inter-digital spaces
		° Elocon Ung 30 route to feet.
21/10/96		. Earache 48 hrs Attended A&E yesterday.
		Blocked nose ENT exam NAD. Advised to use Paracetamol & inhalers PRN.
		. Advised re use of GEMS for out of hours urgent matters.
30/10/96		Simple cold symptoms 24 hrs
		Paracetamol & Galpseud (10)
		(20 tabs)
18/12/96		. Partially Retarded Pain (N) Swelling
		Bowel Abd & Bowel Bowel Throat free & feels restricted
		She did not for a long time.
		Dr Tuncle-Lenihan
		Advised to see Nurse for Antibiotics & Ear Blow Mon. eve Dr Thompson GW
		Exam
9/1/97	AM	DNA (100)
11/2/97		(N) Unable Painful & gave way & felt off Tendon to Calf to Natural materials (injection site bruise) Adv Casualty Dept
28/5/97		fell & hurt (L) ankle Thursday pm & woke
		Dr Lenihan Mon Assessed Dr Thompson GW
		& injection (R) knee Dr Lenihan GW
10/11/97		Suffering from coughing & flu Throat Congested (100)
		Chest clear Also has fungal infection
		left in toes Dr Lenihan GW 2.8.97 (80)

*This column has been provided for doctors to enter A, V or C at their discretion

+ Paracetamol PRN Roger

Dr Thompson GW

Printed by HMSO Edinburgh Print Centre Dd 8393621 M1680 2/93 19513 (013097)

19/11/97: Has nits - Full Meds. Lotion prescribed.

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National Health Service Number	
Surname (Block letters)	Forename (Block letters)
WILSON	GAYLE

...UNISATIONS AND ...ING INVESTIGATIONS

Address	Date of Birth
GH: 77 WHITE ST GH11 5RS.	21/07/79

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
...acturer ...ch No.								
...ufacturer ...atch No.								
...te								
...anufacturer ...Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

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SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Alb
5/7/95.	140/88	95.	1·60	10	< 2				

CERVICAL CYTOLOGY

Date	Result

MAMMO-GRAPHY

Date	Result

CHEST X-RAY

Date	Result

OTHERS

Date	Result

NHS Confidential: Personal data about a patient

J. M. McCONNELL.

National Health Service Number

2/8

CLINICAL NOTES

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE.

Address c/o 40 Clevedon Drive

Date of Birth: 21.07.79.

Date	*	
9.15.95		IN slwak cart
		Place of safety — Put out with sister who normally looks after her
		Admission medical.
		PMH - Obesity — No medication at present
		- Nil else — Allergic to penicillin.
		Fully immunised.
		Schooling — Fern Tower. Previous special education
		No symptoms of infection
		No contact recently with infectious disease.
		Ht 161.5 Wt - 92
		Obese nil else. Nil else
		Conversation sparse.
		Replies monosyllabic, but not depressed
		Replies simple.
		S.W — MARJORIE MILLIKEN
		CHURCH STREET.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): WILSON

Forenames (Block Letters): GAYLE

Address: Southannan School Fowler

Date of Birth: 21.4.49.

Date	*	
21.11.89		Now (R) ear looks a little inflamed & disorganised (TM indrawn) but (L) has returned to normal. Earache ±. Rx Distaclor Syrup 5ml/250mg tid (100 ml).
		Review in 10/7.
1.12.89		Vague recurrence of earache (denied by patient!!!) O/E Both TM's quiet & intact.
21/2/90	R	Eumovate (30g) [See 5-9-89] — review next time.
8/3/90		I Had blood in (L) ear 3/7 ago — NAD → Reassured II: Uses Eumovate on lips — ? peri-oral dermatitis. See next time.
22/3/90		(R) OM → Amoxycillin 250mg (100mls)
25/4/90		(L) earache → catarrh → Sudafed (100mls)
12.7.90		Feverish five days ago — went home — saw emergency doctor — got "Panadol Soluble" Saw own GP on 9th. Minor herpes simplex upper lip so presumed viral URTI. Now cool & uncomplaining. Rx ZOVIRAX 2g.
8/11/90		Brought to surgery for reconnection of wound clips — mother couldn't unclasp & thought there was a piece of cotton stuck. Refused reconnection.
2/11/90		Bilateral o.m. → Septrin 5mls b.d. for 1/52
1.5.91		(R) OM — Rx
26.6.91		(R) OM + OE — Rx Velosef Syrup 250mg x 5-l. Sig: 10ml bd. PLUS Audicort drops to (R) ear tid (5ml) Refer ENT. (note record).
28.6.91		Letter to E.N.T. 1.L.H
3.7.91		Better. Erythema (R) ear & TM gone. Some debris only
5/8/91		I: Still (L) otitis externa → Otosporin 1x0.p.l. II: Area of irritation/dermatitis where pants rub on thigh → Viaform-HC (15g)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

NHS Confidential: Personal data about a patient

Date	*	
27/8/91	R	Amoxycillin 250mg (100mls) for ear.
4/9/91		Still (L) otalgia → Sudafed 5mls tid (100mls) Ponstan disp. (21).
22/10/91		URTI + amoxycillin 250mg (100mls)
7.1.92		Mild (R) otalgia — little to see O/E.
		Rx Otospan drops 5mls (as used for P.H. as present!)
14.4.92	O	Zovirax (2g) 5 days
7/7/92		Uncooperative. Sister reports "chest pain" on running. Look well, but surly. → wait +see
19/8/92		(R) OM → Amoxycillin (15)
14.12.92		Had Sofradex eardrops + Paracetamol from BTS doctor ~ Myagow at W/E. Still has mild (R) earache. Add Septrin Adult Susp. 10ml bd (100 ml)
12.2.93	M.	Zovirax (2g).

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

	National Health Service Number	
NURSES AND HEALTH VISITORS RECORDS	Surname (Block Letters)	Forenames (Block Letters)
SPECIAL RX	Address	Date of Birth

Date	
26/7/95	TAB LAMISIL 250mg 28. 1 daily

Date	

NHS Confidential: Personal data about a patient

NURSES AND HEALTH VISITORS RECORDS

National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
WILSON	GAYLE
Address	Date of Birth
	21.7.79

Date	
5/7/95	Ht 5ft 3' Wt 15st Bp 140/88. Urinalysis NAD
	15 year old girl. Smokes 4/5 day. No alcohol.
	No operation or serious illnesses.

Date	

NHS Confidential: Personal data about a patient

NHS
SCOTLAND

New Stobhill Hospital
133 Balornock Rd
Glasgow
GGC
G21 3UW
Tel: 01412013000

Dr Georgi Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

12 Dec 2025

Dear Dr Georgiev,

Re: Gayle Wilson, 1-1, 37A DOWANHILL STREET, Glasgow, G11 5RN
DOB: 21 Jul 1979, CHI: 2107796165, CHI: 2107796165

History:

For review of B/L Nasal Nerve fibre loss

CT Head (29/11/2024) - Normal

Myopia

Diagnosis: B/L Nasal Nerve fibre loss - Stable

Visual Acuity:

Visual Acuity	Right Eye	Left Eye
Glasses	6/9	6/9

Intraocular Pressure:

17 mmHg on the right, and 16 mmHg on the left (recorded on 12 Dec 2025)

Clinical Management:

As patient is asymptomatic, no intervention reqd.

Review in 1 Year with repeat fields and Disc OCT.

Sincerely,

Manish Gupta

Signed on 12 Dec 2025, 15:14

Manish Gupta

To: GP : Dr Georgi Georgiev, Abingdon Medical Practice, 12 Stewartville Street, Glasgow, G11 5PE

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard:	
Department:	Ophthalmology
Contact Tel:	0141 355 1850
Enquiries to:	alice.breslin@ggc.scot.nhs.uk
Letter Date:	11/02/2025
Reference:	
Dictated Date:	11/02/2025
Transcribed Date:	12/02/2025

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 11/02/2025 11:00

Clinical Comments:
Presenting Complaint: Review of constricted Visual Fields

Diagnosis:
1. Bilateral constricted Visual Fields with bilateral loss of nerve fibres
2. CT scan head - unremarkable
3. Myopia

Visual Fields: Right 6/12 Pinhole Nl Left 6/12 Pinhole Nl

Intra Ocular Pressures: Right 17mmHg Left 17mmHg

Investigations: Fields grossly full to confrontations

Follow-up: Review in clinic 9 months

WoScott Optometrist Oliver Rose

Under the supervision of Dr M Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc. Maliha Francis
Forde Opticians Ltd
Glasgow
G11 6DD

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard: 0141 201 3000
Department:
Contact Tel: 0141 355 1782
Enquiries to: bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date: 08/10/2024
Reference:
Dictated Date: 23/12/2024
Transcribed Date: 23/12/2024

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 08/10/2024 10:00

Clinical Comments:
Presenting complaint: Referred as OCT showing NRR loss both eyes. Patient asymptomatic. Patient attended with Carer today.

Diagnosis: Bilateral constricted visual fields with loss of bilateral nerve fibres.

Visual acuity: Right 6/9 Left 6/12

IOPs: Right 16mmHg Left 16mmHg

Investigations: OCT disc scan showing NRR thinning which may result in bitemporal VF loss. Visual fields not reliable.

Treatment: Arranging CT scan of head.

Follow up: Four months.

WoScott Optometrist Mariyah Anwar

Seen under the supervision of Dr Manish Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

I have Gayle's CT scan report in hand now. As the scan is unremarkable, no urgent intervention is required. She should keep her appointment to see me in February 2025.

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc. Ms Gayle Wilson
flat 1/1
37A Dowanhill Street
Glasgow
G11 5RN

Wilson Gayle CHI: 2107796165

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Main Switchboard:
Department:
Contact Tel: 0114 355 1782
Enquiries to: bernadette.mclaughlin2@ggc.scot.nhs.uk
Letter Date: 08/10/2024
Reference:
Dictated Date: 08/10/2024
Transcribed Date: 08/10/2024

Dear Dr. GM Georgiev,

Gayle Wilson; D.O.B: 21 Jul 1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

Attendance: Specialty - Ophthalmology; Clinic - STMGUEY3-EYE ACH MR M GUPTA TEACH AND TREAT TUESDAY AM
Date and Time of Appointment - 08/10/2024 10:00

Clinical Comments:
Presenting complaint: Referred as OCT showing NRR loss both eyes. Patient asymptomatic. Patient attended with Carer today.

Diagnosis: Bilateral constricted visual fields with loss of bilateral nerve fibres.

Visual acuity: Right 6/9 Left 6/12

IOPs: Right 16mmHg Left 16mmHg

Investigations: OCT disc scan showing NRR thinning which may result in bitemporal VF loss. Visual fields not reliable.

Treatment: Arranging CT scan of head.

Follow up: Four months.

WoScott Optometrist Mariyah Anwar

Seen under the supervision of Dr Manish Gupta Consultant Ophthalmologist

Yours sincerely

Dr Manish Gupta

Consultant Ophthalmologist

Electronically Signed: Mr Manish Gupta, Consultant

cc.

Wilson Gayle CHI: 2107796165

Clinical letter - GP: FTA

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Community Centre for Health, MSK Physiotherapy Dept.
Contact Tel: 0141 211 1438
Enquiries to: Steven Spence
Letter Date: 10/12/2025
Reference:
Dictated Date: 10/12/2025
Transcribed Date:

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Dear Doctor,

Gayle Wilson; D.O.B: 21/07/1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

This patient did not keep their first appointment with us on 10/12/25 at 13:30, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Yours sincerely

Steven Spence

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

NHS Confidential: Personal data about a patient

Wilson Gayle CHI: 2107796165

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Msk Physiotherapy Partick Health Centre
Contact Tel: 01412111438
Enquiries to: 01412111438
Letter Date: 07/05/2025
Reference:
Dictated Date: 07/05/2025
Transcribed Date: 07/05/2025

Dr. GM Georgiev
Abingdon Medical Practice
12 Stewartville Street
Glasgow
G11 5PE

Dear Dr Georgiev,

Gayle Wilson; D.O.B: 21/07/1979; CHI: 2107796165
1-1, 37A DOWANHILL STREET, Glasgow, Lanarkshire, G11 5RN

GP Action Required: Information update.

Presenting Condition: Cervical radiculopathy - left sided pins and needles into arm.

Physiotherapy Comments: I have assessed this patient and provided her with an initial exercise plan to carry out at home. Alongside education and advice to manage symptoms.

Discharge Outcome: As the patient failed to attend the review appointment on 25/04/2025 with no further contact I am unsure her how symptoms currently are.

This patient has now been discharged from our care.

Yours sincerely

Kristina Price

Electronically Signed: ,

cc.

NHS Confidential; Personal data about a patient

NHS Greater Glasgow & Clyde
Mental Health Services

Appendix 1

REQUEST TO PRESCRIBE MEDICATION

Riverside CMHT
Health and Social Care Partnership

Address 547 Dumbarton Rd Glasgow G11 6HU
Tel: 211 1448

NHS Greater Glasgow and Clyde

Dear Dr .Ghouri....

Date: .30.5.19.....

Patient: **Gayle Wilson**	**CHI:** **2107796165**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☐ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	X Routine (Prescription available 48 hours following request)
Increase Sertraline to 200mg daily	

X This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Thank you

Yours sincerely

Dr Louise Wilson

Consultant Adult Psychiatry

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

NAME:	Gayle Wilson
DOB:	21/07/79
CHI:	2107796165
Home Address:	52 Dalhousie Street, G3 6PN
Date of Admission:	12/12/18
Date of Discharge:	17/12/18
Treatment received whilst an inpatient:	Gayle has been experiencing low mood and suicidal ideation. Crisis intervention.
Consultant's name:	

Discharge Information:	
Name of hospital:	Gartnavel Royal Hospital
Hospital telephone number:	0141 211 2566
Follow-up Arrangements *(as known at time of discharge)*	Crisis team referral, outpatients at Riverside Resource centre
Address discharged to: *(if different from home address give details of arrangement e.g. nursing home, supported accommodation, living with relative etc)*	52 Dalhousie Street, Co[illegible]addens, supported by Talbot Association
Community follow up appointment (within # days)	TBC
G.P. contact details:	Dr Bhatti, Peel Street Medical Practice.
C.P.N.	June west, Riverside Resource Centre
contact details:	0141 211 1430
Social Worker:	
Social Worker contact details:	
District Nurse/Health Visitor:	N/A
District Nurse/Health Visitor contact details:	N/A
Medication On Discharge:	Sertraline 150 mg at 9am, Zopiclone 15mg at 10pm, Simvastatin 40mg at 10pm
Depot medication prescribed:	n/a
Special Instructions / Information / Precautions: *(Return to Work Child Care Medication Diet Exercise Driving Return to Work Weight)*	

NHS Confidential: Personal data about a patient

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

management pathway plan				
SMOKING CESSATION	IS THIS PERSON A SMOKER?/	Yes	.	
	DID THEY ENGAGE WITH SMOKING CESSATION WHILST AN INPATIENT?		No	
	DO THEY WISH TO CONTINUE WITH SMOKING CESSATION AFTER DISCHARGE?		No	
	ARE THEY PRESCRIBED CLOZAPINE/ OLANZAPINE?		No	
	ON NRT TREATMENTS?		No	
Has patient discussed advanced statement with key worker in community prior to admission into hospital?	No			

Staff member:	Jane Forsyth	DATE 17/12/18
Patient:	Gayle Wilson	Date 17/12/18
Carer: (Where appropriate)		Date:

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

STRICTLY CONFIDENTIAL

Date: 9/5/18.
Your Ref:
Pims No
Chi
Our Ref: LW

Dr. GHOURI
PEEL STREET MEDICAL CENTRE.
11 PEEL STREET

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : BELMONT HOUSE 494 GREAT WESTERN ROAD GLASGOW.
D.O.B. : 21/7/79.

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

PLEASE PRESCRIBE ZOPICLONE 7.5mg AT NIGHT

Yours sincerely

C J Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

ref JJ7778

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
647 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

STRICTLY CONFIDENTIAL

Date: 9/11/17
Your Ref:
Pims No
Chi
Our Ref: LW

Dr. GROOM
PEEL ST MEDICAL CENTRE
11 PEEL ST

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : BELMONT HOUSE 494 GREAT WESTERN ROAD, G12 8EU
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

2 WEEK SUPPLY ZOLPIDEM 10mg
AT NIGHT

Yours sincerely

Dr Louise Wilson
Consultant Psychiatrist

X SCRIPT CLONE
X.

NHS Confidential: Personal data about a patient

TYPE 337 7710

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
647 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 3/10/17
Your Ref:
Pims No
Chi
Our Ref: LW

STRICTLY CONFIDENTIAL

Dr GROUT
PEEL STREET MEDICAL CENTRE
11 PEEL STREET

Dear Dr

RE: **Patient's Name :** GAYLE WILSON
Address : TALBOT ASSOCIATION, BELHAVE HOUSE
49A GREAT WESTERN ROAD G12 8EJ
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

1. REDUCE FLUOXETINE TO 20mg DAILY FOR 1 WEEK & THEN STOP FOLLOWING THIS
2. COMMENCE DULOXETINE 30mg DAILY FOR 2 WEEKS & THEN INCREASE TO 60mg THEREAFTER

Yours sincerely

L Wilson

Dr Louise Wilson
Consultant Psychiatrist

NHS Confidential: Personal data about a patient

359 9798

NHS
Greater Glasgow and Clyde

Glasgow City
Community Health Partnership
North West Sector

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Tel: 0141 211 1448
Fax: 0141 211 1444

Date: 31/7/13
Your Ref:
Pims No
Chi
Our Ref: LW

STRICTLY CONFIDENTIAL

Dr. [redacted] BHATTI
PEEL ST MEDICAL CENTRE
11 PEEL ST
GLASGOW

Dear Dr

RE: Patient's Name : GAYLE WILSON
Address : FLAT 0/2 1655 DUMBARTON RD
GLASGOW, G14 9HD
D.O.B. : 21/7/79

I reviewed the above patient at Riverside CMHT. I would be grateful if you would make the following changes to his / her medication :

(1) REDUCE MIRTAZEPINE TO 30mg DAILY FOR 4 DAYS THEN 15mg DAILY FOR 4 DAYS
REDUCED TO
✓ & STOP

(2) COMMENCE FLUOXETINE 20mg DAILY THEREAFTER.

Yours sincerely

L Wilson

Dr Louise Wilson
Consultant Psychiatrist

Script done